

# How to bill for separate anesthesia provider:

In certain cases, an OMS may choose to utilize another clinician – such as a physician anesthesiologist or certified registered nurse anesthetist (CRNA) – to administer anesthesia services in an office setting. To ensure the appropriate billing of services furnished by a separate anesthesia provider, OMSs and professional billers must consider several factors, including the distinction between rendering and billing entities, employment status of the anesthesia provider and credentialing requirements.



## Rendering vs. billing provider

According to the National Uniform Claim Committee's (NUCC) claim form instruction manual, the rendering provider is the individual who furnished the services being reported while the billing provider is the entity submitting the claim for payment and to whom reimbursement should be sent.

When an OMS performs both a surgical procedure and administers general anesthesia, all services are typically reported to the payer on one claim, identifying the OMS as the rendering (or treating) provider. However, when separate providers furnish distinct aspects of the same patient encounter – such as a CRNA administering anesthesia for the removal of third molars – this is not the case.

Each provider's services must be reported on a separate claim that accurately identifies the name, individual National Provider Identifier (NPI) and taxonomy or specialty classification of the provider who personally performed the services as well as the name, NPI and Tax ID of the billing entity, group practice or corporation. The NUCC and the ADA both maintain detailed claim form instruction manuals, offering step-by-step guidance for providers and their staff. Complete and accurate claim form submission is integral to the claims adjudication process and helps to ensure proper provider reimbursement.

It is important to note that by submitting a claim to a third-party payer, the OMS is attesting to the accuracy of the information included on the claim form. As such, it is not appropriate to bill under another provider's name and NPI. It may be considered fraudulent billing practice to report misrepresented information – such as the treating provider – to an insurance carrier as healthcare claims are considered legal, binding documents. Doing so also may violate commercial payer contracts.

## Employment status

Whether the OMS files the claim as the billing provider for the services furnished by a separate anesthesia provider may depend on who employs the anesthesia professional and whether the anesthesia professional is an employee or an independent contractor.

For example, the anesthesiologist or CRNA may be employed by the OMS practice and, therefore, the individual's NPI should be associated with the practice's group NPI and Tax ID for purposes of treatment, billing and payment. When this is the case, the practice may file the claim as the billing provider for services furnished by the anesthesia professional. In other words, the anesthesiologist or CRNA would be noted on the claim as the provider of service, including both name and NPI, while the practice would be identified as the billing entity for the anesthesia services.

On the other hand, the anesthesia provider may be an independent contractor and, therefore, able to bill for his or her own services as both the rendering and billing provider on the claim form.

In some cases, there may be a contractual agreement between the independent contractor and the OMS practice that may outline and determine the reporting and billing protocols for the services rendered by the anesthesia provider. A practice attorney or practice consultant may provide additional insight into such determinations.

## Credentialing requirements

For the services rendered by a separate anesthesia provider to be reported and considered for payment by an insurance carrier, the anesthesia professional must be credentialed with



## Nuances, examples

the payer. Credentialing involves the assessment of academic training and clinical practice history of healthcare professionals to ensure they are qualified to render patient care within the scope of their state licensure. This attestation must meet the applicable requirements of state, federal and private accreditation bodies and should be appropriately maintained. The credentialing process may be facilitated by the employing entity or, in the case of an independent contractor, by the provider themselves.

Regardless of whether anesthesia providers are billing for their services under the OMS/group practice or under their own name/NPI/Tax ID, they must be credentialed with the insurance carrier and the claim form must accurately identify the anesthesia professional as the rendering provider.

Arrangements between an OMS practice and an individual anesthesia provider can be complex. Factors such as malpractice liability, state regulations and scope of practice limitations as well as provider contracting also may need to be considered. For example, if the OMS is a participating provider with certain insurance plans but the visiting anesthesia professional is not, this may necessitate review of existing office policy and/or managed care contracts. To ensure compliance, OMSs are encouraged to consult a practice attorney for guidance on such arrangements. ■

*AAOMS member resources on appropriate coding for anesthesia services are available at [AAOMS.org/CodingReimbursement](http://AAOMS.org/CodingReimbursement). In addition, AAOMS will host a webinar on Oct. 4 to discuss the impact of federal and state laws on current payer policies and tips for OMS practices to navigate credentialing and billing processes for separate anesthesia providers. For more information or to register, visit [AAOMS.org/CEonline](http://AAOMS.org/CEonline).*