OB Anesthesia

Policy REIMB-025

Origination Date: 08/26/2020

Reviewed/Revised Date: 10/30/2023

Next Review Date: 10/30/2024

Current Effective Date: 10/30/2023

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.

Description:

Neuraxial analgesia is the most effective and most 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.

Obstetrical neuraxial anesthesia for planned vaginal delivery is unique in that the anesthesiologist may attend more than one patient concurrently under continuous regional anesthesia.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U 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 who performs the anesthesia service alone, or a medically directed CRNA.

B. Correct CPT code submitted for 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 add-on code 01969.

C. Submitted documentation identifies the total anesthesia time*
    i. For electronic claims 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 fails to apply the correct MJ qualifier.

**Total anesthesia time is considered the time during which 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 anesthesia 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 time period from the start of anesthesia to the end of an anesthesia service. In counting anesthesia time, the anesthesia practitioner can add blocks of anesthesia time around an interruption in anesthesia time as long as the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption.*

#If no physical status modifier is reported, the modifier indicating a normal 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, units 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 is the total we will round up to 8 units. If 7.4 units values will round down to 7.0 units.

2. **Medicaid Plans**

   Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publications/ or the Utah Medicaid code Look-Up tool

   CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

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 sufficient 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 in a timely manner. The choice of analgesic approach should be individualized and based on risk factors such as, the medical status of the patient, progress of labor, and resources at the facility. 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 (AGOG). (2017). "Medications for Pain Relief during Labor and Delivery". FAQ086. Copyright May 2017. Accessed June 5, 2020. Available at: https://www.acog.org/patient-resources/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. Revised October 2016. Accessed June 23, 2020. Available at: 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. Accessed June 5, 2020. Available at: https://www.uptodate.com/contents/neuraxial-analgesia-for-labor-and-delivery-including-instrumented-delivery