

Anesthesia Codes

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Conversion Factor: \$22.57 per unit - Effective 7/1/2013

Rates for time based codes are calculated using base units plus time spent.

Occurrence based codes (01953, 01967, 01968, 01969, and 01996) are paid a flat dollar rate.

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Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	5	
00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP	6	
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTOSIS)	5	
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	4	
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	5	
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	4	
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	4	
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	5	
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	4	
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	6	
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	6	
00147	ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY	4	
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	4	
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED	5	
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	7	
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSUE	4	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	5	
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALATE	6	
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF	6	
00176	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY	7	
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	5	
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL SURGERY (INCLUDING	7	
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	11	
00211	ANESTHESIA FOR CRANIOTOMY OR CRANIECTOMY FOR EVACUATION OF HEMATOMA	10	
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	5	
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRAPHY	9	
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRESSED	9	
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	15	
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	13	
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES	10	
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE	6	
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERVES	5	
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	6	
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	3	
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS THAN 1	7	
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	10	
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	5	
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	3	
00402	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	5	
00404	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	5	
00406	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	13	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
00410	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	4	
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	5	
00452	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; RADICAL SURGERY	6	
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	3	
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	6	
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	10	
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVATUM)	13	
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	15	
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERWISE	6	
00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA	4	
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS	4	
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	8	
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	11	
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	4	
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	4	
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING	7	
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCY	7	
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	18	
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	12	
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	15	
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	15	
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	15	
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	17	
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	10	
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	15	
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	25	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	20	
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	25	
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP OXYGENATOR	25	
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITH PUMP OXYGENATOR	18	
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	20	
00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED	10	
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIENT	13	
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED	10	
00622	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; THORACOLUMBAR	13	
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD VIA AN ANTERIOR	13	
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD VIA AN ANTERIOR	15	
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	8	
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	7	
00634	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; CHEMONUCLEOLYSIS	10	
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR	4	
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE	3	
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL	13	
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE	4	
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LIVER	4	
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	5	
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE	5	
00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	4	
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIONAL)	6	
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	7	
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF	7	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	15	
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	7	
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	13	
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	8	
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	30	
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	11	
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE	4	
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	5	
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED	5	
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	5	
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	4	
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS	6	
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	5	
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	6	
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	6	
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	4	
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	7	
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	8	
00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	8	
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	6	
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	6	
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	7	
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	8	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	7	
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	10	
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	10	
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	5	
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	7	
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	5	
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE	15	
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVA	10	
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	5	
00904	ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE	7	
00906	ANESTHESIA FOR; VULVECTOMY	4	
00908	ANESTHESIA FOR; PERINEAL PROSTATECTOMY	6	
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT	3	
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	5	
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	5	
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	5	
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH	5	
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	3	
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	3	
00922	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	6	
00924	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	4	
00926	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	4	
00928	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	6	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
00930	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	4	
00932	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	4	
00934	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	6	
00936	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	8	
00938	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	4	
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	3	
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	4	
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	6	
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	4	
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	5	
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	4	
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR	5	
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	6	
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	3	
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	15	
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER	10	
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	4	
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	8	
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE	12	
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	3	
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	4	
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	4	
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	4	
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	6	
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	10	
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	8	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP	10	
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	4	
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	6	
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	5	
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECTION	8	
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE	4	
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING	3	
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	8	
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	4	
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	6	
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE	4	
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	4	
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	5	
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	3	
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	3	
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	3	
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	4	
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	4	
01402	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTAL	7	
01404	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;	5	
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOINT	3	
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	3	
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS	6	
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	8	
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	8	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	8	
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	3	
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	3	
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	3	
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	5	
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	5	
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT	3	
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADICAL	4	
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;	4	
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTAL	7	
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	3	
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT; NOT	8	
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	6	
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	3	
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIRECT OR	5	
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE	5	
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR	4	
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	4	
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	5	
01632	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	6	
01634	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	9	
01636	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	15	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
01638	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	10	
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	6	
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRACHIAL	10	
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	8	
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORAL	10	
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	4	
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE	3	
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	4	
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	3	
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	5	
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	5	
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	5	
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	3	
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	3	
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT	4	
01742	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMY	5	
01744	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OF	5	
01756	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; RADICAL	6	
01758	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; EXCISION	5	
01760	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; TOTAL	7	
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	6	
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	6	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE	3	
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	4	
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE	3	
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	3	
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	3	
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	3	
01832	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	6	
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT	6	
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECTOMY	6	
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	6	
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWISE	3	
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAPHY	4	
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	3	
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	5	
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND	7	
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	7	
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	5	
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	7	
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	8	
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	5	
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	7	
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	6	
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	7	
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL	5	
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL	5	

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	3	
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	5	
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	Add-on code. Time is billed on 01952.	\$21.12
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	5	
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	5	
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	7	
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	8	
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ ANESTHESIA	8	
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	4	
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	4	
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS	Allowed time is included in the rate.	\$534.94
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA	Allowed time is included in the rate.	\$177.70
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR	Allowed time is included in the rate.	\$177.70
01990	SUPPORT FOR ORGAN DONOR	7	
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	3	
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN	5	
01996	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG	Code is not time based.	\$63.36
99100	ANESTHESIA FOR PATIENT OF EXTREME AGE, UNDER 1 YEAR AND OVER 70 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)		Not Covered

Procedure Code	Description	Time Based Codes - Base Units	Occurrence Based Codes - \$Rate
99116	ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHERMIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)		Not Covered
99135	ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)		Not Covered
99140	ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)		Not Covered