

**CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.**

anest ub

1

## Anesthesia Billing Examples: UB-04

---

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-9-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-4 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, June 24, 2007, in six-digit format (062407). 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-9-CM diagnosis code is entered in Box 67. In this example, ICD-9-CM code 366.9 represents unspecified cataract and is entered on the claim as 3669.

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).



**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-4 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-4 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-4 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-9-CM diagnosis code is entered in Box 67. In this example, ICD-9-CM code V23.41 represents pregnancy with a history of pre-term labor and is entered on the claim as V2341.

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		2		3a PAT CNTL #		4 TYPE OF BILL	
				b. MED. REC. #		131	
				5 FED. TAX NO.		8 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		a		9 PATIENT ADDRESS		a	
b DOE JANE		b		c		d	
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC	
08241980		F					
16 DHR		17 STAT		18		19	
20		21		22		23	
24		25		26		27	
28		29		30		31	
32		33		34		35	
36		37		38		39	
40		41		42		43	
44		45		46		47	
48		49		50		51	
52		53		54		55	
56		57		58		59	
60		61		62		63	
64		65		66		67	
68		69		70		71	
72		73		74		75	
76		77		78		79	
80		81		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	
96		97		98		99	
100		101		102		103	
104		105		106		107	
108		109		110		111	
112		113		114		115	
116		117		118		119	
120		121		122		123	
124		125		126		127	
128		129		130		131	
132		133		134		135	
136		137		138		139	
140		141		142		143	
144		145		146		147	
148		149		150		151	
152		153		154		155	
156		157		158		159	
160		161		162		163	
164		165		166		167	
168		169		170		171	
172		173		174		175	
176		177		178		179	
180		181		182		183	
184		185		186		187	
188		189		190		191	
192		193		194		195	
196		197		198		199	
200		201		202		203	
204		205		206		207	
208		209		210		211	
212		213		214		215	
216		217		218		219	
220		221		222		223	
224		225		226		227	
228		229		230		231	
232		233		234		235	
236		237		238		239	
240		241		242		243	
244		245		246		247	
248		249		250		251	
252		253		254		255	
256		257		258		259	
260		261		262		263	
264		265		266		267	
268		269		270		271	
272		273		274		275	
276		277		278		279	
280		281		282		283	
284		285		286		287	
288		289		290		291	
292		293		294		295	
296		297		298		299	
300		301		302		303	
304		305		306		307	
308		309		310		311	
312		313		314		315	
316		317		318		319	
320		321		322		323	
324		325		326		327	
328		329		330		331	
332		333		334		335	
336		337		338		339	
340		341		342		343	
344		345		346		347	
348		349		350		351	
352		353		354		355	
356		357		358		359	
360		361		362		363	
364		365		366		367	
368		369		370		371	
372		373		374		375	
376		377		378		379	
380		381		382		383	
384		385		386		387	
388		389		390		391	
392		393		394		395	
396		397		398		399	
400		401		402		403	
404		405		406		407	
408		409		410		411	
412		413		414		415	
416		417		418		419	
420		421		422		423	
424		425		426		427	
428		429		430		431	
432		433		434		435	
436		437		438		439	
440		441		442		443	
444		445		446		447	
448		449		450		451	
452		453		454		455	
456		457		458		459	
460		461		462		463	
464		465		466		467	
468		469		470		471	
472		473		474		475	
476		477		478		479	
480		481		482		483	
484		485		486		487	
488		489		490		491	
492		493		494		495	
496		497		498		499	
500		501		502		503	
504		505		506		507	
508		509		510		511	
512		513		514		515	
516		517		518		519	
520		521		522		523	
524		525		526		527	
528		529		530		531	
532		533		534		535	
536		537		538		539	
540		541		542		543	
544		545		546		547	
548		549		550		551	
552		553		554		555	
556		557		558		559	
560		561		562		563	
564		565		566		567	
568		569		570		571	
572		573		574		575	
576		577		578		579	
580		581		582		583	
584		585		586		587	
588		589		590		591	
592		593		594		595	
596		597		598		599	
600		601		602		603	
604		605		606		607	
608		609		610		611	
612		613		614		615	
616		617		618		619	
620		621		622		623	
624		625		626		627	
628		629		630		631	
632		633		634		635	
636		637		638		639	
640		641		642		643	
644		645		646		647	
648		649		650		651	
652		653		654		655	
656		657		658		659	
660		661		662		663	
664		665		666		667	
668		669		670		671	
672		673		674		675	
676		677		678		679	
680		681		682		683	
684		685		686		687	
688		689		690		691	
692		693		694		695	
696		697		698		699	
700		701		702		703	
704		705		706		707	
708		709		710		711	
712		713		714		715	
716		717		718		719	
720		721		722		723	
724		725		726		727	
728		729		730		731	
732		733		734		735	
736		737		738		739	
740		741		742		743	
744		745		746		747	
748		749		750		751	
752		753		754		755	
756		757		758		759	
760		761		762		763	
764		765		766		767	
768		769		770		771	
772		773		774		775	
776		777		778		779	
780		781		782		783	
784		785		786		787	
788		789		790		791	
792		793		794		795	
796		797		798		799	
800		801		802		803	
804		805		806		807	
808		809		810		811	
812		813		814		815	
816		817		818		819	
820		821		822		823	
824		825		826		827	
828		829		830		831	
832		833		834		835	
836		837		838		839	
840		841		842		843	
844		845		846		847	
848		849		850		851	
852		853		854		855	
856		857		858		859	
860		861		862		863	
864		865		866		867	
868		869		870		871	
872		873		874		875	
876		877		878		879	
880		881		882		883	
884		885					

**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-4 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 *HCP/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, April 4, 2011, in six-digit format (040411).

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-9-CM diagnosis code is entered in Box 67. In this example, ICD-9-CM code V23.2 represents pregnancy with a history of abortion and is entered on the claim as V232.

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		2		3a PAT CNTL # b MED REC #		4 TYPE OF BILL 131	
8 PATIENT NAME a DOE JANE				9 PATIENT ADDRESS a			
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM		37 THROUGH	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES 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	
1 ANESTHESIA		01967P1		040411		3	
2 ANESTHESIA		01967P1		040411		9	
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
001		PAGE OF		CREATION DATE		TOTALS 50000	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL INFO		53 ASG BGN	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 50000		56 NPI 0123456789		57 OTHER PRV ID	
58 INSURED'S NAME		59 PREL		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 V232		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 EQ		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 1234567890		77 QUAL	
78 LAST		79 FIRST		80 LAST		81 FIRST	
82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE	
86 LAST		87 FIRST		88 LAST		89 FIRST	
90 OTHER NPI		91 QUAL		92 LAST		93 FIRST	
94 OTHER NPI		95 QUAL		96 LAST		97 FIRST	
98 OTHER NPI		99 QUAL		100 LAST		101 FIRST	
80 REMARKS Anesthesia split case. See attachment.		81 CC a		82 b		83 c	
84 d		85		86		87	

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-4 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-4 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-4 codes in their corresponding *Description* fields (Box 43).

In the *Service Date* fields (Box 45), enter the date of the surgery, June 15, 2007, in six-digit format (061507). 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).

Enter an appropriate ICD-9-CM code in Box 67. In this case, ICD-9-CM code 379.3 represents a disorder of the eye lens and is entered on the claim as 3793.

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		2		3a PAT. CTRL. # b. MED. REC. #		4 TYPE OF BILL 131	
8 PATIENT NAME a. DOE JANE				9 PATIENT ADDRESS a.			
10 BIRTHDATE 08241980		11 SEX F		12 DATE		13 ADMISSION TYPE	
14 SRC		15 DHR		16 STAT		17	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34		35		36		37	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES 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	
1		USE OF TREATMENT ROOM		Z7500		061507 1 2000	
2		USE OF OPERATING ROOM		Z7506		061507 1 8500	
3		USE OF RECOVERY ROOM		Z7512		061507 1 1500	
4		ANESTHESIA TIME		00140P1		061507 4 15000	
5		ADMINISTERED DRUGS & SUPP.		65920UB		061507 1 28660	
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		001 PAGE OF		CREATION DATE		TOTALS 55660	
50 PAYER NAME O/P MEDI-CAL		51 HEALTH PLAN ID		52 REL. INFO		53 ASST. BEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE 55660		56 NPI 0123456789		57 OTHER PFM ID	
58 INSURED'S NAME		59 P/REL		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 3793		67		68		69	
70 PATIENT REASON DX		71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 1234567890		77 OPERATING NPI 2345678901	
78 OTHER NPI		79 OTHER NPI		QUAL		FIRST	
80 REMARKS ITEMIZED LIST OF ADMINISTERED DRUGS AND SUPPLIES ATTACHED.		81 CC a.		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	
96		97		98		99	

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