UHA
HEALTH INSURANCE

Global Maternity

Maternity care services rendered by licensed providers are covered. This includes prenatal care, false labor, delivery, and postnatal care.

Global Maternity Care is reported when a physician from an individual or group practice provides the global routine obstetric care, which includes the antepartum care, delivery, and postpartum care. Providers are reimbursed a global payment for the total physician services related to the pregnancy from the initial diagnosis of the pregnancy until the end of the postpartum period. The provider is paid at the global fee for all physician services regardless of the number of office visits or possible complications with the pregnancy.

Note:
Other visits or services within the antepartum care, such as diagnostic tests, laboratory services (excluding urinalysis), and radiology services are covered separately or as defined in the Medical Benefits Guide.

A. The following services are included in the global obstetrical package related to both vaginal and Cesarean delivery and will not be reimbursed separately when performed by the OB provider.

1. All prenatal visits, including history and physical examinations

2. Urinalysis, initial and subsequent (CPT codes 81000, 81001, 81002, 81003, 81005)

3. Labor and delivery (vaginal and Cesarean section) services including, but not limited to induction and any internal or external fetal monitoring performed and any obstetrical administered anesthesia except those services otherwise listed (CPT codes 59400, 59510, 59610, 59618)

4. Initial evaluation and resuscitation of the newborn by the obstetrician

5. Episiotomy (CPT code 59300)

6. All postpartum care through 6 weeks, including suture removal, Pap smears, and discussions on birth control (CPT codes: Q0091 Pap and 99401 birth control counseling)

7. Supervision of labor

8. Delivery of placenta (CPT 59414)

B. The following services are **not included** in the global obstetrical package and are reimbursed separately:

1. Professional component of ultrasounds when deemed medically necessary (CPT codes 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816 76817, 76825, 76826, 76827, 76828, 76945, 76946)

2. Technical component of ultrasounds (CPT code 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816 76817, 76825, 76826, 76827, 76828, 76945, 76946)

3. Fetal biophysical profile (CPT code 76818, 76819)

4. Fetal nuchal translucency (CPT code 76813, 76814)

5. External cephalic version (CPT code 59412)

6. Chorionic villus sampling, any method (CPT 59015)

7. Circumcision (CPT code 54150, 54160)

8. RhoGAM injection (CPT code 90384, 90385, 90386)

9. Cervical cerclage (CPT code 59320, 59325)

10. Postpartum D&C (CPT code 59160)

11. Antenatal inpatient medical care for **medical complications** of pregnancy. Bill the inpatient codes CPT codes 99221-99233 as appropriate

12. Other laboratory tests not including urinalysis

13. Observation or inpatient hospital care (CPT code 99217, 99218, 99219, 99220, 99234, 99235, 99236, G0378) not resulting in delivery during the same admission

14. Payment for non-obstetrical services provided by an obstetrician during the pregnancy

15. Tubal ligation performed alone (CPT codes 58600, 58605, 58611, 58615, 58617), or in conjunction with Cesarean or normal vaginal delivery in accordance with standard payment practice

16. Transabdominal amnioinfusion, including ultrasound guidance

17. Antepartum services:

    a. Amniocentesis; diagnostic

    b. Amniocentesis; therapeutic amniotic fluid reduction, includes ultrasound guidance (CPT code 59001)

    c. Fetal contraction stress test (CPT 59020, 59025)

    d. Fetal non-stress test (CPT 59025)

18. Cordocentesis (intrauterine), any method (CPT 59012)

19. Fetal monitoring during labor by consulting physician

IV. *Administrative Guidelines*

A. Documentation must be clear, legible, and maintained in the patient's medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the criteria specified in this policy to validate if services rendered met medical necessity and/or if claims submitted follow the specified reimbursement guidelines.

V. *Billing/Coding Guidelines*

A. Claims for global obstetric care should be submitted with one global obstetric code (59400, 59510, 59610, or 59618). When separate claims are submitted irrespective of the number of providers for prenatal delivery or postnatal services UHA will pay the individual claims separately up to the amount that would have been paid for the global fees.

B. UHA understands that as a result of an occasional patient changing providers or eligibility issues, care might be provided on an episodic basis by more than one provider.

    1. If a provider renders all or part of the antepartum/prenatal and/or postpartum patient care but does not perform the delivery, submit claims using the following guidelines:

a. For the provision of one to three antepartum visits, bill the appropriate evaluation and management code (new patient 99201-99205, established patient 99211– 99215) and the appropriate diagnosis, also append with the modifier TH.

b. For the provision of four to six antepartum visits, bill CPT code 59425 (Antepartum care only; 4 to 6 visits). One unit of service is billed with code 59425 and is inclusive of all four to six visits. Bill one line of service indicating the applicable start and through dates.

c. For the provision of seven or more antepartum visits are performed, bill CPT code 59426 (Antepartum care only; 7 or more visits). One unit of service is billed with code 59426 and is inclusive of seven or more visits. Bill one line of service indicating the applicable start and through dates.

d. For postpartum care, bill CPT code 59430 (Postpartum care only).

2. If a provider renders delivery services only, submit claims using one the following guidelines:

a. CPT code 59409 for vaginal delivery

b. CPT code 59514 for Cesarean section delivery

c. CPT code 59612 for vaginal delivery after previous Cesarean section

d. CPT 59620 for Cesarean section delivery following attempted vaginal delivery after previous Cesarean section

3. Billing for Multiple Gestation Deliveries

a. When billing the global maternity fee for multiple gestation deliveries, the provider should use the appropriate CPT code (59400 or 59610 for vaginal delivery or 59510 or 59618 for cesarean delivery) and add a modifier **22**. The diagnosis indicated in block 21 of the CMS 1500 claim form should reflect the multiple birth (e.g., 651.01 to represent twins) and a comment should appear in block 19 (e.g., twins or triplets).

C. UHA understands that as a result of a change in employment or other circumstances of the member, maternity care might be covered by more than one insurance carrier. Global obstetric care coding would not apply in these instances.

1. If a provider renders only a portion of the antepartum/prenatal and/or postpartum patient care for a member while covered by UHA, submit claims using the following guidelines:

a. For the provision of one to three antepartum visits while patient is a UHA member, bill the appropriate evaluation and management code (new patient 99201-99205, established patient 99211-99215) and the appropriate diagnosis, also append with the modifier TH.

b. For the provision of four to six antepartum visits while patient is a UHA member , bill CPT code 59425 (Antepartum care only; 4 to 6 visits). One unit of service is billed with code 59425 and is inclusive of all four to six visits. Bill one line of service indicating the applicable start and through dates.

c. For the provision of seven or more antepartum visits while patient is a UHA member, bill CPT code 59426 (Antepartum care only; 7 or more visits). One unit of service is billed with code 59426 and is inclusive of seven or more visits. Bill one line of service indicating the applicable start and through dates.

d. For postpartum care, bill CPT code 59430 (Postpartum care only).

VI. *Policy History*

Policy Number: MPP-0072-120301

Current Effective Date: 11/27/2018

Original Document Effective Date: 03/01/2012

Previous Revision Dates: 12/01/2013, 01/01/2017

PAC Approved Date: 03/01/2012