

Medicaid



# Maternity and multiple births billing guidelines and resources — quick reference guide



Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) do not allow reimbursement for global/bundled obstetrical codes unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.<sup>1</sup>

Providers must bill antepartum care, deliveries, and postpartum care as individual services. Simply and CHA will not reimburse for duplicate services during the course of the pregnancy.<sup>1</sup> 59400 and 59510 third-party liability delivery only.<sup>2</sup>

### Antepartum/postpartum services<sup>3</sup>

Simply and CHA cover 14 visits for low-risk pregnancies, 18 visits for high-risk pregnancies during the antepartum period, and three postpartum visits within 90 days following delivery. Providers should use the appropriate CPT® codes for antepartum and postpartum care. Simply and CHA reserve the right to request medical documentation to perform postpay review of paid claims.

Antepartum	Postpartum
<b>CPT codes:</b> H1000: Prenatal visit(s) H1001: Prenatal visit with completion of Healthy Start Prenatal Risk screening H1001 TG: Used when Healthy Start Prenatal Risk Screening is completed during the first trimester of the pregnancy	<b>CPT code:</b> 59430: Postpartum care only
<b>Category II codes:</b> 0500F: Initial prenatal visit 0501F: Routine prenatal visit 0502F: Subsequent prenatal visit	<b>Category II code:</b> 0503F: Postpartum visit

### Coding for problem visits during the antepartum and postpartum period<sup>4</sup>

Select an appropriate CPT E/M code (99212-99215) based on the service(s) performed and documented to assess and manage the problem(s) or complication(s). Link the E/M code to an ICD-10-CM code that provides the medical necessity for performing the service. Append Modifier 24 to the E/M code. Modifier 24 indicates that the E/M service for the problem is unrelated to typical antepartum/postpartum care by the same physician.

### Delivery services CPT codes and guidelines

Codes	Description
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59514	Cesarean delivery only

Codes	Description
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery, including postpartum care

**Exception for 59622:** When submitting bundle bill CPT code 59622, providers may also bill up to three postpartum visits (CPT Code 59430) within 90 days following delivery. Delivery services only CPT code 59620, Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery, is not on the 2021 AHCA Practitioner Fee Schedule.<sup>4</sup>

### Routine hospital visits<sup>4</sup>

Codes	Description
99231, 99238	Vaginal delivery: one inpatient visit, one discharge
99231, 99232, 99238	Cesarean delivery: two inpatient visits, one discharge

### 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.

### Multiple deliveries

Simply and CHA allow reimbursement for multiple births by a same-delivery or combined-delivery method unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise:

- Same delivery method: Simply and CHA do not allow separate reimbursement for multiple deliveries performed using the same-delivery method.
- Combined delivery method: For vaginal or cesarean deliveries involved in multiple births and performed using a combined-delivery method, please use Modifier 22.

## Obstetrical case management and care coordination<sup>3</sup>

- **OB case management:** Case management services provided to pregnant women identified as having the highest obstetric risk determined through predictive modeling
- **OB care coordination:** Pregnancy 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

For member self-referrals, contact Member Services at **844-406-2396**.

Member and provider community resource link: <https://simplyhealthcareplans.auntbertha.com>

## Doula services<sup>3</sup>

In an effort to improve maternal and child outcomes, Simply and CHA have partnered with the National Doula Network\* to offer doula services to all of our maternity Medicaid members throughout the state. Providers can refer members directly for doula services by emailing the OB Case Management team at [DL-Doulas-Referrals@simplyhealthcareplans.com](mailto:DL-Doulas-Referrals@simplyhealthcareplans.com). For member self-referrals, contact Member Services at **844-406-2396**.

## Prenatal ultrasound policy<sup>5</sup>

Simply and CHA will cover three prenatal ultrasounds per pregnancy for procedure codes 76801, 76805, 76811, 76812, 76815, 76816, and 76817. Additional ultrasounds billed with procedure codes 76811, 76812, 76815, 76816, and 76817 require an appropriate corresponding diagnosis code indicating medical necessity and modifier TH. Claims submitted with procedure codes 76811, 76812, 76815, 76816, and 76817, without appropriate diagnosis codes supportive of medical necessity, and without modifier TH will not be reimbursed.

This policy does not apply to ultrasounds performed by maternal fetal medicine specialists, in hospital settings, or by radiology providers.

2021 Prenatal ultrasound diagnosis code provider bulletin: <https://bit.ly/3jr2ib9>

## Breast pump<sup>3</sup>

Members can receive a hospital-grade breast pump (rental, max of one per year) or an electronic breast pump (one per two years).

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

Vendor: Edgepark\* — **888-394-5375**;  
<https://bit.ly/3m7Pubr>

## Long-acting reversible contraception (LARC)<sup>3</sup>

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

All LARCs obtained by the specialty pharmacy will require that 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 be denied and require medical records be sent in so Simply and CHA can verify that the device was supplied by the specialty pharmacy.

## HCPCS supply codes:

Code	Description
J7296	Levonorgestrel-releasing intrauterine contraceptive system (Kyleena®), 19.5 mg (five-year duration)
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta®), 52 mg (six-year duration)
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena®), 52 mg (six-year duration)
J7300	Intrauterine copper contraceptive (Paragard®) (10-year duration)
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla®), 13.5 mg (three-year duration)

More information on obtaining LARCs via CVS/Caremark Specialty Pharmacy can be found at <https://bit.ly/3C5K2Ly>.

## Cervical cancer screening<sup>1</sup>

The United State Preventive Services Taskforce (USPSTF) recommends screening for cervical cancer every three years with cervical cytology alone in women age 21 to 29. For women age 30 to 65, the USPSTF recommends screening every three years with cervical cytology alone, every five years with high-risk human papillomavirus (hrHPV) testing alone, or every five years with hrHPV testing in combination with cytology (cotesting).

## Cervical cancer screening<sup>3</sup> (cont.)

If member has had a verified cervical cancer screening within screening recommendations, please fax in a copy of the screening results/medical record and a patient demographics sheet to:

Fax: **866-495-1989**

ATTN: HEDIS<sup>®</sup>/CSS

Kami Lynn

### Description CPT/HCPCS/LOINC:

Cervical cytology lab test	
CPT	88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175
HCPCS	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
High-risk HPV lab test	
CPT	87620-87622, 87624-87625
HCPCS	G0476
LOINC	21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0
Absence of cervix diagnosis	
ICD-10-CM	Q51.5, Z90.710, Z90.712

To learn more about Simply and CHA maternity guidelines, contact Provider Relations and/or the OB practice consultant at **844-405-4296**.

### References:

- 1 Simply Healthcare & Clear Health Alliance. (2021a). *HEDIS benchmarks and coding guidelines for quality care*. [https://provider.simplyhealthcareplans.com/docs/gpp/FLFL\\_SMH\\_HEDISCodingBooklet.pdf?v=202106170018](https://provider.simplyhealthcareplans.com/docs/gpp/FLFL_SMH_HEDISCodingBooklet.pdf?v=202106170018)
- 2 Florida Agency for Health Care Administration. (2021). *Practitioner Fee Schedule*. [https://ahca.myflorida.com/Medicaid/review/Reimbursement/2021-01-01\\_Fee\\_Sched\\_Billing\\_Codes/Practitioner\\_Fee\\_Schedule\\_2021.pdf](https://ahca.myflorida.com/Medicaid/review/Reimbursement/2021-01-01_Fee_Sched_Billing_Codes/Practitioner_Fee_Schedule_2021.pdf)
- 3 Simply Healthcare & Clear Health Alliance. (2021c). *Provider Manual Florida Statewide Medicaid Managed Care Managed Medical Assistance and Florida Healthy Kids*. [https://provider.simplyhealthcareplans.com/docs/gpp/FLFL\\_SMH\\_FHKProviderManual.pdf?v=202102231922](https://provider.simplyhealthcareplans.com/docs/gpp/FLFL_SMH_FHKProviderManual.pdf?v=202102231922)
- 4 American College of Obstetricians and Gynecologists. (2021). *Coding for postpartum services (the fourth trimester)*. <https://www.acog.org/practice-management/coding/coding-library/coding-for-postpartum-services-the-4th-trimester>
- 5 Simply Healthcare & Clear Health Alliance. (2021b). *Prenatal ultrasound coverage update*. [https://provider.simplyhealthcareplans.com/docs/gpp/FL\\_SMH\\_CHA\\_PrenatalUltrasoundCoverageCodingUpd.pdf?v=202108261312](https://provider.simplyhealthcareplans.com/docs/gpp/FL_SMH_CHA_PrenatalUltrasoundCoverageCodingUpd.pdf?v=202108261312)

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\* The National Doula Network is an independent company providing pregnancy, labor, birth, and postpartum support services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance. Edgepark Medical Supplies is an independent company providing breast pump supplies on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance. CVS Caremark Specialty Pharmacy is an independent company providing pharmacy services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance.

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