Anesthesia Billing Examples: UB-04

Page updated: August 2020

Examples in this section are to help providers bill for anesthesia services on the *UB-04* claim form. Refer to the *Anesthesia* section of this manual for detailed policy information. Refer to the *UB-04 Completion: Outpatient Services* 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 *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Anesthesia Administered for Less Than Five Minutes

Figure 1. Anesthesia administered for less than five minutes. This is a sample only. Please adapt to your billing situation.

In this case anesthesia is started, but discontinued, for a patient undergoing cataract surgery. Anesthesia is administered for less than five minutes.

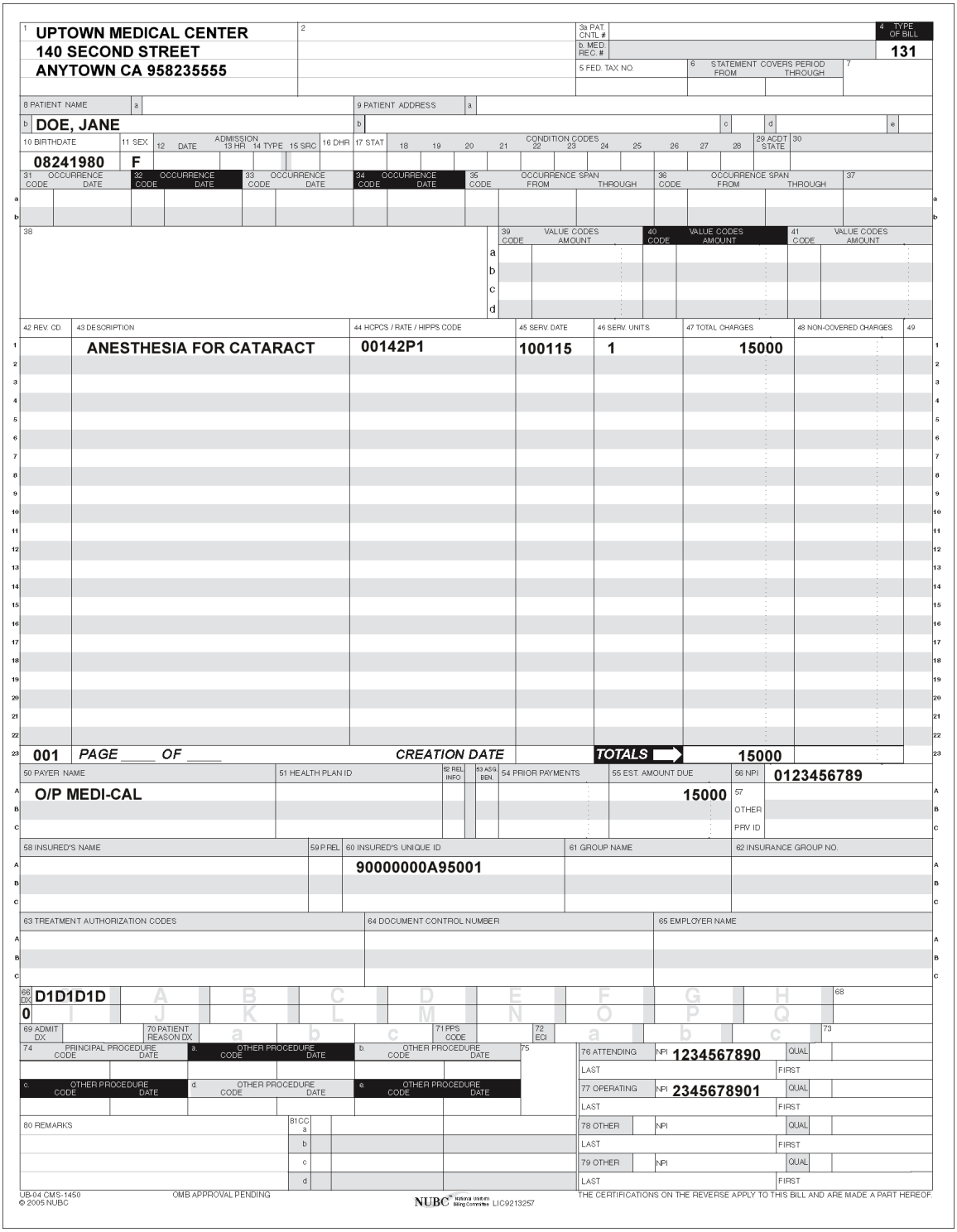
Enter the two-digit facility type code “13” (hospital – outpatient) and one-character frequency code “1” as “131” in the *Type of Bill* field (Box 4).

CPT® code 00142 (anesthesia for procedures on eye; lens surgery) is billed with modifier P1 (representing normal uncomplicated anesthesia) in the *HCPCS/Rate* field (Box 44). An explanation of 00142 is placed in the *Description* field (Box 43).

In the *Service Date* field (Box 45), enter the date of service in a six-digit format. When billing for anesthesia time that is less than five minutes, enter a 1 in the *Service Units* field (Box 46). Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

Enter the referring physician’s NPI number in the *Attending* field (Box 76) and the rendering physician’s NPI number in the *Operating* field (Box 77).



1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555	2	3a PAT. CNTL #	4 TYPE OF BILL 131
		b MED. REC. #	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
8 PATIENT NAME: DOE, JANE		9 PATIENT ADDRESS	
10 BIRTHDATE: 08241980	11 SEX: F	12 ADMISSION DATE / 13 HR / 14 TYPE / 15 SRC	16 DHR / 17 STAT / 18–28 CONDITION CODES / 29 ACDT STATE / 30
31–34 OCCURRENCE CODE / DATE		35–36 OCCURRENCE SPAN CODE / FROM / THROUGH	37
38		39–41 VALUE CODES CODE / AMOUNT	

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	ANESTHESIA FOR CATARACT	00142P1	100115	1	15000		
001	PAGE ____ OF ____	CREATION DATE		TOTALS	15000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
O/P MEDI-CAL					15000	0123456789	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
		90000000A95001		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX: D1D1D1D 0	67 A–Q	68	
69 ADMIT DX	70 PATIENT REASON DX a b c	71 PPS CODE / 72 ECI a b c	73
74 PRINCIPAL PROCEDURE CODE / DATE	a. OTHER PROCEDURE CODE / DATE	b. OTHER PROCEDURE CODE / DATE	75
c. OTHER PROCEDURE CODE / DATE	d. OTHER PROCEDURE CODE / DATE	e. OTHER PROCEDURE CODE / DATE	
80 REMARKS	81CC a b c d		

76 ATTENDING	NPI 1234567890	QUAL	LAST / FIRST
77 OPERATING	NPI 2345678901	QUAL	LAST / FIRST
78 OTHER	NPI	QUAL	LAST / FIRST
79 OTHER	NPI	QUAL	LAST / FIRST

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Figure 1: Anesthesia Administered for Less Than Five Minutes

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) in the *HCPCS/Rate* field (Box 44).

Enter the two-digit facility type code "13" (hospital – outpatient) and one-character frequency code "1" as "131" in the *Type of Bill* field (Box 4).

CPT code 01968 (anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia) is billed with modifier P1 as the add-on code in the *HCPCS/Rate* field (Box 44). CPT code 01968 with modifier P1 must be billed in conjunction with code 01967.

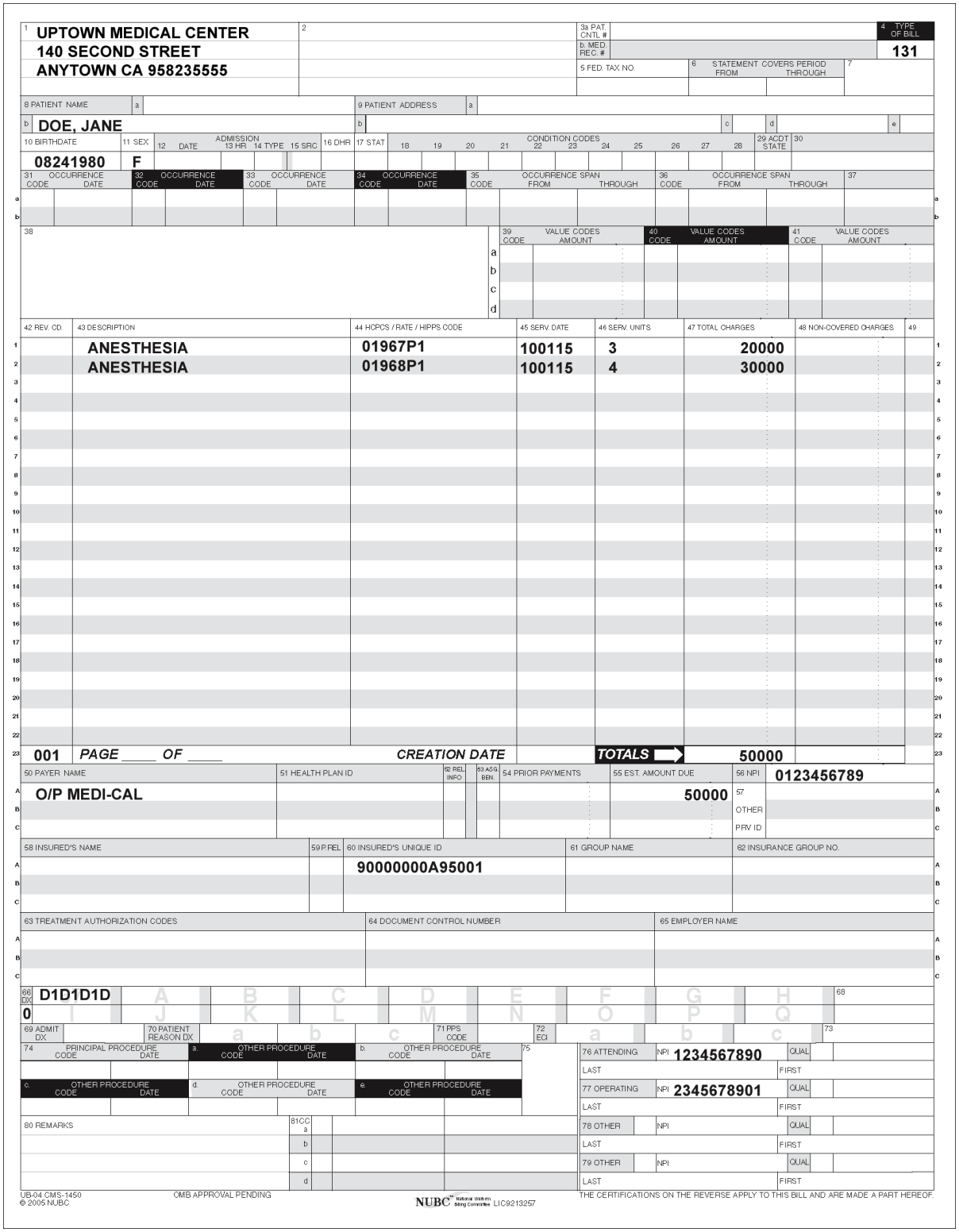
Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

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 referring physician's NPI number in the *Attending* field (Box 76) and the rendering physician's NPI number in the *Operating* field (Box 77)



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 131

8 PATIENT NAME: DOE, JANE

10 BIRTHDATE: 08241980 | 11 SEX: F

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	ANESTHESIA	01967P1	100115	3	20000	
	ANESTHESIA	01968P1	100115	4	30000	
				TOTALS	50000	

001 PAGE ____ OF ____ CREATION DATE

50 PAYER NAME: O/P MEDI-CAL | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE: 50000 | 56 NPI: 0123456789

58 INSURED'S NAME | 60 INSURED'S UNIQUE ID: 90000000A95001 | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: D1D1D1D
0

76 ATTENDING NPI: 1234567890
77 OPERATING NPI: 2345678901

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Figure 2: Add-On Codes

Split Case

Figure 3. Split Case. (A long procedure in which one anesthesiologist begins delivery of anesthesia and a subsequent anesthesiologist completes delivery of anesthesia.) This is a sample only. Please adapt to your billing situation.

Enter the two-digit facility type code "13" (hospital – outpatient) and one-character frequency code "1" as "131" in the *Type of Bill* field (Box 4).

CPT code 01967 (neuraxial labor analgesia/anesthesia for planned vaginal delivery [this 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) in the *HCPCS/Rate* field (Box 44). An explanation of 01967 is placed in the *Description* field (Box 43). The total actual time in attendance by both anesthesiologists is 170 minutes.

In the *Service Date* field (Box 45), enter the date of service in a six-digit format.

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's 3 units (45 divided by 15) are billed on claim line 1 in the *Service Units* field (Box 46). Dr. Jones' 9 units (125 divided by 15 equals 8; the units are rounded up to 9 with the addition of the remaining 5-minute time increment) are billed on claim line 2 in the *Service Units* field (Box 46).

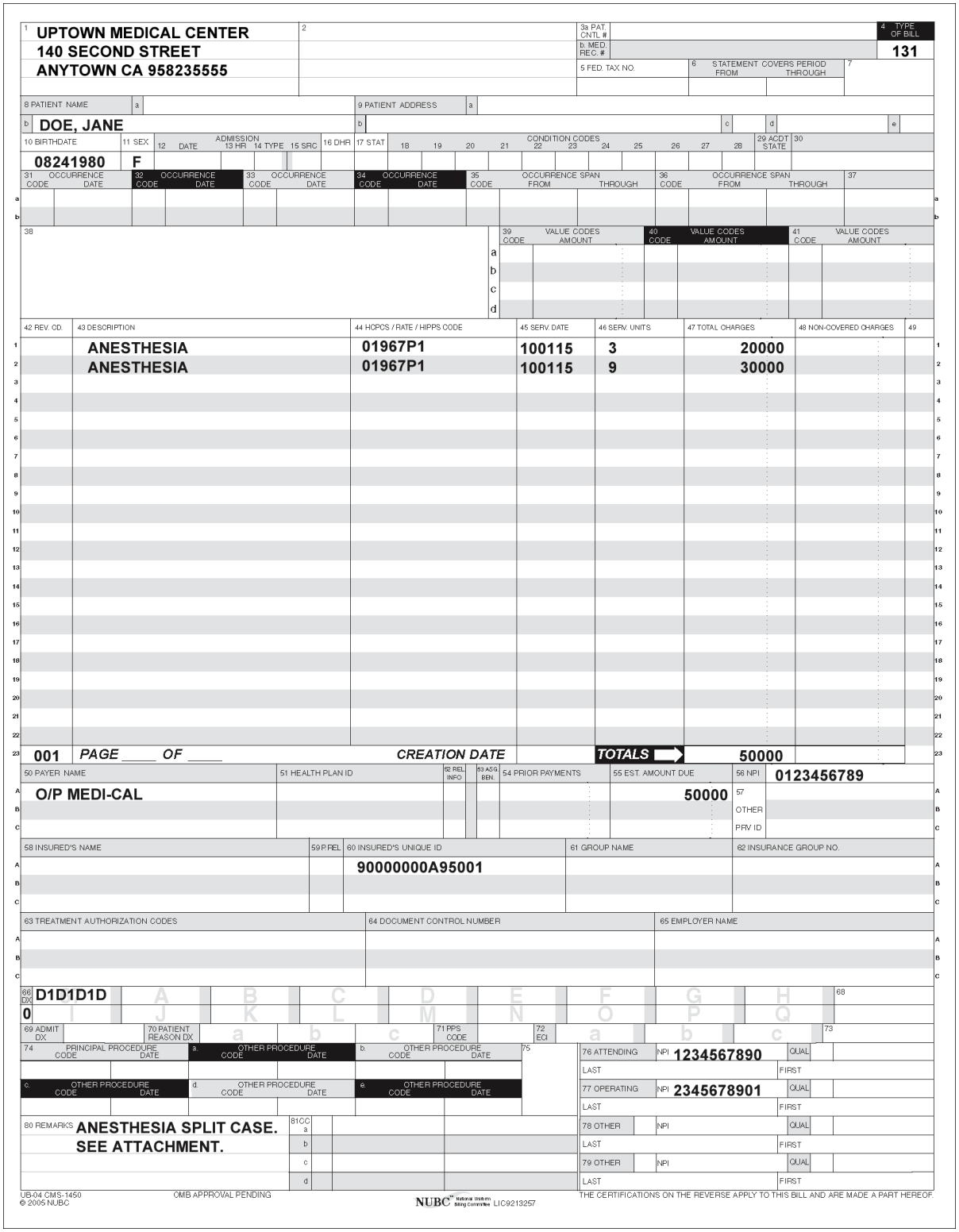
Enter the usual and customary charges in the *Total Charges* field (Box 47, line 23).

The outpatient hospital's NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

In the *Remarks* field (Box 80), state that this is a split case and see attachment. Refer to "Split Case for Anesthesia Services" in the *Anesthesia* section of this manual for instructions to complete the necessary information on an attachment. Also on the attachment, enter details about the services rendered by the physicians, including each physician's actual time in attendance.

Enter the referring physician's NPI number in the *Attending* field (Box 76) and the rendering physician's NPI number in the *Operating* field (Box 77).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 131

8 PATIENT NAME: DOE, JANE

10 BIRTHDATE: 08241980 | 11 SEX: F

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	ANESTHESIA	01967P1	100115	3	20000	
	ANESTHESIA	01967P1	100115	9	30000	
				TOTALS	50000	

001 PAGE ____ OF ____ CREATION DATE

50 PAYER NAME: O/P MEDI-CAL | 55 EST. AMOUNT DUE: 50000 | 56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

66 DX: D1D1D1D
0

76 ATTENDING NPI: 1234567890
77 OPERATING NPI: 2345678901

80 REMARKS: ANESTHESIA SPLIT CASE.
SEE ATTACHMENT.

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Figure 3: Split Case

Surgical Clinic Billing for Anesthesia Room Use and Anesthesia-Related Supplies

Figure 4. Surgical clinic billing for anesthesia, room use and anesthesia-related supplies. This is a sample only. Please adapt to your billing situation.

In this case, a patient undergoes eye surgery for a disorder of the lens.

Enter the two-digit facility type code “13” (hospital – outpatient) and one-character frequency code “1” as “131” in the *Type of Bill* field (Box 4).

HCPCS codes Z7500, Z7506 and Z7512 are billed respectively for use of the treatment, operating and recovery rooms. CPT code 00140 (anesthesia for procedures on eye; not otherwise specified) is billed with modifier P1 (normal, uncomplicated anesthesia) on claim line 4 in the *HCPCS/Rate* field (Box 44).

To bill for medically necessary drugs and supplies, CPT code 65920 (removal of implanted material, anterior segment of eye) with modifier UB (supplies and drugs for surgical procedures with general anesthesia) is entered on claim line 5 in the *HCPCS/Rate* field (Box 44).

Enter explanations for all HCPCS and CPT codes in their corresponding *Description* fields (Box 43).

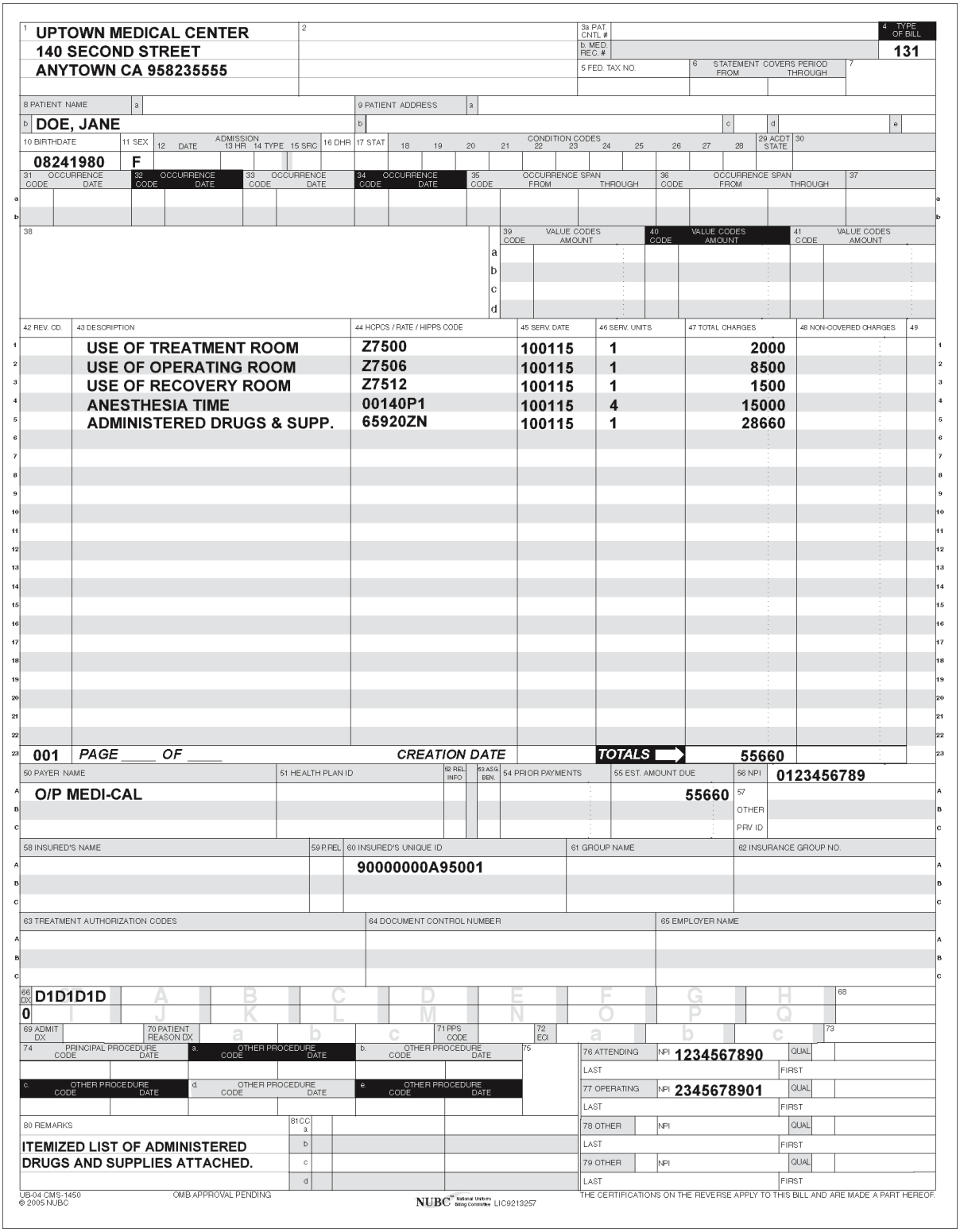
In the *Service Date* fields (Box 45), enter the date of the surgery in a six-digit format. All codes are billed with a unit of 1 in the *Service Units* field (Box 46) except the anesthesia time (code 00140 with modifier P1). Time units for anesthesia are calculated in 15-minute increments: 60 minutes (total anesthesia administration time) divided by 15 minutes is 4 units. Enter the usual and customary charges in the *Total Charges* fields (Box 47, line 23).

Enter “O/P Medi-Cal” to indicate the type of claim and payer in the *Payer Name* field (Box 50). The surgery clinic’s NPI number is placed in the *NPI* field (Box 56).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim.

In the *Remarks* field (Box 80), the provider has noted, as required, that an itemized list of drugs and supplies is attached to the claim. Also required in this field are the start time (1235), the stop time (1335) and the total number of minutes that anesthesia services were rendered (60 minutes). Enter times in military terms.

The supervising physician’s NPI number is placed in the *Attending* field (Box 76). The rendering physician’s NPI number is placed in the *Operating* field (Box 77).



1 UPTOWN MEDICAL CENTER
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 131

8 PATIENT NAME: DOE, JANE

10 BIRTHDATE: 08241980 | 11 SEX: F

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	USE OF TREATMENT ROOM	Z7500	100115	1	2000	
	USE OF OPERATING ROOM	Z7506	100115	1	8500	
	USE OF RECOVERY ROOM	Z7512	100115	1	1500	
	ANESTHESIA TIME	00140P1	100115	4	15000	
	ADMINISTERED DRUGS & SUPP.	65920ZN	100115	1	28660	
001	PAGE ____ OF ____	CREATION DATE		TOTALS	55660	

50 PAYER NAME: O/P MEDI-CAL | 55 EST. AMOUNT DUE: 55660 | 56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

66 DX: D1D1D1D
0

76 ATTENDING NPI: 1234567890
77 OPERATING NPI: 2345678901

80 REMARKS: ITEMIZED LIST OF ADMINISTERED DRUGS AND SUPPLIES ATTACHED.

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Figure 4: Surgical Clinic Billing Anesthesia, Room Use and Anesthesia-Related Supplies

‹‹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.