



Critical Access Hospitals: Certified Registered Nurse Anesthetist Bypass for Reason Codes 31006 & 31007

Related Change Request (CR) Information	
Number: 14417	Release Date: April 10, 2026
Effective Date: July 1, 2025	Implementation Date: October 5, 2026
Transmittal Number: R13726OTN	
Title: Bypassing Reason Codes 31006 and 31007 for Outpatient Critical Access Hospital (CAH) Services Furnished by Certified Registered Nurse Anesthetists (CRNAs)	

Affected Providers

Critical access hospitals (CAHs) that bill Medicare Administrative Contractors (MACs) for Certified Registered Nurse Anesthetist (CRNA) services

Action Needed

Make sure your billing staff knows about system edits to prevent CAH certified registered nurse anesthetist (CRNA) outpatient service claims from getting reason codes 31006 and 31007 if they have a valid pass-through on file.

Key Updates

Reason codes 31006 and 31007 don't apply to CAH CRNA services when a valid pass-through is on file. We're releasing CR 14417 to prevent applying these reason codes to CAH CRNA outpatient service claims.

Section 1833(a)(1)(H) of the [Social Security Act](#) states that the amounts we pay for a CRNA will be 80% of the lesser of the actual charge or fee schedule amount. CRNAs who render services in a Method II CAH have the option of reassigning their billing rights to the CAH to obtain fee schedule payment. A CRNA Indicator of Y on the provider file indicates the CAH doesn't have a CRNA pass-through exemption.

In a Method II CAH with a CRNA pass-through exemption, hospitals make an annual Medicare election allowing them to get cost-based reimbursement for anesthesia services instead of fee-schedule payments without requiring CRNAs to reassign their benefits.

Background

Office of Inspector General identified overpayments in a [2022 report](#). We implemented CR 13900 to detect and prevent duplicate billing of professional claims from CAHs and physicians with the same date of service, patient, and procedure information. Overpayments occurred because Medicare claims systems weren't programmed to detect when:

- A CAH submits a claim for reimbursement for professional services
- The physician has reassigned their billing rights
- Providers submit a claim for reimbursement when they have reassigned their billing rights to the CAH

More Information

We issued CR 14417 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
April 13, 2026	Initial article released.

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