

## Billing Guidelines:

### Anesthesia Modifiers

Anesthesia modifiers are used to receive the correct payment of anesthesia services.

- **Pricing** modifiers must be placed in the first modifier field to ensure proper payment (AA, AD, QK, QX, QY, and QZ).
- **Informational** modifiers are used in conjunction with pricing modifiers and are placed in the second modifier position (QS, G8, G9, and 23).

These modifiers are used when billing CPT codes 00100-01999 - Anesthesia.

Modifier	Modifier Description
AA	Anesthesia services performed personally by an anesthesiologist
AD	Medical supervision by a physician; more than four concurrent anesthesia procedures
G8	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
G9	Monitored anesthesia care (MAC) for a patient with a history of severe cardiopulmonary condition
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QS	Monitored anesthesia care service
QX	CRNA service with medical direction by a physician

Modifier	Modifier Description
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
QZ	CRNA service without medical direction by a physician
23	Unusual anesthesia - Used to report a procedure which usually requires either no anesthesia or local anesthesia; however, because of unusual circumstances the procedure must be done under general anesthesia. Coverage/payment will be determined on a "by-report" basis
47	Anesthesia by surgeon - Used to report regional or general anesthesia provided by the surgeon (not covered by Medicare)

**References:**

<https://med.noridianmedicare.com/web/jeb/topics/modifiers#:~:text=Anesthesia%20modifiers%20are%20used%20to%20receive%20the%20correct,second%20modifier%20position%20%28QS%2C%20G8%2C%20G9%2C%20and%2023%29>

**Revisions:**

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