

CRNA Practice and Chronic Pain Management

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Certified Registered Nurse Anesthetists (CRNAs) may provide anesthesia and related services to Medicare patients consistent with their State scope of practice, training and clinical privileges. Settings may include outpatient hospital, Ambulatory Surgical Center (ASC) or office/free-standing clinic. These practitioners also may insert arterial lines and draw blood gases, place peripherally inserted central venous catheters (PICCs and CVPs) consistent with the formal guidelines and instructions as well as skills assessment provided to CRNAs during their training.

Epidural injections and other forms of nerve blockade are reimbursed as part of the anesthetic management when used as the primary route of anesthesia or obstetrical analgesia. In addition, if the CRNA is an Advanced Registered Nurse Practitioner (ARNP) or Clinical Nurse Specialist (CNS), or working incident to a physician or Non-Physician Practitioner (NPP), nerve blocks may be reimbursed as part of the physician's or NPP's (Nurse Practitioner, Clinical Nurse Specialist, and Physician Assistant) management of a patient with chronic pain.

Chronic Pain

Pain is the common symptomatic manifestation of a wide range of underlying medical conditions. Chronic pain is a disease state in and of itself; and induces neuroanatomic, neurohumoral, pharmacodynamics and pharmacokinetic changes in the affected individual. Widely diverse injuries and medical illnesses may directly damage the peripheral and/or central nervous system and ultimately involve multiple body systems and manifest as chronic pain. Chronic pain induces or is accompanied by significant effects on mood, neuroendocrine and other bodily systems' function. Reasonable treatment of the chronic pain disorder begins with a detailed medical assessment aimed at developing a diagnosis or diagnostic evaluation plan which will then lead to an appropriate and comprehensive therapeutic plan.

The comprehensive therapeutic plan may but not necessarily include interventional pain techniques, such as, nerve blockade. The assessment skills required for the evaluation of the chronic pain state and consequent therapy are not part of the CRNA training curricula. There are no guidelines or skills assessment available for

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development of the necessary medical diagnostic and therapeutic skills for CRNAs, unlike MDs, NPs and CNS.

Covered Services

Washington CRNAs are dually trained, licensed and credentialed as NPs and may be reimbursed for any services that an NP is allowed to provide, including diagnostic and therapeutic services. All other NAS contracted states will allow only the below CPT ranges for CRNAs. This code range was fully implemented into the claim processing system on August 2, 2011

- Type of Service (TOS) 7 codes (anesthesia)
 - Append QX or QY modifier
- TOS 2 codes 31500, 36410, 36600, 36620, 36555, 36556, 36568, 36569, 62273
 - Without the QX or QZ modifier
- TOS 2 codes 62310, 62311, 62318, 62319, 64400-64530
 - Append the 59 modifier
 - Do not need the QX or QZ modifier
- TOS 1 code 01996
 - Without the QX or QZ modifier
- PQRI codes

Claim Denials

CRNAs that have been denied for the above listed CPT codes may perform one of the following two options. (Any services outside the above CPT range that were performed by a CRNA will remain denied.)

- Rebill the claims that have a date of service that is within the one year timely filing guideline; this is the best and quickest method to receive payment for these services
- 2. Contact Phone Reopenings at 800-279-5331 or complete a Written Reopening for any claims that are outside the one year timely filing guideline

