METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
Other Types of Care

Anesthesiologists

The agency's rates were set as of January 1, 2008 and are effective for services on or after that date. All rates are published on the agency's website. Effective January 1, 2008, the anesthesia procedure codes listed in the 2008 CPT Code Book (CPT Codes 00100 through 01966 and 01968 through 01999) are eligible for reimbursement based on a formula involving base units and time units multiplied by a conversion factor of $31.50. The CPT Codes are subject to published clinical edits and will be updated concurrently with the annual publication of the American Medical Association's CPT Code Book (CPT® is a registered trademark of the American Medical Association).

Anesthesia CPT Code 01967 will be reimbursed at a maximum reimbursement amount of $425 for one unit of service regardless of the base and time units involved in the procedure.

Effective January 1, 2008, governmental and non governmental providers will be subject to the same payment methodology as described in this section of the State Plan.

Effective January 1, 2008, the base unit values for the anesthesia codes (CPT Codes 00100 through 01966 and 01968 through 01999) will be taken from the 2008 American Association of Anesthesiologist (ASA) Relative Value Guide. Additional units are not eligible to be added to the ASA base value for additional difficulty.

Anesthesia time means the time during which the anesthesia provider (physician or CRNA) providing anesthesia is present (face to face) with the patient. It starts when the anesthesia provider begins to prepare the patient for induction of anesthesia in the operating room or equivalent area and ends when the anesthesia provider is no longer furnishing anesthesia services to the patient. The anesthesia time must be documented in the medical record with begin and end times noted.

Physicians and CRNAs should report a quantity of one (1) for each minute of anesthesia time. For example, if anesthesia time is thirty-seven (37) minutes, the quantity would be reported as 37. The program will convert the actual minutes reported to anesthesia time units. One anesthesia time unit is equivalent to 15 minutes of anesthesia time.

The following formula provides an example of how an anesthesiologist will be reimbursed:

If the ASA RVU (base) for an anesthesia procedure is 4.00 and the surgery lasts 90 minutes (time = 6 units) with a maximum allowable CF of $31.50 the reimbursement is calculated as follows:

$$(4b+6u) \times \$31.50 = \$315.00$$

Time is reported in "units" where each unit is expressed in 15 minute increments and will be

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
Other Types of Care

Anesthesiologists (continued)

calculated as follows:

Time (in minutes)	Unit(s) Billed
1-15	1.0
16-30	2.0
31-45	3.0
46-60	4.0
61-75	5.0
76-90	6.0
91-105	7.0
106-120	8.0
Etc.	

STATE Oklahoma
DATE REC'D 10-10-07
DATE APPV'D 12-3-07
DATE EFF 1-1-08
HCFA 179 07-14

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Effective January 1, 2008, Anesthesia Healthcare Common Procedure Coding System (HCPC) modifiers must be reported for each anesthesia service billed and will determine the rate of reimbursement to each provider for anesthesia services. The modifiers are as follows:

2008 Published HCPC Modifier	Description	Payment Rate
AA	Anesthesia services performed personally by Anesthesiologist.	100%
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures	Current Flat Rate; no time units
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals	50%
QX	CRNA service: with medical direction by a physician	50%
QY	Anesthesiologist medically directs one CRNA	50%
QZ	CRNA services	80%

Certified Registered Nurse Anesthetists

Modifiers must be reported for each anesthesia service billed and will determine the rate of reimbursement to each provider for anesthesia services. Payment is made to Certified Registered Nurse Anesthetists at a rate of 80 per cent of the allowable for physicians for anesthesia services without medical direction and at a rate of 50 per cent of the allowable when medically directed.

Effective January 1, 2008, governmental and non governmental providers will be subject to the same payment methodology as described in this section of the State Plan.

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