


PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	March 24, 2021
	Purpose:	Provider Bulletin: Obstetrical Policy
	Subject:	Global Obstetric Policy – Multiple Deliveries
	Products:	MMA, FHK
	From:	<u>Provider Relations</u>

Dear Provider,

Aetna Better Health of Florida (ABHFL) would like to remind you that you are responsible for the submission of accurate claims, based on the code (s) that correctly describe the health care services provided. Due to recent claim discrepancies regarding Global Obstetric-Multiple Deliveries, ABHFL has updated the Global Obstetric Policy for Multiple Deliveries which will be effective November 1st, 2020.

Global Obstetric Policy-Multiple Deliveries:

The purpose of this policy is to define that if more than one delivery code (**59400-59410, 59414, 59510-59515 or 59610-59622**) has been billed within a six-month period by any provider or specialty, then the subsequent delivery codes will be denied. **It is not expected that more than one obstetrical delivery service would occur in less than a six-month time frame.**

We would also like to remind you of the following OB Services and coding guidelines defined by the AMA.

A. Delivery Services Only:

Per the CPT book, "Delivery services include admission to the hospital, the admission history and physical examination, management of uncomplicated labor, vaginal delivery (with or without episiotomy, with or without forceps), or cesarean delivery." The following are the CPT defined delivery only codes: 59409, 59514, 59612, and 59620. The delivery only codes should be reported by the Same Group Physician and/or Other Health Care Professional for a single gestation when:

- The total OB package is not provided to the patient by the same single physician or group practice and itemization of services needs to occur
- Only the delivery component of the maternity care is provided, and the postpartum care is performed by another physician or group of physicians

B. Duplicate Obstetrical Services:

Duplicate OB services are defined as any of the below listed CPT codes provided by the same or different physician on the same or different date of service. This follows the coding guidelines defined by the AMA. CPT codes for global OB care fall into one of three categories:

- Single component codes (for example, delivery only)
- Two component codes (for example, delivery including postpartum care)
- Three-component, or complete, global codes (including antepartum care, delivery, and postpartum care)

The codes are as follows: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, and 59622.

C. Delivery Only including Postpartum Care

Sometimes a physician performs the delivery and postpartum care with minimal or no antepartum care. In these instances, the CPT book has codes for vaginal and cesarean section deliveries that encompass both of these services. The following are CPT defined delivery plus postpartum care codes: 59410, 59515, and 59622.

The delivery only including postpartum care codes should be reported by the Same Group Physician and/or Other Health Care Professional for a single gestation when:

- The delivery and postpartum care services are the only services provided
- The delivery and postpartum care services are provided in addition to a limited amount of antepartum care (e.g., CPT code 59425).

The following services are included in delivery only including postpartum care code and are not separately reimbursable services:

- Hospital visits related to the delivery during the delivery confinement
- Uncomplicated outpatient visits related to the pregnancy
- Discussion of contraception
- 59410 is used for delivery and postpartum care
- 59430 is used for postpartum care only

Questions and Answers

Q: If one physician performs the delivery only, and a physician in another practice (different federal tax identification number) provides all of the postpartum care, how should these services be reported?

A: The physician who performs the delivery only should report the delivery service without a postpartum component, e.g., CPT code 59409 (vaginal delivery only). The other physician should report the postpartum care only code (CPT code 59430).

Q: If one physician performs the delivery only (e.g. CPT code 59409), and a different physician in the same practice (same federal tax identification number) provides all of the postpartum care (i.e., CPT code 59430), how should these services be reported?

A: Per the CPT book, the procedure code that most accurately reflects the services performed should be used. In this instance since these physicians are of the same physician group (same federal tax identification number), CPT code 59410 would be reported as the code description identifies both the delivery and postpartum care

We appreciate the excellent care you provide to our members. If you have any questions, please feel free to contact us via e-mail: FLMedicaidProviderRelations@Aetna.com. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

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