

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3883	Date: October 13, 2017
	Change Request 10275

SUBJECT: Payment for Services Furnished by Qualified Nonphysician Anesthetists

I. SUMMARY OF CHANGES: This CR aligns the manual with longstanding regulations for payment of services furnished by qualified nonphysician anesthetists.

EFFECTIVE DATE: January 16, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 16, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	12/140/Qualified Nonphysician Anesthetist Services
R	12/140.2/Entity or Individual to Whom Fee Schedule is Payable for Qualified Nonphysician Anesthetists
R	12/140.3/Anesthesia Fee Schedule Payment for Qualified Nonphysician Anesthetists
R	12/140.3.1/Conversion Factors Used for Qualified Nonphysician Anesthetists
D	12/140.4.4/Conversion Factors for Anesthesia Services of Qualified Nonphysician Anesthetists Furnished on or After January 1, 1992.

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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SUBJECT: Payment for Services Furnished by Qualified Nonphysician Anesthetists

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I. GENERAL INFORMATION

A. Background: Medicare regulations at 42 CFR 414.46 and 414.60 allow for payment of services furnished by qualified nonphysician anesthetists.

B. Policy: This CR aligns the manual with longstanding regulations (42 CFR sections 414.46 and 414.60) for payment of services furnished by qualified nonphysician anesthetists.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	M I C S	S S S	C M W F		
10275.1	Contractors shall note the changes to Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 140, that describe anesthesia fee schedule payment for qualified nonphysician anesthetists. These changes specify how the allowable amount is determined using the applicable locality-adjusted anesthesia conversion factors multiplied by the sum of allowable base and time units.	X	X								
10275.2	Contractors need not search their files to either retract payment of claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jamie Hermansen, 410-786-2064 or jamie.hermansen@cms.hhs.gov , Gail Addis, 410-786-4522 or gail.addis@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

140 - Qualified Nonphysician Anesthetist Services

(Rev. 3883; Issued: 10-13-17; Effective: 01-16-18; Implementation: 01-16-18)

Section 9320 of OBRA 1986 *authorized* payment under a fee schedule to certified registered nurse anesthetists (CRNAs) and *anesthesiologists'* assistants. CRNAs and *anesthesiologists' assistants* may bill Medicare directly for their services or have payment made to *any individual or entity (such as a hospital, critical access hospital, physician, group practice, or ambulatory surgical center) with which the CRNA or anesthesiologist's assistant has an employment or contractor relationship that provides for payment to be made to the individual or entity.*

140.2 - Entity or Individual to Whom Fee Schedule is Payable for Qualified Nonphysician Anesthetists

(Rev. 3883; Issued: 10-13-17; Effective: 01-16-18; Implementation: 01-16-18)

Payment for the services of a qualified nonphysician anesthetist may be made *directly* to the qualified nonphysician anesthetist who furnished the anesthesia services *or have payment made to any individual or entity (such as a hospital, critical access hospital, physician, group practice, or ambulatory surgical center) with which the CRNA or anesthesiologist's assistant has an employment or contractor relationship that provides for payment to be made to the individual or entity.*

140.3 - Anesthesia Fee Schedule Payment for Qualified Nonphysician Anesthetists

(Rev. 3883; Issued: 10-13-17; Effective: 01-16-18; Implementation: 01-16-18)

Payment for the services furnished by qualified nonphysician anesthetists are subject to the usual Part B coinsurance and deductible, and are made only on an assignment basis. The assignment agreed to by the qualified nonphysician anesthetist is binding upon any other person or entity *presenting a claim or request for payment for the service.* Except for deductible and coinsurance amounts, any person who knowingly and willfully presents or causes to be presented to a Medicare beneficiary a bill or request for payment for services of a qualified nonphysician anesthetist for which payment may be made on an assignment-related basis is subject to civil monetary penalties.

The fee schedule for anesthesia services furnished by qualified nonphysician anesthetists is the applicable locality-adjusted anesthesia conversion factor multiplied by the sum of allowable base and time units, as defined in §50 of this chapter.

The allowance for an anesthesia service furnished by a qualified nonphysician anesthetist that meets the requirements for payment at the medically directed rate is based on a fixed percentage of the allowance recognized for the anesthesia service personally performed by the physician alone, as specified in §50 of this chapter.

The anesthesia locality-adjusted conversion factor for anesthesia services furnished by a CRNA that does not meet the requirements for payment at the medically directed rate may not exceed the allowance for a service personally performed by a physician, as specified in §50 of this chapter.

140.3.1 - Conversion Factors Used for Qualified Nonphysician Anesthetists

(Rev. 3883; Issued: 10-13-17; Effective: 01-16-18; Implementation: 01-16-18)

The *anesthesia locality-adjusted* conversion factors are *updated* by the update factor used to update physicians' services under the physician fee schedule. They are generally published in November of the year preceding the year in which they apply.