
Anesthesia Billing Examples: CMS-1500

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Examples in this section are to assist providers in billing for Anesthesia services on the *CMS-1500* claim form. Examples are based on current Medi-Cal anesthesia policy. Refer to the *Anesthesia* section of this manual for detailed policy information. Refer to the *CMS-1500 Completion* section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Billing Tips

When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Additional Claim Information* field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Tubal Ligation Performed During a C-Section

Figure 1. Tubal ligation performed during a cesarean section. This is a sample only. Please adapt to your billing situation.

In this example, CPT® code 01961 (general anesthesia for; cesarean delivery only) is billed with modifier P1 (representing normal, uncomplicated anesthesia) for the cesarean section. This code is entered in the *Procedures, Services or Supplies* field (Box 24D). Anesthesia services are rendered for 75 total minutes.

Time units are calculated in 15-minute increments: 75 minutes divided by 15 minutes is 5 units. Add the additional 1 anesthesia time unit for the tubal ligation (5 + 1) and enter the total (6) in the *Days or Units* field (Box 24G).

Note: No additional base units are added for the tubal ligation because this is considered an add-on procedure.

Enter the date of service, in the six-digit format, in the *Date(s) of Service* field (Box 24A) and Place of Service code 21 (inpatient hospital) in Box 24B.

Enter the usual and customary charges in the *Charges* field (Box 24F).

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										22. RESUBMISSION CODE		ORIGINAL REF. NO.															
A. _____		B. _____		C. _____		D. _____		E. _____		F. _____		G. _____															
E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		K. _____															
I. _____		J. _____		K. _____		L. _____		M. _____		N. _____		O. _____															
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. CPT/HCPCS		D. MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPID? (Party Fee)		I. ID DUAL		J. RENDERING PROVIDER ID. #	
From		To		EMG																							
MM	DD	YY	MM	DD	YY																						
1	10	01	15			21		01961	P1					63000	6												
2																											
3																											
4																											

Figure 1: Tubal ligation performed during a cesarean section.

Add-on Codes

Figure 2. Add-on Codes. This is a sample only. Please adapt to your billing situation.

In this example, the primary anesthesia procedure CPT code 01967 (neuraxial labor analgesia/anesthesia for planned vaginal delivery [includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor]) is billed with modifier P1 (representing normal, uncomplicated anesthesia) on the first line of the *Procedures, Services or Supplies* field (Box 24D).

CPT code 01968 (anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia) is billed with modifier P1 as the add-on code, on the second line of the *Procedures, Services or Supplies* field (Box 24D). CPT code 01968 with modifier P1 must be billed in conjunction with code 01967.

Time units are calculated in 15-minute increments.

Note: Start, stop and total times for code 01967 are documented along with the actual time in attendance on an attachment to the paper claim only if billing for 20 units or more. Times for code 01968 are documented on an attachment to the paper claim if billing for more than 40 units of time (10 hours). Enter time in military units.

Enter the usual and customary charges in the *Charges* field (Box 24F).

18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE		ORIGINAL REF. NO.		
23. PRIOR AUTHORIZATION NUMBER														
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. SPRT Family No. I. ID. DUAL J. RENDERING PROVIDER ID. #														
1	10	01	15			21		01967	P1		20000	3		NPI
2	10	01	15			21		01968	P1		30000	4		NPI
3														NPI
4														NPI

Figure 2. Add-On Code Billing Example

Split Case

Figure 3. Split case (a long procedure in which one anesthetist begins delivery of anesthesia and a subsequent anesthetist completes delivery of anesthesia).

Split case is a long procedure in which one anesthetist begins delivery of anesthesia and a subsequent anesthetist completes delivery of anesthesia.

In this example, CPT code 01967 (neuraxial labor analgesia/ anesthesia for planned vaginal delivery [includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor]) is billed twice (once for each anesthesiologist) with modifier P1 (normal, healthy patient). These codes are entered in the *Procedures, Services or Supplies* field (Box 24D). The total anesthesia time in attendance for both anesthesiologists is 170 minutes.

Time units are calculated in 15-minute increments. Dr. Smith’s actual time in attendance is 45 minutes and Dr. Jones’ time in attendance is 125 minutes. Dr. Smith bills 3 units (45 divided by 15). Dr. Jones bills 9 units (125 divided by 15 equals 8, with the addition of the five minute remaining time increment, rounds the units up to 9).

Enter the date of service, in the six-digit format, in the *Date(s) of Service* field (Box 24A) and Place of Service code 21 (inpatient hospital) in Box 24B.

Because this claim is split-billed, the two anesthesiologists’ NPI numbers are required in the *Rendering Provider ID Number* field (Box 24J).

Note: The provider who submits the claim also must enter billing provider information in the *Billing Provider Info and Phone Number* field (Box 33) and NPI in Box 33A. The nine-digit ZIP code entered in this box must match the billing provider’s nine-digit ZIP code on file for claims to be reimbursed correctly.

In addition, the *Additional Claim Information* field (Box 19) of the claim indicates anesthesia split case and see attachment. For additional information, refer to “Split Case for Anesthesia Services” in the *Anesthesia* section of this manual.

Enter the usual and customary charges in the *Charges* field (Box 24F).

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) ANESTHESIA SPLIT CASE. SEE ATTACHMENT.										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE		ORIGINAL REF. NO.							
A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. E. DIAGNOSIS POINTER										F. \$ CHARGES		G. DAYS OFF UNITS		H. I. ID. QUAL. J. RENDERING PROVIDER ID. #					
1										10 01 15		21		01967 P1		20000 3		NPI 0123456789	
2										10 01 15		21		01967 P1		30000 9		NPI 1234567890	
3																NPI			
4																NPI			

Figure 3: Split Case Billing Example

Multiple Anesthesia Modifier 99

Figure 4. Multiple anesthesia modifier 99.

In this example a healthy patient is receiving surgery for hemorrhoidectomy. The surgeon has decided to perform the procedure with the patient in the prone jackknife position, which complicates the administration of the anesthesia. This allows the anesthesiologist to request additional anesthesiology reimbursement (represented on the claim by the modifiers).

CPT code 00902 (anesthesia for anorectal procedure) and modifier 99 (multiple anesthesia modifiers) are entered in the *Procedures, Services or Supplies* field (Box 24D).

The multiple anesthesia modifier 99 is billed because two or more modifiers are necessary to identify the anesthesia services rendered. In this case modifier 99 equals billing of both modifiers P1 (anesthesia services for a normal, healthy patient) and 22 (increased procedural services).

In the *Additional Claim Information* field (Box 19) or on an attachment to the claim, document that modifier 99 equals modifier P1 (anesthesia for a normal, healthy patient) plus modifier 22 (unusual position/field avoidance).

Also shown in Box 19 is the name of the procedure performed – hemorrhoidectomy. This information is not required but will facilitate claim processing.

Enter the appropriate ICD-10-CM code in the *Diagnosis or Nature of Illness or Injury* field (Box 21). Because this claim is submitted with a diagnosis code, an ICD indicator is required between the dotted lines in the *ICD Ind.* area of Box 21. An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Enter the date of service, in the six-digit format, in the *Date(s) of Service* field (Box 24A) and enter code 22 (outpatient hospital) in *Place of Service* (Box 24B).

Anesthesia services are rendered for 1 hour (60 minutes). Time units are calculated in 15-minute increments: 60 divided by 15 is 4. Enter a 4 in the *Days or Units* field (Box 24G). Enter the usual and customary charges in the *Charges* field (Box 24F).

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.