

## **NEW POLICY UPDATES**

### **CLINICAL PAYMENT, CODING AND POLICY CHANGES**

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below chart of upcoming new policies.

Effective for dates of service beginning **September 5, 2023:**

#### **Anesthesia for Pain Management**

When anesthesia is billed as Monitored Anesthesia Care (MAC) instead of general or regional anesthesia, modifier QS should be billed on the line. Aetna allows payment for MAC as if it were billed as general or regional anesthesia except when billed with specific pain management vein and back injection procedures (regardless of whether or not the anesthesia procedure is billed with modifier QS).

According to Aetna Policy, anesthesia is considered incidental when billed with the pain management codes below. Charges for anesthesia will be denied as incidental.

CPT codes: 20526, 20550, 20551, 20552, 20553, 20600, 20605, 20610, 27096, 36468, 36470-36479, 62263, 62264, 62270, 62273, 62280, 62281, 62282, 62320-62327, 62367, 62368, 64402, 64405, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64447, 64448, 64450, 64483, 64484, 64490-64495, 64620, 64633-64636, 64640, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0228T, 0229T, 0230T, 0231T