



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# MEDICAID ALERT

MA-98-1

January 1998

**TO:** Physicians and Federally Qualified Health Centers - For Action  
Health Maintenance Organizations - For Information

**SUBJECT:** Clarification of Billing Procedures for Obstetrical Anesthesia Services

**EFFECTIVE:** Immediately

**PURPOSE:** To clarify billing procedures used by anesthesiologists when billing Medicaid for anesthesia during obstetrical deliveries.

**BACKGROUND:** Anesthesia services administered during obstetrical deliveries may be billed to Medicaid by reporting either HCPCS 62279 and/or a HCPCS for delivery with the 'AA' modifier, on the HCFA 1500 claim form.

**ACTION:** (1) HCPCS 62279 (without any modifier) may be billed to Medicaid when epidural anesthesia has been administered during labor and/or vaginal delivery. When billing HCPCS 62279, the service units reported on the claim must be 1 unit.

(2) In situations in which epidural anesthesia has been administered during labor, and general anesthesia is required for performing an "unscheduled" C-Section, following an attempted vaginal delivery, both types of anesthesia may be billed separately to Medicaid with the appropriate service date being reported. In these situations, the HCPCS 62279 (without any modifier) is billed for administering epidural anesthesia as a separate claim (1 unit). A second claim using the appropriate C-Section HCPCS with the AA modifier is billed for the general anesthesia time (in units).

(3) For scheduled C-Sections, bill the appropriate HCPCS with the AA modifier.

In accordance with routine billing procedures, the actual time utilized for general anesthesia during the C-Section procedure and the recovery period is reported in anesthesia units, in which 1 unit equals 15 minutes. Providers are reminded to also report, in Field 19 on the HCFA 1500 claim form, the actual time for the procedure and the recovery period in hours and/or minutes.

It is important to note that the number of anesthesia units reported are unrelated to the actual labor time. **Claims which report anesthesia units based on labor time will be denied by the Medicaid program. The reported number of anesthesia units must be based on the actual time required for general anesthesia and the length of the recovery period.**

If you have any questions concerning this Medicaid Alert, please do not hesitate to contact the Office of Health Service Administration, DMAHS, at (609) 588-2751.

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