


# PROVIDER BULLETIN

 <b>AETNA BETTER HEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	<b>March 22, 2021</b>
	<b>Purpose:</b>	<b>Provider Bulletin: Remind providers how to bill anesthesia claims using the correct modifiers</b>
	<b>Subject:</b>	<b>Anesthesia Billing Modifiers</b>
	<b>Products:</b>	<b>MMA, FHK</b>
	<b>From:</b>	<b><u>Provider Relations</u></b>

Dear Provider,

The purpose of this notice is to advise you of the proper modifiers for anesthesia services.

Please review the attached document with all the details of the modifiers that should be used when billing anesthesia services.

We appreciate the excellent care you provide to our members. If you have any questions, please feel free to contact us via e-mail: [FLMedicaidProviderRelations@Aetna.com](mailto:FLMedicaidProviderRelations@Aetna.com). You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

Provider Relations Department  
**Aetna Better Health of Florida**

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# Aetna Better Health<sup>®</sup> of Florida

## Anesthesia Billing Modifiers

Dear Aetna Provider(s),

Services that involve administration of anesthesia should be reported by the use of the Current Procedural Terminology (CPT) anesthesia five-digit procedure codes, American Society of Anesthesiologists (ASA) or CPT surgical codes plus a modifier. Aetna Better Health of Florida will require that appropriate anesthesia modifier be filed on anesthesia services.

Each provider should use the appropriate modifier. An anesthesiologist, CRNA or Anesthesiology Assistant (AA) can provide anesthesia services. The anesthesiologist, CRNA or AA can bill separately for anesthesia services personally performed. When an anesthesiologist provides medical direction to a CRNA or AA, both the anesthesiologist and the CRNA/AA should bill for the appropriate component of the procedure performed.

Please review the below charts for appropriate anesthesia coding:

<b>REQUIRED MODIFIERS</b>			
<b>Billing Information</b>	<b>Modifier</b>	<b>Description</b>	<b>Reimbursement</b>
<i>Modifier Information Billed by an Anesthesiologist</i>	<b>AA</b>	Anesthesia services personally performed by the anesthesiologist	
	<b>AD</b>	Supervision, more than four procedures	
	<b>QK</b>	Medical Direction of two, three or four concurrent anesthesia procedures	50% of Base Fee, Medicaid Allowable
	<b>QY</b>	Medical Direction of one CRNA by an anesthesiologist	50% of Base Fee, Medicaid Allowable
<i>Modifier Information Billed by a CRNA or Anesthesiology Assistant</i>	<b>QX</b>	Anesthesia, CRNA or Anesthesiology Assistant, medically directed	50 % of Base Fee, Medicaid Allowable
	<b>QZ</b>	Certified Registered Nurse Anesthetists (CRNA) without medical direction by a physician	80 % of Base Fee, Medicaid Allowable

<b>AS APPROPRIATE MODIFIERS</b>	
<b>Modifier</b>	<b>Description</b>
<b>QS</b>	Monitored anesthesiology care services
<b>G8</b>	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
<b>G9</b>	Monitored anesthesia care (MAC) for patient who has history of severe cardiopulmonary condition
<b>78</b>	Unplanned return to the operating room, related procedure