



# NETWORK *Notification*

**Notice Date:** November 3, 2022  
**To:** Indiana Medicaid Providers  
**From:** CareSource  
**Subject:** Billing Reminder for Anesthesia Providers

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## Summary

CareSource follows State guidance that requires physicians to append appropriate modifiers to anesthesia codes. Anesthesia services must be submitted with an anesthesia modifier in addition to a physical status modifier.

## Impact

### Anesthesia Modifiers

- AA - Anesthesia services performed personally by anesthesiologist
- AD - Medical supervision by a physician: more than four concurrent anesthesia procedures
- QK - Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals
- QX - CRNA service: with medical direction by a physician
- QZ - CRNA service: without medical direction by a physician

### Physical Status Modifiers

- P1 - A normal healthy patient
- P2 - A patient with mild systemic disease
- P3 - A patient with severe systemic disease
- P4 - A patient with severe systemic disease that is a constant threat to life
- P5 - A moribund patient who is not expected to survive without the operation
- P6 - A declared brain-dead patient whose organs are being removed for donor purposes

### Monitored Anesthesia Care (MAC)

To identify the services as MAC, providers must append an appropriate modifier to the appropriate CPT code, in addition to other applicable modifiers. Appropriate MAC modifiers include the following:

- QS – Monitored anesthesia care service
- G8 - Monitored anesthesia care service for deep complex, complicated, or markedly invasive surgical procedure.
- G9 - Monitored anesthesia care service for a patient who has a history of severe cardiopulmonary condition.

## Questions?

For questions, please contact Provider Services at **1-844-607-2831**, Monday through Friday, 8 a.m.-6 p.m. Eastern time (ET).

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