

**Administrative Simplification**  
**Policy Statement**

**Simplification Area:** Claims Processing

**Topic:** Anesthesia Coding Standards and Guidelines for Billing CRNA Services

**Objective:** Standardize billing procedures for Anesthesia Service

**Expected Impact:** *Medical Practices:* In those cases when claims were denied or underpaid due to CRNA-related billing errors, staff spends at least 15 minutes per claim to follow-up and correct. Finding time to rework and resubmit the claim adds 10 days to the payment turnaround time.

Additional impact can be achieved if all health plans accepted Anesthesia CPT Codes (sometimes referred to as ASA codes). Providers would no longer need audit methods to ensure that the correct coding was sent to each health plan.

*Health Plans* – Staff spends at least 3 minutes per call to research and explain to a provider why a claim was denied/underpaid because of how CRNA services were billed.

**Synopsis:**

Anesthesia CPT Codes should be used when billing for anesthesia services. Health plans will reimburse for CRNAs when the appropriate modifier(s) is used.

**Background:**

Care providers have asked the health plans to clarify the billing/payment procedures for anesthesia services. This Policy Statement answers the following two commonly asked questions:

- 1) Should Anesthesia CPT codes or Surgery CPT codes be used to bill for anesthesia services?
- 2) Will health plans reimburse valid services provided by a Certified Registered Nurse Anesthetist (CRNA)? What if an Anesthesiologist MD is supervising the CRNA?

Providers would like all health plans to comply with standard billing/payment procedures. When standard procedures are not followed, tables in the organization's

information system must be maintained to generate health plan-appropriate coding. In cases where tables can't be maintained or manual adjustments are overlooked, claims can be initially denied by the health plans. Delay in cash flow and administrative rework result.

**Policy Statement:**

- 1) Should Anesthesia CPT codes or Surgery CPT codes be used to bill for anesthesia services?

Health plans will recognize the coding methods as described in the table below.

Acceptable Coding Methods	Anesthesia CPT	Surgery CPT
Aetna		X
Asuris Northwest Health	X	
Community Health Plan of Washington	X	
First Choice Health Administrators	X	
Group Health Cooperative	X	
Labor & Industries	X	
Health and Recovery Services Administration	X	
Molina Healthcare Of Washington	X	
PacifiCare	X	
Premera Blue Cross	X	
Regence BlueShield	X	
Uniform Medical Plan	X	

All health plans require the use of Anesthesia CPT codes (CPT codes beginning with 0). These Anesthesia CPT codes replace the previous practice of using Surgery CPT codes. **Surgery CPT codes will not be reimbursed when used for anesthesia services.**

- 2) Will health plans reimburse valid services provided by a Certified Registered Nurse Anesthetist (CRNA)? What if an Anesthesiologist MD is supervising the CRNA?

Health Plans will make payment for anesthesia services provided by a Certified Registered Nurse Anesthetist (CRNA), as well as a supervising Attending Physician, when those services are provided and billed in accordance with Medicare guidelines.

**A valid HCPCS modifier, from the list below, MUST be used when billing for:**

- Anesthesia services that were provided by a CRNA
- Anesthesia services that were provided by a CRNA and an Attending Physician on the same day
- Concurrent Anesthesia services provided under the supervision of an Attending Physician

If a valid HCPCS modifier is not used, the claim may be adjudicated incorrectly or denied.

Anesthesia payment may be split between the CRNA and the supervising MD in accordance with federal guidelines and contract terms. The payment split is calculated based on the modifiers; 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. (See HCPCS modifier table below.)

<b>HCPCS Modifier</b>	<b>Use For</b>	<b>Description from the 2003 HCPCS Codebook</b>
-QK	Attending Physician	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
-QX	CRNA	CRNA service; with medical direction by a physician
-QY	Attending Physician	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
-QZ	CRNA	CRNA service; without medical direction by a physician