



crna payment policy

description of procedure/service

This policy applies to the payment of anesthesia services rendered by certified registered nurse anesthetists (CRNAs).

policy

Fallon Community Health Plan (FCHP) will reimburse for the covered services provided by CRNAs that are within the legal scope of practice for the CRNA.

benefits application

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

coverage and reimbursement criteria

Coverage is limited to those services a CRNA is legally authorized to perform in accordance with state statutes and regulations, and institutional policy.

Reimbursement is as follows:

- 1) Medically directed CRNA services (QX)
The medically directed CRNA service is reimbursed at 50% of the rate of the anesthesiologist as per Medicare guidelines. A CRNA can only be paid 50% of one case, where an anesthesiologist can be paid 50% for each concurrently medically directed case up to four cases.
- 2) Non-medically directed CRNA services (QZ)
CRNA service without medical direction by a physician will be reimbursed in accordance with Medicare guidelines.

preauthorization guidelines

Not applicable.

billing/coding guidelines

Use CPT codes 00100 to 01999 plus the appropriate modifier code for services involving the administration of anesthesia.

Modifier codes:

- For medically directed CRNA services, report modifier QX in item 24d of the CMS 1500 form.

- For non-medically directed CRNA services, report modifier QZ in item 24d of the CMS 1500 form.

place of service

This policy applies to services furnished by a CRNA in all areas and settings permitted under applicable laws.

policy implementation

Policy number:	ADM0026
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