

# Anesthesia code calculations

Last modified on 02/03/2025 10:09 am EST

We have revised the unit calculation to meet insurance standards. The formula for calculating and billing anesthesia codes is as follows:

**Total Units = Base Units + Timed Units + Physical Status Modifier Units**

Please ensure that your fee schedule(s) list the correct pricing or anesthesia codes.

## Definitions

**Base Units**—The Centers for Medicare and Medicaid Services (CMS) assigns base units for each anesthesia procedure code. These base units are loaded into DrChrono and will apply automatically based on the anesthesia code entered.

[Base Unit Resource](#)

**Timed Units** - Anesthesia time / 15, rounded

[Timed Units Resource](#)

**Physical Status Modifier Units**-

- P1 A normal healthy patient - 0 units
- P2 A patient with mild systemic disease - 0 units
- P3 A patient with severe systemic disease - 1 unit
- P4 A patient with severe systemic disease that is a constant threat to life - 2 units
- P5 A moribund patient who is not expected to survive without the operation - 3 units
- P6 A declared brain-dead patient whose organs are being removed for donor purposes - 0 units

[Physical Status Resource](#)

## Utilizing in a patient's appointment

We have added the formula as an information icon in the Billing Detail screen. To see it,

1. Navigate to Billing > Live Claims Feed
2. Pull up the patient by name, date of service, or drc claim #.
3. Press the blue date of service to enter the billing details screen.
4. When an anesthesia code is entered, the information icon will appear.

Code/Check Date	Description	Modis/Posted Date	Service Date	Qty/Min	Dx Point	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type			
00904		P1	From date	To date	45.00	10000	50.00	\$500.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	Not Submitted

