

Part B Insider (Multispecialty) Coding Alert

Anesthesia: Know When to Use Modifiers -G8 and -G9 for MAC

As anesthetic and surgical techniques have improved, in many cases it's now no longer necessary to put a patient under general anesthetic. Instead, anesthesiologists use a mixture of local and regional anesthesia and certain mind-altering drugs. This monitored anesthesia care (MAC) service requires careful monitoring of vital physiologic functions, and the diagnosis and treatment of any deviations, warns Part B carrier Cigna Healthcare in its local medical review policies on MAC.

You report MAC by using modifier -QS, or in some cases modifiers -G8 or -G9. (Warning: Some carriers may not accept -G8 or -G9, so make sure you check your own carrier's LMRPs.)

Cigna says it'll pay for MAC with "Column A" codes, which may require the constant presence of an anesthesiologist, but not "Column B" codes, which are more superficial and should require only local anesthesia or IV sedation by the surgeon. For example, that means you can bill for MAC with 00102-00120, but not with 00100 or 00124.

In its recent Medical Review frequently asked questions list, Cigna explains that a patient receiving a "Column B" procedure would require a severe diagnosis or a physical status indicator of P3, P4 or P5 to qualify for MAC. But beware: Many carriers don't recognize these status indicators and will reject the claim if you don't remove them, says coder **Kerry Benes**, billing manager/CPC at Physicians Technologies Inc. in Augusta, Ga.

"Even the simplest case of excision of lesions can have P3-P5 based on the patient's overall health," says **Barbara Johnson**, professional coder with Loma Linda University Anesthesiology Medical Group in Loma Linda, Calif.

But you can also bill for MAC with a "Column B" procedure using modifiers -G8 or -G9, Cigna adds. Modifier -G8 indicates "the procedure was deep, complex, complicated or markedly invasive and performed on an area of the body that is very sensitive and includes the face (00100 and 00160), neck (00300), breast (00400), or male genitalia (00920) and for access to the central venous circulation (00532)," Cigna explains.

You shouldn't use modifier -QS with modifiers -G8 or -G9 because the latter two already indicate that the anesthesiologist performed MAC. And some carriers don't accept modifiers -G8 or -G9, Benes says.