



November 29, 2016

Mr. James E. "Jet" Toney, Executive Secretary  
GA Society of Anesthesiologist, and  
Executive Director  
American Academy of Anesthesiologist Assistants  
1231 Collier Rd. NW, Suite J  
Atlanta, GA 30318

RE: Anesthesia Providers Language  
(DCH meeting held with Mr. Toney on September 20, 2016)

Mr. Toney:

The Department of Community Health (DCH), GA Medicaid, Medicaid Division, issues this clarification of policy as outlined in: (1) the Part II Physician's Services Policies and Procedures Manual, Section 601.9- (D) stating that no more than four (4) Physician Assistants (PA)/Midlevel providers may provide services under a sponsoring physician at one time (O.C.G.A. § 43-34-103 et seq.), and (2) the Part II Physician's Service Policies and Procedure Manual, Section 903.1, which incorporates the Schedule of Maximum Allowable CPT Anesthesia Base Units stating that the modifier QK is limited to 2, 3, or 4" concurrent anesthesia procedures" involving PAAs/ CRNAs.

The 601.9 policy statement addresses how many midlevel providers a physician can supervise according to the physicians' scope of practice outlined in the code of federal regulations (CFR).

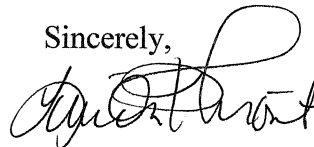
The Department of Community Health's (DCH) intent regarding this policy is to inform the Anesthesia providers of the number of midlevel providers for which they can supervise and bill. The Part II 601.6 and 903.1 policy does not dictate hospitals' work flow processes in their labor and delivery unit. Due to the Anesthesia providers' concern and interpretation of the number of above mid-level providers that they can bill for supervising pursuant to these policies, DCH policy staff has met with several anesthesia provider groups to clarify the GA Medicaid policy.

An Anesthesiologist is able to supervise and bill for the supervision of a combination of four PAA's/ CRNA's as they monitor their patients in the labor/delivery suite. The midlevel provider may or may not be assigned to their supervising anesthesiologist; however, they can be/ should be supervised by the Anesthesiologist on duty.

The midlevel provider (PAA/CRNA) may have more than one laboring patient/member depending on the number of women in the labor /delivery suite; such that there may be times that more than four patients are under the care of up to four PAA/CRNAs that are being appropriately supervised by a physician.

DCH does not want to impede access to care but ensure our enrolled members receive medically necessary services. For purposes of billing for supervision, DCH agrees that labor/delivery does not equate to a “concurrent anesthesia procedure” as that term is used within its Schedule of Maximum Allowable CPT Anesthesia Base Units. Rather, in the context of labor and delivery only, it is permissible for QK to be billed by an anesthesiologist for the medical direction of 2, 3, or 4 qualified CRNAs or PAAs even if those CRNAs and PAAs are monitoring collectively more than 4 patients.

Sincerely,



Linda Wiant, PharmD, Chief  
Medical Assistance Programs

LW/dw

cc: Erica Baker