Result	$ 970.00
Fee schedule amount for nurse-midwife (65% x $970)	$ 630.50

Therefore, the nurse-midwife would be paid no more than 80 percent of $630.50 for the care of the beneficiary.

This calculation also applies when a physician provides most of the services and calls in a nurse-midwife to provide a portion of the care.

Physicians and nurse midwives use reduced service modifiers to report that they have not provided all the services covered by the global allowance.

140 - Certified Registered Nurse Anesthetist (CRNA) Services

(Rev. 1, 10-01-03)

B3-16003, B3-16003 A, B3-3040.4, B3-4172

Section 9320 of OBRA 1986 provides for payment under a fee schedule to certified registered nurse anesthetists (CRNAs) and anesthesia assistants (AAs). CRNAs and AAs may bill Medicare directly for their services or have payment made to an employer or an entity under which they have a contract. This could be a hospital, physician or ASC. This provision is effective for services rendered on or after January 1, 1989.

Anesthesia services are subject to the usual Part B coinsurance and deductible and when furnished on or after January 1, 1992 by a qualified nurse anesthetist and are paid at the lesser of the actual charge, the physician fee schedule, or the CRNA fee schedule. Payment for CRNA services is made only on an assignment basis.

140.1 - Qualified Anesthetists

(Rev. 1, 10-01-03)

B3-16003.B, B3-4172.1

For payment purposes, CRNAs include both qualified anesthetists and AAs. Thus, the term CRNA will be used to refer to both categories of qualified anesthesiologists unless it is necessary to separately discuss these provider groups.

An AA is a person who:

- Is permitted by State law to administer anesthesia; and who
- Has successfully completed a six-year program for AAs of which two years consist of specialized academic and clinical training in anesthesia.

In contrast, a CRNA is a registered nurse who is licensed by the State in which the nurse practices and who:

- Is currently certified by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists, or

- Has graduated within the past 18 months from a nurse anesthesia program that meets the standards of the Council of Accreditation of Nurse Anesthesia Educational Programs and is awaiting initial certification.

140.1.1 - Issuance of UPINs

(Rev. 704, Issued: 10-07-05, Effective: 11-07-05, Implementation: 11-07-05)

The CMS will provide a current list of all CRNAs in the carrier State who are certified by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists. Carriers will check this list of certified CRNAs to document and confirm that applicants are properly qualified. When the applicant begins to bill, the carrier will provide written notice that continued billing privileges are dependent upon continued certification. However, effective August 1, 2005, CMS will discontinue sending the Biannual Recertification list for CRNAs to carriers.

An employer of a group of CRNAs, e.g., a hospital, physician, or ASC may apply for a single PIN to cover all of the certified CRNAs in their employ. At the time of application, the employer must send a list of the names of all CRNAs for whom billing will be submitted. Carriers must then verify the certification status of the individuals on the list submitted by the employer. Carriers provide written notice to the employer of the names of the CRNAs it may bill for and require a statement from the employer certifying that it will bill only for those CRNAs who have been determined to be properly qualified. The employer must also agree to notify the carrier immediately if a CRNA leaves its employ or to seek authorization to bill for a new CRNA employee.

In the event an applicant for a billing number is not on the certification list provided by CMS, a notarized copy of the applicant's certification card issued by either of the Councils discussed above can be accepted. This may be necessary in situations where a CRNA has recently moved to a different State. The CMS will also provide carriers with a list of AAs eligible under this provision. The carrier must check this list to verify the presence of the applicant's name before issuing a billing number. In the event the applicant's name is not on this list, the carrier requires a notarized copy of the individual's diploma and other information deemed pertinent in order to verify the applicant's status.

140.1.2 - Annual Review of CRNA Certifications

(Rev. 704, Issued: 10-07-05, Effective: 11-07-05, Implementation: 11-07-05)

Carriers will review their files in November of each year to determine that the credentials of each CRNA continue to be valid. The CMS will provide an updated list of certified CRNAs each October. However, effective August 1, 2005 CMS will discontinue sending the Biannual Recertification list for CRNAs to carriers. The CRNA recertification list was instituted prior to current enrollment procedures and is no longer deemed necessary. CMS requires contractors to verify a CRNA's qualifications when he or she first enrolls in Medicare. With respect to recertification, CRNA's typically only need to submit a recertification application and accompanying fee to the State. No recertification testing is required, thus greatly reducing the need for the ongoing review of a CRNA's credentials. In addition, since no other specialty has a similar biannual recertification list, CRNA's will now be handled the same as any other specialty so as to ensure uniformity.

The billing privileges of any CRNA or qualified biller will be terminated if the CRNA's certification has expired or otherwise been terminated by the certifying councils. Carriers will provide advance written notice to the CRNA (and employer) of any such decision and provide for a review of the action if requested to do so.

140.2 - Entity or Individual to Whom CRNA Fee Schedule is Payable

(Rev. 1, 10-01-03)

B3-16003.C, B3-4830.A

Payment for the services of a CRNA may be made to the CRNA who furnished the anesthesia services or to a hospital, physician, group practice, or ASC with which the CRNA has an employment or contractual relationship.

140.3 - CRNA Fee Schedule Payment

(Rev. 1, 10-01-03)

B3-16003 D and E

Pay for the services of a CRNA only on an assignment basis. The assignment agreed to by the CRNA is binding upon any other person or entity claiming 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 CRNA for which payment may be made on an assignment-related basis is subject to civil monetary penalties.

Services furnished by CRNAs are subject to the Part B deductible and coinsurance. If the Part B deductible has been satisfied, the CRNA fee schedule for anesthesia services is the least of 80 percent of:

- The actual charge;
- The applicable CRNA conversion factor multiplied by the sum of allowable base and time units; or

- The applicable locality participating anesthesiologist's conversion factor multiplied by the sum of allowable base and time units.

140.3.1 - CRNA Conversion Factors Used on or After January 1, 1997

(Rev. 1, 10-01-03)

B3-16003.F

The CRNA conversion factors applicable to anesthesia services furnished on or after January 1, 1997, are increased by the update factor used to update physicians' services under the physician fee schedule. They are published in November of the year preceding the year in which they apply.

140.3.2 - Anesthesia Time and Calculation of Anesthesia Time Units

(Rev. 1, 10-01-03)

B3-15018.G

Anesthesia time means the time during which a CRNA is present with the patient. It starts when the CRNA begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the CRNA is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative care. Anesthesia time is a continuous time period from the start of anesthesia to the end of an anesthesia service. In counting anesthesia time for services furnished on or after January 1, 2000, the CRNA can add blocks of time around an interruption in anesthesia time as long as the CRNA is furnishing continuous anesthesia care within the time periods around the interruption.

140.3.3 - Billing Modifiers

(Rev. 1, 10-01-03)

The following modifiers are used when billing for anesthesia services:

- QX - CRNA with medical direction by a physician.
- QZ - CRNA without medical direction by a physician.
- QS - Monitored anesthesiology care services (can be billed by a CRNA or a physician).
- QY - Medical direction of one CRNA by an anesthesiologist. This modifier is effective for anesthesia services furnished by a CRNA (or AA) on or after January 1, 1998.

140.3.4 - General Billing Instructions

(Rev. 1, 10-01-03)

B3-4172.5

Claims for reimbursement for CRNA services should be completed in accord with existing billing instructions for anesthesiologists with the following additions.

- All claim forms must include the following certification, as applicable

  "CRNA or AA services have been medically directed," (indicate "A" in field 41, location 105 of Claim Detail 1 on an EMC bill), or;

  "CRNA or AA services have not been medically directed," (indicate "B" in field 41, location 105 of Claim Detail 1 on an EMC bill).

- If an employer-physician furnishes concurrent medical direction for a procedure involving CRNAs and the medical direction service is unassigned, the physician should bill on an assigned basis on a separate claim for the CRNA service. If the physician is participating or takes assignment, both services should be billed on one claim but as separate line items.

- All claims forms must have the provider billing number of the CRNA, AA and/or the employer of the CRNA performing the service in either block 24.H of the Form CMS-1500 and/or block 31 as applicable. Verify that the billing number is valid before making payment.

Payments should be calculated in accordance with Medicare payment rules in §140.3. Carriers must institute all necessary payment edits to assure that duplicate payments are not made to physicians for CRNA or AA services or to a CRNA or AA directly for bills submitted on their behalf by qualified billers.

CRNAs are identified on the provider file by specialty code 43.

140.4 - CRNA Special Billing and Payment Situations

(Rev. 1, 10-01-03)

140.4.1 - An Anesthesiologist and CRNA Work Together

(Rev. 1, 10-01-03)

Carriers will distribute educational releases and use other established means to ensure that anesthesiologists understand the requirements for medical direction of CRNAs.

Carriers will perform reviews of payments for anesthesiology services to identify situations in which an excessive number of concurrent anesthesiology services may have

been performed. They will use peer practice and their experience in developing review criteria. They will also periodically review a sample of claims for medical direction of four or fewer concurrent anesthesia procedures. During this process physicians may be requested to submit documentation of the names of procedures performed and the names of the anesthetists directed.

Physicians who cannot supply the necessary documentation for the sample claims must submit documentation with all subsequent claims before payment will be made.

140.4.2 - CRNA and an Anesthesiologist in a Single Anesthesia Procedure

(Rev. 1, 10-01-03)

B3-4172.6

Where a single anesthesia procedure involves both a physician medical direction service and the service of the medically directed CRNA, and the service is furnished on or after January 1, 1998, 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. The modifier to be used for current procedure identification is QX.

Beginning on or after January 1, 1998, where the CRNA and the anesthesiologist are involved in a single anesthesia case, and the physician is performing medical direction, the service is billed in accordance with the following procedures:

- For the single medically directed service, the physician will use the modifier "QY" (MEDICAL DIRECTION ONE CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) BY AN ANESTHESIOLOGIST). This modifier is effective for claims for dates of service on or after January 1, 1998, and

- For the anesthesia service furnished by the medically directed CRNA, the CRNA will use the current modifier "QX."

In unusual circumstances when it is medically necessary for both the CRNA and the anesthesiologist to be completely and fully involved during a procedure, full payment for the services of each provider is allowed. The physician would report using the "AA" modifier and the CRNA would use "QZ," or the modifier for a nonmedically directed case.

Documentation must be submitted by each provider to support payment of the full fee.

140.4.3 - Payment for Medical or Surgical Services Furnished by CRNAs

(Rev. 1, 10-01-03)

B3-16003.H

Payment can be made for medical or surgical services furnished by nonmedically directed CRNAs if they are allowed to furnish these services under State law. These services may include the insertion of Swan Ganz catheters, central venous pressure lines, pain management, emergency intubation, and the pre-anesthetic examination and evaluation of a patient who does not undergo surgery. Payment is determined under the physician fee schedule on the basis of the national physician fee schedule conversion factor, the geographic adjustment factor, and the resource-based relative value units for the medical or surgical service.

140.4.4 - Conversion Factors for Anesthesia Services of CRNAs Furnished on or After January 1, 1992

(Rev. 1, 10-01-03)

B3-16003.I, PM B-01-69

Conversion factors used to determine CRNA fee schedule payments for anesthesia services furnished on or after January 1, 1992, are determined based on a statutory methodology.

For example, for anesthesia services furnished by a medically directed qualified anesthetist in 1994, the medically directed allowance is 60 percent of the allowance that would be recognized for the anesthesia service if the physician personally performed the service without an assistant, i.e., alone. For subsequent years, the medically directed allowance is the following percent of the personally performed allowance.

Services furnished in 1995	57.5 percent
Services furnished in 1996	55.0 percent
Services furnished in 1997	52.5 percent
Services furnished in 1998 and after	50.0 percent

150 - Clinical Social Worker (CSW) Services

(Rev. 1, 10-01-03)

B3-2152, B3-17000

See Medicare Benefit Policy Manual, Chapter 15, for coverage requirements.

Assignment of benefits is required.

Payment is at 75 percent of the physician fee schedule.