

Payment Policy | High Risk Pregnancy Services and Maternity Global Reimbursement



EFFECTIVE DATE: 09|01|2000
POLICY LAST UPDATED: 05|10|2018

OVERVIEW

The services provided for an uncomplicated pregnancy include antepartum care, delivery, and postpartum care. The services provided for a high-risk pregnancy are the same, but with medical or surgical problems complicating the antepartum period, including labor and delivery management. These pregnancies may require additional services and resources. The additional services and resources should be identified and documented in addition to the maternity care.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Evaluation & Management (E&M) services in excess of the usual number (13) covered under the reimbursement for the global maternity codes, are eligible for separate reimbursement under the following conditions:

- The service is for the diagnosis, codes of which represent conditions which would qualify as high risk as listed below under High Risk Pregnancy Diagnosis Codes.

Description:

- The medical record accurately describes the services provided and billed;
- The 13 E&M services covered by the Maternity Global Reimbursement have been exhausted.

E&M services (99211- 99215) identified as high risk maternity office visits are those in excess of the usual number covered under the reimbursement for the global maternity benefit, and will not be subject to member office visit copayment. E&M services **unrelated** to office visits for maternity care would follow the standard office copayment benefit.

COVERAGE

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

BACKGROUND

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. If a physician provides all or part of the antepartum and/or postpartum care, but does not perform the delivery, see the antepartum and postpartum care codes 59425-59426 and 59430.

Any evaluation and management (E&M) services performed that are related to the uncomplicated pregnancy are included in the provision of the antepartum care, and not reported separately. However, any other visits or services provided within the antepartum period, other than those listed above, may be coded and reported separately.

The other services and resources that may be required for medical or surgical complications of pregnancy (e.g., cardiac problems, neurological problems, diabetes, hypertension, toxemia, hyperemesis, pre-term labor, premature rupture of membranes, appendectomy, hernia, ovarian cyst, Bartholin cyst) would require the additional, appropriate E&M, medical or surgical codes.¹

Some of these services include, but are not limited to, the following:

- Management of inpatient or outpatient medical complications not related to pregnancy, such as cardiac problems, neurologic problems, pneumonia, chronic hypertension, diabetes, etc.
- Management of inpatient or outpatient medical complications related to pregnancy, such as bleeding, preterm labor, pregnancy induced hypertension, toxemia, hyperemesis, premature rupture of membranes etc.
- The laboratory tests performed during pregnancy excluding dipstick urinalysis.
- Management of surgical complications and problems of pregnancy, such as incompetent cervix, hernia repair, ovarian cyst, Bartholin cyst, ruptured uterus, appendicitis.
- Amniocentesis, chronic villous sampling, and cordocentesis (reported separately when performed).
- Fetal contraction stress test and fetal non stress test (reported separately when performed).
- Insertion of cervical dilator by physician (e.g., laminaria, prostaglandin).
- External cephalic version with or without tocolysis.
- The obstetric limited or complete ultrasound.
- Fetal biophysical profile.
- Fetal echocardiography.

CODING

The following are diagnosis codes which may lead to a pregnancy being labeled high risk:



High Risk Diagnosis

High Risk Pregnancy Diagnosis Codes:

RELATED POLICIES

Home Births

PUBLISHED

Provider Update June 2018

Provider Update May 2017

Provider Update, July 2012

Provider Update, June 2008

Policy Update, August 2007

Policy Update, July, 2004

REFERENCES

¹American Medical Association: CPT® 2016: Surgery :Maternity Care and Delivery

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