



Why CRNAs Should Care About QZ Reimbursement Cuts

Introduction

Recent commercial payer policies that cut QZ reimbursement don't just affect CRNAs that do their own billing, they matter for every CRNA and reverberate across the entire anesthesia care delivery system. They influence how hospitals and ASCs structure anesthesia services, how practices are staffed and compensated, and ultimately, how CRNAs can work and care for patients. Over time, they can reshape your practice environment, impact job security, reduce professional autonomy, and limit your ability to deliver safe and timely care. They can also drive hospitals to cut back on anesthesia providers, reduce operating room access, or shift to employment models that diminish independence.

Background: What Is The QZ Billing Modifier?

The QZ HCPCS (Healthcare Common Procedure Coding System) modifier is used when a CRNA provides anesthesia services, without medical direction from a physician anesthesiologist. QZ billing enables proper recognition and reimbursement of CRNA services, supporting safe, effective, and cost-efficient care. Changes to QZ reimbursement policies can therefore have significant impacts on both patient access and the sustainability of anesthesia services.

What's Happening: Commercial Payers Issuing Policies Cutting QZ Payments

Several commercial payers, including UnitedHealthcare, Cigna, and Anthem Blue Cross Blue Shield, have begun reducing reimbursement rates for services billed under the QZ modifier. These changes create a significant payment disparity: when a CRNA provides anesthesia care without Medical Direction, insurers reimburse at a 15% lower rate than if a physician anesthesiologist provided the exact same service.

This shift does not reflect any difference in the quality or safety of care delivered. CRNAs provide anesthesia services that are equally safe and effective, yet commercial payers are paying less simply because of the provider's licensure under the rationale of payment methodology alignment with how payers reimburse other non-physician healthcare practitioners. By doing so, these policies discriminate against CRNAs, undermine established reimbursement practices, and violate current federal and state provider nondiscrimination laws which prohibit commercial payers from discriminating against health care providers acting within the scope of their licensure.

In addition, these cuts create a financial incentive for facilities to use physician anesthesiologists or adopt or expand medical direction models which is the most costly and inefficient delivery model. This not only disrupts practice models that have long ensured patient safety and access, especially in rural or underserved areas, but also places unnecessary financial strain on hospitals and surgery centers.

Why CRNAs Might Think It Doesn't Affect Them

At first glance, reimbursement policy changes can feel distant for CRNAs because they typically don't submit claims themselves, are paid salaries by hospitals or groups rather than insurers, and may not see immediate effects on pay or workload when commercial reimbursement is reduced.

Some CRNAs may even work in an anesthesia care team model. Because of these factors, it's understandable that some CRNAs may think commercial payer cuts won't affect them. However, these policies have downstream consequences that directly influence practice environments, job security, staffing models, and patient access to care.



The Reality: Why It Does Affect You



Financial Pressure on Hospitals and ASCs

When commercial payers underpay, anesthesia payments rarely cover the cost of 24/7 coverage that facilities must provide. Facilities bridge the gap with subsidies to anesthesia groups or providers, but as payer cuts deepen, these subsidies strain budgets. Once unsustainable, hospitals may reduce CRNA staff, close ORs, or cut service lines, jeopardizing both jobs and patient access.



Threats to Job Security and Compensation

As margins shrink, hospitals and ASCs may respond with staff reductions, changes in staffing models, or cuts to salaries and benefits. CRNAs lose bargaining power in contract negotiations, further weakening compensation and career stability.



Impact on Access to Care

Reduced reimbursement can lead to fewer CRNAs being scheduled, operating rooms being closed, or services being scaled back, especially in rural or underserved areas. Patients ultimately pay the price through longer wait times, canceled procedures, or reduced access to safe anesthesia care.



Professional Autonomy and Equity

By reimbursing CRNAs at lower rates for the same services, commercial payers reinforce outdated hierarchies rather than recognizing CRNAs as equal, independent providers. These policies undercut the case for CRNA-led practice models, despite decades of evidence proving CRNAs deliver safe, high-quality, cost-effective anesthesia care.



Why Advocacy Matters

If CRNAs remain passive, commercial payers will continue to implement discriminatory reimbursement policies that undermine the profession and harm patients. Advocacy is not just about protecting paychecks, it's about safeguarding the future of anesthesia care by:

- **Preserving patient access:** ensuring that hospitals and ASCs, especially in rural and underserved areas, can keep ORs open and staffed.
- **Defending CRNA value:** pushing back against policies that devalue CRNAs despite delivering the same high-quality outcomes as physician anesthesiologists.
- **Protecting professional recognition:** preventing policies that reinforce outdated hierarchies and erode CRNA autonomy.
- **Sustaining practice environments:** ensuring fair, stable, and equitable conditions so CRNAs can focus on patient care, not financial survival.

How CRNAs Can Stay Engaged

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.

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.

Educate Peers and Administrators: QZ cuts are not just a reimbursement or billing issue, they represent a systemic threat to the stability of anesthesia care across the country. Hospital leaders and policymakers must understand how these cuts drive up subsidies, restrict OR access, and jeopardize patient care, especially in rural and underserved communities. Equipping local stakeholders with this perspective is critical to ensure that CRNAs are recognized and fairly compensated for the essential care they provide. AANA has resources readily available to help you raise awareness on this issue.

Conclusion

It's important to understand that even if you are not directly involved in billing or the administrative side of care, you are not immune to the effects of these policies. Policies that cut QZ reimbursement threaten the financial foundation of anesthesia services, which in turn can affect staffing, resources, and ultimately patient access to safe, high-quality care. These reductions ripple across the entire system that supports CRNA practice, influencing not just individual providers but the sustainability of the profession as a whole.

Every CRNA has a critical role in safeguarding the future of the profession. Staying informed about policy changes, understanding how they impact practice, and actively advocating to policymakers are essential steps in pushing back against harmful reimbursement cuts. In practice this involves participating in any calls for grassroots advocacy from AANA and state associations. By engaging in advocacy, whether through professional organizations, local leadership, or direct communication with legislators, you help ensure that the standards, resources, and opportunities that enable CRNAs to provide safe and effective care are maintained for years to come.

