

December 9, 2022



**Re: Reimbursement policy updates – Anesthesia services effective March 12, 2023**

We routinely review our coverage, reimbursement, and administrative policies for potential updates. In that review, we take into consideration one or more of the following: Evidence-based medicine (EBM), professional society recommendations, Centers for Medicare & Medicaid Services (CMS) guidance, industry standards, and our other existing policies.

As a result of a recent review, we want to make you aware that we will make the following updates effective for dates of service on or after March 12, 2023:

**Anesthesia claims submitted without modifiers AA, AD, QK, QX, QY, and QZ**

We will implement a new reimbursement policy, Anesthesia Services (R39), to administratively deny the claim line on claims submitted without modifiers AA, AD, QK, QX, QY, and QZ appended to an anesthesia Current Procedural Terminology (CPT®) code. Denials will include administrative appeal rights.

**Anesthesia claims submitted with multiple CPT codes**

Additionally, as part of the Anesthesia Services (R39) reimbursement policy implementation, we will administratively deny the anesthesia CPT codes with the lowest base unit on claims submitted with multiple codes, and reimburse the code with the highest base unit. We will reimburse the first code submitted if the base units are equal. Denials will include administrative appeal rights.

**Modifier QZ reimbursement for certified registered nurse anesthetist services**

We will reduce reimbursement for claims submitted with modifier QZ for services rendered by a certified registered nurse anesthetist (CRNA) by 15 percent. Denials will include administrative appeal rights.

We will update the Healthcare Common Procedure Coding System (HCPCS) National Level II Modifiers reimbursement policy to reflect this change. This update aligns with our reimbursement rate for advanced practice providers.

**Additional information**

Policy updates are posted on the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) Resources > Coverage Policies > Policy Updates.

**At a glance**

- We will deny the claim line on claims submitted without modifiers AA, AD, QK, QX, QY, and QZ appended to an anesthesia Current Procedural Terminology (CPT®) code.
- We will deny the anesthesia CPT codes with the lowest base unit on claims submitted with multiple codes. The code with the highest base unit will be reimbursed.
- We will reduce reimbursement for claims submitted with modifier QZ for services rendered by a certified registered nurse anesthetist by 15 percent.
- These updates are effective for dates of service on or after March 12, 2023.
- For additional information, call Cigna Customer Service at 800.88Cigna (882.4462).

If you are not a registered user, please register so that you may log in and access all of our coverage, reimbursement, and administrative policies. Go to [CignaforHCP.com](http://CignaforHCP.com) and click Register. If you do not have Internet access or would like additional information, call Cigna Customer Service at **800.88Cigna (882.4462)**.

Thank you for the care you provide to our customers.

Sincerely,

Handwritten signature of Julie B. Kessel MD in black ink.

Julie B. Kessel, MD  
Medical Officer for Coverage Policy  
Clinical Performance & Quality Organization