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

Cigna 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.

Additionally, as part of the R39 reimbursement policy implementation, we will administratively deny the anesthesia CPT code 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.

We will also update the Healthcare Common Procedure Coding System National Level II Modifiers reimbursement policy to reduce reimbursement for claims submitted with modifier QZ for services rendered by a certified registered nurse anesthetist (CRNA) by 15 percent. This update aligns with our reimbursement rate for advanced practice providers.

These updates are effective for dates of service on or after March 12, 2023. Denials will include administrative appeal rights. We will send letters to notify affected providers on December 12.

**Note:** Providers with a contracted CRNA rate, who are excluded from the modifier QZ reimbursement reduction, will receive a separate letter if they are affected by either of the R39 reimbursement policy implementations.

**Additional information**

Information about the updates will be included in the first quarter 2023 issue of *Network News*, and posted on the Cigna for Health Care Professionals website (CignaforHCP.com).