JOHNS HOPKINS HEALTH PLANS

PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

Reimbursement Policies Updates for December 2024

Policy Effective Dates: Dec. 2, 2024
Health Plans Affected: Advantage MD, Employer Health Programs (EHP), Priority Partners, US Family Health Plan (USFHP)
Type of Change: Reimbursement

Explanation of Change:
Johns Hopkins Health Plans has released its notification of the updated and new reimbursement policies as follows:

(RPC.007) Anesthesia Processing Guidelines - Updated (eff. 12/2/2024)

Johns Hopkins Health Plans allows reimbursement, of a reasonable cap, on professional neuraxial epidural anesthesia services (CPT 01967), provided in conjunction with labor and delivery as follows:

- One unit of CPT 01967 per 15 minutes for the first hour of anesthesia (4 units total), plus one unit of CPT 01967 per hour after the first hour (5 units) up to the maximum of 360 minutes (9 units), is allowed.
- Providers may submit documentation upon dispute, for consideration/reconsideration for additional reimbursement of time in excess of 360 minutes.

"Anesthesia time" means the time in minutes during which the anesthesia provider is both furnishing continuous anesthesia care to a patient **and** must be **physically** present with the patient.

- No payment is provided for any type of physician "standby or monitoring" services without direct hands-on patient contact, even when required by the hospital.

When billing add-on codes (AOCs) CPT 01968 and 01969 along with CPT 01967, Johns Hopkins Health Plans will limit the reporting of these AOCs to the first hour of 01967.

The appropriate and required modifier(s) for anesthesia services must be reported, and in the correct order, or the service will be denied.

Anesthesia services performed for noncovered procedures, including services considered not medically necessary, experimental, and/or investigational will not be reimbursed.

AMD, EHP, USFHP: Consistent with CMS guidance, Johns Hopkins Health Plans does not recognize "Qualifying Circumstances" when CPT codes 99100-99140 are billed for our members.

- Johns Hopkins Health Plans does not allow additional units for physical status modifiers, when applicable.

Priority Partners: In alignment with Maryland Medicaid, Johns Hopkins Health Plans will not make additional payments for participant risk factors, such as participant age, health status (Physical Status Modifiers or Qualifying Circumstance procedure codes), or for monitored anesthesia care (MAC).

- No separate payment will be made for the medical supervision of a CRNA by a physician.

Policy language updated; Key Definitions, Background, Coding, and References sections updated

REFERENCES:

- American Society of Anesthesiologists
- Anesthesiologists Center | CMS
- Centers for Medicare and Medicaid Services (CMS)
- COMAR- Maryland Department of Health- Maryland Medicaid Administration
- Maryland Medicaid Professional Services Provider Manual
- MDH Transmittals
- Medicare Claims Processing Manual CH. 12- Physicians/Nonphysician Practitioners
- Medicare Claims Processing Manual CH. 23- Fee Schedule Administration and Coding Requirements
- Medicare Physician Fee Schedule Data Base (MPFSDB)
- NCCI for Medicare | CMS
- NCCI for Medicaid | CMS
- TRICARE Reimbursement Manual

To view the Johns Hopkins Health Plans Reimbursement Policies on or after the effective date, please go to: ***HopkinsHealthPlans.org > For Providers > Policies > Reimbursement Policies***