Anthem Blue Cross and Blue Shield
Commercial Professional Reimbursement Policy

Subject: Routine Obstetric Services		
IN/MO/WI Policy: 0011	**Committee Approved: 07/13/2018**	**Effective: 01/01/2019**

Coverage is subject to the terms, conditions, and limitations of an individual member's programs or products on the date of service and policy criteria listed below. This reimbursement policy also applies to Employer Group Retiree Medicare Advantage programs.

Description

Routine obstetric services are those services normally provided in uncomplicated maternity cases. These services include:

- All antepartum care
- Delivery services
- Postpartum care

In addition, the provider may render additional miscellaneous procedures such as maternity ultrasounds and fetal non-stress tests when necessary.

This policy documents the Health Plan's position on various obstetric services and when these services are included in the global reimbursement for obstetric care or when these services are eligible for separate reimbursement.

Policy

Global obstetric services rendered by a provider or within a provider group include antepartum care, delivery, and postpartum care. Reimbursement for global obstetric codes is based on all aspects of the global obstetric services (antepartum, delivery and postpartum) being provided by the provider or provider group reporting under the same TIN. If a provider or provider group reporting under the same TIN does not provide all antepartum, delivery and postpartum services, global obstetrical codes may not be used and providers are to submit for reimbursement only the elements of the obstetric services that were actually provided.

The Health Plan will not reimburse for duplicate or otherwise overlapping services during the course of the pregnancy.

Antepartum (before delivery) care:

Services typically provided for antepartum care would be the initial and subsequent patient history and physical examinations recording of weight, blood pressures, and routine chemical urinalyses. There are scheduled monthly visits up to 28 weeks gestation, biweekly visits to 36 weeks gestation, and weekly visits until delivery.

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Evaluation and Management:

- The initial office visit for the diagnosis of pregnancy is not included in global obstetric services.
- The Health Plan considers all subsequent E/M visits reported with a normal pregnancy and/or delivery diagnosis in the first diagnosis field to be included in the global obstetric services even when reported with any non-routine pregnancy diagnosis in subsequent diagnosis fields. It is the Health Plan's policy to reimburse global obstetric services based on a global fee when reported as global obstetrical care.
- Additional office visits are eligible for separate reimbursement for any unrelated condition and when the E/M is reported with a diagnosis code not related to a normal pregnancy diagnosis.
- The Health Plan defines normal pregnancy by the following ICD-10 diagnosis codes:

ICD-10-CM Code	ICD-10-CM Description
O09.511	Supervision of elderly primigravida, first trimester
O09.512	Supervision of elderly primigravida, second trimester
O09.513	Supervision of elderly primigravida, third trimester
O09.519	Supervision of elderly primigravida, unspecified trimester
O09.521	Supervision of elderly multigravida, first trimester
O09.522	Supervision of elderly multigravida, second trimester
O09.523	Supervision of elderly multigravida, third trimester
O09.529	Supervision of elderly multigravida, unspecified trimester
O09.611	Supervision of young primigravida, first trimester
O09.612	Supervision of young primigravida, second trimester
O09.613	Supervision of young primigravida, third trimester
O09.619	Supervision of young primigravida, unspecified trimester
O09.621	Supervision of young multigravida, first trimester

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ICD-10-CM Code	ICD-10-CM Description
O09.622	Supervision of young multigravida, second trimester
O09.623	Supervision of young multigravida, third trimester
O09.629	Supervision of young multigravida, unspecified trimester
O09.70	Supervision of high risk pregnancy due to social problems, unspecified trimester
O09.71	Supervision of high risk pregnancy due to social problems, first trimester
O09.72	Supervision of high risk pregnancy due to social problems, second trimester
O09.73	Supervision of high risk pregnancy due to social problems, third trimester
O09.811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09.812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.819	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09.821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09.823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester

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ICD-10-CM Code	ICD-10-CM Description
O09.891	Supervision of other high risk pregnancies, first trimester
O09.892	Supervision of other high risk pregnancies, second trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.899	Supervision of other high risk pregnancies, unspecified trimester
O80	Encounter for full-term uncomplicated delivery
Z33.1	Pregnant state, incidental
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester

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ICD-10-CM Code	ICD-10-CM Description
Z36.1	Encounter for antenatal screening for raised alphafetoprotein level
Z36.2	Encounter for other antenatal screening follow-up
Z36.3	Encounter for antenatal screening for malformations
Z36.4	Encounter for antenatal screening for fetal growth retardation
Z36.5	Encounter for antenatal screening for isoimmunization
Z36.81	Encounter for antenatal screening for hydrops fetalis
Z36.82	Encounter for antenatal screening for nuchal translucency
Z36.83	Encounter for fetal screening for congenital cardiac abnormalities
Z36.84	Encounter for antenatal screening for fetal lung maturity
Z36.85	Encounter for antenatal screening for Streptococcus B
Z36.86	Encounter for antenatal screening for cervical length
Z36.87	Encounter for antenatal screening for uncertain dates
Z36.88	Encounter for antenatal screening for fetal macrosomia
Z36.89	Encounter for other specified antenatal screening
Z36.8A	Encounter for antenatal screening for other genetic defects
Z36.9	Encounter for antenatal screening, unspecified
Z39.0	Encounter for care and examination of mother immediately after delivery
Z39.1	Encounter for care and examination of lactating mother

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ICD-10-CM Code	ICD-10-CM Description
Z39.2	Encounter for routine postpartum follow-up

Delivery Services include:

- admission to the hospital with history and physical examination
- management of uncomplicated labor
- cervical dilatation to progress/facilitate labor
- vaginal delivery (with or without episiotomy, with or without forceps), or cesarean delivery.

*Note: Medical problems complicating labor and delivery management may require additional resources and should be identified by utilizing the appropriate CPT codes in the Medicine and Evaluation and Management Services section of the CPT manual in addition to codes for maternity care.

Postpartum (after delivery) care includes:

- Hospital and office visits following vaginal or cesarean section delivery
- A 45-day postpartum period applies for maternity delivery codes. For unrelated postpartum care refer to the Global Surgery Policy.
- Insertion of a Bakri balloon for treatment of postpartum hemorrhage.

Delivery Reimbursement Methodology:

Single Delivery reimbursement is based on the following rules:

- Single vaginal delivery: The appropriate global delivery, delivery only, or delivery/postpartum care code should be reported to indicate the services provided and allowed at 100% of the maximum allowance.
    - 59400 and 59610 represent global obstetric care including antepartum care, vaginal delivery, and postpartum care
    - 59410 and 59614 represent delivery and postpartum care
    - 59409 and 59612 represent delivery only
- Single cesarean section delivery: The appropriate global delivery, cesarean delivery only, or cesarean delivery/postpartum care code should be reported to indicate the services provided and allowed at 100% of the maximum allowance.
    - 59510 and 59618 represent global obstetric care including antepartum care, cesarean delivery, and post postpartum care
    - 59515 and 59622 represent cesarean delivery and postpartum care
    - 59514 and 59620 represent cesarean delivery only

Multiple Deliveries reimbursement is based on the following rules:

- Multiple vaginal deliveries:

- For the first delivery, the appropriate global delivery, delivery only, or delivery/postpartum care code should be reported and is allowed at 100% of the [maximum allowance]. Vaginal delivery codes include:
- 59400 and 59610 represent global obstetric care including antepartum care, vaginal delivery, and postpartum care
- 59410 and 59614 represent delivery and postpartum care
- 59409 and 59612 represents delivery only
- For each additional vaginal delivery, the appropriate "vaginal delivery only" code 59409 or 59612—must be reported with modifier 59 and is allowed at 50%.

- Multiple cesarean section deliveries:
  The Health Plan follows ACOG guidelines and does not allow additional reimbursement for multiple births when all babies are delivered by C-section. Modifier 22 may be attached to the appropriate C-section code if the physician work required for the multiple births is substantially greater than typically required for cesarean section delivery.
  - Documentation supporting the additional work must be submitted with the claim in order for additional reimbursement for Modifier 22 to be considered.

Combined Deliveries

- Combined vaginal and cesarean section deliveries: The provider should report the appropriate vaginal delivery code for the first delivery, and the C-section "delivery only" code with modifier 59 appended, for any additional C-section deliveries. Additional deliveries are subject to the standard multiple surgical reimbursement policy.

Non-global obstetric services:

There may be times when a member does not receive global maternity care (global maternity care consists of all three of the components—antepartum, delivery, and postpartum care) from a single provider or provider group due to various circumstances. Providers should report the **components** of maternity care for individual services when the global maternity care is not provided:

- **Antepartum only care:**
  - 99201-99215 *(Antepartum care only; 1-3 visits, each date reported)*
  - 59425 (*Antepartum care only; 4-6 visits reported as 1 unit*)
  - 59426 (*Antepartum care only; 7 or more visits reported as 1 unit*)

- **Delivery only or delivery with postpartum care only:**
  - 59409 *Vaginal delivery only (with or without episiotomy and/or forceps*)
  - 59410 *Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care*
  - 59514 *Cesarean delivery only*
  - 59415 *Cesarean delivery only; including postpartum care*

- 59612 *Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)*
- 59614 *Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care*
- 59620 *Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;*
- 59622 *Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care*

- **Postpartum care only:**
  - 59430 *Postpartum care only (separate procedure)*

Miscellaneous procedures:

- Augmentation of labor, amniotomy, and vacuum extraction are not eligible for separate reimbursement; these services are included in the global reimbursement for labor and delivery. Prolonged physician attendance codes are not appropriate for labor and delivery. The Health Plan follows ACOG guidelines and prolonged services codes are not eligible for reimbursement.
- Reimbursement for a fetal non-stress test (CPT code 59025) is eligible for separate reimbursement per fetus.

References and Research Material

This policy was created through consideration of the following:

- The American College of Obstetrics and Gynecologists
- American Medical Association CPT guidelines

Related Policies
Global Surgery

Policy History	
01/01/2019	Paragraph 1 Policy Section: language update.
10/01/2017	Update to diagnosis list for 10/01/2017 ICD-10 updates.

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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