

Provider Memorandum

Coding Change for Anesthesia Claims

Molina Healthcare of Wisconsin has implemented new Marketplace & Medicare claim edit methodology to better align with the Centers for Medicare & Medicaid Services (CMS) fee schedule, effective June 1st, 2022. Per CMS guidelines, when certain CPT codes are billed with an anesthesia code, it is assumed that these services are being billed as part of the anesthesia service, and they will be bundled into the primary anesthesia code. Many of these procedures may occur on the same date of surgery and are not performed in the course of the anesthesia provision for the day. Therefore, services are separately paid only if accompanied by modifier 59, indicating that the service rendered was independent of the anesthesia service. Reference the CMS fee schedule here for more information.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at WIProviderNetworkManagement@MolinaHealthCare.Com or visit MolinaHealthcare.com.

Register Now for Availity, Molina Healthcare's Inc. (Molina) New Provider Portal Learn how Molina is working with Availity at availity.com/molinahealthcare.