AMERICAN ASSOCIATION OF NURSE ANESTHETISTS
Federal Government Affairs Office
25 Massachusetts Avenue NW, Suite 320
Washington, DC 20001-1450
202.484.8400
AANA.com

Safe and effective anesthesia
CARE
for every patient.

Frequently Asked Questions (FAQs) on Medicare Reimbursement for Critical Care During the Covid-19 Pandemic

1) **Question:** Can CRNAs be paid for providing critical care services during the Covid-19 pandemic?

Answer: Under current Medicare reimbursement policy *there is nothing that expressly precludes* CRNAs from being paid under Medicare Part B for critical care services provided in the intensive care unit (ICU) setting. In CMS' recent guidance, COVID-19 FAQs, the agency did not address the issue of paying specialty clinicians (e.g. CRNAs) for critical care services. CMS' general policy regarding payment for Critical Care is available in the Medicare Claims Processing Manual for codes (codes 99291 - 9292) can be found at: Section 30.6.12 – Critical Care Visits and Neonatal Intensive Care It is important to note that although Medicare may technically pay Part B claims for critical care services, actual reimbursement will depend on your Medicare Administrative Contractor's (MAC) local coverage determinations (LCDs) ***AND*** whether your state's scope of practice laws supports CRNAs providing critical care outside of the perioperative setting.

As CMS provides updates to its COVID-19 FAQs, we will post links and update this document on AANA's Covid-19 webpage. For specific questions regarding CMS policy, please contact AANA's Federal Government Affairs at info@aanadc.com or (202) 484-8400 and for questions regarding state scope of practice please contact AANA's State Government Affairs (SGA) at sga@aana.com or (847) 655-1130.

2) **Question:** I am interested in finding out what am I allowed to do as a CRNA under my state's Scope of Practice (SOP) laws?

Answer: Under Medicare Part B regulations (42 C.F.R. §410.69 (b)) Medicare will pay for reasonable and necessary medical or surgical services furnished by CRNAs if they are legally authorized to perform these services in the State in which the services are furnished. State scope of practice laws will vary in its support for CRNAs providing critical care services outside of the perioperative setting. AANA's Professional Practice Division has prepared a *Scope of Nurse Anesthesia Practice* document that provides an overview of issues that include but are not limited to: education, licensure, certification, accountability and clinical anesthesia practice. In addition, AANA's SGA Division has prepared various SOP summaries based on each state's statutes and regulations obtained from its regulatory agencies and AANA's legislative and regulatory tracking services. The SGA Division works diligently at keeping these documents current; however, SGA *cannot* guarantee their accuracy and therefore these summaries do not constitute legal advice. For legal advice, please consult an experienced healthcare attorney.

3) **Question:** I am interested in finding information on my *Medicare Administrative Contractor's* (*MAC*) local coverage determinations (LCDs) regarding reimbursement for critical care services. Where may I find this information?

Answer: Medicare contracts its administrative functions out to entities known as Medicare Administrative Contractors or (MACs) for processing claims. Each MAC is given wide latitude to administer the Medicare program for its designated region. *The MACs also have discretionary authority to establish which services are reasonable and necessary* and therefore considered a covered Medicare benefit. These covered benefits are documented in policy documents know as Local Coverage Determinations (LCDs). To find the MAC for your region please use this link: https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/AB-Jurisdiction-Map-Jun-2019.pdf . Each MAC's LCDs may be accessed through the MAC's website under its medical policy page. For other questions please contact AANA's FGA Division at info@aanadc.com or (202) 484-8400.

4) **Question:** What does Medicare say about Critical Care billing when a physician and non-physician practitioner (NPP) split/share a service?

Answer: The regulations regarding payment for Critical Care services is available in the Medicare Claims Processing Manual at Section 30.6.12**(E)(2),** *Critical Care Services and Physician Time, Split/Share Time* – A split/shared evaluation and management (E/M) service performed by a physician and a qualified NPP of the same group practice (or employed by the same employer) *cannot* be reported as a critical care service. Critical care services are reflective of the care and management of a critically ill or critically injured patient by an *individual* physician or qualified NPP for the specified reportable period of time. Unlike other evaluation, treatment and management of a patient it is *not* representative of a combined service between a physician and a qualified NPP (i.e. only one clinician can bill and be reimbursed for his or her service).

5) **Question:** What critical care services are not included as part of a Global Surgery?

Answer: Under **Section 30.6.12(K),** *Global Surgery* - services such as endotracheal intubation (CPT code 31500) and the insertion and placement of a flow directed catheter e.g., Swan-Ganz (CPT code 93503) are *not* bundled into the critical care codes. Separate payment may be made for critical care in addition to these services if the critical care was a significant, separately identifiable service and it was reported with modifier -25. The time spent performing the pre, intra, and post procedure work of these unbundled services, e.g., endotracheal intubation, shall be excluded from the determination of the time spent providing critical care.

6) Question: How does Medicare pay for critical care for Ventilator Management?

Answer: Under **Section 30.6.12(N)**, *Ventilator Management* - Medicare recognizes the ventilator codes (CPT codes 94002 - 94004, 94660 and 94662) as physician services payable under the physician fee schedule. Medicare Part B under the physician fee schedule *does not* pay for ventilator management services in addition to an evaluation and management service (e.g., critical care services, CPT codes 99291 - 99292) on the same day for the patient even when the evaluation and management service is billed with CPT modifier -25.