Certified Registered Nurse Anesthetist (CRNA)

CSHCN Services Program Provider Manual

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TEXAS
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CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

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12.1 Enrollment

To enroll in the CSHCN Services Program, a certified registered nurse anesthetist (CRNA) must be a registered nurse (RN) approved by the Texas Board of Nursing (BON) to practice as an advanced practice registered nurse (APRN). They must be currently certified by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists. They must be actively enrolled in Texas Medicaid. Each CRNA must be enrolled individually. Out-of-state CRNA providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border.

Important: *CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and Texas Medicaid.*

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 26 Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in 1 TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions or to their facilities. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1659 for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 26 TAC §351.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to deliver, at all times, health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his/her profession, as well as those required by the CSHCN Services Program and Texas Medicaid.

Refer to: Section 2.1, "Provider Enrollment" in Chapter 2, "Provider Enrollment and Responsibilities" for more detailed information about CSHCN Services Program provider enrollment procedures.

12.2 Benefits, Limitations, and Authorization Requirements

Services provided by CRNAs must be within the scope of practice for the APRN as defined by Texas State law and prescribed and supervised by a physician (doctor of medicine [MD] or doctor of osteopathy [DO]) who must be licensed in the state in which they practice. CRNA services are a benefit for the same covered services that are provided by a physician. All limitations applied to physicians for the same service will also be applied to the CRNA. Services provided by a CRNA are a benefit of the CSHCN Services Program if provided under one of the following conditions:

- No physician anesthesiologist is on the medical staff of the facility where the services are provided (e.g., rural settings).
- No physician anesthesiologist is available to provide the services.
- The physician performing the procedure requiring the services or the eligible client requiring the services specifically requests the services of a CRNA.
- The CRNA is scheduled or assigned to provide the services in accordance with policies of the facility in which the services are provided.
- The services are provided by the CRNA in connection with a medical emergency.

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The CSHCN Services Program will not reimburse the CRNA for equipment, drugs, or supplies. These are the responsibility of the facility where the CRNA services are provided and are included in the facility reimbursement. The CRNA may be directly reimbursed for professional services.

Refer to: Section 31.2.5, "Anesthesia Services" in Chapter 31, "Physician" for additional information about services provided by CRNAs.

12.2.1 Authorization Requirements

Anesthesia services are exempt from authorization requirements.

12.3 Claims Information

All CRNA services must be billed with a CRNA individual provider number, even if the CRNA is part of a group. Claims for anesthesia services provided by CRNAs must include the following:

- Appropriate Current Procedural Terminology (CPT) anesthesia procedure code for all procedures billed. If the anesthesia is given for more than one procedure, identify all procedures performed and indicate what is considered the major procedure. A breakdown of charges is not necessary.
- One of the following modifier combinations:
  - QX and U2—Services provided with medical direction of an anesthesiologist. (Must be submitted by a CRNA who provided services under the medical direction of an anesthesiologist.)
  - QZ and U1—Services provided without medical direction of an anesthesiologist; with direction by the physician. (Must be submitted when a CRNA has personally performed the anesthesia services, is not medically directed by the anesthesiologist, and is directed by the physician.)
- Anesthesia time in minutes.
- Provider's usual and customary charges for services being billed.

Modifiers U1 (indicating one anesthesia claim is expected) and U2 (indicating two anesthesia claims are expected) are state-defined modifiers that may be billed by an anesthesiologist or CRNA.

Modifier U1, indicating that only one claim will be submitted, cannot be billed by two providers for the same procedure, client, and date of service. Modifier U2, indicating that two claims will be submitted, can only be billed by two providers for the same procedure, client, and date of service if one of the providers was medically directed by the other. Denied claims may be appealed with supporting documentation of any unusual circumstances.

CRNA services must be submitted to TMHP in an approved electronic format or on the CMS-1500 paper claim form. Providers may purchase CMS-1500 paper claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing a CMS-1500 paper claim form, all required information must be included on the claim, as TMHP does not key any information from claim attachments. Superbills, or itemized statements, are not accepted as claim supplements.

The Healthcare Common Procedure Coding System (HCPCS)/CPT codes included in policy are subject to National Correct Coding Initiative (NCCI) relationships. Exceptions to NCCI code relationships that may be noted in CSHCN Services Program medical policy are no longer valid. Providers should refer to the Centers for Medicare & Medicaid Services (CMS) NCCI web page for correct coding guidelines and specific applicable code combinations. In instances when CSHCN Services Program medical policy quantity limitations are more restrictive than NCCI Medically Unlikely Edits (MUE) guidance, medical policy prevails.

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Refer to: Chapter 41, "TMHP Electronic Data Interchange (EDI)" for information on electronic claims submissions.

Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement" for general information about claims filing.

Section 5.7.2.4, "CMS-1500 Paper Claim Form Instructions" in Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement" for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

12.4 Reimbursement

CRNAs may be reimbursed the lower of the billed amount or 92 percent of the amount allowed by Texas Medicaid for the same service provided by a physician anesthesiologist.

A CRNAs reimbursement for performing an anesthesia service when supervised by a physician other than an anesthesiologist is 92 percent of the maximum allowable fee.

A CRNA under the supervision of an anesthesiologist may be reimbursed the lesser of the billed charges or 50 percent of the calculated payment for a supervised anesthesia service.

For fee information, providers can refer to the Online Fee Lookup (OFL) on the TMHP website at www.tmhp.com.

The CSHCN Services Program implemented rate reductions for certain services. The OFL includes a column titled "Adjusted Fee" to display the individual fees with all percentage reductions applied. Additional information about rate changes is available on the TMHP website at www.tmhp.com/resources/rate-and-code-updates/rate-changes.

Note: *Certain rate reductions including, but not limited to, reductions by place of service, client type program, or provider specialty may not be reflected in the Adjusted Fee column.*

Refer to: Section 31.2.5, "Anesthesia Services" in Chapter 31, "Physician" for detailed information about the reimbursement methodology for anesthesiology services.

Time units are based on the total time in minutes indicated on the claim divided by 15 minute increments. Providers billing anesthesia time must refer to the *Current Procedural Terminology* (CPT) *Manual*, Time Reporting Section, definition of time: "Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under postoperative supervision."

12.5 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.

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