

# Maternity billing to improve quality and postpartum engagement



Effective March 1, 2022, Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) will not reimburse postpartum visits — CPT® code 59430, postpartum care only — if billed in conjunction with a global or bundled CPT code. Simply and CHA will begin reducing payments by paying the claim at the correct rate. This represents the actual procedure rendered at the correct frequency without duplication of payment for services already billed under a global procedure code or a separately billed procedure code for all bundled delivery claims if the postpartum CPT Category II code (Table 1.2) is not submitted within timely filing (180 days) to verify postpartum visit completion.

In the 2019 issue brief from the Centers for Medicare & Medicaid Services (CMS), various payment strategies were analyzed to promote postpartum visit engagement across the nation. It was found that fee-for-service (FFS) payments were linked to improved quality.

### **Global/bundled payments**

Most states across the nation pay for maternity care in Medicaid and CHIP using a global payment for professional services provided during the perinatal period, including prenatal care, labor and delivery, and postpartum care. Another common form of payment used are bundled payments. Bundled payments include all routine professional services provided during labor and delivery, and postpartum care.

Per CMS,<sup>2</sup> this type of global/bundled payment is often triggered by the delivery and is not tied to performance on quality metrics. This payment structure can inadvertently function as a disincentive to the provision of postpartum care because providers receive the same payment, regardless of whether the woman attends the postpartum visit. CMS also identified that global/bundled payments can create data quality and measurement issues because providers bill for the entire pregnancy episode rather than the component services included in the global or bundled CPT code, making it hard to track postpartum visits without undertaking costly medical chart review.1

Simply and CHA maternity services reimbursement policy states that providers must bill antepartum care, deliveries, and postpartum care as individual services.<sup>4</sup> Simply and CHA do not allow reimbursement for global obstetrical codes unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Simply and CHA will not reimburse for duplicate services during the course of the pregnancy.<sup>4</sup>

### Billing routine perinatal care and delivery as individual services example:

Providers should use the appropriate CPT codes (Table 1.1) for antepartum and postpartum care. Simply and CHA cover 14 visits for low-risk pregnancies and 18 visits for high-risk pregnancies during the antepartum period, and up to three postpartum visits within 90 days following delivery.<sup>5</sup>

**Table 1.1 Antepartum and postpartum CPT codes** 

Antepartum	Postpartum	
H1000: Prenatal visit(s)	59430:	
H1001: Prenatal visit with completion of Healthy Start Prenatal Risk Screening	Postpartum care only	
H1001 TG: Used when Healthy Start Prenatal Risk Screening is completed during the first trimester of the pregnancy		

### **Delivery services only CPT codes:**

Codes	Description	
59409	Vaginal delivery only (with or without episiotomy and/or forceps)	
59514	Cesarean delivery only	
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)	
59622*	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery, including postpartum care*	

### **Routine hospital visits**

Codes	Description
ICD-10 code Z39.0	Encounter for care and examination of mother immediately after delivery <sup>1</sup>
99231, 99238	Vaginal delivery: one inpatient visit, one discharge
99231, 99232, 99238	Cesarean delivery: two inpatient visits, one discharge

## Billing routine perinatal care as global services example:

Global CPT codes for entire pregnancy episode:		
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps), and postpartum care	
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	

When using a global payment for professional services provided during the entire perinatal period, providers should submit the appropriate CPT Category II codes (Table 1.2) for antepartum and postpartum care visits. Simply and CHA cover 14 visits for low-risk pregnancies, 18 visits for high-risk pregnancies during the antepartum period, and three postpartum visits within 90 days following delivery.<sup>5</sup>

# Bundled CPT codes for routine labor and delivery and postpartum care (inpatient and outpatient care) service example:

Code	Description
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
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

When bundling payments for all routine professional services provided during labor and delivery and postpartum care, providers should submit the appropriate CPT Category II codes (Table 1.2) for postpartum care visits. Simply and CHA recommend three postpartum visits within 90 days following delivery.<sup>3</sup>

# Table 1.2 Antepartum and postpartum CPT Category II codes

Antepartum	Postpartum
0500F — Initial prenatal visit	0503F — Postpartum
0501F — Routine prenatal visit	visit
0502F — Subsequent prenatal visit	

### Outcome of delivery/weeks of gestation:

Providers are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims. Failure to report the appropriate diagnosis code will result in denial of the claim.

<sup>\*</sup> Exception: When submitting bundle bill CPT code 59622, provider may also bill up to three postpartum visits (CPT code 59430) within 90 days following delivery. Delivery services only CPT code 59620, cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery, is not on the 2021 AHCA Practitioner Fee Schedule.<sup>3</sup>

To learn more about Simply and CHA maternity guidelines, contact Provider Relations and/or the OB practice consultant at 844-405-4296.

#### **Resources:**

- 1 American College of Obstetricians and Gynecologists. (2021). Coding for postpartum services (the fourth trimester). https://www.acog.org/practice-management/coding/coding-library/coding-for-postpartum-services-the-4th-trimester
- 2 Centers for Medicare and Medicaid. (2019). Lessons Learned About Payment Strategies to Improve Postpartum Care in Medicaid and CHIP. <a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/postpartum-payment-strategies.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/postpartum-payment-strategies.pdf</a>
- 3 Florida Agency for Health Care Administration. (2021). *Practitioner Fee Schedule*. https://ahca.myflorida.com/Medicaid/review/Reimbursement/2021-01-01\_Fee\_Sched\_Billing\_Codes/Practitioner\_Fee\_Schedule\_2021.pdf
- 4 Simply Healthcare Plans, Inc. & Clear Health Alliance. (2020, August, 7). Maternity Services. *Reimbursement Policy*. https://provider.simplyhealthcareplans.com/docs/inline/FLFL\_SMH\_RP\_Surgery\_MaternityServices.pdf?v=202103241945
- 5 Simply Healthcare Plans, Inc. & Clear Health Alliance. (2021). Provider Manuel Florida Statewide Medicaid Managed Care Managed Medical Assistance and Florida Healthy Kids.
  - https://provider.simplyhealthcareplans.com/docs/gpp/FLFL\_SMH\_FHKProviderManual.pdf?v=202102231922

### https://provider.simplyhealthcareplans.com • https://provider.clearhealthalliance.com

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

SFLPEC-2947-22