

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.

CPT® codes, descriptions, and other data only are copyright 2021 American Medical Association (AMA). All Rights Reserved. CPT® is a registered trademark of the AMA. You, your employees, and agents are authorized to use CPT® only as contained in the following authorized materials internally within your organization within the United States for the sole use by yourself, employees, and agents. Use is limited to use in Medicare, Medicaid, or other programs administered by the Centers for Medicare & Medicaid Services (CMS). Applicable Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement (FARS/DFARS) apply.

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.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of CPT®. The AMA assumes no liability for the data contained herein.

Maximum allowable fees are the exclusive property of the Nebraska Department of Health and Human Services and are not covered by the American Medical Association CPT® copyright. Unit values per Relative Values for Physicians, Copyright 2021, Optum360™, LLC.

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, 2022 Conversion Factors

AA	= 2.05
QY	= 2.05
QK	= 1.02
QX	= 0.97
QZ	= 1.67

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.