CODEX

CODING DECODED

Anesthesia Coding

CPT Rules, Modifiers, Time Units & Sample Questions

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1. What Is Anesthesia?

Anesthesia is a state of temporarily induced loss of sensation or awareness, produced using drugs or gases. Anesthesia CPT codes range from **00100–01999**, and are reported together with an appropriate anesthesia modifier.

Anesthesia services may be provided by an **anesthesiologist**, an **anesthesia assistant**, or a **qualified non-physician anesthetist**.

Types of Anesthesia

- **General** — suppresses the central nervous system (CNS).
- **Regional** — blocks transmission of nerve impulses to a region of the body.
- **Local** — blocks transmission of nerve impulses at a specific site.

Included vs. Excluded Services

Included Services	Excluded Services
Preoperative & postoperative care	Other monitoring services, such as central venous, intra-arterial, and Swan-Ganz catheter monitoring
Administration of fluids and/or blood	
Monitoring services (e.g., BP, temperature, ECG, oximetry, mass spectrometry, capnography)	

2. Anesthesia Coding Guidelines

Follow this sequence when assigning an anesthesia code:

- Select the appropriate CPT code for the surgical procedure performed, then select the corresponding ASA crosswalk code.
- Select the base unit and time unit.
- Select the appropriate modifier to identify the anesthesia provider.
- Assign the appropriate physical status modifier.
- Assign the appropriate qualifying circumstances code(s), if applicable.

Reimbursement formula: (Base Unit + Total Time Unit) × Conversion Factor = Allowance

3. Anesthesia Base Unit

Base units are assigned to anesthesia CPT codes by CMS, based on the complexity of the procedure — easier cases carry a lower base unit, and more difficult cases carry a higher base unit.

For a complete list of base units, refer to CMS's Anesthesiologists Center resource page.

Multiple Procedures at the Same Session

If multiple surgical procedures are performed during a single anesthesia administration, report only the CPT code with the highest base unit value. However, the total time spent across all procedures is still used for the anesthesia time unit.

4. Anesthesia Time Unit

Milestone	Definition
Start Time	The anesthesiologist begins preparing the patient for induction of anesthesia in the

Milestone	Definition
	operating room. (Reviewing the medical record before surgery does not count.)
End Time	The anesthesiologist is no longer in personal attendance and the patient may be safely placed under postoperative supervision.

Time is calculated in units — each 15 minutes = 1 unit. Total anesthesia time should be recorded in minutes; do not round the total time up or down (total time ÷ 15).

- A 45-minute procedure (start to finish) = 3 units of anesthesia time.
- A 63-minute procedure = 4.2 time units.
- A 79-minute procedure = 5.3 time units.

Note: Some payers apply rounding — anything below 7.5 minutes rounds down, and 8 minutes or above rounds up.
Example: 39 minutes → 3 units (15+15+9). 37 minutes → 2 units (15+15+7).

Discontinuous Time

If the provider is no longer personally attending the patient during a procedure, the interruption should be recorded accurately.

Example: Anesthesia care begins at 9:00, is interrupted at 9:25 (25 minutes), and resumes at 9:30, ending at 9:55 (25 minutes) — total anesthesia time is 50 minutes, or **3.3 time units**.

Conversion Factor

CMS releases the conversion factor annually, and it is specific to the locality where the anesthesia service is rendered.

5. Anesthesia Modifiers

For Anesthesiologist

Modifier	Description
AA	Anesthesia services performed personally by the anesthesiologist (or an anesthetist assisting a physician in the care of a single patient).
QY	Medical direction of one qualified non-physician anesthetist.
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals.
AD	Medical supervision by a physician of more than four concurrent anesthesia procedures.

For Non-Physician Anesthetist

Modifier	Description
QX	Qualified non-physician anesthetist service, with medical direction by a physician.
QZ	Qualified non-physician anesthetist service, without medical direction by a physician.

For MAC (Monitored Anesthesia Care)

Modifier	Description
QS	MAC (may be billed by a qualified non-physician anesthetist, anesthesia assistant, or physician).
G8	MAC for a deep, complex, complicated, or markedly invasive surgical procedure.
G9	MAC for a patient who has severe cardiopulmonary conditions.

6. Physical Status Modifiers

Physical status modifiers report the overall physical health of a patient at the time of the procedure.

Modifier	Description	Units
P1	A normal healthy person	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A declared brain-dead patient whose organs are being removed for donor purposes	0

Examples

- Patient has hypertension → append **P2** (systemic disease not stated as uncontrolled).
- Patient has uncontrolled diabetes → append **P3** (severe systemic disease).
- Patient is dead on arrival following an accident → append **P6** (organ donor).

Billing note: Except for Medicare, all other insurers allow physical status modifiers to add units to the total anesthesia service reported.

7. Qualifying Circumstances

Some anesthesia services are provided under complicated circumstances. Depending on the risk factors, qualifying circumstances add-on codes may be reported along with the primary anesthesia procedure to reflect a higher level of complexity.

Code	Description
+99100	Anesthesia for a patient of extreme age — younger than 1 year or older than 70 (1 unit). Exceptions: CPT 00326, 00561, 00834, 00836 performed on infants younger than 1 year.
+99116	Anesthesia complicated by utilization of total body hypothermia.
+99135	Anesthesia complicated by utilization of controlled hypotension.
+99140	Anesthesia complicated by emergency conditions (specify).

8. Important Abbreviations

Abbreviation	Meaning
CRNA	Certified Registered Nurse Anesthetist
SRNA	Student Registered Nurse Anesthetist
MAC	Monitored Anesthesia Care

9. Practice Quiz — CPC Sample Questions

1. Mr. John, an 89-year-old patient with severe hypertension, underwent bilateral cataract surgery under general anesthesia. Dr. Ken, the anesthesiologist, completed a preoperative visit prior to induction and documented a detailed history, detailed examination, and low-complexity decision making on this new patient. How would you report Dr. Ken's services?

- A. 99203, 00142-P2, 99100

- B. 00142-P3, 99100
- C. 00140-P1, 99100
- D. 66820, 00144, 99100

2. A 48-year-old patient receives general anesthesia for an open pleura biopsy. The anesthesiologist medically directs three other cases and also medically directs a CRNA in this case. What are the appropriate codes for both providers?

- A. 00540-AA, 00540-QZ
- B. 00541-QK, 00540-QX
- C. 00540-QK, 00540-QX
- D. 00541-AA, 00540-QZ

3. A 38-year-old healthy female is undergoing laparoscopic tubal ligation. The anesthesiologist begins preparing the patient at 9:30 am; surgery begins at 10:00 am and ends at 11:00 am. The anesthesiologist releases the patient to the recovery nurse at 11:15 am. What is the total anesthesia time?

- A. 1 hr 45 min
- B. 1 hr
- C. 1 hr 15 min
- D. 1 hr 30 min

4. A 55-year-old patient has a 6 sq cm lipoma removed from the chest wall; the resulting defect (9 sq cm) requires intermediate closure. MAC is performed by a medically directed CRNA. How would you report the anesthesia service?

- A. 00400-QS, QZ
- B. 00300-QS, QZ
- C. 00300-QS, QX
- D. 00400-QS, QX

5. An anesthesiologist provides general anesthesia for an 82-year-old patient with hypertension undergoing ventral hernia repair. How would you report the anesthesia service?

- A. 00834-P2, 99116
- B. 49560, 00834-P2, 99100
- C. 00832-P2, 99116
- D. 00832-P2, 99100

6. A 40-year-old patient undergoes a percutaneous thyroid biopsy. The anesthesiologist begins preparing the patient at 10:00 am; surgery runs 10:15–10:45 am, and care is handed to the recovery room nurse at 11:00 am. How would you report the service and total time in units?

- A. 00320, Time: 4 units
- B. 00322, Time: 3 units
- C. 00322, Time: 2 units
- D. 00322, Time: 4 units

7. A 68-year-old patient undergoes right total knee arthroplasty. The surgeon requests a lumbar epidural catheter in addition to general anesthesia. The anesthesiologist administers general anesthesia, inserts the lumbar epidural catheter, and performs postoperative pain management for one day. How would you report the anesthesiologist's services?

- A. 01402-AA, 62326, 01996
- B. 01402-AA, 01996
- C. 01400-AA, 62326, 01996
- D. 01400-AA, 62326

8. A 30-year-old healthy female receives neuraxial anesthesia for a planned vaginal delivery. As labor progresses the fetus shows distress and the physician proceeds to cesarean delivery. The anesthesiologist was in attendance during labor for 3 hours 40 minutes, and during the subsequent delivery for 1 hour 10 minutes. How would you report the service?

- A. 01967-AA, 01968-AA, 220 minutes
- B. 01960-AA, 01961-AA, 290 minutes

- C. 01967-AA, 01968-AA, 290 minutes
- D. 01960-AA, 01961-AA, 220 minutes

9. A 63-year-old patient with a right hip dislocation is taken to the OR for hip reduction under general anesthesia. The anesthesiologist begins preparation at 10:15 am; induction occurs at 10:30 am with continuous monitoring of vitals, ECG, pulse oximetry, and capnography. The surgeon operates 10:45–11:15 am. The anesthesiologist monitors the patient until 11:30 am before releasing care to the nurse; the patient is fully alert and transferred to the ward at 11:45 am. What total time should the anesthesiologist charge for?

- A. 45 min
- B. 1 hour 15 min
- C. 60 min
- D. 1 hour 30 min

Answer Key

1. B · 2. C · 3. A · 4. D · 5. D · 6. D · 7. A · 8. C · 9. B