Michigan Department of Community Health

CHAMPS

Anesthesia Fee Schedule

January 2015

Anesthesia Conversion Factor = 9.64

Code	Short Description	Anesthesia Based Units (ABU)	Effective Date**
00100	Anesth Salivary Gland	005	
00102	Anesth Repair Of Cleft Lip	006	
00103	Anesth Blepharoplasty	005	
00104	Anesth Electroshock	004	
00120	Anesth Ear Surgery	005	
00124	Anesth Ear Exam	004	
00126	Anesth Tympanotomy	004	
00140	Anesth Procedures On Eye	005	
00142	Anesth Lens Surgery	004	
00144	Anesth Corneal Transplant	006	
00145	Anesth Vitreoretinal Surg	006	
00147	Anesth Iridectomy	004	
00148	Anesth Eye Exam	004	
00160	Anesth Nose/Sinus Surgery	005	
00162	Anesth Nose/Sinus Surgery	007	
00164	Anesth Biopsy Of Nose	004	
00170	Anesth Procedure On Mouth	005	
00172	Anesth Cleft Palate Repair	006	
00174	Anesth Pharyngeal Surgery	006	
00176	Anesth Pharyngeal Surgery	007	
00190	Anesth Face/Skull Bone Surg	005	
00192	Anesth Facial Bone Surgery	007	
00210	Anesth Cranial Surg Nos	011	
00211	Anesth Cran Surg Hematoma	010	
00212	Anesth Skull Drainage	005	
00214	Anesth Skull Drainage	009	
00215	Anesth Skull Repair/Fract	009	
00216	Anesth Head Vessel Surgery	015	
00218	Anesth Special Head Surgery	013	
00220	Anesth Intrcrn Nerve	010	
00222	Anesth Head Nerve Surgery	006	
00300	Anesth Head/Neck/Ptrunk	005	
00320	Anesth Neck Organ 1yr/>	006	
00322	Anesth Biopsy Of Thyroid	003	
00326	Anesth Larynx/Trach < 1 Yr	007	
00350	Anesth Neck Vessel Surgery	010	
00352	Anesth Neck Vessel Surgery	005	
00400	Anesth Skin Ext/Per/Atrunk	003	
00402	Anesth Surgery Of Breast	005	
00404	Anesth Surgery Of Breast	005	
00406	Anesth Surgery Of Breast	013	
00410	Anesth Correct Heart Rhythm	004	
00450	Anesth Surgery Of Shoulder	005	
00454	Anesth Collar Bone Biopsy	003	
00470	Anesth Removal Of Rib	006	

**Effective Date will only be populated when the rate begins after the published fee schedule date

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Community Health

CHAMPS

Anesthesia Fee Schedule

January 2015

Anesthesia Conversion Factor = 9.64

Code	Short Description	Anesthesia Based Units (ABU)	Effective Date**
00472	Anesth Chest Wall Repair	010	
00474	Anesth Surgery Of Rib	013	
00500	Anesth Esophageal Surgery	015	
00520	Anesth Chest Procedure	006	
00522	Anesth Chest Lining Biopsy	004	
00524	Anesth Chest Drainage	004	
00528	Anes Mediascpy & Dx Thorscpy	008	
00529	Anes Medscpy&Thorscpy 1 Lung	011	
00530	Anesth Pacemaker Insertion	004	
00532	Anesth Vascular Access	004	
00534	Anesth Cardioverter/Defib	007	
00537	Anesth Cardiac Electrophys	007	
00539	Anesth Trach-Bronch Reconst	018	
00540	Anesth Chest Surgery	012	
00541	Anesth One Lung Ventilation	015	
00542	Anesthesia Removal Pleura	015	
00546	Anesth Lung Chest Wall Surg	015	
00548	Anesth Trachea Bronchi Surg	017	
00550	Anesth Sternal Debridement	010	
00560	Anesth Heart Surg W/O Pump	015	
00561	Anesth Heart Surg <1 Yr	025	
00562	Anesth Hrt Surg W/Pmp Age 1+	020	
00563	Anesth Heart Surg W/Arrest	025	
00566	Anesth Cabg W/O Pump	025	
00567	Anesth Cabg W/Pump	018	
00580	Anesth Heart/Lung Transplnt	020	
00600	Anesth Spine Cord Surgery	010	
00604	Anesth Sitting Procedure	013	
00620	Anesth Spine Cord Surgery	010	
00625	Anes Spine Tranthor W/O Vent	013	
00626	Anes Spine Transthor W/Vent	015	
00630	Anesth Spine Cord Surgery	008	
00632	Anesth Removal Of Nerves	007	
00635	Anesth Lumbar Puncture	004	
00640	Anesth Spine Manipulation	003	
00670	Anesth Spine Cord Surgery	013	
00700	Anesth Abdominal Wall Surg	004	
00702	Anesth For Liver Biopsy	004	
00730	Anesth Abdominal Wall Surg	005	
00740	Anesth Upper Gi Visualize	005	
00750	Anesth Repair Of Hernia	004	
00752	Anesth Repair Of Hernia	006	
00754	Anesth Repair Of Hernia	007	
00756	Anesth Repair Of Hernia	007	
00770	Anesth Blood Vessel Repair	015	

**Effective Date will only be populated when the rate begins after the published fee schedule date

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Community Health

CHAMPS

Anesthesia Fee Schedule

January 2015

Anesthesia Conversion Factor = 9.64

Code	Short Description	Anesthesia Based Units (ABU)	Effective Date**
00790	Anesth Surg Upper Abdomen	007	
00792	Anesth Hemorr/Excise Liver	013	
00794	Anesth Pancreas Removal	008	
00796	Anesth For Liver Transplant	030	
00797	Anesth Surgery For Obesity	011	
00800	Anesth Abdominal Wall Surg	004	
00802	Anesth Fat Layer Removal	005	
00810	Anesth Low Intestine Scope	005	
00820	Anesth Abdominal Wall Surg	005	
00830	Anesth Repair Of Hernia	004	
00832	Anesth Repair Of Hernia	006	
00834	Anesth Hernia Repair < 1 Yr	005	
00836	Anesth Hernia Repair Preemie	006	
00840	Anesth Surg Lower Abdomen	006	
00842	Anesth Amniocentesis	004	
00844	Anesth Pelvis Surgery	007	
00846	Anesth Hysterectomy	008	
00848	Anesth Pelvic Organ Surg	008	
00851	Anesth Tubal Ligation	006	
00860	Anesth Surgery Of Abdomen	006	
00862	Anesth Kidney/Ureter Surg	007	
00864	Anesth Removal Of Bladder	008	
00865	Anesth Removal Of Prostate	007	
00866	Anesth Removal Of Adrenal	010	
00868	Anesth Kidney Transplant	010	
00870	Anesth Bladder Stone Surg	005	
00872	Anesth Kidney Stone Destruct	007	
00873	Anesth Kidney Stone Destruct	005	
00880	Anesth Abdomen Vessel Surg	015	
00882	Anesth Major Vein Ligation	010	
00902	Anesth Anorectal Surgery	005	
00904	Anesth Perineal Surgery	007	
00906	Anesth Removal Of Vulva	004	
00908	Anesth Removal Of Prostate	006	
00910	Anesth Bladder Surgery	003	
00912	Anesth Bladder Tumor Surg	005	
00914	Anesth Removal Of Prostate	005	
00916	Anesth Bleeding Control	005	
00918	Anesth Stone Removal	005	
00920	Anesth Genitalia Surgery	003	
00921	Anesth Vasectomy	003	
00922	Anesth Sperm Duct Surgery	006	
00924	Anesth Testis Exploration	004	
00926	Anesth Removal Of Testis	004	
00928	Anesth Removal Of Testis	006	

**Effective Date will only be populated when the rate begins after the published fee schedule date

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Community Health

CHAMPS

Anesthesia Fee Schedule

January 2015

Anesthesia Conversion Factor = 9.64

Code	Short Description	Anesthesia Based Units (ABU)	Effective Date**
00930	Anesth Testis Suspension	004	
00932	Anesth Amputation Of Penis	004	
00934	Anesth Penis Nodes Removal	006	
00936	Anesth Penis Nodes Removal	008	
00938	Anesth Insert Penis Device	004	
00940	Anesth Vaginal Procedures	003	
00942	Anesth Surg On Vag/Urethral	004	
00944	Anesth Vaginal Hysterectomy	006	
00948	Anesth Repair Of Cervix	004	
00950	Anesth Vaginal Endoscopy	005	
00952	Anesth Hysteroscope/Graph	004	
01112	Anesth Bone Aspirate/Bx	005	
01120	Anesth Pelvis Surgery	006	
01130	Anesth Body Cast Procedure	003	
01140	Anesth Amputation At Pelvis	015	
01150	Anesth Pelvic Tumor Surgery	010	
01160	Anesth Pelvis Procedure	004	
01170	Anesth Pelvis Surgery	008	
01173	Anesth Fx Repair Pelvis	012	
01180	Anesth Pelvis Nerve Removal	003	
01190	Anesth Pelvis Nerve Removal	004	
01200	Anesth Hip Joint Procedure	004	
01202	Anesth Arthroscopy Of Hip	004	
01210	Anesth Hip Joint Surgery	006	
01212	Anesth Hip Disarticulation	010	
01214	Anesth Hip Arthroplasty	008	
01215	Anesth Revise Hip Repair	010	
01220	Anesth Procedure On Femur	004	
01230	Anesth Surgery Of Femur	006	
01232	Anesth Amputation Of Femur	005	
01234	Anesth Radical Femur Surg	008	
01250	Anesth Upper Leg Surgery	004	
01260	Anesth Upper Leg Veins Surg	003	
01270	Anesth Thigh Arteries Surg	008	
01272	Anesth Femoral Artery Surg	004	
01274	Anesth Femoral Embolectomy	006	
01320	Anesth Knee Area Surgery	004	
01340	Anesth Knee Area Procedure	004	
01360	Anesth Knee Area Surgery	005	
01380	Anesth Knee Joint Procedure	003	
01382	Anesth Dx Knee Arthroscopy	003	
01390	Anesth Knee Area Procedure	003	
01392	Anesth Knee Area Surgery	004	
01400	Anesth Knee Joint Surgery	004	
01402	Anesth Knee Arthroplasty	007	

**Effective Date will only be populated when the rate begins after the published fee schedule date

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Community Health

CHAMPS

Anesthesia Fee Schedule

January 2015

Anesthesia Conversion Factor = 9.64

Code	Short Description	Anesthesia Based Units (ABU)	Effective Date**
01404	Anesth Amputation At Knee	005	
01420	Anesth Knee Joint Casting	003	
01430	Anesth Knee Veins Surgery	003	
01432	Anesth Knee Vessel Surg	006	
01440	Anesth Knee Arteries Surg	008	
01442	Anesth Knee Artery Surg	008	
01444	Anesth Knee Artery Repair	008	
01462	Anesth Lower Leg Procedure	003	
01464	Anesth Ankle/Ft Arthroscopy	003	
01470	Anesth Lower Leg Surgery	003	
01472	Anesth Achilles Tendon Surg	005	
01474	Anesth Lower Leg Surgery	005	
01480	Anesth Lower Leg Bone Surg	003	
01482	Anesth Radical Leg Surgery	004	
01484	Anesth Lower Leg Revision	004	
01486	Anesth Ankle Replacement	007	
01490	Anesth Lower Leg Casting	003	
01500	Anesth Leg Arteries Surg	008	
01502	Anesth Lwr Leg Embolectomy	006	
01520	Anesth Lower Leg Vein Surg	003	
01522	Anesth Lower Leg Vein Surg	005	
01610	Anesth Surgery Of Shoulder	005	
01620	Anesth Shoulder Procedure	004	
01622	Anes Dx Shoulder Arthroscopy	004	
01630	Anesth Surgery Of Shoulder	005	
01634	Anesth Shoulder Joint Amput	009	
01636	Anesth Forequarter Amput	015	
01638	Anesth Shoulder Replacement	010	
01650	Anesth Shoulder Artery Surg	006	
01652	Anesth Shoulder Vessel Surg	010	
01654	Anesth Shoulder Vessel Surg	008	
01656	Anesth Arm-Leg Vessel Surg	010	
01670	Anesth Shoulder Vein Surg	004	
01680	Anesth Shoulder Casting	003	
01682	Anesth Airplane Cast	004	
01710	Anesth Elbow Area Surgery	003	
01712	Anesth Uppr Arm Tendon Surg	005	
01714	Anesth Uppr Arm Tendon Surg	005	
01716	Anesth Biceps Tendon Repair	005	
01730	Anesth Uppr Arm Procedure	003	
01732	Anesth Dx Elbow Arthroscopy	003	
01740	Anesth Upper Arm Surgery	004	
01742	Anesth Humerus Surgery	005	
01744	Anesth Humerus Repair	005	
01756	Anesth Radical Humerus Surg	006	

**Effective Date will only be populated when the rate begins after the published fee schedule date

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Michigan Department of Community Health

CHAMPS

Anesthesia Fee Schedule

January 2015

Anesthesia Conversion Factor = 9.64

Code	Short Description	Anesthesia Based Units (ABU)	Effective Date**
01758	Anesth Humeral Lesion Surg	005	
01760	Anesth Elbow Replacement	007	
01770	Anesth Uppr Arm Artery Surg	006	
01772	Anesth Uppr Arm Embolectomy	006	
01780	Anesth Upper Arm Vein Surg	003	
01782	Anesth Uppr Arm Vein Repair	004	
01810	Anesth Lower Arm Surgery	003	
01820	Anesth Lower Arm Procedure	003	
01829	Anesth Dx Wrist Arthroscopy	003	
01830	Anesth Lower Arm Surgery	003	
01832	Anesth Wrist Replacement	006	
01840	Anesth Lwr Arm Artery Surg	006	
01842	Anesth Lwr Arm Embolectomy	006	
01844	Anesth Vascular Shunt Surg	006	
01850	Anesth Lower Arm Vein Surg	003	
01852	Anesth Lwr Arm Vein Repair	004	
01860	Anesth Lower Arm Casting	003	
01916	Anesth Dx Arteriography	005	
01920	Anesth Catheterize Heart	007	
01922	Anesth Cat Or Mri Scan	007	
01924	Anes Ther Interven Rad Artrl	005	
01925	Anes Ther Interven Rad Card	007	
01926	Anes Tx Interv Rad Hrt/Cran	008	
01930	Anes Ther Interven Rad Vein	005	
01931	Anes Ther Interven Rad Tips	007	
01932	Anes Tx Interv Rad Th Vein	006	
01933	Anes Tx Interv Rad Cran Vein	007	
01935	Anesth Perc Img Dx Sp Proc	005	
01936	Anesth Perc Img Tx Sp Proc	005	
01951	Anesth Burn Less 4 Percent	003	
01952	Anesth Burn 4-9 Percent	005	
01953	Anesth Burn Each 9 Percent	001	
01958	Anesth Antepartum Manipul	005	
01960	Anesth Vaginal Delivery	005	
01961	Anesth Cs Delivery	007	
01962	Anesth Emer Hysterectomy	008	
01963	Anesth Cs Hysterectomy	008	
01965	Anesth Inc/Missed Ab Proc	004	
01966	Anesth Induced Ab Procedure	004	
01967	Anesth/Analg Vag Delivery	005	
01968	Anes/Analg Cs Deliver Add-On	002	
01969	Anesth/Analg Cs Hyst Add-On	005	
01990	Support For Organ Donor	007	
01996	Hosp Manage Cont Drug Admin	003	
01999	Unlisted Anesth Procedure	000	

**Effective Date will only be populated when the rate begins after the published fee schedule date

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.