HNE

Payment Policy

Obstetrical Services

Global Obstetric Care:

Health New England reimburses obstetrical services to obstetrical providers using 25 weeks gestation to distinguish between global and non-global reimbursement. These services include antepartum care, intrapartum care and postpartum care.

Antepartum Care:

- The initial visit to determine whether or not the member is pregnant should be billed with the appropriate E & M CPT code along with the code for the pregnancy test. Once the pregnancy is confirmed, visits are typically scheduled monthly up to 28 weeks gestation, biweekly up to 36 weeks gestation followed by weekly visits until delivery. Per The American Congress of Obstetricians and Gynecologists this amounts to approximately 13 - 15 antepartum visits (see www.acog.org). Antepartum care includes the initial and subsequent history, physical examinations, recording of weight, blood pressures, fetal heart tones, routine chemical urinalysis, initial glucose tolerance test, venipuncture or specimen collection performed in the office. (For extensive complications or unusual circumstances, HNE will consider payment on any of the above services outside the global reimbursement on an individual consideration basis after review of medical notes). There may be instances in which a member may see her obstetrician for a non-pregnancy related condition. These services will be paid on an individual basis when billed with the appropriate E & M CPT code and ICD-9 diagnosis code.

Intrapartum Care:

- Intrapartum care is the care rendered at the time of delivery. Delivery services include the admission to the hospital, admission history and physician examination, management of uncomplicated labor and vaginal delivery (with or without episiotomy, with or without forceps) or cesarean delivery.

Postpartum Care:

- Postpartum care includes hospital and outpatient visits that are routine following a vaginal or cesarean section delivery up to six weeks post delivery.

When billing for global delivery, submit one claim for delivery with the appropriate CPT procedure codes:

- 59400 (vaginal delivery)
- 59510 (Cesarean delivery)
- 59610 (vaginal delivery after a previous Cesarean delivery)
- 59618 (Cesarean delivery after vaginal delivery attempt after a previous Cesarean delivery)

Multiple-Birth Deliveries:
Multiple vaginal or cesarean deliveries are reimbursed under the single global payment. When two different delivery methods are used, bill the first line with the appropriate CPT code for global obstetrical care and the second with the appropriate delivery only CPT code and modifier 59. HNE will reimburse the global obstetrical code at 100% of the provider's contracted rate and the delivery only code at 50% of the contracted rate. Please submit documentation when billing two different delivery methods.

Assistant Delivery:
HNE will reimburse assistant surgeons for cesarean deliveries based on 20% of the services paid to the delivering physician. The appropriate assistant surgeon modifier is required.

Services that are not included in the global fee include but are not limited to:

- CBC with differential/blood typing Rh antibody screening
- Hepatitis B, Rubella, Syphilis, HIV
- AFP – Alpha-fetoprotein screening
- Fetal Echocardiography
- Rho(D) immune globulin or administration of
- Fetal non-stress tests
- Obstetrical Ultrasound
- Cervical Cerclage
- Amniocentesis, CVS – chorionic villus sampling
- External cephalic version
- Circumcision
- Tubal Ligation

Please bill with the appropriate CPT codes for these services.

Non-Global Obstetrical Services:
The provider may not follow the member for the duration of her pregnancy. These reasons may include the member moving to another physician (not associated with your practice), moving away prior to delivery, losing the pregnancy, or changing insurance. The billing must reflect the actual services rendered. Claims should be submitted for non-global services with the appropriate CPT procedure codes:

- 59425-59426 (antepartum visits)
  If the provider does not follow the member for the duration of her pregnancy, the billing must reflect the actual services that the provider has rendered. An example is if a member received prenatal care, but did not deliver, with that same provider. If the member had a total of 4-6 antepartum visits, the global CPT code 59425 with 1 unit should be used, and the last date of service reported. If the member has 7 or more visits, the code 59426 should be billed. This also should be submitted with 1 unit, and the last date of service reported.
- If 1-3 antepartum care visits only have been performed, bill each date of service separately. Claims should be submitted with the most appropriate E&M CPT procedures codes and the appropriate pregnancy diagnosis.
- 59409, 59514,59612 or 59620 (delivery only)
- 59410,59515 or 59614 (the delivery and postpartum care only)
- 59430 (postpartum only)