

Centers for Medicare & Medicaid Services (CMS) **BASIC** billing for Anesthesia services provided by MD Anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs)

- Providers are reimbursed by CMS under **Medicare Part B**
- CMS utilizes a series of **billing terms and associated billing modifiers** as a means to submit claims for reimbursement (see next page)
 - **IMPORTANT:** These modifiers are often **misunderstood or misrepresented as practice models** (i.e., Medical Direction, Medical Supervision), rather than simply billing terms with associated modifiers
- *“The medical direction requirements **are not quality of care standards.**” Federal Register Vol. 63, No. 211, page 58843*
- *“The term medical direction is used for **payment purposes only.**” Massachusetts Code of Regulations at 130 CMR 433.434(C)*
- **TEFRA** (Tax Equity and Fiscal Responsibility Act of 1982) – MD Anesthesiologists must document 7 activities to be reimbursed for Medical Direction, **intended to prevent billing for services they did not provide** (i.e.; CRNA services)
- **QZ modifier DOES NOT prevent anesthesia providers from working within an anesthesia care team (ACT) practice model.** It simply relieves MD Anesthesiologists from having to meet TEFRA requirements, allows utilization of all anesthesia providers in the **most cost-efficient** manner without compromising safe patient care, **decreases potential for Medicare fraud, DOES NOT change provider liability, is NOT EXCLUSIVE for Opt-Out states**

Medical Direction

Billing Modifiers

MD: QK 50%

CRNA: QX 50%

IF MD Anesthesiologist is supervisor
Max ratio: 1 MD Anesthesiologist : 4 CRNAs

MD Anesthesiologist must document TEFRA 7 points of "Medical Direction"

1. perform a pre-anesthetic exam and evaluation
2. Prescribe the anesthesia plan
3. Personally participate in the most demanding procedures in the anesthesia plan, including, if applicable, induction and emergence
4. Ensures that any procedures in the anesthesia plan are performed by a qualified anesthetist
5. Monitors the course of anesthesia administration at frequent intervals
6. Remains physically present and available for immediate diagnosis and treatment of emergencies
7. Provides indicated post-anesthesia care

EXPENSIVE & UNNECESSARY

Medical Supervision

Billing Modifiers

MD: AD 30%

CRNA: QX 50%

IF MD Anesthesiologist supervision > 4 CRNAs

Not recognized in Massachusetts for MassHealth/Medicaid



Non-Medically Directed

Billing Modifiers

MD: none 0%

CRNA: QZ 100%

(Also used in Opt-Out states)

- **No ratios required**
- **Allows CRNAs & MD Anesthesiologists and/or operating practitioners to work as a team without the TEFRA restrictions of Medical Direction**
- **Enables facilities to use anesthesia providers in the most productive and cost-efficient manner possible**

NO LEGAL IMPEDIMENT
and is the
MOST COST-EFFECTIVE
BILLING OPTION in Massachusetts

MD Anesthesiologist Personally Performing Anesthesia Alone

Billing Modifiers

MD: AA 100%

CRNA: none 0%

Direction of 1 CRNA by an MD Anesthesiologist

Billing Modifiers

MD: QY 50%

CRNA: QX 50%

Opt-Out

- Refers to the 2021 CMS rule that allows state Governors to Opt Out of the Medicare Part A Reimbursement rule that CRNAs are under the supervision of a physician
- As of 2023, 24 states and the territory of Guam have exercised their right to Opt Out
- On 10/13/2023 Colorado expanded their Rural-only facility Opt Out to a full state Opt Out

Billing Modifiers

MD none %

CRNA QZ 100

1	Iowa	6	New Mexico	11	Oregon	16	Colorado	21	Michigan
2	Nebraska	7	Kansas	12	Montana	17	Kentucky	22	Utah
3	Idaho	8	North Dakota	13	South Dakota	18	Guam	23	Arkansas
4	Minnesota	9	Washington	14	Wisconsin	19	Arizona	24	Delaware
5	New Hampshire	10	Alaska	15	California	20	Oklahoma		