

Obstetric Billing Alert May 1, 2018

OB Billing:

MedStar Family Choice (MFC) reimburses for services listed in Fact Sheet #7 that is published by MDH. This is part of a series of information that is detailed in the Women's Reproductive Health Services Factsheets and the Professional Services Provider Manual and Fee Schedule available on MDH website: <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>.

Highlights of the Fact Sheet Include:

- All Prenatal visits must be billed using the appropriate E&M code for each prenatal visit. Specific CPT and HCPCS Codes are listed. MFC has included a list of CPT Codes provided by MDH. This list is subject to change at any time without notice when MDH updates their On-Line information.
- Delivery services can be billed 1 of 2 ways:
 - o Delivery Service + Post Partum Care
 - o Delivery Services Only
- Providers may bill:
 - o H1000 (Risk Assessment) once per pregnancy
 - o H1003 (Enhanced Services) once per visit for Maryland Medicaid members. Providers must document in the medical record that health education and counseling appropriate to the needs of the pregnant woman was provided.
- OBs must bill for circumcisions under the infant's own name and Medicaid Number / MFC Number.
- For procedure codes with a global value MMM, the global period equals 56 days.
- When a provider bills a delivery + post partum care at the time of delivery, the provider must rebill using the exact same codes when the post partum visit actually takes place and adding the modifier TH to the claim. Use of this modifier however will indicate the date that the postpartum visit actually occurred. The postpartum visit has to occur on or between 21 and 56 days after delivery.
- If the provider bills the delivery only code, and then later bills the delivery + postpartum code to indicate that the postpartum visit occurred, the original delivery only payment is retracted and the delivery + postpartum code billed is paid.

Table 1: CPT Codes for OB Services

CPT Code	Code Description
99201	Office visit, new patient, minimal
99202	Office visit, new patient, moderate
99203	Office visit, new patient, extended
99204	Office visit, new patient, comprehensive
99205	Office visit, new patient, complicate
99211	Office visit, established patient, minimal
99212	Office visit, established patient, moderate

CPT Code	Code Description
99213	Office visit, established patient, extended
99214	Office visit, established patient, comprehensive
99215	Office visit, established patient, complicated
99217	Observation discharge day management
99218	Initial observation care, detailed or comprehensive, per day
99219	Initial observation care, comprehensive/moderate complexity, per day
99220	Initial observation care, comprehensive/high complexity, per day
99224	Subsequent observation care, low complexity, per day
99225	Subsequent observation care, moderate complexity, per day
99226	Subsequent observation care, high complexity, per day
H1000	Prenatal care at risk assessment (Maryland Prenatal Risk Assessment Process PRA) Limited to 1 per pregnancy*
H1003	Prenatal care at risk assessment-Enhanced Service (Maryland Prenatal Risk Assessment Process MPRA – Enhanced) Limited to 1 per visit*
59025	Fetal non-stress testing
59409	Vaginal Delivery Only
59410	Vaginal delivery including postpartum care
59414	Cesarean delivery Only
59515	Cesarean delivery including postpartum care
59612	Vaginal delivery only, after previous C-Section
59414	Vaginal delivery after previous C-Section including postpartum care
59620	Cesarean delivery following attempted delivery after previous C-Section
76805	Cesarean delivery following attempted delivery after previous C-Section including postpartum care.
59430	Postpartum care