



# State of New Mexico Human Services Department Human Services Register



## **I. DEPARTMENT** NEW MEXICO HUMAN SERVICES DEPARTMENT

## **II. SUBJECT** ANESTHESIA SERVICES

## **III. PROGRAM AFFECTED** (TITLE XIX) MEDICAID

## **IV. ACTION** PROPOSED RULES

## **V. BACKGROUND SUMMARY**

The Human Services Department, Medical Assistance Division (HSD/MAD), is proposing a change to the Medicaid anesthesia provider reimbursement. The Department recently amended this rule; however, specific changes to some sections of the rule were not updated in the final version. Also, the Department has received numerous calls requesting additional clarification on reimbursement for medical direction for certified registered nurse anesthetist (CRNA) and an anesthesiology assistant (AA) services. The Department will take this opportunity to provide clarifying language on this topic.

Changes in the rule being proposed at this time include the following:

8.310.5.15.D – reference to a unit for risk will be deleted.

8.310.5.15 D(3) – reference to variable time units will be deleted.

8.310.5.15 D(4) – reference to risk factors will be deleted.

8.310.5.15 E – clarifying language for reimbursing CRNAs and AAs who are medically directed is added.

## **VI. RULES**

These proposed rule changes refer to 8.310.5 NMAC of the Medical Assistance Program Policy Manual. This register is available on the Medical Assistance Division web site at [www.hsd.state.nm.us/mad/registers/2010](http://www.hsd.state.nm.us/mad/registers/2010). The proposed rule changes are attached to the register. If you do not have Internet access, a copy of the rules may be requested by contacting the Medical Assistance Division at 505-827-3156.

## **VII. EFFECTIVE DATE**

The Department proposes to implement these rules effective March 1, 2011.

## **VIII. PUBLIC HEARING**

A public hearing to receive testimony on these proposed rules will be held at 10:00 a.m. on Thursday, January 13, 2011, in the South Park conference room, 2055 S. Pacheco, Ste. 500-590, Santa Fe, NM.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact the Division toll free at 1-888-997-2583 and ask for extension 7-3156. In Santa Fe call 827-3156. The Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe by calling 827-3184. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by the Medical Assistance Division upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

#### **IX. ADDRESS**

Interested persons may address written or recorded comments to:

Kathryn Falls, Secretary  
Human Services Department  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5:00 p.m. on January 13, 2011. Written and recorded comments will be given the same consideration as oral comments made at the public hearing. Interested persons may also address comments via electronic mail to: [Magdalena.Romero@state.nm.us](mailto:Magdalena.Romero@state.nm.us).

#### **X. PUBLICATIONS**

Publication of these rules approved by:

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KATHRYN FALLS, SECRETARY  
HUMAN SERVICES DEPARTMENT

**TITLE 8 SOCIAL SERVICES**  
**CHAPTER 310 HEALTH CARE PROFESSIONAL SERVICES**  
**PART 5 ANESTHESIA SERVICES**

Explanatory paragraph: This is an amendment to 8.310.5 NMAC, Section 15, which will be effective March 1, 2011. The Medical Assistance Division is amending Subsections D and E, striking references to a unit for risk, variable time units and risk factors and clarifying language for reimbursement for CRNAs and AAs who are medically directed.

**8.310.5.15 REIMBURSEMENT:**

D. **Reimbursement units:** Reimbursement for anesthesia services is calculated using the MAD fee schedule anesthesia "base units" plus units for time ~~and units for risk~~.

(1) Each anesthesia procedure is assigned a specific number of relative value units which becomes the "base unit" for the procedure. Units of time are also allowed for the procedure. Reimbursement is calculated by multiplying the total number of units by the conversion factor allowed for each unit.

(2) The reimbursement per anesthesia unit varies depending on who furnishes the service. Separate rates are established for a physician anesthesiologist, a medically-directed certified registered nurse anesthetist (CRNA), anesthesiology assistant (AA) and a non-directed CRNA.

(3) ~~[Time units vary, depending on the service.]~~ For anesthesia provided directly by a physician anesthesiologist, CRNA, or an anesthesiology assistant, one time unit is allowed for each 15- minute period an eligible recipient is under anesthesia. For medical direction, one time unit is allowed for each 15- minute period.

~~[(4) Risk factor modifiers are used to describe the relative risk associated with general anesthesia to a particular recipient. Performing anesthesia providers are reimbursed for additional units only if risk factor modifiers are indicated on the claim.]~~

E. **Medical direction:** ~~[Medical direction by a physician anesthesiologist, not the surgeon or assistant surgeon, to a certified registered nurse anesthetist (CRNA) or an anesthesiology assistant (AA) is paid on the basis of 50 percent of the allowance for the service performed by the physician alone.]~~ Reimbursement is made at 50 percent of the full anesthesia service amount for medical direction by a physician anesthesiologist who is not the surgeon or assistant surgeon, for directing a registered nurse anesthetist (CRNA) or an anesthesiology assistant (AA). Reimbursement is made at 50 percent of the full anesthesia service amount for the anesthesia service provided by the medically directed CRNA or AA. Medical direction occurs if the physician medically directs qualified practitioners in two, three, or four concurrent cases and the physician performs the activities described below. Concurrency is defined with regard to the maximum number of procedures that the physician is medically directing within the context of a single procedure and whether these other procedures overlap each other. Concurrency is not dependent on each of the cases involving an eligible recipient. For example, if an anesthesiologist directs three concurrent procedures, two of which involve non-eligible recipients and the remaining a MAD eligible recipient, this represents three concurrent cases.

(1) Time units for medical direction are allowed at one time unit for each 15- minute interval.

(2) Anesthesia claims are not payable if the surgery is not a medicaid benefit or if any required documentation was not obtained.

(3) Medical direction is a covered service only if the physician:

(a) performs a pre-anesthesia examination and evaluation; and

(b) prescribes the anesthesia plan; and

(c) personally participates in the most demanding procedures of the anesthesia plan including induction and emergence; and

(d) ensures that any procedures in the anesthesia plan that he/she does not perform are performed by a qualified anesthetist; and

(e) monitors the course of anesthesia administration at frequent intervals; and

(f) remains physically present and available for immediate diagnosis and treatment of emergencies; and

(g) provides indicated post-anesthesia care.

(4) For medical direction, the physician must document in the medical record that he performed the pre-anesthetic exam and evaluation, provided indicated post-anesthesia care, was present during some portion of the anesthesia monitoring, and was present during the most demanding procedures, including induction and emergence, where indicated.

(5) A physician who is concurrently directing the administration of anesthesia to not more than four surgical patients may not ordinarily be involved in furnishing additional services to other patients. Addressing an emergency of short duration in the immediate area, administering an epidural or caudal anesthetic to ease labor pain, or periodic, rather than continuous, monitoring of an obstetrical patient does not substantially diminish the scope of control exercised by the physician in directing the administration of anesthesia to surgical patients. Medical direction criteria are met even though the physician responds to an emergency of short duration.

(6) While directing concurrent anesthesia procedures, a physician may receive patients entering the operating suite for the next surgery, check or discharge patients in the recovery room, or handle scheduling matters without affecting fee schedule payment.

(7) If a physician 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 patient, the physician's services to the surgical patients are supervisory in nature. Medical direction cannot be billed.

[2/1/95; 8.310.5.15 NMAC - Rn, 8 NMAC 4.MAD.714.6 & A, 6/1/03; A, 11/1/10; A, 3/1/11]