



## HEALTH PLAN

<b>Notification Date:</b>	7/1/2026
<b>Claims Initiative Topic:</b>	Anesthesia Recoupment
<b>Announcement:</b>	Anesthesia
<b>Line of Business</b>	Medicaid, Community, Health Advantage, Medicare
<b>Impacted Specialties:</b>	Anesthesiology
<b>Status:</b>	In Process
<b>Estimated Completion:</b>	August 2026

### Initiative Description:

Following a post-adjudication audit, McLaren Health Plan identified claims that were inappropriately reimbursed. McLaren Health Plan aligns with MDHHS and CMS policy related to Anesthesia reimbursement. When two different providers bill duplicate anesthesia services, only the first submission of the code will be paid. The only exception would be if billing reflected services performed with medical direction. McLaren's audit findings reflected conflicting coding practices. Anesthesia services with modifier QZ – Services performed by CRNAs without the medical direction of an anesthesiologist were billed on the same date by another provider reporting anesthesia services were provided with medical direction. Dates of services impacted are from 7/1/2025 to current. This will be an ongoing post payment audit with future recoupment projects.

To ensure compliance with federal and Medicaid requirements, McLaren will be initiating a recovery of the impacted payments. The recovery process will begin 8/15/2026.

Additional information regarding Medicaid guidelines and CMS guidelines can be found at:

*MDHHS Provider Manual*

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual>

MDHHS Provider Manual Pages 21-22 and Page 42 of the Billing & Reimbursement for Professionals Section.

*CMS Resources*

Medicare Claims Processing Manual Chapter 12

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104C12.pdf>



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Section 50 Payment for Anesthesiology Services and Section 140.3.3 Billing Modifiers