

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

- CMS utilizes a series of billing terms and associated billing modifiers as a means to submit claims for reimbursement (see next page)
- CMS requires MD supervision under Medicare Part A, Conditions of Participation (CoP) in order to submit claims for reimbursement – this supervision **DOES NOT have to be by an MD anesthesiologist. In this context, “supervision” is defined as an “Operating practitioner or of an MD anesthesiologist who is immediately available if needed”** and is not meant to direct the anesthetic. **CMS waived this rule in March 2020 and this waiver remains in place.** CFR, Title 42, Chapter IV, Subchapter G, § 482.52
- *“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 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 2001 decision made by CMS to allow states to opt out of the Federal Supervision requirement for CRNAs under Medicare Part A, COP
- As of 2021, there are 19 states that have exercised their right to opt out

### Billing Modifiers

MD: none 0%

CRNA: QZ 100%

1. Iowa

2. Nebraska

3. Idaho

4. Minnesota

5. New Hampshire

6. New Mexico

7. Kansas

8. North Dakota

9. Washington

10. Alaska

11. Oregon

12. Montana

13. South Dakota

14. Wisconsin

15. California

16. Colorado

17. Kentucky

18. Arizona

19. Oklahoma