Amerigroup RealSolutions® in healthcare

Maternity & Multiple Births Billing Guidelines and Resources

Quick Reference Guide

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Obstetrical Care Payment Structures

Global Obstetrical Care Package (antepartum, delivery, and postpartum care)

Amerigroup Community Care allows reimbursement for global obstetrical codes once per period of a pregnancy (defined as 279 days) when appropriately billed by a single provider or provider group reporting under the same federal TIN unless provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements indicate otherwise.

Reimbursement is based on all aspects of the global obstetric care package (antepartum, delivery, and postpartum) being provided by the provider or provider group reporting under the same TIN. If a provider or provider group reporting under the same TIN does not provide all antepartum, delivery and postpartum services, global obstetrical codes may not be used and providers are to submit for reimbursement only the elements of the obstetric package that were provided.

Additional antepartum evaluation and management (E/M) visits (in excess of the 13 included in global package) for a high-risk complication that is active in the current pregnancy, these additional visits are to be submitted for payment only at the time of delivery; these visits must be submitted with a Modifier 25 and an appropriate high-risk diagnosis.

Amerigroup will not reimburse for duplicate or otherwise overlapping services during the course of the pregnancy.

Global obstetrical care package

Description	CPT® codes
Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps), and postpartum care	59400
Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	59510
Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/ or forceps), and postpartum care, after previous cesarean delivery	59610
Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery	59618

When using a global payment for professional services provided during the entire perinatal period, providers should submit the appropriate CPT Category II codes for antepartum and postpartum care visits.

Bundled CPT codes for routine labor and delivery and postpartum care (inpatient and outpatient care)

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

When bundling payments for all routine professional services provided during labor and delivery and postpartum care, providers should submit the appropriate CPT Category II codes for postpartum care visits.

Outcome of delivery/weeks of gestation

Providers are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy related claims. Failure to report the appropriate diagnosis code will result in denial of the claim.

Antepartum and postpartum care coverage and billing for partial obstetrical care due to involvement of more than one provider during pregnancy

Antepartum care only

Antepartum care only must be billed using the appropriate evaluation and management procedure code per encounter.

Postpartum only

Postpartum only claims may be denied if global, delivery/postpartum, or postpartum only services have already been paid during the same pregnancy.

The visits for antepartum care must be billed with a diagnosis code in the ICD -10 CM range of O02.81 through O92.70 (Georgia Department of Community Health, 2022):

1. If the same provider began routine antepartum care in the first trimester of pregnancy (on or before 13 weeks gestation) and continued to deliver routine prenatal care through no less than 32 weeks of gestation (by date and/or ultrasound) and did not deliver the child, the provider must bill the appropriate evaluation and management code for **antepartum care** (Georgia Department of Community Health, 2022).
2. If the same provider began routine antepartum care later than the first trimester and/or did not continue to deliver routine prenatal care (as outlined above) through the 32nd week of gestation, the provider must bill each prenatal visit with an E/M procedure code. Routine prenatal care visits should be coded at the appropriate E/M code level, depending on the services rendered (Georgia Department of Community Health, 2022).
3. If a member begins prenatal care late (greater than 28 weeks gestation by dates and/or ultrasound), the provider must bill subsequent prenatal visits under the appropriate E/M code. The provider may also bill for **postpartum care**, depending on the services rendered (Georgia Department of Community Health, 2022).

Providers should use the appropriate E/M codes for antepartum and postpartum care. Amerigroup reserves the right to request medical documentation to perform post-pay review of paid claims.

Description	CPT codes	Category II codes
Antepartum care*	■ 59425 — Antepartum care only consisting between 4 to 6 visits but not including delivery must be billed using procedure code ■ 59426 — Antepartum care only consisting of 7 or more but not including delivery must be billed using procedure code For the occasion when a patient is seen for only 1 to 3 antepartum care visits, see appropriate E/M code. E/M codes for antepartum services cannot exceed 3 visits.	■ 0500F — initial prenatal visit ■ 0501F — routine prenatal visit ■ 0502F — subsequent prenatal visit
Postpartum care	■ 59430 — Postpartum care only (separate procedure)	■ 0503F — postpartum visit

** If more than one of the Antepartum Care codes (59425 or 59426) is billed by the same provider in a 240-day period, the subsequent billed codes will be denied (Georgia Department of Community Health, 2022).*

Postpartum billing incentive for maternity providers

Participating providers can receive additional reimbursement for ensuring our members receive timely postpartum care.

Here's how our postpartum pay-for-performance incentive works:

1. Complete a postpartum visit between 7 and 84 days after your Amerigroup member delivers a live infant.
2. Submit your claim with the 0503F code with the incentive amount of $50* for a timely postpartum visit.

This incentive will only be reimbursed when the visit occurs within 7 to 84 days from the date of a live delivery. This amount will be paid in addition to global delivery claims if billed correctly. Amerigroup will reimburse CPT® II code 0503F (defined as a postpartum care visit) when billed appropriately on a claim. This code will help with HEDIS® data collection and reporting."

Pay-for-performance postpartum incentive

** Incentive Payment Claims must be billed at $50 dollars to receive the postpartum incentive payment.*

The Full Maternity Services Reimbursement Policy for Amerigroup can be found at:
https://provider.amerigroup.com/GA > Claims > Reimbursement Policies > Surgery > Maternity Services.

Early elective delivery

To improve the Amerigroup Community Care provider experience and birth outcomes for our members, Amerigroup is implementing a new claim submission process, which will capture *non-medically* necessary early elective delivery (EED) and, at the same time, distinguish uncomplicated spontaneous labor/vaginal deliveries at 37 to 38 weeks' gestation. This new process will allow claims for the deliveries precipitated by spontaneous labor and resulting in a delivery less than 39 weeks to be more efficiently and clearly identified. In addition, this will ensure we remain compliant with the CMS initiative to reduce EED, recognizing that EED contributes to iatrogenic prematurity and avoidable neonatal intensive care unit admissions.

Claim submission proces

Effective June 13, 2022, an additional field will be required on the *CMS-1500* paper claim form or its electronic equivalents. Delivering physicians will be required to complete *Field 19* when completing claims submitted for all deliveries. Existing field information required when completing claims will remain the same. Claims submitted by the delivering physician will be subject to claims editing to determine if the service was an EED.

Field 19 on the *CMS-1500* claim form or its electronic equivalents must contain a new *gestational age/delivery* indicator and one of four digit alphanumeric values. If the value entered in *Field 19* contains a character that is not indicated below or is not in the format indicated, the value will be considered invalid, and the claim will be rejected with status code 626 — *Pregnancy Indicator* and reject rule ID 2 – *Delivery claim incomplete without report of valid gestational indicator*:

- The 1st and 2nd digits represent the gestational age, based on the best obstetrical estimate. They must be numeric characters and values from 20 through 42.
- The 3rd and 4th digits represent the method of delivery. They must be one of the following alpha characters:

Alpha character	Description
LV	Labor Non-Induced Followed By Vaginal Delivery
LC	Labor Non-Induced Followed By Caesarean Delivery
IV	Induced Labor Followed By Vaginal Delivery
IC	Induced Labor Followed By Caesarean Delivery
CN	Caesarean delivery without labor, nonscheduled (for example, add-ons)
CS	Caesarean delivery, scheduled:

Example: 37LV; 38LC

Multiple deliveries

Amerigroup allows reimbursement for multiple births by a same-delivery or combined-delivery method unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:

Vaginal deliveries

Vaginal deliveries involved in multiple births should be billed with Modifier 51. Multiple procedure guidelines will apply. Please see *Multiple and Bilateral Surgery Reimbursement Policy* for more information.

Cesarean deliveries

Cesarean deliveries involved in multiple births should be billed with Modifier 22. Please see *Modifier 22 Reimbursement Policy* for more information. Multiple procedure guidelines will not apply.

Prenatal Ultrasound Policy

It is our policy to cover one routine prenatal ultrasound for fetal anatomic survey per pregnancy (76801, 76805). Additional ultrasounds for procedural codes 76811, 76812, 76815, 76816, and 76817 for suspected maternal/fetal abnormality or follow up require an appropriate diagnosis indicating medical necessity. Without documentation supportive of medical necessity, ultrasounds for procedural codes 76811, 76812, 76815, 76816, and 76817 will not be reimbursed. This policy does not apply to ultrasounds performed by maternal fetal medicine specialists, in hospital settings or by radiology providers.

2022 Prenatal ultrasound diagnosis codes

Cervical Cancer Screening

This HEDIS measure looks at the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

Age range	Screening method
Ages 21 to 64	Cervical cytology (Pap) test performed during the current year or two years prior
Ages 30 to 64	Cervical high risk human papillomavirus (hrHPV) test performed during the current year or four years prior
Ages 30 to 64	Cervical cytology (Pap) test/high-risk human papillomavirus (hrHPV) cotesting performed during the current year or four years prior

Code your services correctly, proper coding is critical to ensure accurate reporting of these measures, and it may also decrease the need for medical record reviews. Use the following codes to document cervical cancer screenings:

Description	CPT codes	HCPCS codes
Cervical cytology tests	88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
HPV tests	87620-87622, 87624, 87625	G0476

Be sure to document the member's history in the chart and use one of the codes below, if applicable:

Description	ICD-10-CM
Absence of both cervix and uterus	Z90.710
Absence of cervix with remaining uterus	Z90.712
Congenital absence of cervix	Z90.712

Best practices and helpful tips:

- Medical records to supplement HEDIS data can be sent to the HEDIS team via secure inbox at ga1hphedis@amerigroup.com or secure fax at **888-220-6712**.
- Documentation of a hysterectomy alone does not meet compliance because it is not evidence that there is no cervix.
- In order to be counted for co-testing, the sample for the pap and HPV test must be collected and performed at the same time on the same date of service, regardless of the cytology result.

Quality Reporting and Performance Measures

Notification of pregnancy form

It is our goal to ensure all pregnant members are identified early in their pregnancy so they can take full advantage of the education, support, resources, and incentives Amerigroup provides throughout the prenatal and postpartum period.

To initiate a new pregnancy notification via the Georgia website, please follow these instructions:

1. Go to the Georgia website at **www.mmis.georgia.gov**.
2. Login with assigned user ID and password.
3. On the website secure home page, select the **Prior Authorization** tab.
4. Select Submit/View (or select **Provider Workspace** to open the workspace and then select **Enter a New Authorization Request**).
5. A request menu displays with the notification forms and request types applicable to the requesting provider's category of service.
6. Select the ***Pregnancy Notification Form***.
7. On the next page that displays, select the CMO, in which the member is enrolled, by selecting the button next to the CMO name.
8. Enter the mother's Medicaid ID in the *Member Medicaid ID* box.
9. The next field that must be populated is the *Facility Reference ID*. This is the facility where it is anticipated that the delivery will occur.
10. The final field on this screen is the *Medical Practitioner Provider ID*. This should be populated automatically based on the website login.
11. Select **Submit** to open the notification form.

Enter pregnancy notification data in the form:

1. Insert the *Member Medicaid ID #* (the additional member information will populate automatically)
2. Insert the *Provider Medicaid ID #* (the additional Provider information will populate automatically)
3. Is the patient High-Risk? Yes or no
4. Check the boxes for the appropriate high-risk diagnosis — for example: Gestational hypertension, short cervix, multiple gestation, etc.
5. Then submit the *Pregnancy Notification Form*

(Georgia Department of Community Health, 2015)

HEDIS Electronic Clinical Data Systems (ECDS) measures

The HEDIS® ECDS reporting methodology encourages the exchange of the information needed to provide high-quality healthcare services.

Prenatal Immunization Status (PRS-E)

This measure discusses the percentage of deliveries in the Measurement Period (January 1 to December 31) in which women had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

Description	CPT codes	CVX
Adult influenza vaccine procedure	90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756	88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Tdap vaccine procedure	90715	115
Deliveries	59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622	

Prenatal depression screening and follow-up (PND-E)

This measure discusses the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care:

- **Depression Screening** — the percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument
- **Follow-Up on Positive Screen** — the percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding

Postpartum Depression Screening and Follow-up (PDS-E)

This measure discusses the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

- **Depression Screening** — the percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period
- **Follow-Up on Positive Screen** — the percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding

Description	HCPCS
Screening for depression is documented as negative; a follow-up plan is not required	G8510
Screening for depression is documented as being positive, and a follow-up plan is documented	G8431
Screening for depression documented as positive, follow-up plan not documented, reason not given	G8511

(National Committee for Quality Assurance, 2022)

Maternity Member Benefits

Obstetrical case management and care coordination

Obstetrician (OB) Case Management

Case Management services provided to pregnant women identified as having the highest obstetric risk determined through predictive modeling.

OB care coordination

regnancy management services provided to pregnant members that may not meet the criteria for high-risk OB case management services but require some management and coordination of their healthcare needs.

Member and provider community resource link:
https://www.myamerigroup.com/ga/your-community/community-support.html

Maternal mental health and behavioral health case management services

Maternal mental health conditions are the most common complication of pregnancy and childbirth, affecting one in five women during the perinatal period (Maternal Mental Health Leadership Alliance, 2020). Maternal mental health conditions include depression, obsessive compulsive disorder, anxiety disorders, post-traumatic stress disorder, bipolar illness, and substance use disorders. Untreated maternal mental health conditions can have multigenerational effects. Many studies have shown that there is a multifaceted link between maternal mental health conditions and adverse childhood interactions.

Amerigroup offers behavioral health case management service to all members who screen positive for maternal mental health conditions.

For member self-referrals to case management services, contact Member Services at **800-600-4441** or the Case Management at **678-587-4840, extension 106-134-2047**.

Doula services

In an effort to improve maternal and child outcomes, Amerigroup has partnered with Healthy Mothers Healthy Babies Coalition of Georgia (HMHBGA) * to offer doula services to pregnant members in select counties.

Doula care is among the most promising approaches to combating disparities in maternal health. Evidence also suggests that, in addition to regular nursing care, continuous one-to-one emotional support provided by support personnel, such as a doula, is associated with improved outcomes for women in labor (ACOG, 2019). Benefits described in randomized trials include shortened labor, decreased need for analgesia, fewer operative deliveries, and fewer reports of dissatisfaction with the experience of labor. (ACOG, 2019)

To refer eligible members to doula services, please contact OB Case Management at **678-587-4840, extension 106-134-2047.**

6-Month postpartum coverage extension

In 2021, "Georgia's Postpartum Extension section 1115 demonstration waiver was approved by the Centers for Medicare & Medicaid Services (CMS), extending Medicaid state plan benefits from 60 days to six months to postpartum women" (Georgia Department of Community Health, 2021, para 1). Once recently approved, 12 month postpartum coverage legislation has been implemented, Amerigroup anticipates extending Medicaid state plan benefits from six months to 12 months to postpartum women.

Recent data shows that a relatively large portion of pregnancy-related deaths in the United States occurs after birth. Approximately, 52% occur after the delivery, or during postpartum:

- 19% of all maternal deaths occur between one and six days' postpartum
- 21% of all maternal deaths are between one and six weeks' postpartum
- 12% of all maternal deaths take place during the remaining portion of the year

(Declercq & Zephyrin, 2020)

Postpartum optimization

The American College of Obstetricians and Gynecologists (ACOG) 2018 committee opinion on Optimizing Postpartum Care recommends that "postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs" (p. e141). Anticipatory guidance should start during pregnancy with the development of a postpartum care plan that addresses the transition to parenthood and well-woman care (ACOG, 2018, p. e140). ACOG's 2018 guidance suggests that all women should ideally have contact with a maternal care provider within the first three weeks' postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth. The comprehensive postpartum visit should include a full assessment of physical, social, psychological well-being, and, if indicated, coordination of care for any chronic medical conditions (ACOG, 2018).

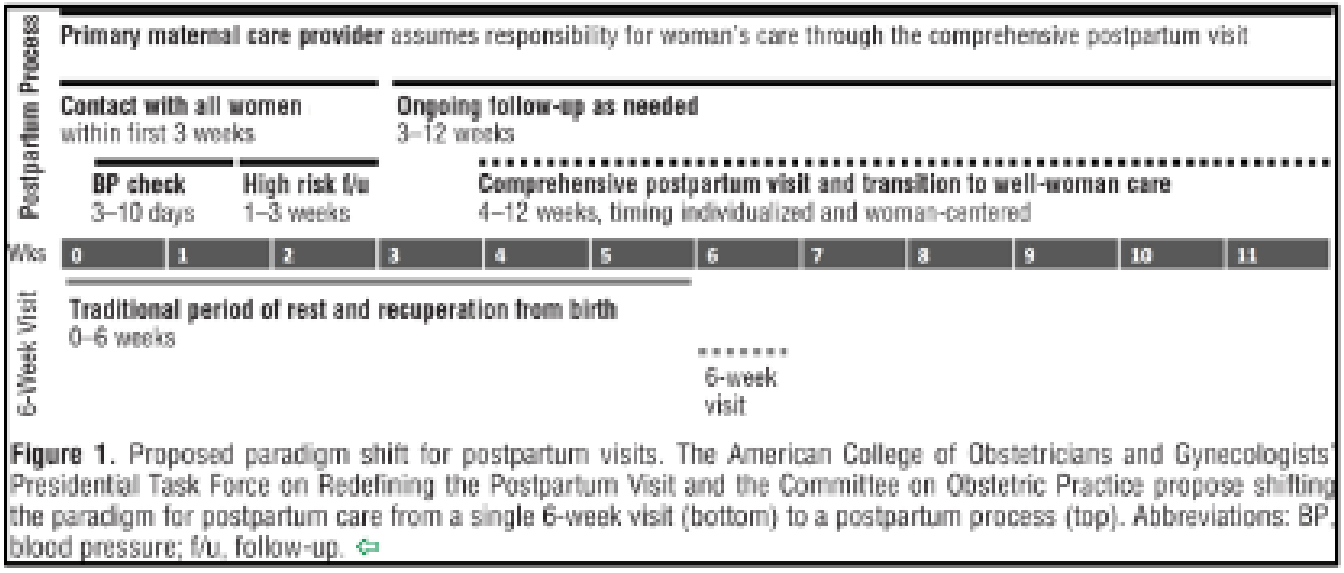

Figure 1. Proposed paradigm shift for postpartum visits. The American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice propose shifting the paradigm for postpartum care from a single 6-week visit (bottom) to a postpartum process (top). Abbreviations: BP, blood pressure; f/u, follow-up.

(ACOG, 2018)

Maternal value-added benefits and Durable Medical Equipment (DME)

Amerigroup offers many maternal value-added benefits to support optimal outcomes for our pregnant members. Outlined below are some of the most commonly requested:

Description	Code
Blood pressure monitor	CPT/HCPCS Code: A46870NU
Pregnancy belt	CPT Code: L0621
Manual breast pump	

Breast pumps

All Amerigroup maternity members are eligible for a free manual breast pump during their third trimester or at time of delivery. Members should allow 5 to 10 business days to receive their breast pump. One per member per year. Members can obtain this this value-added benefit by calling **800-600-4441**.

A standard, non-hospital grade, electric breast pump is considered medically necessary when there is documentation of ongoing breastfeeding.

Description	ICD-10 code
Encounter for care and examination of lactating mother	Z39.1

DME vendors

1. Medline atHome Insurance-Covered Breast Pumps — **https://athome.medline.com/en/breast-pumps**
2. Prism Medical Products, LLC — call **888-244-6421** or fax **800-975-6321** (blood pressure monitor)
3. Mr. Neb — **https://pumpsformom.com/order/**
4. Aeroflow Healthcare — **https://aeroflowbreastpumps.com/ https://aeroflowinc.com/equipment-through-insurance/**
5. Home Care Delivered, Inc. — call: **866-938-3906** or fax **888-565-4411** (blood pressure monitor)
6. Edgepark — **https://www.edgeparkbreastpumps.com/order/?rc=EPBPICON** or call **855-504-2099**

Long-acting reversible contraception (LARC)

All brands of intrauterine devices (IUDs) are covered for female Georgia Medicaid members. These devices can only be obtained under the medical benefit. Providers' can either buy and bill these devices or can obtain them via the CVS/Caremark Specialty Pharmacy (**877-254-0015**).

All LARCs obtained by the specialty pharmacy will require the corresponding HCPCS supply code be billed with the insertion CPT code (58300). Please bill the HCPCS supply code at $0.00 or $0.01 — depending on what your system allows. If the HCPCS supply code is not billed, the claim will deny and require medical records be sent in to verify that the LARC was supplied by the specialty pharmacy.

Long-acting reversible contraceptives

Description	HCPCS
Levonorgestrel-releasing intrauterine contraceptive system (Kyleena®), 19.5 mg (5 year duration)	J7296
Levonorgestrel-releasing intrauterine contraceptive system (Liletta®), 52 mg (6 year duration)	J7297
Levonorgestrel-releasing intrauterine contraceptive system (Mirena®), 52 mg (6 year duration)	J7298
Intrauterine copper contraceptive (Paragard®) (10 year duration)	J7300
Levonorgestrel-releasing intrauterine contraceptive system (Skyla®), 13.5 mg (3 year duration)	J7301

More information on obtaining LARCs via CVS/Caremark Specialty Pharmacy can be found at: < > CREATE QR Code for update

Planning for Healthy Babies® (P4HB) program

Amerigroup Community Care is a Georgia care management organization (CMO). We provide healthcare coverage to Planning for Healthy Babies® enrollees. The Georgia Department of Community Health contracted with us to manage their Planning for Healthy Babies® (P4HB) program for Medicaid.

The P4HB program has three levels of service:

- **Family planning:** Provides family planning and supplies like contraception, patient education, counseling, and referral services.
- **Interpregnancy care:** Offers family planning and related services plus interpregnancy care services. Members will get limited primary care services, management and treatment of chronic diseases, substance abuse treatment, case management, limited dental care, prescription drugs, nonemergency medical transportation, and access to resource mother outreach services.
- **Resource mother outreach:** Offers a range of support services like supportive counseling, short-term case management, and help with finding resources like the special supplemental nutrition program for women, infants, and children (WIC).

For more information about the P4HB program, visit **https://provider.amerigroup.com/GA** > Resources > Provider Manuals, Policies and Guidelines > Planning for Healthy Babies Provider Manual Addendum.

To learn more about maternity guidelines, programs, and provider incentives, contact the Provider Experience department via *Email a Provider Experience associate* (**https://provider.amerigroup.com/GA > Contact Us >** Email a Provider Experience associate).

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* *Healthy Mothers Healthy Babies Coalition of Georgia is an independent company providing doula support services on behalf of Amerigroup Community Care.*

https://provider.amerigroup.com/GA

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