



CARE IMPROVEMENT PLUS
Specialized Care for Medicare Beneficiaries

PROVIDER COMMUNICATION:

CRNA SVC IN A METHOD II CAH W/O PASS-THROUGH EXEMPTION

CRNAs rendering services in a Method II CAH have the option of reassigning their billing rights to the CAH. When the billing rights are reassigned to the Method II CAH, payment is made to the CAH for anesthesia services submitted on type of bill 85X with revenue code 964 (anesthesiologist (CRNA)).

Care Improvement Plus is currently calculating for **non-medically directed** CRNA services in a Method II CAH **without** a CRNA pass-through exemption based on a 20 percent reduction of the fee schedule amount before deductible and coinsurance are calculated.

For dates of service on or after July 1, 2007 and beginning July 5, 2011, Care Improvement Plus will pay for CRNA anesthesia services (Current Procedural Terminology (CPT) codes 00100 through 01999) submitted by a Method II CAH (**without a CRNA pass-through exemption**) on Type of Bill 85X with revenue code 964 and modifier QZ (CRNA service without medical direction by a physician) based on the lesser of the actual charges or the fee schedule amount as follows:

(Sum of base units plus time [anesthesia time divided by 15]) **times** conversion factor **minus** (deductible and coinsurance) **times** 1.15.

For More Information:

Transmittal 2137 - <http://www.cms.gov/transmittals/downloads/R2137CP.pdf>

Key Things to Remember

- The effective date for this notice is July 5, 2011.