

Policy	REIMB-022
Effective Date	09/01/2024
Reviewed/Revised Date	07/16/2024
Next Review Date	07/16/2026
Origination Date	01/01/2024
Originated Department	Medical Management

Standard Operating Procedure (SOP) – OB Anesthesia

Audience
Medical Management, Claims

Purpose
<p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
<p>Neuraxial analgesia is the most effective and commonly used approach to relieve pain during labor and delivery. Epidural, combined spinal-epidural (CSE), and other central neuraxial techniques, including dural puncture epidural (DPE), single-shot spinal, and continuous spinal analgesia, are some of the choices available to make the pain of childbirth easier to endure. In most cases, these techniques provide excellent analgesia with minimal risk to both mother and fetus.</p> <p>Obstetrical neuraxial anesthesia for planned vaginal delivery is unique in that the anesthesiologist may attend to more than one patient concurrently under continuous regional anesthesia.</p>

Policy/Procedure

Mountain Health Co-Op Health Plans reimburses for anesthesia during labor and delivery in the following manner:

- A. Billing provider is either a physician who performs the anesthesia service alone, a CRNA who is not medically directed and performs the anesthesia service alone, or a medically directed CRNA.
- B. Correct CPT code submitted for the method of service performed:
 - i. For vaginal delivery – 01967;
 - ii. For caesarian section delivery – 01967 and add-on code 01968;
 - iii. If caesarian section delivery with associated hysterectomy – 01967 with addon code 01969.
- C. Submitted documentation identifies the total anesthesia time*
 - i. For electronic claims, the correct MJ (anesthesia minutes) qualifier is submitted;
 - ii. For paper claims (CMS 1500 form) – minutes are noted in Box24G.
- D. Patient physical status modifier is submitted with claim (P1-P5) #
 - i. No additional reimbursement will be paid for services using P1 or P5.

Only 1 time unit will be paid when a paper claim is submitted without minutes (i.e., 12 minutes or less) or the electronic claims fail to apply the correct MJ qualifier.

**Total anesthesia time is considered when an anesthesia practitioner is present with the patient. It starts when the anesthesia practitioner begins to prepare the patient for anesthesia services and ends when the practitioner is no longer furnishing anesthesia services to the beneficiary, that is, when the beneficiary may be placed safely under postoperative care. Anesthesia time is a continuous period from the start to the end of an anesthesia service. In counting anesthesia time, the practitioner can add blocks of anesthesia time around an interruption in anesthesia time as long as the practitioner is furnishing continuous anesthesia care within the periods around the interruption.*

If no physical status modifier is reported, the modifier indicating an average, healthy patient is used for adjudication.

Reimbursement Methodology

- A. **01967**
 - i. First hour – 5 anesthesia base units;
 - ii. Second hour – 2.5 anesthesia base units;
 - iii. Subsequent hours – 1.25 anesthesia base units.
- B. **01968** (these units are added to 01967 units)
 - i. 2 anesthesia base units are added to the total hourly rate for 01967
- C. **01969** (these units are added to 01967 units)
 - i. 5 anesthesia base units are added to the total hourly rate for 01967

^When calculating the time unit values, unit values are rounded up if greater than or equal to 0.5 units and down if <0.5 units. For example, If 7.5-time unit values are total, we will round up to 8 units. If 7.4 units values are around 7.0 units,

Clinical Rationale

According to the 2016 practice guidelines for obstetric anesthesia, the primary goal when using anesthesia in obstetrics is to provide sufficient maternal pain relief with minimal motor block. Not all women require anesthetic care during labor or delivery. However, maternal request represents adequate justification for pain relief. There are many effective analgesic techniques available for women who request pain relief for labor and/or delivery. Although, sometimes, to improve maternal and neonatal outcomes, there are certain emergent conditions that may require neuraxial procedures to be given promptly. The choice of analgesic approach should be individualized and based on risk factors such as the patient's medical status, labor progress, and facility resources. After a technique is chosen, an IV infusion should be established and maintained throughout the procedure, and appropriate resources for the treatment of complications (e.g., hypotension, systemic toxicity, and high spinal anesthesia) and if added, treatments for related opioid complications (e.g., pruritus, nausea, and respiratory depression) should be available.

Applicable Coding

CPT Codes

01967 Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)

01968 Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)

01969 Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)

Physical Status Modifiers

P1 A normal healthy patient

P2 A patient with mild systemic disease

P3 A patient with severe systemic disease

P4 A patient with severe systemic disease that is a constant threat to life

P5 A moribund patient who is not expected to survive without the operation

P6 A declared brain-dead patient whose organs are being removed for donor purposes

HCPCS Codes

No applicable codes.

References

1. American College of Obstetricians and Gynecologists (ACOG). (2017). "Medications for Pain Relief during Labor and Delivery". FAQ086. Copyright May 2017. Accessed June 5, 2020. Available at: <https://www.acog.org/patientresources/faqs/labor-delivery-and-postpartum-care/medications-for-pain-relief-during-labor-and-delivery>
2. American Society of Anesthesiologists (ASA) (2016). "Practice Guidelines for Obstetric Anesthesia: An Updated Report by the ASA Task Force on Obstetric Anesthesia and the Society for Obstetric Anesthesia and Perinatology." *Anesthesiology* 124(2): 270-300.
3. American Society of Anesthesiologists, Relative Value Guide®

4. Authenticated U.S. Government Information GPO (CMS-HHS) (2014). "Additional Rules for Payment of Anesthesia Services." CFR-2014, title 42, vol 3, sec 414-46. Accessed June 5, 2020. Available at: <https://www.govinfo.gov/content/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec414-46.pdf>
5. Division of Medicaid and Health Financing. Utah Medicaid Provider Manual Section 3: Anesthesiology. [https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Archives/Anesthesiology%20\(Archived%20November%202017\)/Archive/2016/Anesthesiology10-16.pdf](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Archives/Anesthesiology%20(Archived%20November%202017)/Archive/2016/Anesthesiology10-16.pdf)
6. Professional Edition of Current Procedural Terminology, American Medical Association. HCPCS Level II, AAPC, Optum Insight, Inc., current edition.
7. Publications and services of the American Society of Anesthesiologists (ASA)
8. UpToDate® (2020) "Neuraxial analgesia for labor and delivery (including instrumented delivery)" Topic 101803; Version 29.0 last updated May 8, 2020. <https://www.uptodate.com/contents/neuraxial-analgesiafor-labor-and-delivery-including-instrumented-delivery>

Vendors

- Health Plan Services (HPS)

Review/Revision/Approval History

Date	Description
01/01/2024	New Policy

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