

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



REVISED products from the Medicare Learning Network® (MLN)

- [“HIPAA EDI Standards”](#), Web-based Training (WBT)

MLN Matters® Number: MM8708

Related Change Request (CR) #: CR 8708

Related CR Release Date: May 2, 2014

Effective Date: January 1, 2013

Related CR Transmittal #: R13790TN

Implementation Date: October 6, 2014

Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) Related Services in a Method II Critical Access Hospital (CAH)

Provider Types Affected

This MLN Matters® Article is intended for anesthesiologists and certified registered nurse anesthetists (CRNAs) submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8708, which clarifies the payment for reasonable and necessary medical or surgical services performed by an anesthesiologist or CRNA in a method II Critical Access Hospital (CAH). Make sure your billing staffs are aware of this clarification.

Background

Anesthesiologists and CRNAs rendering services in a Method II CAH (also referred to as CAHs that have elected the optional method) have the option of reassigning their billing rights to the CAH. When billing rights are reassigned, the Method II CAH submits an 85x

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2013 American Medical Association.

bill type with revenue code 0963 (professional fees for Anesthesiologist (MD)) or revenue code 0964 (CRNA Professional Services) for payment for anesthesia or related services.

Method II CAHs are eligible to receive reimbursement for any services that the CRNA is legally authorized to perform in the state in which the services are furnished. Method II CAHs are eligible to receive reimbursement for reasonable, medically necessary or surgical services when performed by an anesthesiologist. Currently, the only procedures performed by a CRNA or an anesthesiologist that are eligible for Method II reimbursement are Healthcare Common Procedure Coding System (HCPCS) codes 00100-01999 billed with revenue code 0963 and/or 0964 on bill type of 85X.

The purpose of CR 8708 is to allow, effective for dates of service on or after January 1, 2013, for payment for eligible CRNA services in a Method II CAH and submitted on the 85x bill with revenue code 0964.

Similarly, effective for services on or after January 1, 2014, the MACs will allow for services performed by an anesthesiologist submitted by a Method II CAH on bill type 85x with revenue code of 0963.

If you had claims incorrectly processed prior to implementation of CR8708, your MAC will adjust those claims if you bring them to the MAC's attention.

Additional Information

The official instruction, CR 8708, issued to your MAC regarding this change, is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1379OTN.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2013 American Medical Association.