

The reimbursement for physician anesthesia service is based on a conversion factor and base and time units (with the exception of labor epidurals, described below). The conversion factor is multiplied by the sum of the base and time units. The base units are Medicaid specific, not Medicare base units, and are available in the procedure fee files. Effective July 1, 2021, the Medicaid conversion factor (CF) is \$15.47. The Covered Services and Limitations section of the Physician/Practitioner manual describes the coverage and billing policies for physician anesthesia services.

As of January 1, 2013, the DMAS Fee-For-Service reimbursement methodology for labor epidurals, specifically neuraxial labor analgesia/anesthesia for planned vaginal delivery as defined in the Current Procedural Terminology (CPT) Manual as CPT code 01967, was revised. A Medicaid Memo on this subject dated November 30, 2012 provides additional details on reimbursement and billing for procedure code 01967. Effective July 1, 2021, DMAS reimburses procedure code 01967 at a flat rate of \$237.16.