

Payment Policy

Title	Modifier 23 – Unusual Anesthesia		
Number	CP.PP.239.v2.8		
Last Approval Date	03/07/25	Original Effective Date	01/01/05
Cross Reference	<ul style="list-style-type: none">• <i>Anesthesia Modifiers</i>• <i>Anesthesia Guidelines</i>• <i>Modifier 47 – Anesthesia by Surgeon</i>		
Coverage of any service is determined by a member’s eligibility, benefit limits for the service or services rendered and the application of the Plan’s Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan’s professional or facility services claims coding policies . Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.			

Purpose	To define when the Plan recognizes services appended with Modifier 23 that are submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Policy	<p>The Plan recognizes Modifier 23-<i>Unusual Anesthesia</i> when appended to an anesthesia procedure that normally does not require anesthesia or local anesthesia and must be performed under general or monitored anesthesia a result of unusual circumstances. These unusual circumstances must be sufficiently documented in the members' records.</p> <p>Modifier 23 is used only with general or monitored anesthesia procedure codes (CPT codes 00100-01999). Modifier 23 is added after the primary anesthesia modifier which identifies whether the service was personally performed, medically directed, or medically supervised (Modifiers AA, AD, QK, QS, QX, QY or QZ).</p> <p>If a surgeon provides the general or monitored anesthesia during the surgical procedure that they are performing, the surgeon reports their services by adding modifier 47-<i>Anesthesia by Surgeon</i> to the main surgical procedure only and does not also bill a separate anesthesia code as well (codes 00100-01999).</p> <p>Modifier 23 is not appropriate to be appended to moderate/conscious sedation codes (99151-99153, 99155-99157).</p> <p>If any allowed amount indicated above exceeds the billed charge for the claim line, that line will allow at the billed charge.</p>
Violations of Policy	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined in Plan's sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
Exceptions	None

Laws, Regulations & Standards	
References	<ul style="list-style-type: none"> American Medical Association's Current Procedural Terminology (AMA/CPT) codebook American Society of Anesthesiologists Relative Value Guide (ASA/RVG)

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	03/07/25; 04/11/24; 05/19/23; 04/06/23; 05/12/22; 05/27/21; 06/15/20; 07/30/19; 10/18/18; 11/06/17; 11/08/16; 11/15/15; 11/23/14; 12/15/13; 01/13/13; 01/26/12; 01/27/11; 02/12/10; 03/24/09; 06/16/08; 05/13/07; 04/11/06; 02/28/06; 08/29/05; 06/27/05; 07/30/04	
Version History	10/18/18	Annual review; no changes
	07/30/19	Annual review; no changes
	06/15/20	Clarified in the Purpose statement that the policy applies to claims submitted on a CMS 1500 or 837P claim form.
	05/27/21	Added last paragraph in the Policy section indicating modifier 23 not appropriate with moderate/conscious sedation codes.
	05/12/22	Annual review; no changes
	04/06/23	Minor clarification to the fourth paragraph indicating the performing surgeon would append modifier 23 to the main surgical procedure.
	05/19/23	CORRECTION: Minor clarification to the fourth paragraph indicating the performing surgeon would NOT append modifier 23 to the main surgical procedure but continue to append modifier 47 only to the surgical procedure when they perform general or monitored anesthesia along with the surgical procedure.
	04/11/24	Annual review; no changes
	03/07/25	Annual review; no changes