



**Anesthesia Services**

**Policy**

The following provider types can bill for anesthesia services:

- Hospital, Outpatient (provider type 12)
- Physician, M.D., Osteopath, D.O. (provider type 20)
- Certified RN Practitioner (provider type 24)
- Nurse Anesthetists (provider type 72)
- Physician’s Assistant (provider type 77)

State policy specific to anesthesia services is in [Medicaid Services Manual, Chapter 600](#), Section 603. This policy covers base units, reportable anesthesia time and appropriate billing.

**Covered services and rates**

Covered services and rates are listed on the Division of Health Care Financing and Policy website (on <http://dhcftp.nv.gov>, select Providers, then Rates, then scroll down and click Anesthesiology Unit Values).

**Prior authorization**

Anesthesia itself does not require prior authorization; however, prior authorization may be required for the related surgical procedure or service.

**Time-based billing**

Professional claims submitted for anesthesia services must be submitted with a value in minutes. Actual time must be submitted instead of units. For example, if the service is rendered in 128 minutes, submit the claim with 128 minutes.

**Obstetric Anesthesia Codes Payment Methodology**

**Attention provider types 12, 20, 24, 72 and 77:** The payment methodology for the following obstetric anesthesia procedure codes has been updated to reimburse providers using an occurrence-based rate. Providers are instructed to bill these codes as an occurrence-based service: one unit for the occurrence and no time-based units.

The impacted Current Procedural Terminology (CPT) codes are:

Procedure Code	Procedure Code Description
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery
01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia
01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia