



What CRNAs Should Know about Barriers to Fair Reimbursement in the Commercial Payer Market

Introduction

CRNAs continue to face significant barriers to equal reimbursement—barriers that not only affect their ability to sustain independent practice and professional autonomy but also impact patient access to timely and affordable care. These challenges are often rooted in inconsistent and opaque commercial payer practices, which can result in inequitable payment structures, administrative burdens, and financial uncertainty. As the health care landscape evolves, addressing these systemic issues is essential to promoting a level playing field for CRNAs and advancing the broader goals of access, equity, and value in care delivery.

For an overview of key terms and deeper insights into the commercial payer landscape, including definitions, reimbursement components, and emerging value-based models, please refer to the appendix document. This resource is designed to equip CRNAs with the foundational knowledge needed to navigate the commercial payer landscape and advocate for appropriate and equitable reimbursement.

Reduced Reimbursement Rates / Discriminatory Practices

In recent years, commercial payers have issued policies that reimburse CRNAs at a lower rate than that of physician anesthesiologists for providing CRNA-only anesthesia (identified with the QZ HCPCS modifier). This disparity persists even though CRNAs are recognized as qualified Medicare Part B providers and are reimbursed at 100 percent of the Medicare physician fee schedule amount.

Commercial payers have increasingly applied blanket payment differentials based solely on provider type, rather than on the complexity, quality, or outcomes of the care provided. In practice, this means a CRNA and a physician anesthesiologist performing the same anesthesia service, such as administering general anesthesia for a surgery, may receive significantly different payment amounts, simply based on their licensure rather than the service itself.

Recent Examples of Reimbursement Reductions:

- **Cigna:** Reduced CRNA reimbursements to 85% of the physician fee schedule for services billed using the QZ modifier, effective March 12, 2023.
- **Anthem Blue Cross Blue Shield:** Reduced CRNA reimbursements to 85% of the physician fee schedule for services billed using the QZ modifier across multiple states, including Ohio, Missouri, Connecticut, New York, Nevada, and Maine, effective November 1, 2024.
- **Kaiser Foundation Health Plan of Washington:** Reduced CRNA reimbursements to 85% of the physician fee schedule for services billed using the QZ modifier, effective November 1, 2024. (Kaiser reversed this policy on December 12, 2024, following significant advocacy efforts and reinstated previous reimbursement levels retroactively to November 1, 2024).
- **Medical Mutual of Ohio:** Reduced CRNA reimbursements to 85% of the physician fee schedule for services billed using the QZ modifier, effective January 24, 2025.
- **UnitedHealth Group:** Reduced CRNA reimbursements to 85% of the physician fee schedule for services billed using the QZ modifier, across most states, effective October 1, 2025.



These commercial payer practices are allowed to continue, in part, because of the federal government's failure to enforce a key provider protection. The Affordable Care Act added new Section 2706(a) of the Public Health Service (PHS) Act, known as the provider nondiscrimination provision, to prohibit commercial payers from discriminating against health care providers acting within the scope of their licensure. This provision went into effect January 1, 2014; however, the Department of Health and Human Services, Department of Labor, and Department of the Treasury - the federal agencies with regulatory authority to implement and enforce this provision - have never issued implementing regulations or guidance to enforce it. In December 2020, Congress passed the Consolidated Appropriations Act of 2021, which included the No Surprises Act. Section 108 directed federal agencies to propose a rule by January 1, 2022, and finalize it within six months after the public comment period, to enforce provider non-discrimination protections under Section 2706(a) of the Public Health Service Act. Nearly three years later, the Biden Administration failed to issue the required proposed rule, despite clear Congressional intent. As a result, commercial payers continue to systematically reimburse CRNAs at lower rates solely because they are not physicians, despite offering the same covered services.

This lack of enforcement has real and far-reaching consequences. It perpetuates discriminatory reimbursement practices that devalue the expertise and essential role of CRNAs in delivering high-quality anesthesia care. These disparities create financial disincentives for hospitals and health care practices to fully integrate or utilize CRNAs—especially in cost-sensitive environments or rural communities where they may be the primary providers. Ultimately, this limits patient access to safe, effective, and affordable anesthesia services delivered by highly trained professionals.

In an evolving health care landscape that emphasizes cost-effectiveness, access, and outcomes, these inequities are not only outdated; they are counterproductive. Fair, transparent, and provider-neutral reimbursement policies are essential to ensuring that CRNAs can continue to meet patient needs across diverse practice settings.



How You Can Help

CRNAs play a vital role in advocating fair and transparent reimbursement policies. AANA cannot negotiate reimbursement rates on behalf of individual members, but we are committed to educating legislators, regulators, and the public about the importance of CRNAs' role in providing high-quality, cost-effective care and promoting policies that support that care. Our advocacy and lobbying efforts benefit when members share their firsthand experience with changes in reimbursement policies directed toward CRNA services that could adversely impact their ability to provide necessary care.

- **Report Changes in Payer Policies**

You can make a difference by reporting general changes in payer policies that affect CRNA reimbursement. AANA does not want or need information about specific payer policy changes, contracted payer rates, or individual patient cases. Instead, we benefit from generalized information about policy reductions in fee schedule percentages, coverage denial criteria or policies, stipulations requiring changes in physician supervision requirements, or new prior authorization requirements. If you identify these kinds of changes, it is very helpful for you to notify AANA's Federal Government Affairs (FGA) team at info@aanadc.com. These updates help us track trends across regions, build the case for stronger regulatory oversight, and respond quickly with targeted advocacy strategies. Real-time member feedback is critical to our ability to promote member efforts to provide necessary care and address potentially harmful industry policy changes. Note that AANA will not share any information that it collects with other members or attribute any collected information to individual members as part of its advocacy and lobbying efforts. Any information that AANA collects will be presented publicly to legislators and regulators only in generalized summaries.

- **Stay Informed on the Reimbursement Landscape**

The commercial reimbursement environment is constantly evolving. Stay up to date on payer policy changes, legal developments, and federal efforts—such as enforcement of the Affordable Care Act's provider nondiscrimination provision—by engaging with AANA updates and events.

- **Engage in Grassroots Advocacy and Engage with Reimbursement Decision-makers**

Be ready to act when calls to action are issued. As seasoned experts in your state's reimbursement landscape, your insight and engagement are essential to advancing policies that encourage payment equity for CRNAs. We encourage you to identify emerging or urgent reimbursement issues specific to your state and flag them for national advocacy coordination. Assess and share your state's unique challenges and opportunities:

- What barriers to equitable CRNA reimbursement persist in your state, and where do you see opportunities for reform?
- Are there current or upcoming changes in commercial payer policies that require attention or proactive engagement?
- What data, examples, or case studies from your state could support national advocacy efforts?

We also encourage you to identify and cultivate relationships with key reimbursement decision-makers, whether in state agencies, commercial payers, or hospital systems who can help inform and influence policy change. You are not just participants in the reimbursement conversation; you are strategic partners in shaping its future. Your leadership and collaboration can help ensure that CRNAs are recognized and fairly compensated for the essential care they provide.

