



Obstetrics

Reimbursement Policy ID: RPC.0068.6400

Recent review date: 02/2024

Next review date: 01/2025

AmeriHealth Caritas Florida reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Florida may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy describes the reimbursement guidelines for submitting claims for obstetrical services, including the initial visit, antepartum, delivery and postpartum services.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas Florida follows guidelines stated in the Florida Agency for Health Care Administration Reproductive Manual for submission of claims for the antepartum, delivery, and postpartum period.

Prenatal/perinatal care is a covered benefit providing checkups that allow providers to:

- Treat and prevent potential health problems throughout the course of the pregnancy
- Promote healthy lifestyles that benefit both mother and child

Prenatal/perinatal claims are submitted using CPT codes H1000 or H1001 and are covered at a maximum of 10 visits for low-risk pregnancies and 14 visits for high-risk pregnancies. Additional visits will not be reimbursed.

Delivery

Deliveries are billed using the appropriate delivery method (example: cesarean or vaginal delivery) including postpartum care and must be billed by the rendering provider. Multiple deliveries from a single pregnancy are not reimbursed when performed by the same delivery method.

CPT Code	Description
59410	Vaginal delivery only (with or without episiotomy and/or forceps; including postpartum care
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59515	Cesarean delivery only; including postpartum care
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean; including postpartum care

Postpartum

Up to two (2) postpartum visits are allowed within 90 days following delivery.

OB Ultrasounds

See reimbursement policy RPC.0038.6400

Definitions

Antepartum

The period of time between conception and the onset of labor.

Postpartum

The period of time after the delivery of the baby lasting six to eight weeks.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. <https://ahca.myflorida.com/medicaid/rules/adopted-rules-service-specific-policies>
- V. Florida Medicaid Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0038.6400 Obstetric Ultrasound

Policy History

04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas Florida from Policy History section
01/2023	Template revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section