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**Coding for Nitrous Oxide for Labor Analgesia****Alan Strobel, M.D., M.B.A., CPC, CHC**

The use of nitrous oxide as a labor analgesic is more common in Europe, Canada and Australia than here in the United States. Its use here seems to be increasing, however, and many of us who practice Obstetrical Anesthesia have been asked by our obstetrical colleagues about the practice of Inhalational Nitrous Oxide as an alternative analgesic modality in labor.

This Timely Topic article is not meant to restate the superb review by the Committee on Obstetric Anesthesia led by Drs. Craig Palmer and Curtis Baysinger available from the ASA website and listed as resources at the end of this article. It also does not discuss clinical articles in the nurse midwifery literature, but is limited to a discussion of the proper use of codes to report this practice.

Both the ASA and the AMA have received questions on how to appropriately report this mode of labor analgesia. Code 01967 – *Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)* – does not fit as it is specific to a neuraxial analgesic. Code 01967 is the only anesthesia code that includes a specification as to technique.

Similarly, code 01960 – *Anesthesia for vaginal delivery only* – is not applicable as it is to be used in instances in which the patient has not received any labor analgesia/anesthesia care.

As such, at this time, this scenario would be reported with code 01999 – Unlisted anesthesia procedure(s). As is the case when reporting any unlisted code, documentation that describes the service provided and that supports the amount of payment requested should accompany your claim.

**Resources:**

[Efficacy and maternal satisfaction](#)

[Comparison of efficacy with other methods of labor analgesia](#)

[Adverse effects](#)

[Management of inhaled nitrous oxide analgesia](#)

***The ASA has used its best efforts to provide an accurate response. However, this response is intended as guidance and does not constitute legal advice. This response also should not be construed as representing ASA policy (unless otherwise stated), making clinical recommendations, dictating payment policy, or substituting for the judgment of a physician and consultation with independent legal counsel.***