Obstetric Anesthesia Services Payment Policy

Applies to the following Tufts Health Public Plans products:

☒Tufts Health Direct – Health Connector ☒Tufts Health RITogether – A RI Medicaid Plan

☒Tufts Health Together – Includes MassHealth Plan and Accountable Care Partnership Plans ☐Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting obstetric anesthesia services providers who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary anesthesia services for members in conjunction with obstetric procedures.

DEFINITION

Obstetric anesthesia services include procedures for providing anesthesia during childbirth, including:

- Cesarean-section — epidural/spinal block or general anesthesia
- Episiotomy — local anesthesia for performance or repair
- Labor and delivery — paracervical or pudendal block
- Labor and delivery, wider block — epidural, spinal, caudal, or saddle block

BILLING INSTRUCTIONS

Tufts Health Plan limits reimbursement for the following obstetric anesthesia services to the maximum allowable times listed below.

CPT codes — Obstetric anesthesia services

Code	Description	Maximum allowable time
01961	Anesthesia for Cesarean-section delivery only	120 minutes
01962	Anesthesia for urgent hysterectomy following delivery	120 minutes
01963	Anesthesia for Cesarean-section hysterectomy, without labor analgesia/anesthesia care	240 minutes
01968	Anesthesia for Cesarean-section delivery, following neuraxial labor analgesia/anesthesia care	360 minutes
01969	Anesthesia for Cesarean-section hysterectomy, following neuraxial labor analgesia/anesthesia care	480 minutes

DOCUMENT HISTORY

- March 2018: Template updates
- October 2017: Updated to include RITogether
- February 2017: Template updates

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility

to refund all payments related to non-compliance. For more information about Tufts Health Plan's audit policies, refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink℠ for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.