

**WAC 182-531-0350 Anesthesia services—Reimbursement for physician-related services.** (1) The department reimburses anesthesia services on the basis of base anesthesia units (BAU) plus time.

(2) The department calculates payment for anesthesia by adding the BAU to the time units and multiplying that sum by the conversion factor. The formula used in the calculation is:  $(\text{BAU} \times \text{fifteen}) + \text{time}) \times (\text{conversion factor divided by fifteen}) = \text{reimbursement}$ .

(3) The department obtains BAU values from the relative value guide (**RVG**), and updates them annually. The department and/or the anesthesia technical advisory group (**ATAG**) members establish the base units for procedures for which anesthesia is appropriate but do not have BAUs established by RVSP and are not defined as add-on.

(4) The department determines a budget neutral anesthesia conversion factor by:

(a) Determining the BAUs, time units, and expenditures for a **base period** for the provided procedure. Then,

(b) Adding the latest BAU RVSP to the time units for the base period to obtain an estimate of the new time unit for the procedure. Then,

(c) Multiplying the time units obtained in (b) of this subsection for the new period by a conversion factor to obtain estimated expenditures. Then,

(d) Comparing the expenditures obtained in (c) of this subsection with base period expenditure levels obtained in (a) of this subsection. Then,

(e) Adjusting the dollar amount for the anesthesia conversion factor and the projected time units at the new BAUs equals the allocated amount determined in (a) of this subsection.

(5) The department calculates anesthesia time units as follows:

(a) One minute equals one unit.

(b) The total time is calculated to the next whole minute.

(c) Anesthesia time begins when the anesthesiologist, surgeon, or CRNA begins physically preparing the client for the induction of anesthesia; this must take place in the operating room or its equivalent. When there is a break in continuous anesthesia care, blocks of time may be added together as long as there is continuous monitoring. Examples of this include, but are not limited to, the following:

(i) The time a client spends in an anesthesia induction room; or

(ii) The time a client spends under the care of an operating room nurse during a surgical procedure.

(d) Anesthesia time ends when the anesthesiologist, surgeon, or CRNA is no longer in constant attendance (i.e., when the client can be safely placed under post-operative supervision).

(6) The department changes anesthesia **conversion factors** if the legislature grants a vendor rate increase, or other increase, and if the effective date of that increase is not the same as the department's annual update.

(7) If the legislatively authorized vendor rate increase or other increase becomes effective at the same time as the department's annual update, the department applies the increase after calculating the budget-neutral conversion factor.

(8) When more than one surgical procedure is performed at the same operative session, the department uses the BAU of the major procedure to determine anesthesia **allowed charges**. The department reimburses for add-on procedures as defined by CPT only for the time spent

on the add-on procedure that is in addition to the time spent on the major procedure.

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