

Supporting providers, their staff and electronic vendors.



# PROVIDERFACTS

August 2015

## Filing Guidelines for Surgical Procedures and Monitored Anesthesia Care (MAC)

2015-034

Currently, when moderate (conscious) sedation is an inherent part of furnishing a procedure, a single surgical procedure code should be billed. **Effective December 1, 2015**, modifier 47 should be used to indicate anesthesia by the surgeon when moderate (conscious) sedation is required in order to receive payment for both services.

When a provider renders only the surgical services but does not administer anesthesia – either because it is not needed or was administered by an anesthesiologist or certified registered nurse anesthetist (CRNA) – modifier 47 should not be used.

These billing guidelines apply to all providers.

Fees with and without modifier 47 can be found on the fee schedule for procedures affected by this policy.

The information provided in *ProviderFacts* is general information and not a guarantee of payment. Benefits are always dependent on whether the service is medically necessary and within the terms of a Blue Cross and Blue Shield of Alabama Member's Benefit Agreement and Blue Cross and Blue Shield of Alabama policies.