

**CHILDREN'S HOSPITAL LOS ANGELES MEDICAL GROUP**  
**COMPLIANCE POLICY MANUAL**

<b>POLICY</b>	Teaching Physician Guidelines for Anesthesia Billing - Concurrency
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## **POLICY**

According to the Centers for Medicare and Medical Services (CMS), for services furnished on or after January 1, 1994, the physician can medically direct two, three, or four concurrent procedures involving qualified individuals, all of whom could be CRNAs, AAs, interns, residents or combinations of these individuals. The medical direction rules apply to cases involving student nurse anesthetists if the physician directs two concurrent cases, each of which involves a student nurse anesthetist, or the physician directs one case involving a student nurse anesthetist and another involving a CRNA, AA, intern or resident.

However, under Medi-Cal regulation, the supervising anesthesiologist can supervise a maximum of two operating rooms and must remain within visual and auditory range of the CRNA under supervision. Medical direction excludes the simultaneous administration of anesthesia services while supervising.

CMS will make payment to physicians in the teaching setting when supervising or medical directing qualified personnel. In general, teaching physicians may bill for the supervision of a fellow, resident, intern, certified registered nurse anesthetist ("CRNA"), anesthesiologist assistant ("AA"), or student nurse anesthetist in one of three ways depending on the level of supervision and the number of concurrent anesthesia services they provide. Specifically, teaching physicians can perform surgical anesthesia services on the three following levels:

- Personal Performance;
- Medical Direction; or
- Medical Supervision

This policy outlines Each of these levels of billing (and the corresponding level of teaching physician participation) in greater detail below.

## **DEFINITIONS**

**CRNA:** Certified Registered Nurse Anesthetist. A nurse anesthetist is a registered nurse with advanced educational credentials and significant clinical training. A certified registered nurse anesthetist, or CRNA, provides care to patients that require anesthesia or pain management before surgeries or specific types of medical procedures.

**AA:** Anesthesiology Assistant, A non-physician anesthesia provider who practices anesthesia under the medical direction of an anesthesiologist.

**Intern:** An intern is a recent medical school graduate who is in his first year of post-graduate on-the-job training. Interns work in hospitals, where they often rotate between different departments so they can be exposed to different medical specialties.

**Resident:** Resident physicians hold medical degrees and are now licensed to practice medicine. They are in training to learn to become specialists in Anesthesiology. They work under the supervision of an attending physician.

**Personal Performance:** When a Teaching Physician "personally performs" a service, he or she is entitled to full payment of the Medicare fee schedule and/or Medi-Cal maximum allowance amount (an unreduced fee) for the service, if either:

- The Teaching Physician personally performed the entire anesthesia procedure alone, or
- The Teaching Physician was personally and continuously involved in a *single* anesthesia procedure that a resident, intern, fellow, AA, or student nurse anesthetist performed.
- The Teaching Physician was physically present during the critical (key) portions of the anesthesia service which includes the preoperative, intraoperative, and postoperative visits.

**Immediately Available:** When billing for services that the physician personally performs, the teaching physician must be present during all critical (key) portions of the anesthesia procedure (such as induction and emergence) and be immediately available during the entire service or procedure.

- **The Teaching Physician is not immediately available if he or she is performing services involving other patients (e.g., pain blocks, epidural administration, or pre- or post-operative visits), except as noted in “*Limited Exception to Concurrency Limits in Emergent Situations,*” listed below.**

**Perioperative Anesthesia Visits:**

- Services with Residents: The teaching physician does not have to perform the pre- or post-anesthesia visit. Rather, a resident or fellow may provide the pre- or post-anesthesia visit.
- Services with CRNAs: When providing supervision to a CRNA, the anesthesiologist still must perform these peri-operative visits.

**Medical Direction:** Carriers will make payment for the anesthesiologist's medical direction of anesthesia services for one, two, three or four concurrent anesthesia services the physician furnishes to patients only if, for each patient, the physician:

- Performs a pre-anesthesia examination and evaluation;
- Prescribes the anesthesia plan;
- Personally participates in the most demanding aspects of the anesthesia plan, including, if applicable, induction and emergence;
- Ensures that any procedures in the anesthesia plan that the physician does not perform are performed by a qualified individual;
- Monitors the course of anesthesia administration at frequent intervals;
- Remains physically present and available for immediate diagnosis and treatment of emergencies; and
- Provides indicated post-anesthesia care.

The anesthesiologist alone must document in the patient's medical record that the physician satisfied the conditions set forth above, specifically documenting that he or she performed the pre-anesthetic exam and evaluation, provided the indicated post-anesthesia care, and was present during the most demanding procedures, including induction and emergence where applicable.

**Limited Exception to Concurrency Limits:** A physician who is concurrently directing the administration of anesthesia to not more than four surgical patients ordinarily cannot furnish additional services to other patients. However, the anesthesiologist may address an emergency of short duration in the immediate area while medically directing concurrent surgical cases.

Specific examples of such short-term emergencies include:

- administering an epidural or caudal anesthetic to ease labor pain;
- periodic rather than continuous monitoring of an obstetrical patient;
- receiving patients entering the operating suite for the next surgery;
- checking or discharging patients in the recovery room;

- handling scheduling matters; or
- providing brief guidance to pre-op clinic personnel via telephone from the operating room.

**Billing Code Modifier:** When billing for medical direction of concurrent care, the anesthesiologist should use the -QK modifier.

**Medical Supervision:** If the teaching physician is providing service to greater than 4 concurrent cases, or leaves the immediate area of the operating suite for other than short durations or devotes extensive time to an emergency case, or is otherwise not available to respond to the immediate needs of the surgical patients, the physician's services to the surgical patients are *supervisory* in nature and do not meet the criteria for medical direction. The carrier would reduce Medicare payments from the concurrency rates for medical direction for the surgical cases to the supervisory rates described below. Carriers may identify such cases based on the modifiers which are appended to the teaching physician's CPT codes. Since CHLAMG does not employ nor bill for the services of CRNAs, additional CRNA modifiers are not used.

**Elements:** Five requirements for Medical Supervision (greater than 4 concurrent cases) - the anesthesiologist must perform and document:

- perform and document pre-anesthetic evaluation
- prescribe anesthetic plan
- document intra-operative monitoring at appropriate intervals
- Complete post-anesthetic note
- legibly sign with credential date anesthesia record

**Billing Code Modifier:** When billing for medical supervision, the teaching physician should use the -AD modifier.

**Reimbursement of Anesthesiologist:** Payment for medical supervision consists of three base units per procedure. A carrier may recognize an additional time unit if the anesthesiologist can document that he or she was present at induction.

## MINOR PROCEDURES

If a resident (or fellow in an approved training program) performs a minor procedure (a procedure taking less than five (5) minutes to complete), the Teaching Physician may bill for the procedure only if the Teaching Physician was physically present, elbow-to-elbow with the resident, during the entire procedure. The medical record should document explicitly that the Teaching Physician performed or was physically present during the entire minor procedure.

## INPATIENT VISITS

Members of the Department of Anesthesiology follow inpatients. While most inpatients are in the Intensive Care and Intermediate Care Units, other patients may receive care on other inpatient units. Teaching physicians should follow the General Rules for E/M Services outlined in the General Standard for Documentation, Coding and Billing for Evaluation and Management Services Provided in the Teaching Setting.

Physicians and medical staff provide Outpatient medical care of patients in the Clinic. Teaching physicians should follow the General Rules for E/M Services outlined in the General Standard for Documentation, Coding and Billing for Evaluation and Management Services Provided in the Teaching Setting Policy. Physicians must fulfill all of the criteria for the clinic visit to justify the charges they submit.

## CONSULTATIONS (INPATIENT & OUTPATIENT)

Patients seen on a consulting basis may be seen by appropriate members of the Department of Anesthesiology. As with any other E/M service, the Teaching Physician should follow the General Rules for E/M Services outlined in the General Standard for Documentation, Coding and Billing for Evaluation and Management Services Provided in the Teaching Setting.

## TIME-BASED BILLING

Teaching Physicians may bill outpatient visits (99201-5, 99211-5), inpatient services (99221-3, 99231-3) and consultations (99241-5, 99251-5) based on time so long as the Teaching Physician spends **more than 50%** of his or her time with the patient providing counseling or coordination of care. If a Teaching Physician chooses to bill based on time, the Teaching Physician is responsible for documentation of the following items in the chart:

- the total Teaching Physician time spent with the patient;
- the time spent counseling the patient or coordinating patient care; and
- the subject matter of the counseling and/or coordination of care.

Acceptable documentation of the Teaching Physician's participation would read: *“I spent 30 minutes with [patient name], 25 minutes of which was spent counseling [patient] on [list subject of counseling (e.g. surgical and non-surgical options for treatment of patient's condition)].”*

Do not add the time spent by the resident with the patient in the absence of the Teaching Physician to time spent by the resident and the Teaching Physician with the patient. For example, a code that specifically describes a service of 20-30 minutes applies only if the Teaching Physician is present for 20-30 minutes.

**NOTE: If the resident provides the service without the Teaching Physician's direct participation, the resident must dictate the clinic note, but the Teaching Physician cannot bill for the service.**