

IV Anesthesia & Sedation — Billing Cheat Sheet

Anchor: Propofol (J2704) per 10 mg

Propofol / midazolam / fentanyl / hydromorphone / morphine / ketamine / dexmedetomidine / etomidate / lorazepam / naloxone / flumazenil / sugammadex

Reviewed: May 22, 2026 **ASP:** Q2 2026

USUALLY BUNDLED Separately billable in rare cases only. Anesthesia / sedation drugs sit inside three big payment containers: **CPT 00xxx anesthesia time** (surgical anesthesia by anesthesia provider, all drugs bundled), **HOPD / ASC procedural APC** (procedural sedation packaged), and **ICU per-diem / MS-DRG** (continuous sedation on inpatient). The few separately payable contexts — ED naloxone / flumazenil reversal, ED lorazepam for status epilepticus, ED opioid bolus for acute pain, standalone outpatient ketamine clinics (mostly cash-pay) — are the exception.

BUNDLING DECISION TREE (DO THIS FIRST)

| ENCOUNTER | CODE FAMILY | DRUG LINE? |
|---|--------------------------------------|---|
| Surgical anesthesia by anesthesia provider | 00100 – 01999 + AA/QK/QY/QX + P1–P6 | NO — bundled in anesthesia time |
| HOPD / ASC procedural sedation (proceduralist) | 99151 – 99153 | NO — packaged in APC / ASC payment |
| HOPD / ASC moderate sedation (independent provider) | 99155 – 99157 | NO — packaged |
| ICU continuous sedation (inpatient) | N/A — MS-DRG | NO — bundled in MS-DRG / per-diem |
| ED opioid overdose — naloxone | 96374 + naloxone J-code | YES — separately payable |
| ED benzo overdose — flumazenil | 96374 + J3490 NOC | YES — separately payable |
| ED status epilepticus — lorazepam IV | 96374 + J2060 | YES — separately payable |
| ED acute pain — opioid bolus | 96374 + opioid J-code | YES — separately payable |
| Standalone outpatient ketamine clinic (TRD) | Mostly cash-pay; J3490 NOC if billed | Rare; PA / not covered typical |

Test: Is there an anesthesia provider on the case? → 00xxx, drugs bundled. Is there a procedure being sedated for? → APC/ASC packaged. Is the patient in the ICU? → DRG bundled. Otherwise look at ED / standalone scenarios.

SEPARATELY PAYABLE SCENARIOS — ED / STANDALONE

| SCENARIO | HCPCS + ADMIN | ICD-10 |
|--------------------------------|--|--------------------------------|
| ED opioid overdose | J2310/J2311/J2312 + 96374 (+ 96376 repeat >30 min) | T40.x + F11.x |
| ED benzo overdose | J3490 NOC (flumazenil) + 96374 | T42.4x + F13.x |
| ED status epilepticus | J2060 + 96374 | G40.401 / G40.901 / G41.x |
| ED alcohol withdrawal (severe) | J2060 + 96374 | F10.231 / F10.232 |
| ED acute pain — opioid bolus | J1171 / J2270 / J3010 + 96374 | G89.11 / M54.x / M79.x / R10.x |
| Standalone ketamine TRD (rare) | J3490 NOC (typically cash-pay) | F33.2 / F33.3 |

Modifier 25 on same-day ED E/M (99284-25 / 99285-25) to support separately identifiable E/M alongside the IV push.

BUNDLED-BY-SETTING (NOT SEPARATELY PAYABLE)

| SETTING | POS | DRUG STATUS |
|---|---------|---------------------------------------|
| Operating room (HOPD or inpatient) | 22 / 21 | Bundled in 00xxx + facility |
| ASC | 24 | Bundled in ASC payment + 00xxx |
| HOPD procedural (endoscopy, cath lab, IR) | 22 / 19 | Packaged in procedure APC |
| ICU continuous sedation (inpatient) | 21 | Bundled in MS-DRG / per-diem |
| HOPD short-stay dexmedetomidine | 22 | Typically packaged in APC |

ADMIN CODE FAMILIES — PICK THE RIGHT ONE

| CODE | FOR |
|-----------------------|--|
| 00100 – 01999 | Surgical anesthesia by anesthesia provider (base + time units + AA/QK/QY/QX + P1–P6) |
| 99151 / 99152 / 99153 | Moderate sedation by proceduralist (initial + add-on 15-min) |
| 99155 / 99156 / 99157 | Moderate sedation by independent provider |
| 96374 | Standalone IV push (ED reversal / analgesia / status epilepticus) |
| 96375 | + each additional IV push, different drug, same encounter |
| 96376 | + each additional IV push, same drug, >30 min apart |
| 96365 / 96366 | Rarely applies to sedation drugs. Therapeutic IV drug infusion. |

HCPCS + Q2 2026 ASP+6%

| HCPCS | DRUG | UNIT | ASP+6% |
|-----------------------------|--|---------------------|---------------------------------|
| J2704 | Propofol | 10 mg | \$0.092 |
| J2250 | Midazolam | 1 mg | \$0.165 |
| J2251 | Midazolam in NaCl | 1 mg | \$0.159 |
| J3010 | Fentanyl citrate | 0.1 mg (100 mcg) | \$1.163 |
| J1171 | Hydromorphone | 0.1 mg | \$0.101 |
| J2270 | Morphine sulfate | 10 mg | \$4.449 |
| J2272 | Morphine (Fresenius) | 10 mg | \$8.341 |
| J2274 | Morphine PF epidural / IT (Duramorph) | 10 mg | \$12.149 |
| J2060 | Lorazepam | 2 mg | \$1.660 |
| J2310 / J2311 / J2312 | Naloxone (verify product/HCPCS) | varies | J2312 NOS = \$0.065 per 0.01 mg |
| J3490 | NOC: ketamine, dexmedetomidine, etomidate, flumazenil, sugammadex | NOC | Manual / invoice |

THE J2786 TRAP — SPEC CORRECTION

J2786 is RESLIZUMAB (Cinqair), NOT sugammadex. Sugammadex / Bridion has no permanent J-code as of 2026. Bill under [J3490](#) NOC with NDC + invoice. Other rollups have caught this exact error — audit your chargemaster crosswalk before it triggers a takeback.

Also: dexmedetomidine (Precedex) is **J3490 NOC** (J0470 = NOT FOUND in ASP). Flumazenil is **J3490 NOC** (J0480 = basiliximab). Hydromorphone is **J1171** (not J1170). Naloxone family: **J2310 / J2311 / J2312** — verify product-specific code each quarter.

SEDATIVE CLASS FAMILIES — QUICK MAP

| FAMILY | DRUGS |
|------------------|--|
| Induction | Propofol (J2704) · Etomidate (J3490) · Ketamine (J3490) |
| Benzos | Midazolam (J2250 / J2251) · Lorazepam (J2060) |
| Opioids | Fentanyl (J3010) · Hydromorphone (J1171) · Morphine (J2270 / J2272 / J2274) |
| Alpha-2 | Dexmedetomidine / Precedex (J3490) |
| Reversal | Naloxone (J2310/J2311/J2312) · Flumazenil (J3490) · Sugammadex / Bridion (J3490 — NOT J2786) |

TOP DENIALS

- J2704 on colonoscopy** → packaged in APC; suppress line (denial is correct)
- 96365 used for moderate sedation** → re-code to 99151–99153
- Anesthesia 00xxx + J-line** → drugs bundled in anesthesia time; suppress line
- ICU J-line on inpatient claim** → absorbed into MS-DRG; chargemaster info only
- J2786 billed for sugammadex** → J2786 = reslizumab; re-code to J3490 NOC + NDC + invoice
- NOC drug (J3490) missing NDC / invoice** → resubmit with 11-digit NDC + manufacturer + invoice
- Standalone IV ketamine TRD billed to insurance** → not covered (mostly cash-pay or esketamine Spravato with REMS + PA)
- 96374 + E/M without modifier 25** → add modifier 25 to ED E/M

MODIFIERS

- Anesthesia family (dominant):** AA / AD / QK / QY / QX / QZ + P1–P6 physical status + QS / G8 / G9 / 23 MAC
- JW / JZ:** rarely apply (multi-dose vials; most use bundled anyway)
- POS:** 23 ED / 22 HOPD / 24 ASC / 21 inpatient / 11 office / 49 ambulatory infusion (ketamine clinic)
- Modifier 25** on same-day E/M alongside 96374 IV push

PATIENT ASSISTANCE

Generally **N/A for inpatient / procedural use** (drug cost absorbed by facility / anesthesia time). Generic commodity injectables have no manufacturer PAP. **Standalone ketamine TRD:** mostly cash-pay (~\$400–\$1,000/session); for esketamine/Spravato (distinct product) Janssen offers savings card + PAP with REMS enrollment. **Take-home naloxone (Narcan nasal):** manufacturer copay assistance + state harm-reduction programs. Hospital 501(r) financial assistance is the safety net for ED encounter OOP.