



obstetric anesthesia payment policy

description of procedure/service

This policy applies to the payment of obstetric anesthesia services.

policy

Fallon Community Health Plan (FCHP) will reimburse for covered professional obstetric anesthesia services based on the base plus time units (epidural catheter insertion through delivery) with a cap for vaginal and caesarian section deliveries. This payment policy is based on recommendations by the American Society of Anesthesiologists.

See also: Anesthesia Payment Policy

benefits application

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

coverage and reimbursement criteria

FCHP reimburses for vaginal deliveries by adding the base plus time units. A maximum of 20 number units will be reimbursed.

FCHP reimburses for caesarian section deliveries by adding the base plus time units. A maximum of 25 units will be reimbursed.

preauthorization requirements

Not applicable.

billing/coding guidelines

- Obstetric anesthesia services must be submitted with the appropriate Anesthesia CPT Code (01960, 01961, 01967, 01968 or 01969)
- Providers are required to report the total anesthesia time in minutes in field 24-G of the claim form. Also include the start and end time. Time units are determined on the basis of one time unit for every 15 minutes of anesthesia. Anesthesia time is defined by the continuous actual presence of the anesthesiologist (or CRNA).
- Report the appropriate modifier in field 24-D.

place of service

This policy applies to an inpatient setting.

policy implementation

Policy number: ADM0017
Origination: 11/17/01
Last review: 05/09/07
Next review: 05/09/08
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