PREMERA BLUE CROSS
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Payment Policy

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Title	**Anesthesia Modifiers**		
Number	**CP.PP.382.v1.9**		
Last Approval Date	11/12/24	**Original Effective Date**	12/15/13
Replaces			
Cross Reference	• *Anesthesia Guidelines* • *Modifier 22 – Increased Procedural Services*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes anesthesia procedures submitted with modifiers that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products. Medicare Advantage products are not subject to this policy.

Policy	An appropriate HCPCS modifier is required to be added to each anesthesia service code **(codes 00100-01992, 01999)** submitted in order to identify the level of the provider who rendered the service (e.g., Certified Registered Nurse Anesthetist (CRNA), resident physician, supervising or directing physician anesthesiologist). Reimbursement of the anesthesia service may be adjusted based on the specific modifier submitted.
	
	Anesthesia services/codes submitted without a modifier will be denied reimbursement.
	
	The Plan recognizes the following modifiers when appended to an anesthesia service, to identify the provider who rendered the anesthesia service(s):
	
	• **AA – Anesthesiology services performed personally by an anesthesiologist**
	  ○ Informational modifier only
	  ○ Reimbursement not affected
	  ○ This modifier should not be used by the anesthesiologist when supervision or direction is provided to another anesthesiologist
	  ○ This modifier should be used by any provider who also acts as an anesthesiologist when performing a surgical procedure in the same operative session (e.g., oral surgeons)
	
	• **AD – Medical supervision by a physician: more than four concurrent anesthesia procedures**
	  ○ Used by a physician when supervising four or more concurrent procedures
	  ○ Physician reimbursement will be adjusted to reflect 50% of the provider's applicable Fee Schedule allowed amount
	
	• **QK – Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals**

	○ Used when qualified individuals, such as a CRNA, are used to perform anesthesia services ○ Physician supervises two to four of these individuals concurrently ○ Physician reimbursement will be adjusted to reflect 50% of the provider's applicable Fee Schedule allowed amount • **QX – CRNA service: with medical direction by a physician** ○ This modifier is appended to CRNA or Anesthetist Assistant (AA) claims ○ Indicates CRNA/AA provided the service but was directed by an anesthesiologist ○ CRNA reimbursement will be adjusted to reflect 50% of the provider's applicable Fee Schedule allowed amount • **QY – Medical direction of one CRNA by an anesthesiologist** ○ This modifier is appended to the anesthesiologist's claim to indicate supervision of one CRNA ○ Physician reimbursement will be adjusted to reflect 50% of the provider's applicable Fee Schedule allowed amount • **QZ – CRNA service: without medical direction by a physician** ○ Informational modifier only ○ The modifier is appended to the CRNA services to indicate no supervision was provided by an anesthesiologist ○ Reimbursement not affected For increased anesthesia service, additional time units should be billed instead of modifier 22 or billed with physical status modifiers to identify that additional work was required to render the anesthesia service. See "Anesthesia Guidelines" policy for additional information.
Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined in Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	Effective November 24, 2024, the following procedure code does not require an anesthesia modifier: • 01996 - Daily hospital management of epidural or subarachnoid continuous drug administration
Laws, Regulations & Standards	N/A
References	• American Society of Anesthesiologists (ASA) • American Medical Association's Current Procedural Terminology (AMA/CPT) codebook • Centers for Medicare and Medicaid Services (CMS)

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department	
Annual Review Dates	11/12/24; 05/14/24; 09/06/23; 10/13/22; 11/01/21; 12/30/20; 01/10/20; 02/18/19; 02/27/18; 04/10/17; 09/14/16; 03/14/16; 10/25/15; 11/23/14; 12/15/13	
Version History	02/27/18	Annual review; no changes
	02/18/19	Added same statement from "Anesthesia Guidelines" policy to indicate that services billed without a modifier will be denied reimbursement.
	01/10/20	Annual Review; no changes
	12/30/20	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms
	11/01/21	Annual review; no changes
	10/13/22	In the Cross Reference section, added Payment Policy Modifier 22. At the end of the Policy section, added paragraph to indicate that appending Modifier 22 is not appropriate to indicate increased anesthesia services.
	09/06/23	Annual review; no changes
	05/14/24	Annual review; no changes
	11/12/24	In the Exception section of the policy, identified that effective November 24, 2024, procedure code 01996 does not require an anesthesia modifier.

This policy was published on November 15, 2024