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Anesthesiology News Updates JULY 2012

Absolute Total Care-Corrective Action Plan to Address Non-compliance

This CAP is necessary in order for ATC to address their non-compliance for failure to pay claims in a timely manner. ATC has a large number of unpaid, denied and disputed claims outstanding with providers including major hospitals, physician groups, ambulance providers and others. ATC has contracted with SCDHHS since 2007 and serves approximately 87,700 South Carolina Medicaid enrollees in 39 counties. Read More

CMS Releases Proposed Rule on Physician Fee Schedule; Includes New Language on Chronic Pain Management and Value-Based Modifier

On the evening of July 6, the Centers for Medicare & Medicaid Services (CMS) released CMS-1590, the "Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Pat B for CY 2013" proposed rule. Read More

Compliance Corner – Anesthesia Time

Anesthesia time is defined as the period during which an anesthesia practitioner is present with the patient. It starts when the anesthesia practitioner begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the anesthesia practitioner is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative care. Anesthesia time is a continuous time period from the start of anesthesia to the end of an anesthesia service. In counting anesthesia time for services furnished on or after January 1, 2000, the anesthesia practitioner can add blocks of time around an interruption in anesthesia time as long as the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption.

Anesthesia Time: Your top 5 questions answered

Government prosecutions triggered by the improper documentation of anesthesia time are a perennial risk for anesthesia providers. Based on the questions consultants receive, reporting time is also a constant source of confusion for billers and clinicians.
To help eliminate uncertainty about how to report time, Lynette Peterson, SCP-AN, compliance auditor and process improvement specialist for Auditing for Compliance & Education went back through her notes and pulled together the top five anesthesia time questions she has received. All of her answers are based on the recommendations ACE makes to its clients.

Tip: Distribute these FAQs to members of your practice during your next education session to make sure everyone has the right answer.

Line Placement: Do I need to reduce anesthesia time when lines are placed during anesthesia time?
Answer: Although lines are typically placed prior to starting anesthesia time, it is not necessary to reduce anesthesia time when lines are placed after the start of anesthesia time.
The provider should clearly support medical necessity on the anesthesia record or line placement record by documenting the reason lines were placed after the start of anesthesia time (e.g.: Parkinson's) and that the lines were not previously placed.

Blocks: Can you start anesthesia time when the block service is performed when a combined technique is the mode of anesthesia?
Answer: Typically placement of the block is billed as discontinuous time. It would not be appropriate to leave the clock running if there's a big gap between the block and the rest of the anesthesia service. In any case, the block should not be billed as a separate service. Anesthesia time begins when the anesthesiologist begins to prepare the patient for anesthesia care in the operating room or in an equivalent area.

PACU hand off: Can you end anesthesia time when the patient is released from PACU?
Answer: The definition of anesthesia end time is when the anesthesiologist is no longer in personal attendance, that is, when the patient is safely placed under post-anesthesia supervision.
Typically the anesthesia provider the patient's vitals and provides a report to the PACU nurse assigned to the patient prior to anesthesia end. The anesthesia end time should be documented by the provider once care is transferred. Using "into" or "out of" PACU time is not sufficient.

Relief: When providers are relieving each other, can they just indicate when they took over the case?
Answer: Each provider should document on the anesthesia record the start and end time of their service when it is different from the anesthesia start and end time for the case. This is very important to ensure the service is billed correctly. Whenever possible, relief should be provided by like providers. However, this is not possible for all groups.
Example: A case was started by a doctor working alone at 8:00, a CRNA came into the case at 8:30, then the doctor left at 9:00, and a different doctor came in to relieve the CRNA at 10:00, with the case ending at 10:30.
Unless each provider documents start and end times, the CRNA performing solo from 9:00 –

10:00 probably would be missed. This could cause concurrency issues with other cases for the doctors. If the group intended to medically direct the CRNA, this example would need to be billed as a split claim with appropriate modifiers, even though the case started and ended with a physician personally performing. If the group does not medically direct CRNAs, the case would be billed with modifier QZ (CRNA service: without medical direction by a physician); the lesser service.

Missing time: What can you use for anesthesia start and end time when the times are missing on the anesthesia record?
Answer: Ideally the provider would appropriately amend the anesthesia record to clearly document the anesthesia start and end times.
When this is not possible for some reason, the first time identified on the anesthesia record (usually the in room time or first monitoring time) and the last time identified on the anesthesia record (usually the last monitoring time or transfer time) can be used for the anesthesia start and end times. **Note:** This may reduce the reimbursable time units.