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MEDICAID BULLETIN

TO: Physicians

SUBJECT: Updated Billing Guidance for Anesthesia Services

The South Carolina Department of Health and Human Services (SCDHHS) is clarifying its guidance for billing of anesthesia services with modifiers and adding billing modifier-specific pricing to the Anesthesia Fee Schedule. The Anesthesia Fee Schedule is available under "Physician Fee Schedules" on SCDHHS' website. The fee schedule will be updated to reflect the addition of billing modifier-specific pricing by Aug. 20, 2024. Additionally, clarifying policy language will be added to the Physicians Services Provider Manual by Aug. 20, 2024.

Providers must bill the appropriate modifier when billing in conjunction with the appropriate anesthesia Current Procedural Terminology codes based on medical direction involved in the procedure. Reimbursement for anesthesia services billed with specific modifiers follows the reimbursement methodology as defined in the State Plan. Each modifier will have its own pricing record. The anesthesia services rates for each modifier will be published on the Anesthesia Fee Schedule and will be reimbursed as shown below.

| Procedure Codes | Modifier | Fee |
|--------------------------------|--|--------------------|
| 00100-01999 | AA — Anesthesia services performed personally | |
| (Excludes 01967, 01968, 01996) | by an anesthesiologist; the anesthesiologist must | \$18.32 |
| | remain in constant attendance of the patient. | |
| 00100-01999 | QY — Medical direction of one certified registered | \$10.99 |
| (Excludes 01967, 01968, 01996) | nurse anesthetist (CRNA) by an anesthesiologist. | \$10.99 |
| 00100-01999 | QK — Medical direction of two, three or four | |
| (Excludes 01967, 01968, 01996) | concurrent anesthesia procedures involving | \$10.99 |
| | qualified individuals. | |
| 00100-01999 | AD — Medical direction of more than four | |
| (Excludes 01967, 01968, 01996) | concurrent anesthesia procedures involving | \$10.99 |
| | qualified individuals. | |
| 00100-01999 | QX—Anesthesia services performed by a CRNA | \$9.16 |
| (Excludes 01967, 01968, 01996) | with medical direction by an anesthesiologist. | Ş 3 .10 |
| 00100-01999 | QZ—Anesthesia services performed by a CRNA | \$16.49 |
| (Excludes 01967, 01968, 01996) | without medical direction by an anesthesiologist. | Ş10.43 |

South Carolina's Medicaid managed care organizations (MCOs) are responsible for the authorizations, coverage and reimbursement related to the services described in this bulletin for Healthy Connections Medicaid members who are enrolled in an MCO.

Providers should direct questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at https://www.scdhhs.gov/providers/contact-provider-representative.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/ Robert M. Kerr