

Anesthesia billing

Summary of change: Effective immediately and retroactive to September 3, 2013, anesthesia modifiers are required for procedure codes 00100-01999 (excluding procedure codes 01990 and 01996).

★ **What this means to you:** One of the following modifiers must be reported with anesthesia services in the first modifier field to indicate who performed the anesthesia service. Anesthesia services billed without one of these modifiers will be denied.

Anesthesia modifiers

- AA – Anesthesia services performed personally by anesthesiologist
- AD – Medical supervision by a physician: more than four concurrent anesthesia procedures
- QK – Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
- QX – certified registered nurse anesthetist (CRNA) service; with medical direction by a physician
- QY – Medical direction of one CRNA by an anesthesiologist
- QZ – CRNA service; without medical direction by a physician

The following modifiers can be reported in the second position under appropriate circumstances in addition to one of the previous anesthesia modifiers:

- G8 – Monitored anesthesia care (MAC) for deep complex, complicated or markedly invasive surgical procedure
- G9 – Monitored anesthesia care for patient who has history of severe cardiopulmonary condition
- QS – Monitored anesthesia care service
- 23 – Unusual anesthesia

Note: Modifier QY is non-covered by KanCare.

What if I need assistance?

If you have questions, please contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.