Anesthesia Billing

When a physician bills for anesthesia services, the correct procedure code and modifiers indicate one of the following below:

1. Services were personally provided by the physician to the individual patient - No modifier is needed; or
2. The physician provided medical direction for CRNA services and the number of concurrent services directed.

**Anesthesiologists:** The following modifiers must be used by the anesthesiologist when claiming medical direction of CRNA's:

- **AA** - Anesthesia services performed personally by anesthesiologist
- **QY** - Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist

  Note: This is paid as a physician service. If both a CRNA and an anesthesiologist are involved in the same procedure, only the anesthesiologist is paid.

- **QK** - Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals

  Claims for these services must indicate actual time in one-minute increments in Field 24 G. All claims must be one-line claims. (For example, when Field 24 D, description of service, indicates "1" hour and 30 minutes, Field 24 G should be 90). The physician's personal services, up to and including induction, are considered the professional component. For induction only, the physician claims only one unit of anesthesia.

  Anesthesia time begins when the anesthesiologist is personally in control of the patient in the operating room or equivalent area, and ends when the patient may be safely placed under post-operative supervision and the physician is no longer in attendance.

**Certified Registered Nurse Anesthetists (CRNA's):** Enter the anesthesia procedure code (00100-01999). The CRNA may bill directly, or through the physician employer or hospital (all must billed on Form CMS-1500). Exception: Rural hospitals that have been exempted by their Medicare intermediary for CRNA billing must follow the Medicare billing requirements.

The following modifiers must be used by CRNA's when claiming anesthesia services:

- **QX** - CRNA service: with medical direction by a physician
- **QZ** - CRNA service: without medical direction by a physician

  Claims for these services must indicate actual time in one-minute increments in Field 24 G. For example, when Field 24 D indicates "1 hour and 30 minutes," Field 24 G should be 90.
Anesthesia time begins when the CRNA is personally in control of the patient in the operating room or equivalent area, and ends when the patient may be safely placed under post-operative supervision and the CRNA is no longer in attendance.

Claim payments will be calculated by adding the unit value for the procedure to the number of minutes for the procedure and multiplying by the appropriate conversion factor for each code with the appropriate modifier.

**Provider Portal Webinars**
Aetna Better Health of Nebraska is hosting webinar sessions to assist providers with functions of the secure provider web portal:

**Thursday, May 21st, 2:00 - 3:30 PM (CST)**

Any provider who wishes to participate will need to register. Please email us with your name, email address, date & time preferred. All registered providers will receive an email invitation to the webinar with further instructions the day prior to the scheduled webinar.

**Claims Inquiry/Claims Research  (1-888-784-2693)**
Our dedicated Claims Inquiry/Claims Research Team (CI/CR) will assist providers with all claims issues, remittance advice questions, and reconsiderations. Please call **1-888-784-2693** for assistance on your claim issues. If resolution is not reached with a representative, please ask for the assistance of a supervisor.

**Provider Manual**
Our online provider handbook is available [here](#).