Appendix to rule 5160-4-21

Each non-dental anesthesia procedure code reported on a claim must be accompanied by one of the following modifiers:

MODIFIER	CONVERSION FACTOR	MULTIPLIER
AA – Service provided by an anesthesiologist	$14.82	1.0
QZ – Service provided by a CRNA without the medical direction of an anesthesiologist	$14.82	1.0
QX – Service provided by a CRNA or AA with the medical direction of an anesthesiologist	$15.77	0.5
QY – Medical direction provided by an anesthesiologist to one qualified non-physician anesthetist	$15.77	0.5
QK – Medical direction provided by an anesthesiologist to two, three, or four qualified non-physician anesthetists performing concurrent anesthesia procedures	$15.77	0.5
AD – Medical supervision provided by an anesthesiologist to more than four qualified non-physician anesthetists performing concurrent anesthesia procedures	$14.82	3.0

Medicaid maximum payment amount =
(Base unit value + Time unit value) x Conversion factor x Multiplier

The informational modifier QS reported with an anesthesia procedure code indicates monitored anesthesia care service.