



EFFECTIVE DATE: 09|01|2000

POLICY LAST UPDATED: 11|02|2022

OVERVIEW

The services provided for an uncomplicated pregnancy include antepartum care, delivery, and postpartum care. The services provided for a high-risk pregnancy may require additional Evaluation and Management Services (E&M) services beyond the typical 13 visits that is part of the maternity global period. This policy documents the claim filing requirement for the additional antepartum Evaluation and Management Services (E&M).

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Antepartum Evaluation and Management Services (E&M) visits, in excess of the typical 13 visits, for a high-risk pregnancy are separately reimbursed to the provider outside of the maternity global period.

To ensure that the claims are processed correctly, antepartum E & M visits greater than 13 are to be submitted at after delivery and MUST be submitted with modifier 25 AND an applicable high-risk diagnosis (O09-O09.99).

COVERAGE

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

BACKGROUND

Global maternity care includes pregnancy-related antepartum care, admission to labor and delivery, management of labor including fetal monitoring, delivery, and uncomplicated postpartum care until six weeks postpartum.

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.

CODING

Claims for antepartum E & M visits greater than 13 are to be submitted at the time of delivery and must be submitted with modifier 25 AND an applicable high-risk diagnosis.

High Risk Diagnosis-
O09-O09.99 Supervision of a high-risk pregnancy

RELATED POLICIES

Not Applicable

PUBLISHED

Provider Update, January 2023
Provider Update, June 2021
Provider Update, December 2020
Provider Update, June 2018
Provider Update, May 2017
Provider Update, July 2012
Provider Update, June 2008

REFERENCES

Not applicable

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