



Subject: Anesthesia Payment Between CRNA and Physicians

Revision Date: 7/24

POLICY

There is a maximum allowable for both Certified Registered Nurse Anesthetist (CRNA) and Physician Anesthesiologists when they bill for the same service.

DEFINITIONS

Modifiers submitted and payment allowance:

- **-AA:** Physician personally performed
- **-AD:** Medical supervision by a physician: more than four concurrent anesthesia procedures. Reimbursement is based on three base units per procedure.
- **-G8:** Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedures
- **-G9:** Monitored anesthesia care for patient who has a history of severe cardio-pulmonary condition
- **-GC:** These services have been performed by a resident under the direction of a teaching physician.

(NOTE: The GC modifier is reported by the teaching physician to indicate he/she rendered the service in compliance with the teaching physician requirements. One of the payment modifiers must be used in conjunction with the GC modifier.)

- **-QK:** Medical Direction of two, three, or four concurrent anesthesia procedures involving qualified individuals. Reimbursement will be at 50% of the allowable amount.
- **-QS:** Monitored Anesthesia Care Services (does not impact reimbursement)
(NOTE: The QS modifier can be used by a physician or a qualified non-physician anesthetist and is for informational purposes. Providers must report actual anesthesia time and one of the payment modifiers on the claim.)
- **-QX:** CRNA service with medical direction by a physician. Reimbursement will be at 50% of the allowable amount.

- **-QY:** Medical direction of one CRNA by an anesthesiologist. Reimbursement will be at 50% of the allowable amount.
- **-QZ:** CRNA service without medical direction by a physician

APPLICABILITY

Applies to all OSU Health Plan contract providers.

POLICY GUIDELINES

Anesthesia is covered for both medically directed and non-medically directed CRNA services.

Anesthesia payment may be split between the CRNA and the supervising Physician in accordance with CMS guidelines and contract terms.

PROCEDURE

The payment split is calculated based on the modifiers billed; 50% of the allowable paid to the billing CRNA with the QX modifier and 50% paid to the supervising MD billing with the QK or QY modifiers. Payment will never exceed 100% of the total charged.

An anesthesia claim must be submitted with an appropriate modifier (see definitions) in order for payment to be calculated. Claims without a modifier will be rejected as incomplete.

Additionally, CRNA claims are paid at the lesser of the actual charge or 80% of the anesthesiologist's allowable amount for the service (unless precluded by contract).

RESOURCES

CMS. (2024). Anesthesiologists Center. <https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html>

CMS. (2024). Medicare Claims Processing Manual, Chapter 12 – Physicians/Nonphysician Practitioners. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>