To: All anesthesiologists

Contracts affected: All lines of business

Why you're receiving this stat

We want to let you know about changes to billing for anesthesia services.

Revised billing guidelines

- Anesthesia services should be billed under the rendering provider’s NPI number using Current Procedural Terminology (CPT®) code range 00100 - 01999
- Anesthesia modifiers are required Centers for Medicare & Medicaid Services (CMS) and we now require them, as well
- Claims without the appropriate modifier will be returned

We will be recognizing all modifiers listed below, including services for the supervision of certified registered nurse anesthetists (CRNAs):
- AA - Anesthesia services performed personally by anesthesiologist
- QX - CRNA with medical direction by a physician
- QZ - CRNA without medical direction by a physician
- QY - Medical direction of one CRNA by an anesthesiologist
- QK - Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
- AD - Medically supervised by a physician, more than four concurrent anesthesia procedures

Providers using modifiers AD, QX, QK, and QY should submit a claim for the CRNA and a claim for the MD; both claims should reflect the full charge. Our system will process each claim at 50% of the allowed amount.

Anesthesia services must be reported in minutes.

These changes supersede information in the April 14, 2016 stat bulletin, Anesthesia Billing Update.

What you need to do

Please update your claims system to accommodate these updated billing requirements.

If you have any questions regarding this stat, please contact your Provider and Contracting account specialist at 1-800-666-4627 or (716) 884-3461.