



STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2016-20

July 22, 2016

RE: Unbundling Obstetrical Services

Dear Provider,

Obstetrical services policy at OAC [317:30-5-2](#) and [317:30-5-22](#) is revised to amend the reimbursement structure for OB services. Currently the agency utilizes the global care AMA CPT codes for routine obstetrical care billing, which can be used if the provider rendered care for a member for greater than one trimester. The revised policy will require obstetrical care be billed using the appropriate evaluation and management codes for antepartum care, as well as the appropriate delivery only and postpartum care service codes when rendered. The change allows for more accurate tracking of antepartum and postpartum services.

Effective September 1, 2016 all *global* Obstetrical CPT codes will not be eligible for reimbursement: This includes CPT 59400; 59410; 59425; 59426; 59510; 59515; 59610; 59614; 59618 and 59622.

There will be two different billing periods for obstetrical care, *one for services rendered up to date of service August 31, 2016, and another for services rendered for date of service September 1, 2016 forward.*

If a member has entered antepartum care prior to September 1, 2016 and has not delivered by this date, billing should be handled with the number of antepartum care services rendered by August 31, 2016 utilizing the following CPT codes:

- 1-3 visits-use appropriate E/M codes **99201-99215**
- 4-6 visits-use CPT **59425**
- 7 or more visits-use CPT **59426**

For services rendered on September 1, 2016 or forward, the provider will use the appropriate E/M service code reflecting the services rendered, **with the TH modifier** to indicate this E/M was related to prenatal or post-partum care. The delivery and postpartum care should be billed with the applicable delivery only and postpartum care codes as described below. **CPT 59425 and 59426** will not be eligible for reimbursement for services provided on and after September 1, 2016.

The provider that delivers the member will use the appropriate delivery only CPT code, **59409, 59514, 59612 or 59620.**

Any hospital E/M service will be billed with the appropriate level rendered, using CPT **99221-99233.** A separate E/M is not allowed on the same day of delivery unless modifier 25 is appropriately used. **The TH modifier** is required and indicates the services are an obstetrical related E/M service.

Occasionally a woman is seen about 2 weeks after delivery; this service would be allowed and billed as an E/M at the level rendered, **with the TH modifier.** The provider providing the 6 week comprehensive postpartum care service will use **CPT 59430**; this service should include a full assessment of physical, social, and psychological well-being as per ACOG recommendations.

Personally rendered services policy {**OAC 317:30-5-1(1)**} is applicable to all billing. For members covered under TXXI, pregnancy related services provided are for antepartum and delivery only.

If you have any questions regarding the information provided in this letter, please contact (800) 522-0114. Thank you for the services you provide to our SoonerCare members.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca Pasternik-Ikard".

Melody Anthony for Becky Pasternik-Ikard
State Medicaid Director