NEW YORK STATE
MEDICAID PROGRAM

PHYSICIAN – PROCEDURE CODES

SECTION 6 – ANESTHESIA
ANESTHESIA GENERAL INFORMATION AND RULES

1. Only anesthesiologists may be reimbursed for anesthesia services performed or provided under the codes listed in this section.

2. The total values for anesthesia services include pre- and post-operative visits, the administration of the anesthetic and the administration of fluids and/or blood incident to the anesthesia or surgery.

3. Calculated values for anesthesia services are to be used only when the anesthesia is administered by an anesthesiologist who remains in constant attendance during the procedure for the sole purpose of rendering such anesthesia service.

   Anesthesia time starts with the beginning of the administration of the anesthetic agents and ends when the anesthesiologist is no longer in personal attendance (when the patient may be safely placed under customary post-operative supervision).

4. To bill for anesthesia time, report the total time in minutes in the units field. The maximum conversion factor is $10.00 per each 15 minutes. Do not include Basic Value in the reported minutes.

5. Anesthesia Report (or Operative Record) must document total time spent with the patient and include starting time, completion time and an explanation of any unusual occurrence which prolonged anesthesia time. If your claim is rejected for anesthesia exceeding the maximum, you can resubmit a paper claim with documentation supporting the time billed.

6. When more than one anesthesiologist is billing due to attending in shifts only the first anesthesiologist will be reimbursed the Basic Value. All others should bill the anesthesia time only. Anesthesiologists should bill on paper documenting their time in attendance.

7. When multiple or bilateral surgical procedures, which add time and complexity to patient care, are performed at the same operative session, the total anesthesia time should be indicated in minutes using only the anesthesia procedure with the highest base value. Basic Values are listed in the Fee Schedule.

8. When hypothermia and/or a pump oxygenator are employed in conjunction with an anesthetic, see procedure code(s) 99116, 99190, 99191, 99192.

9. No fee will be allowed for local infiltration or digital block anesthesia administered by the operating surgeon.

10. Administration of a nerve block (either as a component of the anesthesia itself or a post operative pain management protocol) is considered part of the anesthesia time for surgery. This will not be reimbursed as a separate and distinct procedural service when performed by the same provider who has provided the anesthesia for the surgical procedure itself. Post op visits are included in the total value for anesthesia services as per rule #2 above.
11. Anesthesia services not connected with surgery will be found in other sections of the Physician manual.

12. **MMIS ANESTHESIA MODIFIERS:**
Note: NCCI associated modifiers are recognized for NCCI code pairs/related edits. For additional information please refer to the CMS website: [http://www.cms.hhs.gov/NationalCorrectCodInitEd/](http://www.cms.hhs.gov/NationalCorrectCodInitEd/)

-23 Unusual Anesthesia: Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding the modifier -23 to the procedure code of the basic service. (Reimbursement will not exceed $30 plus time for the procedure.)
ANESTHESIA SERVICES

HEAD

00100 Anesthesia for procedures on salivary glands, including biopsy
00102 Anesthesia for procedures involving plastic repair of cleft lip
00103 Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)
00104 Anesthesia for electroconvulsive therapy
00120 Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified
00124 otoscopy
00126 tympanotomy
00140 Anesthesia for procedures on eye; not otherwise specified
00142 lens surgery
00144 corneal transplant
00145 vitreoretinal surgery
00147 iridectomy
00148 ophthalmoscopy
00160 Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
00162 radical surgery
00164 biopsy, soft tissue
00170 Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172 repair of cleft palate
00174 excision of retropharyngeal tumor *(Report required)*
00176 radical surgery
00190 Anesthesia for procedures on facial bones or skull; not otherwise specified
00192 radical surgery (including prognathism)
00210 Anesthesia for intracranial procedures; not otherwise specified
00211 craniotomy or craniectomy for evacuation of hematoma
00212 subdural taps
00214 burr holes, including ventriculography
00215 cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)
00216 vascular procedures
00218 procedures in sitting position
00220 cerebrospinal fluid shunting procedures
00222 electrocoagulation of intracranial nerve

NECK

00300 Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified
00320 Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older
00322 needle biopsy of thyroid
00326  Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age
00350  Anesthesia for procedures on major vessels of neck; not otherwise specified
00352  simple ligation

THORAX (CHEST WALL and SHOULDER GIRDLE)

00400  Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified
00402  reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)
00404  radical or modified radical procedures on breast
00406  radical or modified radical procedures on breast with internal mammary node dissection
00410  electrical conversion of arrhythmias
00450  Anesthesia for procedures on clavicle and scapula; not otherwise specified
00452  radical surgery
00454  biopsy of clavicle
00470  Anesthesia for partial rib resection; not otherwise specified
00472  thoracoplasty (any type)
00474  radical procedures (eg, pectus excavatum)

INTRATHORACIC

00500  Anesthesia for all procedures on esophagus
00520  Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
00522  needle biopsy of pleura
00524  pneumocentesis
00528  mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation
00529  mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation
00530  Anesthesia for permanent transvenous pacemaker insertion
00532  Anesthesia for access to central venous circulation
00534  Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator
00537  Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation
00539  Anesthesia for tracheobronchial reconstruction
00540  Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified
00541  utilizing 1 lung ventilation
00542  decortication
00546  pulmonary resection with thoracoplasty
00548  intrathoracic procedures on the trachea and bronchi
00550  Anesthesia for sternal debridement
00560 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator
00561 with pump oxygenator, younger than 1 year of age
00562 with pump oxygenator, age 1 year or older, for all non-coronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation
00563 with pump oxygenator with hypothermic circulatory arrest
00566 Anesthesia for direct coronary artery bypass grafting; without pump oxygenator
00567 with pump oxygenator
00580 Anesthesia for heart transplant or heart/lung transplant

SPINE and SPINAL CORD
00600 Anesthesia for procedures on cervical spine and cord; not otherwise specified
00604 procedures with patient in the sitting position
00620 Anesthesia for procedures on thoracic spine and cord; not otherwise specified
00622 thoracolumbar sympathectomy
00625 Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation
00626 utilizing 1 lung ventilation
00630 Anesthesia for procedures in lumbar region; not otherwise specified
00632 lumbar sympathectomy
00634 chemonucleolysis (Report required)
00635 diagnostic or therapeutic lumbar puncture
00640 Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine
00670 Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)

UPPER ABDOMEN
00700 Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
00702 percutaneous liver biopsy
00730 Anesthesia for procedures on upper posterior abdominal wall
00740 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
00750 Anesthesia for hernia repairs in upper abdomen; not otherwise specified
00752 lumbar and ventral (incisional) hernias and/or wound dehiscence
00754 omphalocele
00756 transabdominal repair of diaphragmatic hernia
00770 Anesthesia for all procedures on major abdominal blood vessels
00790 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified
00792 partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)
00794 pancreatectomy, partial or total (eg, Whipple procedure)
00796 liver transplant (recipient)
00797 gastric restrictive procedure for morbid obesity
## LOWER ABDOMEN

00800 Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
00802 panniculectomy
00810 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum
00820 Anesthesia for procedures on lower posterior abdominal wall
00830 Anesthesia for hernia repairs in lower abdomen; not otherwise specified
00832 ventral and incisional hernias
00834 Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age
00836 Anesthesia for hernia repairs in the lower abdomen not otherwise specified,
00840 Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00842 amniocentesis
00844 abdominoperineal resection
00846 radical hysterectomy
00848 pelvic exenteration
00851 tubal ligation/transection
00860 Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
00862 renal procedures, including upper one-third of ureter, or donor nephrectomy
00864 total cystectomy
00865 radical prostatectomy (suprapubic, retropubic)
00866 adrenalectomy
00868 renal transplant (recipient)
00870 cystolithotomy
00872 Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
(Report required)
00873 without water bath
00880 Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
00882 inferior vena cava ligation

## PERINEUM

00902 Anesthesia for; anorectal procedure
00904 radical perineal procedure
00906 vulvectomy
00908 perineal prostatectomy
00910 Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
00912 transurethral resection of bladder tumor(s)
00914 transurethral resection of prostate
00916 post-transurethral resection bleeding
00918 with fragmentation, manipulation and/or removal of ureteral calculus
00920  Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified

00921  vasectomy, unilateral or bilateral
00922  seminal vesicles
00924  undescended testis, unilateral or bilateral
00926  radical orchiectomy, inguinal
00928  radical orchiectomy, abdominal
00930  orchiopexy, unilateral or bilateral
00932  complete amputation of penis
00934  radical amputation of penis with bilateral inguinal lymphadenectomy
00936  radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00938  insertion of penile prosthesis (perineal approach)
00940  Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00942  colpotomy, vaginectomy, colporrhaphy, and open urethral procedure
00944  vaginal hysterectomy
00948  cervical cerclage
00950  culdoscopy (Report required)
00952  hysteroscopy and/or hysterosalpingography

**PELVIS (EXCEPT HIP)**

01112  Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest
01120  Anesthesia for procedures on bony pelvis
01130  Anesthesia for body cast application or revision
01140  Anesthesia for interpelviabdominal (hindquarter) amputation
01150  Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation
01160  Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
01170  Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
01173  Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum
01180  Anesthesia for obturator neurectomy; extrapelvic
01190  intrapelvic

**UPPER LEG (EXCEPT KNEE)**

01200  Anesthesia for all closed procedures involving hip joint
01202  Anesthesia for arthroscopic procedures of hip joint
01210  Anesthesia for arthroscopic procedures of hip joint
01212  hip disarticulation
01214  total hip arthroplasty
01215  revision of total hip arthroplasty
01220  Anesthesia for all closed procedures involving upper two-thirds of femur
01230  Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified
01232  amputation
01234  radical resection
Physician – Procedure Codes, Section 6– Anesthesia

01250 Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg
01260 Anesthesia for all procedures involving veins of upper leg, including exploration
01270 Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified
01272 femoral artery ligation
01274 femoral artery embolectomy

KNEE and POPLITEAL AREA

01320 Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area
01340 Anesthesia for all closed procedures on lower one-third of femur
01360 Anesthesia for all open procedures on lower one-third of femur
01380 Anesthesia for all closed procedures on knee joint
01382 Anesthesia for diagnostic arthroscopic procedures of knee joint
01390 Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
01392 Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
01400 Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified
01402 total knee arthroplasty
01404 disarticulation at knee
01420 Anesthesia for all cast applications, removal, or repair involving knee joint
01430 Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified
01432 arteriovenous fistula
01440 Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
01442 popliteal thromboendarterectomy, with or without patch graft
01444 popliteal excision and graft or repair for occlusion or aneurysm

LOWER LEG (BELOW KNEE, INCLUDES ANKLE and FOOT)

01462 Anesthesia for all closed procedures on lower leg, ankle, and foot
01464 Anesthesia for arthroscopic procedures of ankle and/or foot
01470 Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
01472 repair of ruptured Achilles tendon, with or without graft
01474 gastrocnemius recession (eg, Strayer procedure)
01480 Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
01482 radical resection (including below knee amputation)
01484 osteotomy or osteoplasty of tibia and/or fibula
01486 total ankle replacement
01490 Anesthesia for lower leg cast application, removal, or repair
01500 Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified
01502  embolectomy, direct or with catheter
01520 Anesthesia for procedures on veins of lower leg; not otherwise specified
01522 venous thrombectomy, direct or with catheter

**SHOULDER and AXILLA**

01610 Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla
01620 Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint
01622 Anesthesia for diagnostic arthroscopic procedures of shoulder joint
01630 Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified
01634 shoulder disarticulation
01636 interthoracoscapular (forequarter) amputation
01638 total shoulder replacement
01650 Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
01652 axillary-brachial aneurysm
01654 bypass graft
01656 axillary-femoral bypass graft
01670 Anesthesia for all procedures on veins of shoulder and axilla
01680 Anesthesia for shoulder cast application, removal or repair; not otherwise specified
01682 shoulder spica

**UPPER ARM and ELBOW**

01710 Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified
01712 tenotomy, elbow to shoulder, open
01714 tenoplasty, elbow to shoulder
01716 tenodesis, rupture of long tendon of biceps
01730 Anesthesia for all closed procedures on humerus and elbow
01732 Anesthesia for diagnostic arthroscopic procedures of elbow joint
01740 Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified
01742 osteotomy of humerus
01744 repair of nonunion or malunion of humerus
01756 radical procedures
01758 excision of cyst or tumor of humerus
01760 total elbow replacement
01770 Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified
01772 embolectomy
01780 Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
01782 phleborrhaphy

**FOREARM, WRIST, and HAND**

01810 Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand
01820 Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones
01829 Anesthesia for diagnostic arthroscopic procedures on the wrist
01830 Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified
01832 total wrist replacement
01840 Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified
01842 embolectomy
01844 Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)
01850 Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified
01852 phleborrhaphy
01860 Anesthesia for forearm, wrist, or hand cast application, removal, or repair

**RADIOLOGICAL PROCEDURES**

01916 Anesthesia for diagnostic arteriography/venography
(Do not report 01916 in conjunction with therapeutic codes 01924-01926, 01930-01933)
01920 Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)
01922 Anesthesia for non-invasive imaging or radiation therapy
01924 Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified
01927 carotid or coronary
01926 intracranial, intracardiac, or aortic
01930 Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified
01931 intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])
01932 intrathoracic or jugular
01933 intracranial
01935 Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic
01936 therapeutic
BURN EXCISIONS or DEBRIDEMENT

01951 Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area
01952 between 4% and 9% of total body surface area
01953 each additional 9% total body surface area or part thereof
   (List separately in addition to code for primary procedure)
   (Use 01953 in conjunction with 01952)

OBSTETRIC

01958 Anesthesia for external cephalic version procedure (Report required)
01960 Anesthesia for vaginal delivery only
01961 Anesthesia for cesarean delivery only
01962 Anesthesia for urgent hysterectomy following delivery
01963 Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
01965 Anesthesia for incomplete or missed abortion procedures
01966 Anesthesia for induced abortion procedures
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)
01968 Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia
   (List separately in addition to code for primary procedure performed)
   (Use 01968 in conjunction with 01967)
01969 Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia
   (List separately in addition to code for primary procedure performed)
   (Use 01969 in conjunction with 01967)

OTHER PROCEDURES

01991 Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different provider); other than the prone position (Report required)
01992 prone position (Report required)
01996 Daily hospital management of epidural or subarachnoid continuous drug administration
01999 Unlisted anesthesia procedure(s) (Report required)