

Audio Title: Anesthesiologist Services with a Modifier GC in a Method II Critical Access Hospital (CAH)

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If you are a Critical Access Hospital, or CAH, that bills claims to Medicare Administrative Contractors, or MACs, for anesthesiologist services provided to beneficiaries then you will benefit from this podcast. This podcast is intended for CAH Method II providers.

This podcast, based on MLN Matters® Article MM7764, provides key information about a revised payment methodology for anesthesiology claims submitted with Modifier GC (Resident/teaching physician service) for CAH Method II providers.

Teaching anesthesiologists rendering services in a Method II CAH, also referred to as CAHs that 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 bill type with revenue code 0963 (professional fees for Anesthesiologist (MD)) for payment of the anesthesia services.

Payment was formerly calculated with a modifier of GC for anesthesia services performed by a teaching anesthesiologist in a Method II CAH, on a 20 percent reduction of the fee schedule amount before deductible and coinsurance were calculated. MM7764 discusses the removal of the 20 percent reduction that should no longer be applied in the payment calculation for these services.

Teaching physicians report the GC modifier to indicate they rendered the services in compliance with the teaching physician requirements in the “Medicare Claims Processing Manual,” Chapter 12, section 100.1.2. One of the payment modifiers must be used in conjunction with the GC modifier. The teaching anesthesiologist should use Modifier AA (Anesthesia services performed by the anesthesiologist) with the GC modifier to report such cases.

Effective for services furnished on or after January 1, 2010, payment may be made under Section 139 of Medicare Improvement for Patients and Providers Act of 2008, or MIPPA, based on the regular fee schedule amount for the teaching anesthesiologist’s involvement in the training of residents in either, a single anesthesia case or two concurrent anesthesia cases. The same policy applies if the teaching anesthesiologist is involved in one resident case that is concurrent to another case that is paid under the medical direction payment rules.



Contact: MLN@cms.hhs.gov

In order for the special payment rule for teaching anesthesiologists to apply, the teaching anesthesiologist (or different anesthesiologists in the same physician group) must be present during all critical or key portions of the anesthesia service. Where different teaching anesthesiologists in the anesthesia group are present during the key or critical periods, the performing physician, for purposes of claims reporting, is the teaching anesthesiologist who started the case. The teaching anesthesiologist (or another anesthesiologist with whom the teaching anesthesiologist has entered into an arrangement) must be immediately available to furnish services during the entire procedure.

You should note that Medicare contractors will not search for and adjust claims that have been paid prior to the implementation date discussed in MM7764. However, contractors will adjust claims brought to their attention.

There are some additional helpful resources to guide you in your use of anesthesiology claims. The specific sites at which they can be found can be located on page three of MM7764.

To download the MLN Matters® Article MM7764, go to the CMS website at www.cms.gov and click on “Outreach and Education” at the top of the page. From that page, scroll down to the Medicare Learning Network section and click on the MLN Matters® Articles link. Follow the links to “2012 MLN Matters® Articles” and search for MM article number “MM7764.”

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Contact: MLN@cms.hhs.gov