

## Obstetrical Care Bundling

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### **Description**

Current Procedural Terminology (CPT) guidelines and the American College of Obstetricians and Gynecologists (ACOG) describe Global Obstetrical (OB) package services provided in uncomplicated maternity cases, including antepartum care, the delivery, and postpartum care. This policy describes reimbursement for global OB codes and itemization of obstetrical services.

### **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 (TIN).

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.

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.

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.

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

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.

### **Reimbursement Guidelines**

Providers may file global maternity care when they provide prenatal care, labor and delivery, and postpartum care. A global package should only be billed when all maternity-related services are provided by the Same Group Physician and/or Other Health Care Professional reporting under the same TIN.

#### **Services Included in the "Global Obstetrical" Care Package**

Per CPT guidelines and ACOG, the following services are included in the global OB package (CPT codes 59400, 59510, 59610, 59618):

- 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
- 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
- Administration/induction of intravenous oxytocin
- Insertion of cervical dilator on same date as delivery
- 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

Oscar will not separately reimburse the above services when reported independently from the global obstetric code.

#### Services Excluded from the “Global Obstetrical” Care Package

Per CPT guidelines and ACOG, the following services are excluded from the global OB package (CPT codes 59400, 59510, 59610, 59618) and may be reported separately if warranted:

- 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 Z32.01 (Encounter for pregnancy test, result positive)
- Laboratory tests (excluding routine chemical urinalysis)
- Maternal or fetal echography procedures
- Amniocentesis, any method
- Amnioinfusion
- Chorionic villus sampling (CVS)
- Fetal contraction stress test
- Fetal non-stress test
- External cephalic version
- Insertion of cervical dilator more than 24 hours before delivery
- 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

According to CPT and ACOG coding guidelines, the following services are included in the delivery services codes and should not be reported separately:

- 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
- Delivery of the placenta; any method
- Repair of first or second degree lacerations
- Cervical dilator

#### 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, 59409, or 59410
	Baby B	59409-59
VBAC	Baby A	59610, 59612, or 59614
	Baby B	59612-59
Cesarean Delivery	Baby A + Baby B	59510, 59514, or 59515
Repeat Cesarean Delivery	Baby A + Baby B	59518, 59620, or 59622
Vaginal Delivery + Cesarean Delivery	Baby A	59409-51
	Baby B	59510, 59514, or 59515
VBAC + repeat Cesarean Delivery	Baby A	59612-51
	Baby B	59618, 59620, or 59622

Multiple Surgery guidelines will apply to the second and succeeding delivery codes. Please refer to the Multiple Procedures Reimbursement Policy for additional information.

#### Assistant Surgeon for Cesarean Sections

When an assistant surgeon is necessary for a cesarean delivery, only a non-global cesarean section delivery code (CPT codes 59514 or 59620) is a reimbursable service when submitted with an appropriate assistant surgeon modifier. Global obstetric codes are not payable as an assistant surgeon service. Refer to Oscar's Multiple Surgeon Reimbursement Policy for additional information regarding modifiers and reimbursement.

#### Itemization of OB Services

Global OB codes are utilized when the Same Group Physician and/or Other Qualified Health Care Professional provides all components of the OB package. However, physicians from different group practices may provide individual components of maternity care to a patient throughout a pregnancy. Although OB Related E/M Services should be billed as a global package, itemization of OB Related E/M Services may occur in the following situations:

- A patient transfers into or out of a physician or group practice
- A patient is referred to another physician during her pregnancy
- A patient has the delivery performed by another Physician or Other Qualified Health Care Professional not associated with her physician or group practice
- A patient terminates or miscarries her pregnancy
- A patient changes insurers during her pregnancy

**Coding**

Obstetrical care packages and components discussed above and as described in the CPT codebook are as follows:

Code	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)	Postpartum Care Only
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Delivery + Postpartum
59515	Cesarean delivery only; including postpartum care	Delivery + Postpartum
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	Delivery + Postpartum
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care.	Delivery + Postpartum

**Related Policies**

Multiple Procedures

Multiple Surgeons

**References**

1. American Medical Association, Current Procedural Terminology (CPT®)
2. Centers for Medicare & Medicaid Services (CMS), ICD-10-CM
3. [American College of Obstetricians and Gynecologists](#)

**Publication History**

Date	Action/Description
09/01/2015	Original Documentation
09/27/2015	Approval and inclusion in Oscar Provider Manual
05/15/2025	Added Description Section; Updated format of Policy section to remove numbered bullets from definitions; Moved Obstetric Care Bundles table into Coding Section; Added Reimbursement Guidelines heading and reimbursement guideline statement. Updated Services Included in the "Global Obstetrical" Care Package, Services Excluded from the "Global Obstetrical" Care Package, and Services Included in the "Delivery Services Only" Care Package to be sub-headings and replaced tables of services with bullet points; Added additional codes to the Multiple Gestation Section for completeness; Added new sub-headings and reimbursement guidelines for Assistant Surgeon for Cesarean Sections and Itemization of OB Services.