OVERVIEW
The services provided for an uncomplicated pregnancy include antepartum care, delivery, and postpartum care. The services provided for a high-risk pregnancy may require additional Evaluation and Management Services (E&M) services beyond the typical 13 visits. This policy documents the claim filing requirement for the additional Evaluation and Management Services (E&M).

MEDICAL CRITERIA
Not applicable.

PRIOR AUTHORIZATION
Not applicable.

POLICY STATEMENT
Additional antepartum Evaluation and Management Services (E&M) visits (in excess of the typical 13 visits) for a high-risk pregnancy are separately payable to the provider outside of the maternity global period. To ensure that the claims are processed correctly, visits greater than 13 are to be submitted for payment only at the time of delivery and must be submitted Modifier 25 and an appropriate high-risk diagnosis. *

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable Pregnancy and Maternity Services and Office Visit benefits/coverage.

BACKGROUND
Global maternity care includes pregnancy-related antepartum care, admission to labor and delivery, management of labor including fetal monitoring, delivery, and uncomplicated postpartum care until six weeks postpartum.

Antepartum care includes the initial and subsequent monthly visits for history, physical examinations, recording of weight, blood pressures, fetal heart tones, routine chemical urinalysis. These monthly visits continue up to 28 weeks gestation; then biweekly visits to 36 weeks gestation; and finally, weekly visits again until delivery. The above services are included in the global maternity reimbursement and should not be reported separately. Any other visits or services within this time period may be reported and coded separately, if not related to routine maternity care.

Delivery services include admission to the hospital, the admission history and physical examination, management of uncomplicated labor, and vaginal or cesarean delivery.

Postpartum care includes hospital and office visits following vaginal or cesarean section delivery.

CODING
To ensure correct claims processing, high risk pregnancy antepartum E & M visits in excess of 13 must be filed with one of the following high-risk diagnosis at the time of delivery:
High Risk Diagnosis- O09-O09.99 Supervision of a high-risk pregnancy.
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.