



Medical Policy Reference Manual Medical Policy Operating Procedure

4.01.006A Global Maternity Care

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Description

Global maternity care includes antepartum care, delivery services, and postpartum care. Antepartum care, more commonly known as prenatal or pregnancy care, typically begins during the first trimester after ultrasound confirmation of intrauterine pregnancy and continues until delivery of fetus (fetuses). Postpartum care begins after the delivery of fetus (fetuses). Antepartum, delivery and postpartum are also referred to as the perinatal period (Karrar, S. A., & Hong, P. L., 2022).

Healthy People 2030 guidelines from the U.S. Department of Health and Human Services (HHS) Office of Disease Prevention and Health Promotion emphasizes the importance of good health before, during and after pregnancy to reduce pregnancy complications and prevent maternal demise. In addition, good health during the perinatal period can have a positive impact on infants' health and well-being (HHS, 2023).

Policy

There is no policy statement for this Operating Procedure.

Policy Guidelines

There are no Policy Guidelines for this Operating Procedure.

Benefit Applications

Individual contracts may vary. Check the member's contract for specific benefits. Unless otherwise indicated in the contract, benefits are provided as follows:

When maternity benefits are provided under the member's contract, additional benefits **are not provided** for the following services, as they are included in the global maternity care allowance (see Provider Guidelines for exceptions):

- Antepartum care - refers to all routine prenatal care, including the initial history and physical exam, subsequent office visits, and related blood pressure and fetal heart tone readings, to the time of delivery.
- Delivery services, induction and management of labor, and delivery.
- Postpartum care - includes all routine visits rendered up to six weeks following delivery.
- External cephalic version performed by the provider of global maternity services.
- Delivery of the placenta

When maternity benefits are provided under the member's contract, **additional benefits are provided** for one baseline ultrasound (ICD-10 diagnoses Z33.1, Z34.00-Z34.03, Z34.80-Z34.93, Z36.0-Z36.9, Z3A.00-Z3A.49) and for all diagnostic ultrasounds, as they are not included in the global maternity care allowance.

When maternity benefits are provided under the member's contract, **additional benefits are provided** for diagnostic and therapeutic services not covered in the global maternity care allowance. The following are some examples of these services:

- laboratory tests as recommended in the CareFirst Preventive Services Guidelines, Recommended Perinatal Services Guidelines for Normal Pregnancy at <http://www.carefirst.com/providers/html/ClinicalResources.html>
- Rho(D) immune globulin (example: RhoGAM®, BAYRho-D®) injections
- fetal stress tests, fetal non-stress tests
- amniocentesis/chorionic villus sampling (CVS)
- medically necessary diagnostic fetal ultrasound tests
- fetal biophysical profile
- doppler velocimetry, fetal
- circumcision of the newborn
- tubal ligation
- cerclage of cervix during pregnancy
- fetal echocardiograms
- amnioinfusion
- outpatient or inpatient hospital visits, if the patient does not deliver during that episode of care (example: false labor)
- additional medical visits rendered for high-risk pregnancy /complications of pregnancy (example: diabetes, preeclampsia)

Benefits are provided for external cephalic version when performed by a provider other than the provider/group providing the global maternity services.

Benefits are not provided for doula services.

Multiple Births:

When maternity benefits **are provided** under the member's contract, an additional benefit is provided for the delivery only of one additional infant, regardless of the number of infants delivered (twins, triplets, etc.). (To report, see Provider Guidelines.)

Provider Guidelines

The provider must bill *only* for the actual services personally rendered. If a provider performs all or part of the antepartum care but does not perform the delivery, the actual number of antepartum visits should be reported using either evaluation and management codes for the first, second and third visits or antepartum care codes for the visits rendered when the total number of visits is greater than three (3). Each visit should be reported on a separate line with the appropriate code and the date of service.

For example:

- if provider sees a patient for three (3) antepartum visits, report the appropriate evaluation and management code for each visit along with the individual date of service
- if provider sees a patient for five (5) antepartum visits, report the CPT® code for antepartum care for 4-6 visits with a separate line for each date of service
- if provider sees a patient for eight (8) antepartum visits, report the CPT® code for antepartum care for 7 or more visits with a separate line for each date of service

The provider who actually performs the delivery would then bill for the delivery and postpartum services rendered, in addition to any remaining prenatal visits. Providers rendering global maternity care should bill under the appropriate global maternity care code rather than reporting antepartum, delivery and postpartum services separately.

When reporting multiple births, report the appropriate combination of codes as above or the global maternity code on a single line with a frequency of "1" (delivery of infant #1). Report the appropriate **delivery only code** * with the "distinct procedural service" modifier (59) appended, and a frequency of "1" on a separate line (for the additional delivery). In cases of multiple births via cesarean section, an assistant at surgery should report the appropriate delivery only code (with modifier) with frequency of "1" regardless of the number of infants delivered.

When pregnancy is confirmed during a problem-oriented or preventative visit, these services are not included in Global Maternity Care. Please report separately using the appropriate evaluation and management code.

* Report one of these codes only once regardless of the number of infants delivered.

Cross References to Related Policies and Procedures

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

ACR–ACOG–AIUM–SRU PRACTICE PARAMETER FOR THE PERFORMANCE OF OBSTETRICAL ULTRASOUND. Amended 2014 (Resolution 39)* Retrieved from: http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/US_Obstetrical.pdf

AIUM-ACR-ACOG-SMFM-SRU Practice Parameter for the Performance of Standard Diagnostic Obstetric Ultrasound Examinations. (2018). *Journal of ultrasound in medicine : official journal of the American Institute of Ultrasound in Medicine*, 37(11), E13–E24. <https://doi.org/10.1002/jum.14831>

American Medical Association, (2010) *Current Procedural Terminology*, (4th Edition), Chicago: Author.

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Karrar, S. A., & Hong, P. L. (2022). Antepartum Care. In StatPearls. StatPearls Publishing.
Kirschner, C.G. & Reyes, D. (Eds.). (1999). Coding for immunizations. *CPT assistant*, 9(1), 1-3.

Levels of Maternal Care: Obstetric Care Consensus No. 9. (2019, reaffirmed 2021). *Obstetrics and gynecology*, 134(2), e41–e55. <https://doi.org/10.1097/AOG.0000000000003383>

Pregnancy at Age 35 Years or Older: ACOG Obstetric Care Consensus No. 11. (2022). *Obstetrics and gynecology*, 140(2), 348–366. <https://doi.org/10.1097/AOG.0000000000004873>

U.S. Dept of Health and Human Services Office of Disease Prevention and Health Promotion (2023). Healthy People 2030: Pregnancy and Childbirth. Retrieved on 03/09/2023 from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth>

This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.