471-000-521 Nebraska Medicaid Fee Schedule for Anesthesia

Anesthesia Fee Schedule Explanation

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 18.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

Anesthesia services are billed with modifiers that designate what type the practitioner is or what the situation is for the practitioner. The modifiers and definitions are as follows:

AA Anesthesia services performed personally by an anesthesiologist

QY Medical direction of one CRNA by an anesthesiologist

QK Medical direction of two, three, or four concurrent anesthesia procedures, involving qualified individuals, by an anesthesiologist

QX CRNA service, with medical direction by a physician

QZ CRNA service, without medical direction by a physician

"MP noted in Medicaid allowable column indicates "manual pricing".

The allowable is 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. Anesthesia services are billed by total minutes of service.

Effective July 1, 2020 Conversion Factors AA = 1.97
QY = 1.97
QK = 0.98
QX = 0.93
QZ = 1.61

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