Argus CLAIM REVIEW™

ARGUS Advantage Series

The ARGUS Advantage Series:
Anesthesiologists & Certified Registered Nurse Anesthesiologists

ARGUS Claim Review's responsibility to our clients is to be sure the services performed by providers are billed accurately and that the claim amounts are justified. We take seriously the responsibility to manage our client dollars, but also recognize that providers and facilities need to be compensated appropriately for services performed. That is why ARGUS adheres to the Centers for Medicare and Medicaid Services (CMS) regulations and guidelines for medical billing to be sure compensation is fair and appropriate.

Medical billing specialists handle billing to medical administrators for hospital and doctor services. The work they do makes sure medical staff at hospitals or other medical facilities can focus on treating their patients without being burdened with the task of handling the billing. Sometimes clarification by ARGUS is necessary to be sure our clients' dollars are paid out correctly.

When anesthesia is given in a surgical setting, it may be performed by one or more of the following individuals:

- An MD anesthesiologist
- A Certified Registered Nurse Anesthesiologist (CRNA)
- Both an MD anesthesiologist and a CRNA

When either an MD anesthesiologist or a CRNA perform the services by themselves, they are reimbursed at 100% of the Preferred Provider Organization (PPO) allowed amount. However, when both an MD anesthesiologist and a CRNA are involved with the same patient (normally the MD anesthesiologist will direct 1-4 concurrent anesthesia procedures being performed by a CRNA at the same time), each is only to be reimbursed at 50% of the PPO allowed amount.

There are certain modifiers that are to be appended to the CPT Codes to make sure the claims payer is aware of this ituation. Sometimes, the physician group misses appending a modifier, signifying there is no CRNA involvement.

From time to time, facility bills are then received from the hospital that are attempting to bill for the CRNA services in their billing.

It is inappropriate for a facility to try and bill professional fees on their billing per the guidelines of the Centers for Medicare and Medicaid (CMS) services billing guidelines. A facility bill should only include the costs for the space, equipment, supplies and staffing (non-physician) used. Any MD or CRNA charges should be billed on a HCFA 1500 form.

ARGUS continually monitors industry-related guidelines, costs and other factors to ensure we are always using best practices to ensure claims are accurate, ultimately resulting in savings and effective cost-containment for our clients.

If you have any questions about CMS, ARGUS Claim Review or other benefits-related topics, feel free to contact us – we're happy to answer any questions you have.