
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) 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. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS ON UNITS H. EPST Family No. I. ID DUAL J. RENDERING PROVIDER ID. #													
1 10 01 15 21 01961 P1										63000 6 NPI			
2										NPI			
3										NPI			
4										NPI			

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)										22. RESUBMISSION CODE ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. SP301 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																			
4																			

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) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										22. RESUBMISSION CODE		ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY		B. PLACE OF SERVICE EMG		C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OFF UNITS		H. PARTIAL PARTY No		I. ID. QUAL		J. RENDERING PROVIDER ID. #	
1 10 01 15		21		01967 P1						20000		3		NP		0123456789			
2 10 01 15		21		01967 P1						30000		9		NP		1234567890			
3														NP					
4														NP					

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).

HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12											
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PICA </div> <div> <input type="checkbox"/> PCA </div> </div>											
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BOX LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>						1a. INSURED'S I.D. NUMBER (For Program in Item 1) 90000000A95001					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DOE, JOHN						3. PATIENT'S BIRTH DATE MM 06 DD 21 YY 62 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			4. INSURED'S NAME (Last Name, First Name, Middle Initial)		
5. PATIENT'S ADDRESS (No., Street) 1234 MAIN STREET						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)		
CITY ANYTOWN				STATE CA		8. RESERVED FOR NUCC USE			CITY		
ZIP CODE 958235555				TELEPHONE (Include Area Code) (916) 555-5555		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:		
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			11. INSURED'S POLICY GROUP OR FECA NUMBER		
b. RESERVED FOR NUCC USE						b. AUTO-ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)			a. INSURED'S DATE OF BIRTH MM <input type="checkbox"/> DD <input type="checkbox"/> YY <input type="checkbox"/> SEX <input type="checkbox"/> M <input type="checkbox"/> F		
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC)		
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)			c. INSURANCE PLAN NAME OR PROGRAM NAME		
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.					
SIGNED _____ DATE _____						SIGNED _____					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM <input type="checkbox"/> DD <input type="checkbox"/> YY <input type="checkbox"/> QUAL.						15. OTHER DATE MM <input type="checkbox"/> DD <input type="checkbox"/> YY <input type="checkbox"/> QUAL.					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. <input type="checkbox"/> 17b. NPI					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) HEMORRHOIDECTOMY. 99=P1 + 22. P1=ANESTHESIA SERVICES, HEALTHY PATIENT. 22=UNUSUAL POSITION/FIELD AVOIDANCE.											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD 3rd. 0											
A. D1D1D1D B. C. D. E. F. G. H. I. J. K. L.											
24. A. DATE(S) OF SERVICE From MM <input type="checkbox"/> DD <input type="checkbox"/> YY To MM <input type="checkbox"/> DD <input type="checkbox"/> YY B. PLACE OF SERVICE C. CPT/HCPCS D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD 3rd. Family Pmt. I. ID. QUAL. J. RENDERING PROVIDER ID. #											
1 10 01 15 22 00902 99 80000 4 NPI											
2											
3											
4											
5											
6											
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For post. billing, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 80000	
29. AMOUNT PAID \$				30. Rsvd for NUCC Use		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply in this bill and are made a part thereof.) Jane Doe					
32. SERVICE FACILITY LOCATION INFORMATION DOWNTOWN HOSPITAL 102 FIRST STREET ANYTOWN CA 958235555						33. BILLING PROVIDER INFO & PH # (916) 555-5555 JANE SMITH 1027 MAIN STREET ANYTOWN CA 958235555					
SIGNED Jane Doe DATE 10/30/15						a. 0123456789 b. 1234567890					

Figure 4: Multiple Anesthesia Modifier 99

«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.