

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.

PLEASE NOTE: RATES DO NOT REFLECT AN INCREASE FROM THE PREVIOUS FEE SCHEDULE AS THERE WERE NO RATE INCREASE APPROPRIATIONS FOR THIS STATE FISCAL YEAR

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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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, 2026 Conversion Factors

AA	= 2.11
QY	= 2.11
QK	= 1.05
QX	= 1.00
QZ	= 1.72

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