

## **CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) EXEMPTION QUESTIONNAIRE**

### **Background and Regulations**

Per [42 CFR 412.113](#), as of January 1, 1989, anesthesia services furnished by CRNAs are billed to Medicare Part B on the Centers for Medicare & Medicaid Services (CMS) 1500 form. However, for calendar year 2004 and forward, rural hospitals can re-elect exemption from this requirement if they performed eight-hundred or fewer surgical procedures and the CRNA worked 2080 or less hours at the facility, including inpatient and outpatient procedures requiring anesthesia. Evaluation of the criteria is made on an annual basis.

You must submit, along with the questionnaire a copy of the written agreement between the CRNA or Anesthesia Assistant (AA) and the hospital stating that the CRNA or AA will NOT bill on a reasonable charge basis to the Part B carrier for patient care services furnished at the hospital for the upcoming calendar year. All CRNAs and AAs employed by or under contract with the hospital must sign this type of agreement for the hospital to be exempt

### **Facility Information**

Facility Name:

Provider Transaction Access Number (PTAN):

### **Hospital Election for CRNA Reimbursement Method**

The hospital wishes to elect or continue to be paid for CRNA services on a reasonable cost basis, receiving pass-through payments for the upcoming calendar year

The hospital does not perform CRNA services

The hospital does not elect exemption from CRNA payment regulations as the provider is electing the CRNA's to be paid Method II

Please complete the following only if requesting exemption:

### **Anesthesia Services: Surgical Procedures and Hours (January 1 – September 30, Current Calendar Year)**

Description	Inpatient (I/P)	Outpatient (O/P)	Total
A. Actual number of surgical procedures			
B. Annualized number of procedures (Line A/75%)			
C. Actual number of total hours of service furnished			
D. Annualized number of hours of service furnished (Line C/75%)			

### **Attestation**

I have examined this questionnaire and to the best of my knowledge and belief, it is true and correct.

Name:

Title:

Signature:

Date:

*Disclaimer: CRNA Exemptions must be signed by an Authorized Official or Administrator listed on the Enrollment record or currently listed in the System for Tracking Audit and Reimbursement (STAR).*

Please submit this form, and any other applicable documentation to [JF-Reimb@noridian.com](mailto:JF-Reimb@noridian.com).