CHART TALK ~ ANESTHESIA CODING CONVERSATIONS

ANESTHESIA CODING & BILLING TIP SHEET

Anesthesia Time: What Counts and What Doesn't?

Follow the anesthesia service—not simply the operating-room clock.

WHY THIS MATTERS

Anesthesia time is a major component of anesthesia payment and a frequent audit focus. Unsupported minutes can affect time units and reimbursement. The coder should use the documented anesthesia service interval and the applicable payer's definition and time-unit methodology.

THE CODING TIP

For Medicare, follow the anesthesia service. Anesthesia time begins when the anesthesia practitioner starts preparing the patient for induction in the operating room or an equivalent area and ends when the practitioner is no longer in personal attendance—that is, when the patient may be safely placed under postoperative supervision.

WHAT GENERALLY COUNTS

- Continuous anesthesia care after the practitioner begins preparing the patient for induction in the operating room or equivalent area.
- The operative/procedural anesthesia interval while the practitioner remains responsible for the anesthesia service, subject to applicable personally performed or care-team rules.
- Continuous attendance through emergence and transfer until the patient may safely be placed under postoperative supervision.
- Supported anesthesia time that meets the applicable payer's rules for the reported provider relationship and service.

WHAT SHOULD NOT AUTOMATICALLY BE COUNTED

- Time before the anesthesia service begins under the payer's definition.
- Routine pre-anesthesia evaluation work performed before the anesthesia time period. Medicare includes the pre-anesthetic examination/evaluation in the anesthesia service, but that does not make all preoperative evaluation time billable anesthesia time.
- Time after the anesthesia practitioner is no longer in personal attendance and the patient has been safely placed under postoperative supervision.
- OR in/out, incision/closure, procedure start/stop, or PACU timestamps substituted for documented anesthesia start/stop time.
- Periods that do not satisfy applicable attendance, medical-direction, concurrency, or payer requirements.

TIME ≠ OR TIME ≠ PROCEDURE TIME

TIMESTAMP	WHAT IT TELLS YOU	REPLACE ANESTHESIA TIME?
OR In / Out	Patient location in the OR	No
Procedure / Incision Start & Stop	Surgical/procedural activity	No
PACU Arrival	Postoperative transition/location	Not by itself
Anesthesia Start / Stop	Reported anesthesia service interval	Yes, when supported and compliant

WHAT TO LOOK FOR IN THE RECORD

- Clearly documented anesthesia start and stop times.
- Consistency between the anesthesia timestamps and the clinical sequence of the case.

- Any gaps, handoffs, relief, discontinuous periods, or unusual events affecting time.
- Provider identities and care-team roles during the reported interval.
- Concurrency when medical direction or supervision applies.
- The payer-specific method for converting minutes to time units.

COMMON CODING MISTAKE

Mistake: Using OR in/out, procedure start/stop, or PACU arrival to manufacture missing anesthesia time.

Better approach: Use supported anesthesia-time documentation and the organization's compliant missing-time or clarification process. Neighboring timestamps can be audit clues, but they are not automatically anesthesia start and stop times.

CODER'S TIP

Ask: When did the anesthesia service begin? Was the required attendance/service supported throughout the reported interval? When did the anesthesia practitioner's attendance end because the patient could safely be placed under postoperative supervision? Then apply the payer's time-unit methodology.

QUICK EXAMPLE

OR entry: 07:20 | Anesthesia start: 07:27 | Procedure start: 07:45 | Procedure stop: 09:05 | Anesthesia stop: 09:18 | PACU arrival: 09:20

Coding point: Do not automatically report 07:20–09:20 or 07:45–09:05. Review the documented 07:27–09:18 anesthesia interval and verify that it is supported by the anesthesia record and payer rules.

MEDICARE TIME-UNIT REMINDER

CMS instructs Medicare contractors to compute time units by dividing reported anesthesia time by 15 minutes. Medicare payment methodology combines applicable base units and time units, subject to Medicare rules. Do not assume every non-Medicare payer uses the identical unit or rounding methodology.

AUTHORITATIVE RESOURCES

- CMS Medicare Claims Processing Manual, Chapter 12, §50 — Payment for Anesthesiology Services.
- CMS Anesthesiologists Information Center.
- Current ASA Relative Value Guide (RVG) and applicable ASA guidance.
- Current payer policy/contract for anesthesia-time definitions, units, rounding, and reimbursement.

BOTTOM LINE

Don't code the room clock. Code the supported anesthesia time.

Chart Talk ~ Anesthesia Coding Conversations | Lead. Educate. Comply. Excel.