

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2025149 OCTOBER 21, 2025

IHCP to mass adjust or reprocess claims for CRNAs

In *Indiana Health Coverage Programs (IHCP) Bulletins* [BT202426](#) and [BT2024159](#), the IHCP announced updates to physician reimbursement adjustment policies to coincide with the January 2024 Healthy Indiana Plan (HIP) Rate Equalization Project. Table 1 reflects the changes made to certified registered nurse anesthetist (CRNA) reimbursement for the fee-for-service (FFS) delivery system.

Claims for CRNA services are reimbursed based on the adjustment policy presented in Table 1. To indicate whether or not the service was performed under medical direction, modifier QX or QZ must be included for all CRNA-rendered services, regardless of whether the claim is billed using the CRNA's own National Provider Identifier (NPI) or that of a supervising physician.



*Table 1 – Office of Medicaid Policy and Planning (OMPP) rate equalization practitioner reimbursement adjustment policy for CRNAs, effective **April 1, 2024** (for FFS claims)*

Practitioner reimbursement adjustment	Adjustment policy utilized	Adjustment policy	Additional billing guidance
Certified registered nurse anesthetist (CRNA)	Medicare	CRNA medically directed – 50%	Modifier QX
		CRNA not medically directed – 100%	Modifier QZ

Claims may have been denied incorrectly for explanation of benefits (EOB) 4033 – *The modifier used is not compatible with the procedure code billed. Please verify and resubmit.*

Providers should see reprocessed claims on remittance advices (RAs) beginning Nov. 26, 2025, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related).

QUESTIONS?

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