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Medical Services

Workers Compensation Maximum Fee Allowance Schedule	Reimbursement Clarifications
Anesthesia Reimbursement: Physician, CRNA and Medically Directed CRNA Reimbursement	Date : August 7, 2009 OWCA 09 - 01

Subject: Appropriate reimbursement of anesthesia services when CRNA (Certified Registered Nurse Anesthetist) services are medically directed by the anesthesiologist.

This bulletin is for the purpose of clarification of reimbursement of anesthesia services for all dates of service.

Background: Heretofore, the Workers' Compensation Maximum Fee Allowance schedule allows anesthesiologists reimbursement at 100% of the allowed reimbursement and CRNAs reimbursement at 80% of the allowed amount for their services. (Refer to Chapter 51, Section 5117. Anesthesia) There is no clear definition regarding reimbursement to the parties when the anesthesiologist provides medically directed services in conjunction with the CRNA services. The current guidelines result in potential overpayment to the providers.

Policy: Where a single anesthesia procedure involves both a physician medical direction service and the service of the medically directed CRNA, the payment amount for the service of each is 50 percent of the allowance otherwise recognized had the service been furnished by the anesthesiologist alone.

Reimbursement shall never exceed 100% of the maximum amount an anesthesiologist would have been allowed under the Medical Fee Schedule Allowance had the anesthesiologist or physician alone performed the services.

When an anesthesiologist is not personally administering the anesthesia but is providing medical direction for the services of a CRNA who is not employed by the anesthesiologist, the anesthesiologist may bill for medical direction. Medical direction occurs when all of the following are present:

- Performs a pre-anesthesia examination and evaluation,
- Prescribes the anesthesia plan,
- Personally participates in the most demanding procedures in the anesthesia plan, including induction and emergence,
- Ensures that any procedure in the anesthesia plan that s/he does not perform is performed by a qualified anesthetist,
- Monitor the course of anesthesia administration at frequent intervals,
- Remains physically present in the immediate surgical area and available for immediate diagnosis and treatment of emergencies, and
- Provides indicated post-anesthesia care.

Medical supervision, as opposed to medical direction, occurs when the anesthesiologist is involved in furnishing more than four procedures concurrently or is performing other services while directing the concurrent procedures. No additional reimbursement shall be made for general supervisory services rendered by the anesthesiologist or other physician.

Billing instructions: The following modifiers are to be used when billing for anesthesia services:

- “QX” – *CRNA with medical direction by a physician.*
- “QZ”- *CRNA without medical direction by a physician*
- “QY” – *Medical direction of one CRNA by an anesthesiologist*

Reimbursement shall not be made to either the anesthesiologist or the CRNA until the insurer has received and reviewed the bill and the anesthesia report from both providers.

Insurance carriers and/or payers should make the necessary changes to incorporate the use of the modifiers when processing these claims.

Summary

Establish reimbursement methodology for medically directed CRNA services and the medical direction services of the anesthesiologist rendered during a single surgical encounter.

Establish a rule recognizing the reimbursement of medically directed services by the anesthesiologist.

Establish required criteria defining anesthesiologist’s participation in delivery of medically directed anesthesia services.

Maintain reimbursement for independent services rendered by anesthesiologists and CRNAs.