

Fee Schedule - Anesthesia - 2015

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Anesthesia Payment Methodology

The medical fee schedule uses the procedure codes and descriptions of the American Medical Association's physicians Current Procedural Terminology (CPT®). Fees are calculated using the Resource Based Relative Values (RBRVS) RVU weights established by the Centers for Medicare & Medicaid (CMS)

The medical and hospital fee schedules contain the entire list of CPT identifying codes. The listing of CPT codes in the fee schedules is not a guarantee of payment.

WSI shall use the following conversion factor table to determine the maximum allowable fee by multiplying the conversion factor by the relative value unit established in the RBRVS.

The Anesthesia Fee Schedule Conversion Factor will be updated each year by the same percentage as the WSI Medical Fee Schedule.

Conversion Factor Table

<u>Specialty Groups</u>	<u>Conversion Factor</u>
Anesthesia (Time Units & Risk Units)	56.63

WSI will pay for professional anesthesia services on a per case basis. WSI shall use the following formula to determine the maximum allowable reimbursement for each anesthesia case:

$$\begin{array}{rcccccc} \text{Basic} & & \text{Time} & & \text{Physical} & & \text{Conversion} & & \text{Maximum} \\ \text{Value} & + & \text{Units} & + & \text{Status} & \times & \text{Factor} & = & \text{Allowable} \\ \text{Units} & & & & \text{Modifier} & & & & \text{Reimbursement} \end{array}$$

One time unit equals 15 minutes, regardless of the length of the procedure.

Under the per case payment methodology:

- When an MDA or a CRNA personally performs a case, the full case payment will be made to that provider
- When a CRNA performs a case under the Medical Direction of an MDA:
 - The CRNA is paid for 50% of the per case amount
 - The MDA is paid for 50% of the per case amount

Anesthesia Fee Schedule

Payment Parameters

WSI requires that the following anesthesia payment modifiers be used as appropriate:

- AA MDA personally performs a case
- AD MDA medically supervising more than 4 concurrent anesthesia procedures
- QY MDA medically directing one CRNA
- QK MDA medically directing 2 – 4 CRNAs
- QZ CRNA performs case without medical direction
- QX CRNA performs case with medical direction

WSI will allow payment for the following patient status modifiers:

- P3 A patient with severe systemic disease – one additional unit is paid
- P4 A patient with severe systemic disease that is a constant threat to life – two additional units are paid
- P5 A moribund patient who is not expected to survive without the operation – three additional units are paid

For medically directed cases, both the CRNA and MDA may use these modifiers. There will be no separate payment for patient status modifiers P1, P2 & P6.

WSI will allow payment for the following add on anesthesia service CPT codes:

- 99100 Anesthesia for patients of extreme age, under 1 year and over 70 – one additional unit is paid
- 99116 Anesthesia complicated by utilization of total body hypothermia – 5 additional units are paid
- 99135 Anesthesia complicated by utilization of controlled hypothermia – 5 additional units are paid
- 99140 Anesthesia complicated by emergency conditions – two additional units are paid

For medically directed cases, both the CRNA and MDA may use these add on codes.

An MDA filing a claim for medical direction of a CRNA must meet all of the seven Medical Direction criteria as required by CMS. The MDA must:

- Perform a pre-anesthetic examination and evaluation;
- Prescribe the anesthesia plan;
- Personally participate in the most demanding procedures in the anesthesia plan, including, if applicable, induction and emergence;
- Ensure that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified anesthetist;
- Monitor the course of anesthesia administration at frequent intervals;
- Remain physically present and available for immediate diagnosis and treatment of emergencies; and

- Provide indicated post-anesthesia care

All claims for anesthesia services must be billed on a 1500 claim form. The actual number of anesthesia minutes will be reported as the number of units. The payment modifiers (AA, QY, QK, QZ & QX) must be in the first modifier position on the claim. Claims submitted without a payment modifier will be returned to the provider. Patient status modifiers must be in the second modifier position on the claim.

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 the service using the “AA” modifier and the CRNA would use “QZ”. When both a CRNA and an MDA claim using these modifiers are received for a single anesthesia case, WSI will request documentation to support payment of the full fee for both providers.

Non Anesthesia services, such as insertion of catheters, placement of central venous and arterial lines, intubations, pain management services, etc. are paid under the WSI Medical Fee Schedule. They are billed as procedures with a unit of one and no anesthesia payment or patient status modifiers.

WORKFORCE SAFETY & INSURANCE FEE SCHEDULE
ANESTHESIA

**CPT
CODE**

**TOTAL
RVU**

Code 00100-00952		
00100		5
00102		6
00103		5
00104		4
00120		5
00124		4
00126		4
00140		5
00142		4
00144		6
00145		6
00147		4
00148		4
00160		5
00162		7
00164		4
00170		5
00172		6
00174		6
00176		7
00190		5
00192		7
00210		11
00211		10
00212		5
00214		9
00215		9
00216		15
00218		13
00220		10
00222		6
00300		5
00320		6
00322		3
00326		7
00350		10
00352		5
00400		3
00402		5
00404		5
00406		13
00410		4
00450		5

WORKFORCE SAFETY & INSURANCE FEE SCHEDULE
ANESTHESIA

CPT CODE	TOTAL RVU
00454	3
00470	6
00472	10
00474	13
00500	15
00520	6
00522	4
00524	4
00528	8
00529	11
00530	4
00532	4
00534	7
00537	7
00539	18
00540	12
00542	15
00541	15
00546	15
00548	17
00550	10
00560	15
00561	25
00562	20
00563	25
00566	25
00567	18
00580	20
00600	10
00604	13
00620	10
00625	13
00626	15
00630	8
00632	7
00635	4
00640	3
00670	13
00700	4
00702	4
00730	5
00740	5
00750	4
00752	6
00754	7

WORKFORCE SAFETY & INSURANCE FEE SCHEDULE
ANESTHESIA

CPT CODE	TOTAL RVU
00756	7
00770	15
00790	7
00792	13
00794	8
00796	30
00797	11
00800	4
00802	5
00810	5
00820	5
00830	4
00832	6
00834	5
00836	6
00840	6
00842	4
00844	7
00846	8
00848	8
00851	6
00860	6
00862	7
00864	8
00865	7
00866	10
00868	10
00870	5
00872	7
00873	5
00880	15
00882	10
00902	5
00904	7
00906	4
00908	6
00910	3
00912	5
00914	5
00916	5
00918	5
00920	3
00921	3
00922	6
00924	4

WORKFORCE SAFETY & INSURANCE FEE SCHEDULE
ANESTHESIA

**CPT
CODE**

**TOTAL
RVU**

00926		4
00928		6
00930		4
00932		4
00934		6
00936		8
00938		4
00940		3
00942		4
00944		6
00948		4
00950		5
00952		4

WORKFORCE SAFETY & INSURANCE FEE SCHEDULE
ANESTHESIA

**CPT
CODE**

**TOTAL
RVU**

	Code 01112- 01999	
01112		5
01120		6
01130		3
01140		15
01150		10
01160		4
01170		8
01173		12
01180		3
01190		4
01200		4
01202		4
01210		6
01212		10
01214		8
01215		10
01220		4
01230		6
01232		5
01234		8
01250		4
01260		3
01270		8
01272		4
01274		6
01320		4
01340		4
01360		5
01380		3
01382		3
01390		3
01392		4
01400		4
01402		7
01404		5
01420		3
01430		3
01432		6
01440		8
01442		8
01444		8

WORKFORCE SAFETY & INSURANCE FEE SCHEDULE
ANESTHESIA

CPT CODE	TOTAL RVU
01462	3
01464	3
01470	3
01472	5
01474	5
01480	3
01482	4
01484	4
01486	7
01490	3
01500	8
01502	6
01520	3
01522	5
01610	5
01620	4
01622	4
01630	5
01634	9
01636	15
01638	10
01650	6
01652	10
01654	8
01656	10
01670	4
01680	3
01682	4
01710	3
01712	5
01714	5
01716	5
01730	3
01732	3
01740	4
01742	5
01744	5
01756	6
01758	5
01760	7
01770	6
01772	6
01780	3
01782	4
01810	3

WORKFORCE SAFETY & INSURANCE FEE SCHEDULE
ANESTHESIA

CPT CODE	TOTAL RVU
01820	3
01829	3
01830	3
01832	6
01840	6
01842	6
01844	6
01850	3
01852	4
01860	3
01916	5
01920	7
01922	7
01924	5
01925	7
01926	8
01930	5
01931	7
01932	6
01933	7
01935	5
01936	5
01951	3
01952	5
01953	1
01958	5
01960	5
01961	7
01962	8
01963	8
01964	4
01965	4
01966	4
01967	5
01968	2
01969	5
01990	7
01991	3
01992	5
01995	5
01996	3
01999	0