

# Obstetrical Care

Providers who can perform Obstetrical care in the state of Washington are:

- Physicians
- ARNPs
- ARNP Midwives
- Certified Licensed Midwives

## Billing Guidelines for Obstetrical Care

When billing for maternity services, please refer to the maternity section of your CPT® book for the appropriate codes.

### Global OB

The obstetric global package includes all the services normally provided in uncomplicated maternity cases (antepartum care, delivery, and postpartum care). These services are considered integral to the delivery and are, therefore, not coded or reimbursed separately.

### Partial Services

If partial services rather than global OB services are provided, the portion of care provided is billed. CPT® provides codes for partial maternity care.

### Antepartum Care

Description of Service	Claims submission
For 1-3 visits	Use evaluation and management codes
For 4-6 visits	59425
For 7 or more visits	59426

Evaluation and management (E&M) codes may be used if the member's condition requires separately identifiable services. These services must be above and beyond the global maternity services.

Records to support the additional E&M may be requested and the provider shall make these records available to Regence BlueShield upon request. The appropriate modifier (-25) must be used to indicate a separate condition is being addressed.

### Multiple Births

Multiple births are reimbursed using one global maternity code characterizing the main procedure and additional code(s) and modifier(s) for subsequent births. Regence BlueShield has adopted a payment structure based on the American College of Obstetricians and Gynecologists.

# Obstetrical and Newborn Services

## Billing Guidelines for Multiple Births

Description of Service	Global	Delivery Only	
		Baby 'A'	Baby 'B'
Twin birth, both vaginal	59400	59409	59409 - 51
Twin birth; both vaginal after previous C-section (VBAC)	59610	59612	59612-51
Twin birth; one vaginal, one C-section	59510	59409-51	59514
Twin birth; one VBAC one failed VBAC	59618	59612-51	59620
Twin birth; both C-section	59510	N/A	N/A
Twin birth; both failed VBAC	59618	N/A	N/A

For deliveries of more than two newborns, the same method of billing is followed; i.e., the primary birth is billed with the global services and the subsequent births are billed with the modality only code.

**Note:** For a copy of our reimbursement policy, please contact your provider relations representative at **1-800-562-2156**.

### High Risk

Reimbursement is reserved for those times when a service is more complicated than the “typical” obstetrical case. High-risk care occurs when there is a documented condition change in the member’s pregnancy requiring direct face-to-face practitioner care beyond the usual service. Modifier –22 may be used to indicate high-risk maternity.

The following criteria must be met:

- Diagnosed high-risk condition
- Additional face-to-face primary practitioner obstetrical care performed beyond the usual service for that high-risk condition.

In addition to meeting the above criteria, final determination will also include a review of services rendered by providers other than the primary practitioner for that high-risk condition.

---

# Obstetrical and Newborn Services

---

## Referred Cases

When a member is transferred into your care or you are not billing ‘globally’ for a member, please remember that for members with regular Regence BlueShield plans to receive their highest level of benefits, they must utilize the services of participating providers. For members with Regence BlueShield PPO plans to receive their highest level of benefits, they must utilize the services of Preferred Plan providers. Please make sure you refer your members to the appropriate practitioners or providers.

If you submit claims for a member who was referred to you by another practitioner, indicate that practitioner’s name in box 17 of the CMS-1500 claim form. For current lists of either participating or Preferred Plan providers, please call the appropriate provider customer service at **1-800-322-1737**.

## Licensed Midwives

### Billing Guidelines for Licensed Midwives and Labor Management

To bill for this service, please use the unlisted maternity care and delivery procedure code, as there is no CPT® code that appropriately describes labor management in the above scenario.

**Note:** *Regence BlueShield does not reimburse for labor management when the practitioner performs the delivery. This service is included in the delivery.*

### Supplies/Home Delivery

Supplies used during home delivery may be reimbursed. These supplies are billed using the BlueCross and BlueShield Association code S8415.

- The supply fee is not reimbursed separately when a birth occurs in a childbirth center, as supplies are included in the facility fee.
- No facility fee is allowed for home birth.

**Note:** *If complications of a home birth require transfer to an **approved** facility, a facility fee may be allowed from that facility (See “Facility Fee”).*

---

# Obstetrical and Newborn Services

---

## Newborn Coverage

Under most Regence BlueShield group plans, we will pay for well-baby hospital and physician care for the first 72 hours of life, according to the mother's eligibility and maternity benefits.

### The First 72 Hours

Plan	Coverage/Benefit
Most Plans	Coverage for the first 72 hours of life under the mother's plan applies to well-baby care and does not apply to claims for newborns with illness or injury conditions (sick-baby).
Boeing Plans	Well-baby, sick-baby, and circumcisions for the first 72 hours of life are reimbursed according to the mother's eligibility and maternity benefits.
Federal Employee Plan	Bill under the baby's name and include the date of birth
Healthy Options	Bill under the mother's ID number

### Complete Coverage for the Newborn

In order to receive complete benefits for an infant, including sick-baby care, a regular or Boeing subscriber must complete an enrollment form and submit it to his or her employer within 60 days of the infant's birth. Once eligibility is confirmed, coverage will be retroactive from date of birth.

<b>Federal Employee Program:</b> A Federal Employee Program subscriber does not need to complete an application for his or her newborn in order to have coverage.
---

### Newborn Care

Newborn care and circumcisions should be billed under the baby's name. Do not bill services under the mother's name. If you do not know the name of the baby, specify that the member is a newborn and provide the date of birth and sex of the child.