

Anaesthesia Billing Form for WorkSafeNB Claimants

WorkSafeNB internal use only - Doc. Code AD

Claimant:		Claim #:
		Date of accident:
Diagnosis:		Part of the body:
Physician:		Payee #:
Surgery date:	Anaesthesia start time:	Surgery authorization #:
	Anaesthesia duration (hours):	Minutes:

Note: WorkSafeNB uses the *Medicare Manual* to guide its payment for surgical procedures.

- 1. First five procedure rows captures primary surgery basic units, basic time units and modifiers.
- 2. Enter unit rate and fee in each line item; and sum the units and fees in "Primary Total Units" row.
- 3. If Patient Controlled Analgesia is applicable, enter # days, unit rate and fee in procedure 8 and 9.
- 4. Use procedure rows 6-7 for additional procedures billed at anaesthesia unit rate and 10-12 for additional procedures billed at the general rate.
- 5. Filing bonus is calculated automatically by our system. Please use the base unit rate for > 5 days in the unit rate column.

Procedure #	Procedure	Medicare Code	Medicare Units	PCA days	Unit Rate	Fee	
1 Р	Primary Basic Units						
2 P	Primary Time Units						
3 M	forbid Obesity	□ BMI > 40 < 51 □ BMI > 50					
4 P	Primary Modifier #1						
5 P	rimary Modifier #2						
6							
7							
Р	Primary Total Units						
8 ^{Ir}	nitiation Patient Controlled Analgesia	841	62				
9 Mai	intenance Patient Controlled Analgesia	842	12				
10							
11							
12							
Second anaesthetist required \Box				Total Adjusted for after-hours:			
ustification attached				Adjust	ed for second	anaesthetist:	
	e or bilateral procedures billing forms for each a		eparate times and		nt submitted: te anaesthesia	s,	
Comments:							
	Physician Offic	e Stamp		or			
	,			Physician Ad	dress:		
				City, Town, V			
				Postal Code:	-		
				Phone:			
declare that this is	a correct statement of s	services rendered b	y me for which I I				
			-				
signature:				Date:			

This form should be faxed to WorkSafeNB at 1 888 629-4722.