



Anesthesiology News Updates

MAY 2012

HHS Proposes 1-Year Delay in starting ICD-10

The Department of Health and Human Services has proposed postponing by one year the deadline for providers to implement the new ICD-10 coding system. HHS proposed changing the ICD-10 compliance date to Oct. 1, 2014. [Read More](#)

Anesthesiologists drive up cost of GI procedures

Researchers found that using an anesthesiologist or nurse anesthetist for endoscopies and colonoscopies added hundreds of dollars to the cost of a procedure - - and the number of patients who went that route more than doubled between 2003 and 2009. [Read More](#)

Increase in Medicare Anesthesia Conversion Factor

Through ongoing discussions between ASA and the Centers for Medicare & Medicaid Services (CMS), ASA has clarified that the previously announced changes to the Medicare anesthesia conversion factor resulted from an error in the original calculations of the CY 2012 Anesthesia Conversion Factor. [Read More](#)

(ResourceOne is currently determining the best method to obtain additional payments from Medicare)

Improper Release of Medicaid Beneficiary Information

The South Carolina Department of Health and Human Services (SCDHHS) discovered that a Medicaid employee inappropriately transferred personal information for 228,435 Medicaid beneficiaries to his personal email account, constituting a violation of agency policy.

[Read More](#)

Medicare Advantage Demonstration Program Wasteful

The Medicare Advantage Quality Bonus Payment Demonstration Program, and alternative to the traditional fee-for-service program, will cost more than \$8 billion during the next 10 years and is unlikely to produce meaningful quality results, according to a report by the Government Accountability Office. [Read More](#)

Compliance Corner - 7 Elements of Medical Direction

Medical direction occurs if the physician medically directs qualified individuals in one, two, three, or four concurrent cases and the physician performs the following activities.

- Performs a pre-anesthetic examination and evaluation;
- Prescribes the anesthesia plan;
- Personally participates in the most demanding procedures in the anesthesia plan, including induction and emergence;
- Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified anesthetist;
- Monitors the course of anesthesia administration at frequent intervals;
- Remains physically present and available for immediate diagnosis and treatment of emergencies; and
- Provides indicated-post-anesthesia care. [Read More](#)
(Pg. 119, Section 50-Payment for Anesthesiology Services)