

**** 2/9/06 REVISED ** FSY 2006 ANESTHESIA CONVERSION FACTORS**

The chart below lists the REVISED FSY 2006 anesthesia participating, non-participating, and limiting charge conversion factors (CFs) effective for dates of service January 1, 2006 and after.

For physician-directed anesthesia services provided in 2006, the allowance for both the physician and the Certified Registered Nurse Anesthetist (CRNA) is 50 percent of the allowance for the anesthesia service if performed by the physician or CRNA alone.

The Medicare approved amount for an anesthesia service is calculated as follows:
 (Base Units + Time Units) x Conversion Factor = Approved Amount

To determine the medically directed rate, multiply the approved amount by 50%.

See National Coverage Provision AN-001 on the WPS Website for detailed billing and payment guidelines.

State	Locality	Participating Physician and CRNA CF	Non-participating Physician CF	Limiting Charge CF
Illinois	12	\$18.77	\$17.83	\$20.50
Illinois	15	\$19.29	\$18.33	\$21.08
Illinois	16	\$19.74	\$18.75	\$21.56
Illinois	99	\$17.76	\$16.87	\$19.40
Michigan	01	\$21.08	\$20.03	\$23.03
Michigan	99	\$18.37	\$17.45	\$20.07
Minnesota		\$16.87	\$16.03	\$18.43
Wisconsin		\$17.25	\$16.39	\$18.85