When a physician supervises a CRNA who administers anesthesia, the total payment for
the service must not exceed the Basic MAP plus the time value amount (TVA). When the
physician and the CRNA bill separately, each is entitled to 50% of the total payment
amount, or the charge billed, whichever is less. In all instances, a modifier must be used
to identify the service rendered. The modifiers for anesthesia are listed below.

Physicians report the appropriate anesthesia modifier to denote whether the service
was personally performed, medically directed, or medically supervised.

Specific anesthesia modifiers include:

Current modifiers listed:

AA- Anesthesia Services performed personally by the anesthesiologist;
QK- Medical direction of two, three or four concurrent anesthesia procedures involving
qualified individuals;
QX- CRNA service; with medical direction by a physician;
47- Anesthesia by Surgeon

Modifiers to be added:

QY- Medical direction of one certified registered nurse anesthetist (CRNA) by an
anesthesiologist;
QZ- CRNA service: without medical direction by a physician

*For the single medically directed service, the physician will use the modifier “QY”
(MEDICAL DIRECTION ONE CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) BY
AN ANESTHESIOLOGIST). This modifier is effective for claims for dates of service on or

*In unusual circumstances when it is medically necessary for both the CRNA and the
anesthesiologist to be completely and fully involved during a procedure, full payment
for the services of each provider is allowed. The physician would report using the “AA”
modifier and the CRNA would use “QZ,” or the modifier for a non medically directed
case.

Documentation must be submitted by each provider to support payment of the full fee.

Please forward to all parties reviewing and billing claims so software updates can be
made and payments for services will not be delayed.