

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY

SEPT. 17, 2018

EFFECTIVE NOV. 1, 2018: NOTIFICATION OF REIMBURSEMENT CHANGE FOR ANESTHESIA

APPLICABLE TO COMMERCIAL MEMBERS AND PRODUCTS IN HIGHMARK WEST VIRGINIA

Just as you do everything in your power to deliver the best care for patients, we do everything in ours to ensure practices and hospitals are accurately reimbursed for that care. That's why we have a variety of programs dedicated to ensuring all claims are legitimate, accurate, and clinically appropriate.

Effective November 1, 2018, based on date of service, Highmark Blue Cross Blue Shield West Virginia (Highmark West Virginia) will begin to pay for anesthesia services in alignment with Medicare to Physicians and/or Certified Registered Nurse Anesthetists (CRNAs). Presently, anesthesia service payments are split between the physician and CRNA based on the "CRNA employed statuses." This treatment of anesthesia services is no longer reflective of the marketplace and therefore, Highmark West Virginia is moving forward to align with Medicare and our plans regionally.

To further align and simplify the adjudication and payment of anesthesia claims, in the future, both the anesthesiologist and the CRNA will each receive 50% when the modifier(s) indicating medical direction are present on the claim. Multiple provider specialties and facilities provide and bill for anesthesia services, and the new payment policy is applicable to treatment in all sites of service.

This change will affect only anesthesia services when performed with the medical direction of a CRNA. Any anesthesia services performed directly by the Physician or by the CRNA without medical direction will continue to process with no reduction applied. This change will affect 837P and 1500 professional claim submissions only.

