

Modifier Coding Alert

You Be the Coder: Modify Anesthesia Services From AA to QY

Question: When would you use modifiers AA, AD, QY, and QK? I don't understand their purpose.

Missouri Subscriber

Answer: Your anesthesiologist will be reimbursed at 100 percent if she performs the anesthesia services herself and she bills the usual procedure code with modifier AA (Anesthesia services performed personally by the anesthesiologist).

If a physician provides guidance or supervision to the certified registered nurse anesthetist (CRNA), then you can bill anesthesia services with modifier QY (Medical direction of one certified registered nurse anesthetist [crna] by an anesthesiologist).

You will bill services with modifier QY to report the supervision of one CRNA. Both your anesthesiologist and the CRNA they employ will be reimbursed for anesthesia services at 50 percent. Payers will reimburse the usual anesthesia services at 50 percent when you code with modifier QK (Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals) when an anesthesiologist supervises two to four CRNAs.

Report modifier AD (Medical supervision by a physician: more than four concurrent anesthesia procedures) when the anesthesiologist supervises more than four concurrent anesthesia procedures. Anesthesiologist services including modifier AD, reporting the supervision of more than four CRNAs, where the anesthesiologist is not present at the time of induction, is calculated as follows:
(3 base units + time units) x 50 percent.

When the anesthesiologist is present for induction, payers pay an additional time unit when you submit supporting documentation. Reimbursement is calculated as follows:
(3 base + time units + 1 time unit for induction) x 50 percent.