Obstetrical Care Bundling

Policy

Maternity care includes antepartum care, delivery services, and postpartum care. This policy describes reimbursement for global obstetrical (OB) codes and itemization of maternity care services. In addition, the policy indicates what services are and are not separately reimbursable to other maternity services. Unless otherwise specified, for the purposes of this policy Same Group Physician and/or Other Health Care Professional includes all physicians and/or other healthcare professionals of the same group reporting the same federal tax identification number.

1) Global Obstetrical Care - Global Obstetrical Care As defined by the American Medical Association (AMA), "the total obstetric package includes the provision of antepartum care, delivery, and postpartum care." When the Same Group Physician and/or Other Health Care Professional provides all components of the OB package, report the global OB package code.

2) Antepartum Care Only - Accommodates for situations such as termination of a pregnancy, relocation of a patient or change to another physician. In these situations, all the routine antepartum care (usually 13 visits) or global (OB) care may not be provided by Same Group Physician and/or Other Health Care Professional.

3) Delivery Services Only - Includes admission to the hospital, the admission history and physical examination, management of uncomplicated labor, vaginal delivery (with or without episiotomy, with or without forceps), or cesarean delivery.

4) Postpartum Care Only - Includes the postpartum period to be six weeks following the date of the cesarean or vaginal delivery.

5) Delivery + Postpartum Care - Sometimes a physician performs the delivery and postpartum care with minimal or no antepartum care. In these instances, the CPT book has codes for vaginal and cesarean section deliveries that encompass both of these services. The following are CPT defined delivery plus postpartum care codes:

Obstetric Care Bundles

Code(s)	Description	Code Type
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	Global Obstetric
59510	Routine obstetric care including antepartum care, cesarean delivery and postpartum care	Global Obstetric
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	Global Obstetric
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery.	Global Obstetric
59425	Antepartum care only; 4-6 visits	Antepartum Care Only
59426	Antepartum care only; 7 or more visits	Antepartum Care Only

59409	Vaginal delivery only (with or without episiotomy and/or forceps)	Delivery Services Only
59514	Cesarean delivery only	Delivery Services Only
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)	Delivery Services Only
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	Delivery Services Only
59430	Postpartum care only (separate procedure)	Post-Partum Care Only
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Delivery + Post-Partum
59515	Cesarean delivery only; including postpartum care	Delivery + Post-Partum
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	Delivery + Post-Partum
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care.	Delivery + Post-Partum

Services Included in the "Global Obstetrical" Care Package

Description	Code(s)
All routine prenatal visits until delivery (approximately 13 for uncomplicated cases)	
Initial and subsequent history and physical exams	
Recording of weight, blood pressures and fetal heart tones	
Routine chemical urinalysis	81000, 81002
Admission to the hospital including history and physical	
Inpatient Evaluation and Management (E/M) service provided within 24 hours of delivery	
Management of uncomplicated labor	
Delivery of placenta	59414
Administration/induction of intravenous oxytocin	96365 - 96367
Insertion of cervical dilator on same date as delivery	59200
Repair of first or second degree lacerations	
Simple removal of cerclage (not under anesthesia)	
Uncomplicated inpatient visits following delivery	
Routine outpatient E/M services provided within 6 weeks of delivery	

Services Excluded from the "Global Obstetrical" Care Package

The following services are excluded from the global OB package and may be reported separately if warranted:

Description	Code(s)
Initial E/M to diagnose pregnancy if antepartum record is not initiated at this confirmatory visit. This confirmatory visit would be supported in conjunction with the use of diagnosis code V72.42 (Pregnancy examination or test, positive result)	
Laboratory tests (excluding routine chemical urinalysis)	
Maternal or fetal echography procedures	76801 - 76828
Amniocentesis, any method	59000, 59001
Amnioinfusion	59070
Chorionic villus sampling (CVS)	59015
Fetal contraction stress test	59020

Fetal non-stress test	59025
External cephalic version	59412
Insertion of cervical dilator more than 24 hours before delivery	59200
E/M services for management of conditions unrelated to the pregnancy (e.g., bronchitis, asthma, urinary tract infection) during antepartum or postpartum care; the diagnosis should support these services.	
Additional E/M visits for complications or high risk monitoring resulting in greater than the typical 13 antepartum visits; per ACOG these E/M services should not be reported until after the patient delivers. Append modifier 25 to identify these visits as separately identifiable from routine antepartum visits.	
Inpatient E/M services provided more than 24 hours before delivery	
Management of surgical problems arising during pregnancy (e.g., appendicitis, ruptured uterus, cholecystectomy).	

Services Included in the "Delivery Services Only" Care Package

Description	Code(s)
Admission to the hospital	
The admission history and physical examination	
Management of uncomplicated labor, vaginal delivery (with or without episiotomy, with or without forceps, with or without vacuum extraction), or cesarean delivery, external and internal fetal monitoring provided by the attending physician	
Intravenous (IV) induction of labor via oxytocin	96365 - 96367
Delivery of the placenta; any method	
Repair of first or second degree lacerations	
Cervical dilator	59200

High Risk/Complications

A patient may be seen more than the typical 13 antepartum visits due to high risk or complications of pregnancy. These visits are not considered routine and can be reported in addition to the global obstetrical codes. The submission of these high risk or complication services is to occur at the time of delivery, because it is not until then that appropriate assessment for the number of antepartum visits can be made. Oscar will separately reimburse for E/M services associated with high risk and/or complications when modifier 25 is appended to indicate it is significant and separate from the routine antepartum care and the claim is submitted with an appropriate high risk or complicated diagnosis code.

E/M Service with an Obstetrical (OB) Ultrasound Procedure

Oscar follows ACOG coding guidelines and considers an E/M service to be separately reimbursed in addition to an OB ultrasound procedures (CPT codes 76801-76817 and 76820- 76828) only if the E/M service has modifier 25 appended to the E/M code. If the patient is having an OB ultrasound and an E/M visit on the same date of service, by the Same Individual Physician or Other Health Care Professional, per ACOG coding guidelines the E/M service may be reported in addition to the OB ultrasound if the visit is identified as distinct and separate from the ultrasound procedure. Per CPT guidelines, modifier 25 should be appended to the E/M service to identify the service as separate and distinct.

Multiple Gestation

Oscar's reimbursement for twin deliveries follows ACOG's coding guidelines for vaginal, cesarean section, or a combination of vaginal and cesarean section deliveries. See table below for appropriate code submission regarding delivery of twin births.

Delivery Type	Baby	Code-Modifier
Vaginal	Baby A	59400
	Baby B	59409-59
VBAC	Baby A	59610
	Baby B	59612-59
Cesarean Delivery	Baby A + Baby B	59510
Repeat Cesarean Delivery	Baby A + Baby B	59518
Vaginal Delivery + Cesarean Delivery	Baby A	59409-51
	Baby B	59510
VBAC + repeat Cesarean Delivery	Baby A	59612-51
	Baby B	59618

Publication History

Date	Action/Description
9/01/2015	Original Documentation
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