# ANESTHESIA TIME

## Quick Reference Guide for Coders & Auditors

**Core Principle:** For Medicare, anesthesia time is the period during which the anesthesia practitioner is present with the patient, beginning when the practitioner starts preparing the patient for anesthesia services in the operating room or an equivalent area and ending when the practitioner is no longer furnishing anesthesia services and the patient may safely be placed under postoperative care. Payer rules and contracts must always be verified.

### 1. When Does Anesthesia Time Begin?

**For Medicare,** anesthesia time begins when the anesthesia practitioner begins preparing the patient for anesthesia services in the operating room or an equivalent area.

- The start time is not automatically the moment the procedure begins or the moment an anesthetic drug is administered.
- Routine pre-anesthesia evaluation work performed before the anesthesia time period is generally included in the anesthesia service and is not separately counted as anesthesia time.
- Use the documented anesthesia start time supported by the record; do not infer or manufacture a time from unrelated timestamps.

### 2. When Does Anesthesia Time End?

**For Medicare,** anesthesia time ends when the anesthesia practitioner is no longer furnishing anesthesia services to the patient—that is, when the patient may safely be placed under postoperative care.

- The end of surgery is not necessarily the anesthesia end time.
- Transport or transition to postoperative care may be included when the anesthesia practitioner remains present with the patient and continues furnishing anesthesia services.
- The documented stop time should reflect the end of the supported anesthesia time period—not simply a PACU arrival timestamp unless the documentation supports that anesthesia services ended at that point.

### 3. What Counts — and What Does Not?

| Generally Included in Anesthesia Time | Do Not Automatically Count |
|---|---|
| Preparation for anesthesia services once the billable anesthesia time period has begun | Routine pre-anesthesia evaluation performed before anesthesia time begins |
| Continuous presence with the patient while furnishing anesthesia services | Time after the practitioner is no longer furnishing anesthesia services |
| Emergence and immediate care while the practitioner remains present with the patient and continues furnishing anesthesia services | Time based solely on OR, nursing, surgical, or PACU timestamps without supporting anesthesia documentation |
| Transport/transition to postoperative care when the practitioner remains present and continues furnishing anesthesia services | Interruptions or gaps should not automatically be counted; evaluate documented time segments under applicable payer requirements (see Section 6) |

### 4. Calculating Anesthesia Time — Medicare

**Formula:** Anesthesia End Time − Anesthesia Start Time = Total Elapsed Anesthesia Minutes

| Start | End | Elapsed Anesthesia Minutes | Medicare Time Units |
|---|---|---|---|
| 07:30 | 09:00 | 90 | 6.0 |
| 10:12 | 11:05 | 53 | 3.5 |
| 13:45 | 14:22 | 37 | 2.5 |

**Medicare Reporting:** Report actual anesthesia time in minutes on the claim. For payment calculation, the Medicare A/B MAC divides the reported anesthesia minutes by 15 and rounds the resulting time unit to one decimal place. Other payers may use different time-unit, rounding, or reimbursement methodologies. Always verify the applicable payer policy or contract.

## 5. Crossing Noon or Midnight

- Always calculate elapsed minutes based on the actual chronological interval.
- Example: 23:40 to 00:25 = 45 minutes, not a negative time.
- Confirm the date when a case extends past midnight or when documentation includes multiple calendar dates.

## 6. Interrupted or Discontinuous Anesthesia Time

**Medicare:** Do not automatically count the entire elapsed period between the first anesthesia start time and the final anesthesia stop time when an interruption in anesthesia care occurs.

- Medicare permits supported blocks of anesthesia time around an interruption to be added when the practitioner is furnishing continuous anesthesia care during the time periods surrounding the interruption.
- Identify the documented anesthesia time segments before and after the interruption.
- Do not count the interruption itself as anesthesia time when anesthesia services are not being furnished.
- Add the supported anesthesia time segments to determine total reportable anesthesia minutes.
- Documentation should clearly support the interruption and the separate anesthesia time periods.
- Verify payer-specific requirements because non-Medicare payers may have different reporting or billing rules.

**Example:** 08:00–09:15 = 75 minutes; interruption 09:15–09:45; anesthesia resumes 09:45–10:30 = 45 minutes. **Total supported anesthesia time = 120 minutes, not 150 minutes.**

## 7. Anesthesia Time & Medical Direction

**Important:** Anesthesia time and medical-direction requirements are separate compliance considerations. Documentation supporting valid anesthesia start and stop times does not, by itself, establish that Medicare medical-direction requirements have been satisfied.

- Determine supported anesthesia time based on the documented anesthesia service.
- Evaluate concurrency separately based on overlapping anesthesia cases and applicable Medicare or payer requirements.
- For services reported as medically directed, independently verify that the applicable medical-direction requirements are supported.
- Do not alter, shorten, extend, or otherwise adjust documented anesthesia time solely to make concurrency or medical-direction requirements appear satisfied.

- Non-Medicare payers may establish different medical-direction, concurrency, modifier, or reimbursement requirements; verify applicable payer guidance.

## 8. Common Anesthesia Time Documentation & Audit Red Flags

**Chart Talk Audit Consideration:** The following findings do not necessarily mean a claim is incorrect. They are indicators that the anesthesia record may require additional review before coding or billing is finalized.

- Missing anesthesia start or stop time.
- A stop time that precedes the start time without a documented date change or other explanation.
- Identical or unusually repetitive anesthesia times across multiple records.
- Anesthesia times that materially conflict with the documented clinical sequence.
- Unexplained gaps, interruptions, or overlapping anesthesia cases requiring further review.
- Reliance on OR, procedure, nursing, or PACU timestamps as substitutes for documented anesthesia time without sufficient support in the anesthesia record.
- Corrections, amendments, or late entries that require review under the organization's applicable documentation-amendment policy.

## 9. Chart Talk Quick Audit Workflow

| Step | Action | Review |
|---|---|---|
| 1 | Locate | Identify the documented anesthesia start and stop times. |
| 2 | Validate | Confirm the documented times are consistent with the clinical sequence and applicable date(s) of service. |
| 3 | Calculate | Determine total supported elapsed anesthesia minutes, accounting for documented interruptions when applicable. |
| 4 | Review | Identify gaps, interruptions, discontinuous segments, or overlapping cases requiring additional review. |
| 5 | Verify Payer | Apply the applicable payer's anesthesia-time reporting, unit calculation, rounding, concurrency, and billing requirements. |
| 6 | Document | Maintain a clear audit trail supporting any coding adjustment, provider query, exception, or other action taken. |

## 10. Medicare Anesthesia Time — Key Rules

- Anesthesia time is the period during which the anesthesia practitioner is present with the patient.
- Time begins when the practitioner starts preparing the patient for anesthesia services in the operating room or equivalent area.

- Time ends when the practitioner is no longer furnishing anesthesia services and the patient may safely be placed under postoperative care.
- Actual anesthesia time is reported on the claim in minutes.
- For payment calculation, the Medicare A/B MAC converts reported minutes to time units by dividing by 15 and rounding the resulting time unit to one decimal place.
- Supported blocks of anesthesia time may be added around an interruption when the practitioner is furnishing continuous anesthesia care during the surrounding time periods.

### Coder's Bottom Line

**Code and audit the anesthesia time that is documented and supported—not the time you think probably occurred.** Start/stop time, presence with the patient, interruptions, payer methodology, concurrency, and medical-direction requirements each require appropriate review.

### Authoritative Resources & References

- Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual, Pub. 100-04, Chapter 12, §50 — Payment for Anesthesiology Services; particularly §50.G, Anesthesia Time and Calculation of Anesthesia Time Units.
  https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf
- Centers for Medicare & Medicaid Services (CMS). Medicare National Correct Coding Initiative (NCCI) Policy Manual, Chapter 2 — Anesthesia Services, CPT Codes 00000–01999. 2026 edition, effective January 1, 2026.
  https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual
- Centers for Medicare & Medicaid Services (CMS). Anesthesiologists Information Center — Medicare anesthesia billing, payment, manuals, and related resources.
  https://www.cms.gov/anesthesiologists-information-center
- American Medical Association (AMA). Current CPT® code set and official CPT® anesthesia guidelines. Use the current official edition.
  https://www.ama-assn.org/practice-management/cpt
- Applicable Medicare Administrative Contractor (MAC), Medicaid, and commercial payer policies and contracts. Verify payer-specific anesthesia time, unit, rounding, concurrency, modifier, coverage, and reimbursement requirements.

**Source Verification Note:** Authoritative guidance should be reviewed in its current version. Coding, billing, documentation, and reimbursement requirements may change and may vary by payer.

### Educational Use Only

This quick reference is intended for coding and auditing education. It does not replace current CPT®, CMS, MAC, Medicaid, commercial payer, organizational, contractual, legal, or compliance guidance. The inclusion or discussion of a code, service, methodology, or billing concept does not guarantee coverage or reimbursement.