July 31, 2025

Anesthesia Reimbursement Policy Reminder

Claims for Anesthesia services must be submitted with at least one CPT anesthesia codes in the range 00100-01999. These codes are reimbursed based on time units using the standard anesthesia formula. All anesthesia services, including monitored anesthesia care, must be submitted with a required anesthesia modifier in the first modifier position. These modifiers identify whether a procedure was personally performed, medically directed, or medically supervised.

Required anesthesia modifiers	Provider type
AA	Anesthesiologist physician, personally performed
AD	Anesthesiologist physician, supervising over 4 concurrent anesthesia procedures
QK	Anesthesiologist physician, supervising 2-4 concurrent anesthesia procedures
QX	CRNA* or AA* directed by anesthesiologist physician
QY	Anesthesiologist physician, supervising 1
QZ	CRNA, personally performed

Physical status modifiers

CPT and American Society of Anesthesiologists guidelines identify six levels of ranking for patient physical status. Appending a physical status modifier to a time-based anesthesia code identifies the level of complexity. Modifying unit(s) are added to the base unit value for the most complex situations. If more than one physical status modifier (P3, P4, or P5) is submitted, the modifier with the highest number of units is the reimbursable service.

Physical status modifiers and description	Modifying units added to the base unit value
P1 — a normal healthy patient	0 units
P2 — a patient with mild systemic disease	0 units
P3 — a patient with moderate systemic disease	1 unit
P4 — a patient with severe systemic disease that is a constant threat to life	2 units
P5 — a moribund patient who is not expected to survive without the operation	3 units
P6 — A declared brain-dead patient whose organs are being removed for donor purposes	0 units

Informational modifiers

If reporting CPT modifier 23 or 47 or HCPCS modifier GC, G8, G9 or QS for anesthesia and pain management, then no additional reimbursement is allowed above the usual fee for the anesthesia service.

CPT modifier	CPT description
23	Provider administered general anesthesia for a procedure that does not normally require it
47	Anesthesia administered by the surgeon
HCPCS modifier	**HCPCS modifier description**
GC	Added to a CPT code for service(s) performed in part by a resident under the direction of a teaching physician
G8	Monitored anesthesia care (MAC) for a deeply complex, complicated, or markedly invasive surgical procedure
G9	Monitored anesthesia care (MAC) for a patient who has history of severe cardiopulmonary condition
QS	Monitored anesthesia care (MAC) services

Questions:

Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Network Account Executive.