

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial Certified Registered Nurse Anesthetists (CRNAs)
42 CFR Care and Services
447.201 Item 6.d.

I. Reimbursement Methodology

- A. The most appropriate procedure codes and modifiers shall be used when billing for surgical anesthesia procedures and/or other services performed under the professional licensure of the certified registered nurse anesthetist (CRNA).
- B. **Formula-Based Reimbursement.** Reimbursement is based on formulas related to 100 percent of the 2003 Medicare Region 99 payable and includes the base unit rate multiplied by the time unit (1 time unit=15 minutes), the conversion factor, and the modifier detail.

Except as otherwise noted in the plan, state developed reimbursement rates are the same for both governmental and private providers and the rates and any annual/periodic adjustments to the rates are published on the agency's provider website. The components of the rate were set as of October 1, 2003, and are published on the agency's provider website at www.lamedicaid.com.

Effective for dates of service on or after January 22, 2010, the reimbursement for formula-based anesthesia services rendered by a CRNA shall be:

- 1. 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients ages 16 and older; and
- 2. 90 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients under the age of 16.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-30-10</u>	
DATE APP'VD <u>6-17-10</u>	
DATE EFF <u>1-22-10</u>	
HCFN 179 <u>10-15</u>	

C. Flat Fee Reimbursement

- 1. Reimbursement for maternity related anesthesia services is a flat fee except for general anesthesia related to a vaginal delivery which is reimbursed according to a formula.

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SUPERSEDES: TN- 09-17

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

2. Other anesthesia services that are performed under the professional licensure of the CRNA are reimbursed a flat fee based on the appropriate procedure code.

STATE	<u>Louisiana</u>
DATE REC'D	<u>3-30-10</u>
DATE APPV'D	<u>6-17-10</u>
DATE EFF	<u>1-22-10</u>
HCFA 179	<u>10-15</u>

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Except as otherwise noted in the plan, state developed reimbursement rates are the same for both governmental and private providers and the rates and any annual/periodic adjustments to the rates are published on the agency's provider website. The flat fees were set as of October 1, 2003, and are published on the agency's website at www.lamedicaid.com.

D. Maternity Related Anesthesia Services

The delivering physician will be reimbursed when he initiates the epidural procedure with inclusion of the appropriate procedure code and modifier.

The anesthesiologist or CRNA who is called in to continue administering the anesthesia after the epidural was inserted will be reimbursed for the continued administration of the anesthesia.

Anesthesiologists and/or CRNAs may not bill for both continued administration and general anesthesia.

- E. Surgeons shall not be reimbursed for the personal medical direction of a CRNA. The anesthesia service will be considered nonmedically directed and should be billed as such by the CRNA.

- F. Effective for dates of service on or after February 26, 2009, the reimbursement rates paid to CRNAs will be reduced by 3.5 percent of the reimbursement as of February 25, 2009.

Note: Reimbursement for anesthesia services performed under the professional licensure of the physician (anesthesiologist or other specialty) is listed in Item 5.

II. Standards for Payment

CRNAs must be enrolled as Medicaid providers in order to be directly reimbursed for their services. CRNAs shall not bill separately for his/her services when he/she is employed by or under contract with a Medicaid enrolled provider whose reimbursement is based on cost reports that include the cost of their salary.

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Anesthesia Services

A. The most appropriate procedure codes and modifiers shall be used when billing for surgical anesthesia procedures and/or other services performed under the professional licensure of the physician (anesthesiologist or other specialty).

B. Formula Based Reimbursement.

Reimbursement is based on formulas related to 100 percent of the 2003 Medicare Region 99 payable.

Effective for the dates on or after January 22, 2010, the reimbursement for formula based anesthesia services rendered by a physician shall be:

1. 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients ages 16 and older; and
2. 90 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients under the age of 16.

C. Flat Fee Reimbursement

Reimbursement for maternity related anesthesia services is a flat fee except for general anesthesia related to a vaginal delivery which is reimbursed according to a formula.

Other anesthesia services that are performed under the professional licensure of the physician (anesthesiologist or other specialty) are reimbursed a flat fee based on the appropriate procedure code.

D. Maternity Related Anesthesia Services

The delivering physician will be reimbursed when he initiates the epidural procedure with inclusion of the appropriate procedure code and modifier.

The anesthesiologist or CRNA who is called in to continue administering the anesthesia after the epidural was inserted will be reimbursed for the continued administration of the anesthesia.

Anesthesiologists and/or CRNAs may not bill for both continued administration and general anesthesia.

E. Surgeons shall not be reimbursed for the personal medical direction of a CRNA. The anesthesia service will be considered non-medically directed and should be billed as such by the CRNA

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AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- F. Effective for dates of service on or after August 4, 2009, the reimbursement rates paid for anesthesia services that are performed under the professional licensure of a physician (anesthesiologist or other specialty) shall be reduced by 3.5 percent of the rates in effect on August 3, 2009.
Exception: Maternity-related anesthesia services and anesthesia services rendered to recipients under the age of 16 shall be exempt from the August 4, 2009 rate reduction on anesthesia services performed by a physician (anesthesiologist or other specialty).

Note: Reimbursement for anesthesia services performed by certified registered nurse anesthetists (CRNAs) is listed in Item 6.d.

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