

August 18, 2020

Aetna Better Health® of Kansas

Clinical Payment, Coding and Policy Changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below communication of upcoming new policies.

Effective for dates of service beginning 11/1/2020:

Anesthesia Service Modifiers

Per the Professional manual, anesthesia modifiers are required for procedure codes 00100-01999. 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.

- AA – Anesthesia services performed personally by anesthesiologist.
 - AD – Medical supervision by a physician: more than four concurrent anesthesia procedures. **Modifier AD is not covered by KMAP.**
 - QK – Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals. **Modifier QK is not covered by KMAP.**
 - QX – CRNA service; with medical direction by a physician.
 - QY – Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist. **Modifier QY is not covered by KMAP.**
 - 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 beneficiary who has history of severe cardiopulmonary condition
- QS – Monitored anesthesia care service