

## Obstetrical/Maternity Care

### Policy

Harvard Pilgrim reimburses obstetrical services to contracted obstetrical providers using 25 weeks gestation to distinguish between global and individual service reimbursement. If services begin at less than 25 weeks gestation, Harvard Pilgrim reimburses for global obstetrical services. If services begin at 25 or more weeks gestation, Harvard Pilgrim reimburses individual obstetrical services.

Harvard Pilgrim reimburses inpatient maternity services performed in a Harvard Pilgrim–contracted facility.

### Policy Definition

*Obstetrical/Maternity care* is the caring for women during pregnancy, labor and childbirth, and the postpartum period.

### Prerequisite(s)

#### HMO/POS/PPO

##### Choice Plus and Options PPO Plans

Special notification requirements may apply for lengths of stay exceeding a specified length. Refer to the [products page](#) for special requirements.

##### Open Access HMO and POS

For [Open Access HMO](#) and [Open Access POS](#) products, no referral is required to see a contracted specialist.

### Harvard Pilgrim Reimburses<sup>1</sup>

#### HMO/POS/PPO

##### Global Obstetrical Delivery Package

Harvard Pilgrim reimburses professional obstetrical delivery package at a single all-inclusive (global) contract rate. Global delivery code services include antepartum care, delivery, and postpartum care.

##### Services Included in the Global Delivery Package

Consistent with CPT guidelines and The American College of Obstetricians and Gynecologists (ACOG), the following services are included in the global obstetric package (CPT 59400, 59510, 59610 or 59618). The following services will not be reimbursed when reported separately:

- All routine prenatal visits until delivery (typically 14 visits); for additional antepartum E&M visits that exceed the typical care due to complications refer to “Provider Billing Guidelines and Documentation” section of this policy
- First prenatal visit/initial evaluation, history and physical exam
- Recording of weight, blood pressures, fetal heart tones, specimen handling, and routine automated and chemical urinalysis
- Admission to the hospital (including history and physical exam)
- Supervision or management of uncomplicated labor, including induction services
- Vaginal or cesarean delivery
- Delivery of placenta
- Episiotomy
- Initial evaluation and resuscitation of the newborn by the obstetrician
- Application of fetal scalp electrodes and electronic fetal monitoring
- Physician standby services
- Inpatient hospital and outpatient office visits for a period of six weeks or 42 days after delivery
- Lactation services provided by the physician

**Reporting of Additional Antepartum E&M Visits Outside the Global Obstetrical Package due to Complications**

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Harvard Pilgrim will not consider separate E&M visits that are billed for obstetrical complications prior to the actual delivery, because it is not until the actual delivery that the appropriate assessment for the number of antepartum visits can be made.

If there are additional antepartum E&M visits for complications the claim for the global obstetrical care may be given individual consideration. Harvard Pilgrim will require the use of modifier 22 when billing the global obstetrical codes, which indicates services are over and above the typical care (typically 14 visits) and the submission of all medical documentation (such as progress notes and/or the antepartum flow sheet) the additional visits should be documented in the member's medical record.

If the medical documentation doesn't support additional visits due to complications no additional reimbursement will be applied.

**Antepartum, Delivery Only and/or Postpartum Care when Performed Separately**

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Harvard Pilgrim separately reimburses providers who do not provide the total global obstetrical package but does provide either antepartum, postpartum only, delivery only and/or postpartum care when billed with the appropriate CPT code (see general billing coding grids)

Antepartum services should be reported when there was a pregnancy loss, provider change, or insurance coverage change.

*Delivery Only* service should be reported when another provider (not within the same group) has performed only the delivery service and another provider has rendered the antepartum/postpartum care.

Delivery including postpartum services should be reported when another provider (not within the same group) has rendered the antepartum care.

*Postpartum Only* service should be reported when another provider (not within the same group) has rendered the delivery only or when the provider has rendered antepartum care and postpartum care.

**Laboratory Services**

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Harvard Pilgrim separately reimburses the following laboratory services from the global allowance, including but not limited to:

- Alpha-fetoprotein screening
- Antibody screening, including rubella
- Antigen; hepatitis, surface
- Blood glucose
- Blood typing; ABO and/or Rh factor
- Chlamydia screening
- Culture, bacterial (including commercial kits and urine cultures)
- HIV testing
- Obstetrical panel
- Immunoassay for infectious agent antibody
- Complete blood count
  - Hemogram, automated and manual differential white blood count (CBC)
  - Hemogram, platelet count, automated and manual differential
  - Hemogram and platelet count, automated
  - Hemogram and platelet count, automated and automated partial differential white blood count (CBC)
  - Hemogram and platelet count, automated and automated complete differential white blood count (CBC)
- Syphilis test
- Thyroid testing including thyroid-stimulating hormone

**Obstetric Ultrasound**

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Harvard Pilgrim will reimburse one complete ultrasound exam (real time with image documentation, fetal and maternal evaluation) for routine anatomy screening and dating per member per routine pregnancy.

Subsequent ultrasound examinations reported with routine screening diagnosis codes (see coding grid for specifics) will be considered medically unnecessary and denied (See below for routine limited ultrasound).

Harvard Pilgrim will not reimburse ultrasound in maternity care for:

- Sex determination
- Providing a keepsake picture of the fetus
- To view the fetus only
- More than one complete examination performed in the absence of specific clinical indications

Routine limited and follow-up obstetric ultrasounds (CPT code 76815, 76816) performed prior to a routine screening complete obstetric ultrasound will be reimbursed in addition to one routine screening complete obstetric ultrasound. However, routine limited and follow-up obstetric ultrasounds performed after the initial routine screening complete ultrasound will be denied as not medically necessary.

Subsequent routine obstetric ultrasound submitted with a routine diagnosis will be denied regardless of other non-routine diagnoses submitted. Subsequent routine obstetric ultrasounds will be denied if the same or different provider performed the initial routine ultrasound exam.

Harvard Pilgrim reimburses additional ultrasound examinations as medically necessary when performed for specific clinical indications.

**Additional Obstetrical Services**

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Harvard Pilgrim separately reimburses the following obstetrical services from the global allowance, when determined medically necessary by the physician:

- Administration and supply of immune globulin, RhoGAM
- Amniocentesis
- Fetal contraction stress test (Oxytocin)
- Fetal non-stress test for other than routine pregnancy diagnosis
- Cervical cerclage
- One complete routine obstetrical ultrasound—per pregnancy
- Fetal biophysical profile
- External cephalic version technique, with or without the suppression of labor
- Mandated Pap smear tests
- Medically necessary laboratory studies for medical complications such as cardiac problems, diabetes and premature rupture of membranes are excluded from the global obstetrical allowance and may be separately reimbursed
- Nuchal translucency ultrasound when performed separately from a standard obstetrical ultrasound

**Assistant Surgery Services**

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Harvard Pilgrim reimburses surgical assistant at cesarean section for delivery only, when the appropriate assistant surgeon modifier is appended.

**Multiple-Birth Deliveries**

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Multiple-birth deliveries are reimbursed when two different methods are used to deliver the infants. Harvard Pilgrim reimburses the cesarean section under the global delivery CPT code at 100% of the fee schedule; the vaginal delivery is reimbursed at 50% of the vaginal delivery only CPT code, when submitted with the 59 modifier.

**Inpatient Maternity Services**

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Please refer to the *Inpatient Acute Medical Admissions Payment Policy* for details.

### Harvard Pilgrim Does *Not* Reimburse

- More than one complete routine ultrasound — per pregnancy.
- A transabdominal or pelvic ultrasound when performed during the same session as a transvaginal ultrasound, as it is considered a redundant service.
- Detailed fetal anatomical ultrasounds for the supervision of normal pregnancy or antenatal screening of the mother as of date of service.

### Member Cost-Sharing

Services are subject to member out-of-pocket cost share (e.g., copayment, coinsurance, deductible).

### Provider Billing Guidelines and Documentation

#### Coding<sup>2</sup>

Code	Description	Comments
59000	Amniocentesis, any method	To bill for multiple fetuses, bill 59000 on two lines, include modifier 59 on the second line; bill a count greater than one on the second line if there are more than two fetuses (documentation is required when billing for multiple fetuses)
76801-76812, 76817	Ultrasound pregnant uterus	One (1) complete routine ultrasound exam (real time with image documentation, fetal & maternal evaluation) per pregnancy will be reimbursed when submitted with one of the following routine screening diagnoses:  <b><u>ICD-10 Covered Indications</u></b>
76815	Ultrasound, pregnant uterus, real time with image documentation, limited	(Use these codes to report performance of a limited obstetrical ultrasound)
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up	Limited or follow-up routine ultrasound exams performed prior to a routine screening complete ultrasound will be reimbursed. However, routine limited and follow-up obstetric ultrasounds performed after the initial routine screening complete ultrasound will be denied as not medically necessary when submitted with one of the following routine screening diagnoses:  <b><u>ICD-10 Covered Indications</u></b>

### Other Information

#### General Billing

- Bill separately reimbursed tests and procedures as they occur; separately allowed services billed after delivery may be denied for exceeding the filing limit based on the date of service.
- Services included in the global reimbursement rate should not be separately billed.
- If there are additional antepartum E&M visits for complications over and above the routine care (typically 14 visits) the claim for the global obstetrical care may be given individual consideration.

#### Harvard Pilgrim will require:

- The use of modifier 22 when billing the global obstetrical code (i.e., CPT 59400, 59510, 59610 or 59618).
- The submission of all medical documentation (such as progress notes and/or the antepartum flow sheet) the additional visits should be documented in the member's medical record.

**Global Delivery**

- Bill for global obstetrical delivery services if care begins at less than 25 weeks gestation and both delivery and postpartum services are provided.

Code	Description	Comments
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) including postpartum care	It is inappropriate to bill antepartum, delivery only codes or postpartum codes when billing this service.
59510	Routine obstetric care including antepartum care, cesarean delivery and postpartum care	
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	
59618	Routine obstetric care including antepartum care, cesarean delivery and postpartum care, following attempted vaginal delivery after previous cesarean delivery	

**Antepartum Only, Delivery Only or Delivery and/or Postpartum Care**
*Antepartum Care or Postpartum Care Only*

Antepartum care or postpartum care only codes should be used when member's coverage terminates with Harvard Pilgrim, member changes doctors, or has a pregnancy loss.

Bill using the following method if care begins after 25 weeks gestation for antepartum and/or postpartum care.

Code	Description	Comments
	Antepartum care, 1-3 visits	Use the most appropriate E/M code with a count of one; bill for each visit separately (these codes should not be billed when billing 59425/59426)  Note: An E/M service will be considered for reimbursement only after review of the supporting medical documentation when the claim is appealed
59425	Antepartum care, 4-6 visits	Bill only once per pregnancy, on one line, with a count of one using the date of the final visit
59426	Antepartum care, 7 or more visits	
59430	Postpartum care, only	Bill with a count of one, with the date of the final visit. This code should not be billed with global OB codes or delivery only that includes postpartum care

*Delivery Only*

Delivery only codes should be used when the antepartum care has been rendered by a different provider (does not apply to a different OB provider within the same group) or when care begins after 25 weeks gestation.

## PAYMENT POLICIES

Code	Description	Comments
59409	Vaginal delivery only (with or without episiotomy, and/or forceps)	Bill for delivery only services
59514	Cesarean delivery only	
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy, and/or forceps)	
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	

### *Delivery including Postpartum Care*

Delivery including postpartum care codes should be used when a different provider, (does not apply to a different OB provider within the same group) has provided the antepartum care or when care begins after 25 weeks gestation.

Code	Description	Comments
59410	Vaginal delivery only (with or without episiotomy, and/or forceps) including postpartum care	It is inappropriate to bill this code when the total global obstetrical care has been billed by the same group/provider. It is inappropriate to bill CPT 59430 separately when billing this code.
59515	Cesarean delivery only including postpartum care	
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy, and/or forceps) including postpartum care	
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery including postpartum care	

### **Assistant Surgery Services**

Bill assistant surgeon services for cesarean delivery with CPT code 59514 or 59620 and with one of the following modifiers: AS, 80, 81 or 82.

### **Multiple Birth Deliveries**

When two different delivery methods are used, bill the first line with the global obstetrical care CPT code; bill the second line with the delivery only CPT code and modifier 59. The global obstetrical care CPT code will be reimbursed at 100% and the delivery only CPT code will be reimbursed at 50% of the allowed amount. (Please submit documentation when billing for two different delivery methods.)

### **Related Policies**

#### Payment Policies

- Certified Midwives, Nurse Practitioners and Physician Assistants
- CPT and HCPCS Level II Modifier
- Evaluation and Management
- Gynecology
- Infertility Services
- Inpatient Acute Medical Admissions
- Newborn Care and Neonatal Intensive Care
- Observation

### Clinical and Authorization Policies

- Genetic and Molecular Diagnostic Testing Prior Authorization Policy
- New Technology Assessment and Non-Covered Services Medical Policy

#### PUBLICATION HISTORY

06/01/01	original documentation
10/01/01	fetal non-stress test added to services excluded from global allowance
07/01/02	lactation services defined as part of global allowance; added billing separately allowable services
10/01/02	added CPT codes for separately reimbursed services; removed circumcision from separately reimbursed services
04/30/03	2003 coding update
10/31/04	annual review
01/31/06	annual coding review
04/30/06	annual review added coverage of nuchal translucency; added table for individual billing of antepartum and postpartum care; updated ultrasound format in billing guideline table; slight language changes; added reimbursement info re: different delivery methods
07/31/07	annual coding update
07/31/07	annual review; updated clinical requirement for nuchal translucency ultrasound, update to global obstetrical contract rate to include automated urinalysis
07/31/08	annual review; clarified global professional reimbursement, updated facility inpatient maternity services statement; added Inpatient Acute Medical Admissions as a related policy
01/15/09	annual coding update; added routine obstetric ultrasound criteria
03/15/09	clarified OB ultrasound policy; update to modifiers 80, 81, 82 and AS
05/15/09	annual review; added information on follow-up & limited OB U/S reimbursement
06/15/10	annual review; added choice plus and options reference; added clarifying statement for use of codes 76815, 76816
05/15/11	annual review; minor edits for clarity
10/15/11	added billing instructions for complications of pregnancy to be billed with modifier 22; edits for clarity
01/01/12	removed First Seniority Freedom information from header
01/15/12	annual coding update
07/15/12	annual review; no updates
10/15/13	annual review; administrative edits only
01/15/14	annual coding update; added new CPT codes 81504 and 81507 — effective 01/01/14
02/15/14	removed reference to 6 week postpartum period from lactation services
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
10/15/14	annual review; added genetic testing medical policy as a related policy; administrative edits
06/15/15	ICD-10 coding update
10/15/15	annual review; no changes
01/15/16	annual coding update
04/15/16	added Prenatal Ultrasound Medical Policy as a related policy
10/15/16	annual review; added Infertility as a related policy, removed fetal scalp blood sampling from global delivery package, updated wording for general billing guidelines for clarity
04/15/17	Harvard Pilgrim will no longer reimburse a transabdominal ultrasound when performed during the same session as a transvaginal ultrasound or a detailed fetal anatomical ultrasound for supervision of normal pregnancy or antenatal screening of the mother as of date of service 06/15/17
10/15/17	annual review; no changes
01/01/18	updated Open Access Product referral information under Prerequisites
10/01/18	annual review; removed ICD-9 diagnosis codes; removed Genetic Testing Medical Policy and added Molecular Diagnosis Management (AIM) Medical Review Criteria under Related Policies; administrative edits
05/01/19	added CNM, CPM, NP and PA to Related Policies
10/01/19	annual review; archived Prenatal Ultrasound Medical Policy; added “pelvic ultrasound” to “transabdominal or pelvic ultrasound when performed during the same session as a transvaginal ultrasound, as it is considered a redundant service”
10/01/20	annual review; administrative edits; added related policy
10/01/21	annual review; revised Assistant Surgery Services for clarity, updated Provider Billing Guidelines and Documentation

<sup>1</sup>This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

<sup>2</sup>The table may not include all provider claim codes related to obstetrical/maternity care.