



June 25, 2019

RE: Anesthesia Billing

Providers,

For anesthesia claims filed with Empower the following modifiers are required.

If anesthesia codes 0100 - 01999 are billed without one of the following modifiers (AA, QK, AD, QY, QX, QZ) and the provider is an anesthesiology provider, the line will deny. However, if the anesthesia code 01996 is billed without a modifier and a related historical claim contains 062320 - 62327, this edit will not fire.

Documentation modifiers direct, prompt, and correct payment of the anesthesia claims submitted. Documentation modifiers (AA, QK, AD, QY, QX, and QZ) must be billed in the first modifier field. If a QS modifier applies, it must be in the second modifier field. Processing delays and denials may occur for claims submitted without the modifiers in the correct position.

Below are anesthesia documentation modifiers that **MUST** be billed in the first position:

**AA:** Anesthesia services personally performed by an anesthesiologist.

**AD:** Medical supervision by an anesthesiologist: more than 4 concurrent anesthesia procedures

**QK:** Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals

**QX:** CRNA service with medical direction by an anesthesiologist

**QY:** Anesthesiologist medically directs one CRNA

**QZ:** CRNA service without medical direction by an anesthesiologist

The anesthesia procedure codes will reflect a Medicaid maximum of \$0.00 since the reimbursement rate is determined when the claim is processed. The payment for anesthesiology services is calculated using the base rate (\$23.96 for an anesthesiologist or \$19.17 for a CRNA) times the base units.

If you have a specific question regarding a claim for an Empower member, please contact Provider Services at 855-429-1028.