# RB.020.A Obstetric Anesthesia Services

**Original Implementation Date** : 12/01/2021
**Version [A] Date :** 12/01/2021
**Last Reviewed Date**: 04/08/2025

## PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business unless noted below.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

## POLICY STATEMENT

The plan will reimburse neuraxial labor analgesia (CPT code 01967) based on Base Unit Value plus Time Units subject to a cap of 435 minutes. Modifying Units for physical status modifiers and qualifying circumstance codes will be considered in addition to the Base Unit Value for labor or delivery anesthesia services in accordance with the Standard Anesthesia Formula.

**Obstetric Add-On Codes:** Obstetric Anesthesia often involves extensive hours and the transfer of anesthesia to a second physician.

- Due to these unique circumstances, we will consider for reimbursement, add-on CPT codes 01968 and 01969 when billed with the primary CPT code 01967 (by the same or different individual physician or other qualified healthcare professional) for the same member.
- According to the ASA Crosswalk, time for add-on code 01968 or 01969 is reported separately as a surgical anesthesia service and is not added to the time reported for the labor anesthesia service.

## POLICY GUIDELINES

**REIMBURSEMENT FORMULA**

***Base Values:*** Each CPT anesthesia code (00100-01999) is assigned a Base Value CMS, and we use these values for determining reimbursement. The Base Value of each code is comprised of units referred to as the Base Unit Value. Time Reporting: Consistent with CMS guidelines, we require time-based anesthesia services be reported with actual Anesthesia Time in one-minute increments.

***For example,*** if the Anesthesia Time is one hour, then 60 minutes should be submitted.

***Obstetric Anesthesia:*** Neuraxial Labor Analgesia Reimbursement Calculations (see examples below)

- **200 minutes** are reported for labor and delivery services on a single claim line with CPT® code 01967: The total 200 minutes will be added to the Base Unit Value for CPT® code 01967.
- **500 minutes** are reported for labor and delivery services on a single claim line with CPT® code 01967: A capped 435 minutes will be added to the Base Unit Value for CPT® code 01967.
- **Labor and delivery services** are reported on multiple claim lines with CPT® code 01967 at 200 minutes and add-on CPT® code 01968 at 75 minutes: 200 minutes will be added to the Base Unit Value for CPT® code 01967 and 75 minutes will be added to the Base Unit Value for CPT® code 01968.

## CODING

*Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive. CPT® is a registered trademark of the American Medical Association.*

| CPT Code | Description |
|---|---|
| 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) |

| HCPCS Code | Description |
|---|---|
| N/A | |
| **ICD-10 Codes** | **Description** |

| | |
|---|---|
| N/A | |

All anesthesia services must be reported with an appropriate anesthesia modifier in the primary position. The following modifiers indicate whether the service was provided by an anesthesiologist, medically supervised, or medically directed.

**MODIFIERS**

**Modifiers Used By Anesthesiologists**

- Modifier AA Anesthesia services performed personally by anesthesiologist.
- Modifier AD Medical supervision by a physician more than four concurrent anesthesia
- Procedures.
- Modifier QK Medical direction of two, three or four concurrent anesthesia procedures.
- Modifier QY Anesthesiologist medically directs one CRNA.

**Modifiers Used By Certified Registered Nurse Anesthetist (CRNA)**

- Modifier QX CRNA service with medical direction by a physician.
- Modifier QZ CRNA service without medical direction by a physician.

## BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

## DESCRIPTION OF SERVICES

**Anesthesia Time**: Anesthesia Time begins when the Anesthesia Professional prepares the patient for the induction of anesthesia in the operating room or in an equivalent area (e.g.,. a place adjacent to the operating room) and ends when the Anesthesia Professional is no longer in personal attendance and when the patient may be safely placed under postoperative supervision. Anesthesia Time involves the continuous actual presence of the Anesthesia Professional.

**Base Unit Value**: The number of units which represent the Base Value (per code) of all usual anesthesia services, except the time actually spent in anesthesia care and any Modifying Units.

**Time Units**: The derivation of units based on time reported which is divided by a time increment generally of 15 minutes.

## DEFINITIONS

N/A

## DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed by us to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

## POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

| Summary | Version | Version Date |
|---|---|---|
| 2025 Reissue. Product variation statement revision only. | A | 12/1/2021 |
| 2023 biennial review. No changes required. Reissue as written. | A | 12/1/2021 |
| New Policy. | A | 12/1/2021 |

## REFERENCES

1. American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications and services.
2. American Society of Anesthesiologists, Relative Value Guide® .
3. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services.
4. Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications.
5. Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files
6. National Uniform Claim Committee (NUCC).
7. Publications and services of the American Society of Anesthesiologists (ASA).



1-888-991-9023
1101 Market Street, Suite 3000
Philadelphia, PA 19107
**JeffersonHealthPlans.com**