BlueCross BlueShield of Oklahoma

Obstetrical Billing & Multiple Birth Guidelines Quick Reference Guide

This guide applies to dates of service prior to 4/15/2025

Obstetrical Billing Guidelines

Obstetrical Billing Guidelines **Services included in the Global OB CPT® Code 59400** *(Vaginal delivery)* **or 59510** *(Cesarean delivery)* **Note:** • The following information is applicable to Plans with maternity benefits. • Maternity care is subject to a one-time office visit copayment. For BCBS plans with a copayment, this copayment should be collected at the time of the initial OB office visit. • Physicians will be reimbursed for the initial OB visit separately from the "global maternity care" and should submit a claim for this service at the time of the initial OB visit. Claims should include expected delivery date. All subsequent office visits for maternity care and delivery are considered as part of the "global maternity care" reimbursement. Submit claim upon delivery.	**Antepartum care includes:** • the initial and subsequent history • physical examination • recording of weight • blood pressure • fetal heart tones • routine chemical urinalysis • monthly visits up to 28 weeks gestation • biweekly visits to 36 weeks gestation • weekly visits until delivery. **Delivery services include:** • admission to the hospital • admission history and physical examination • management of uncomplicated labor • vaginal delivery (with or without episiotomy, with or without forceps), or cesarean delivery **Postpartum care includes:** • Hospital and office visits following a vaginal or cesarean section delivery.
Surgical Complications	These services should be coded separately using CPT codes from the **Surgery** section of the CPT manual. *(Examples: appendectomy, hernia, ovarian cyst, Bartholin cyst)*
Medical Complications of Pregnancy	These conditions should be coded separately using the CPT codes from the **Medicine** and the **Evaluation and Management Services** section of the CPT manual. *(Examples: cardiac problems, neurological problems, diabetes, hypertension, toxemia, hyperemesis, pre-term labor, premature rupture of membranes*
High-Risk Maternity Care/Complications of Pregnancy	The guidelines to maternity care state that normal care includes monthly visits up to 28 weeks gestation, biweekly visits to 36 weeks gestation and weekly visits until delivery. For the patient at risk who is seen more frequently or for other medical/surgical intervention, code the additional services with a code representing the appropriate level of Evaluation and Management service. The documentation must reflect the necessity of these visits as well as any additional laboratory or radiologic tests performed.

Obstetrical Care Provided By Two Different Physicians	If a physician provides all or part of the antepartum and/or postpartum patient care but does not perform delivery due to termination of pregnancy by abortion or referral to another physician for delivery, see the antepartum and postpartum care codes 59425 – 59426 and 59430 ▪ **Antepartum Care Only** – 1 to 3 visits – use the appropriate Evaluation and Management (E/M) codes ▪ **Antepartum Care Only** – 4 to 6 visits – use CPT code 59425 & 1 unit ▪ **Antepartum Care Only** – 7 or more visits – use CPT code 59426 & 1 unit ▪ **Postpartum Care Only** – use CPT code 59430 **Note:** ***For other scenarios,*** refer to the CPT manual for the correct coding. **Examples of Reporting Antepartum Care Services** Relocation of a patient. A patient is being treated by physician A. The patient then relocates to a different state and begins seeing physician B. Physician A provided four antepartum visits, and physician B provided eight antepartum visits, as well as performed the delivery and postpartum care. In this case, physician A would report code 59425 and physician B would report codes 59426 and 59410 for the delivery and postpartum care. **Global Maternity Guidelines – CPT Assistance August 2002.*
Assistant at Cesarean Delivery	Assistant at a Cesarean delivery should be coded using CPT code 59514 *(Cesarean delivery only). Do not use CPT code 59510.* 59510 is a global code that includes antepartum and postpartum care. Only use code 59510 if you were the physician who provided the antepartum and postpartum care.
Amniocentesis	Code amniocentesis separately from the global delivery code. Amniocentesis is not included in the Global CPT codes of 59400 *(Vaginal delivery)* or 59510 *(Cesarean delivery)*.
Ultrasounds	Code ultrasounds separately from the global delivery code. Ultrasounds are not included in the Global CPT codes of 59400 *(Vaginal delivery)* or 59510 *(Cesarean delivery)*.
Where to Find More Information On Obstetrical Billing	The answers to most obstetrical billing questions can be found in the *Current Procedural Terminology (CPT®)* manual. Maternity Care and Delivery is a subsection of the **Surgery** section. Surgical procedures are either package (global) services or starred procedures (non-global). An understanding of the global package services is needed to code Maternity Care and Delivery Services correctly. For additional resources on CPT coding, contact the American Medical Association order desk at (800) 621-8335.

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Multiple Birth Guidelines

The following information is applicable to Plans with maternity benefits. When submitting claims for deliveries of more than one newborn, BCBSOK requires that delivery charges be submitted on the same claim. Please indicate on the claim form which charges apply to which newborn.

Delivery Method	Procedures Eligible for Reimbursement	Coding / Reimbursement
Vaginal		
First Newborn	59400, 59409, 59410, 59610, 59612, or 59614	• Use the appropriate vaginal delivery code (usually 59400 or 59610) for the first newborn. • The primary procedure will be allowed at 100% of the contracted rate, subject to the member's contract benefits.
Subsequent Newborn(s)	59409 or 59612	• Use the appropriate vaginal delivery-only code for each subsequent newborn. *(Append with modifier -59)* • The secondary procedure will be allowed at 50% of the contracted rate for each newborn, subject to the member's contract benefits
Cesarean		
First Newborn	59510, 59514, 59515, 59618, 59620, or 59622	• Use the appropriate Cesarean delivery code (usually 59510 or 59618) for the first delivery. • The primary procedure will be allowed at 100% of the contracted rate, subject to the member's contract benefits.
Subsequent Newborn(s)	59514 or 59620	• Use the appropriate Cesarean delivery-only code for each subsequent newborn. *(Append with modifier -59)* • The secondary procedure will be allowed at 50% of the contracted rate for each newborn, subject to the member's contract benefits

Vaginal delivery(ies) followed by Cesarean delivery(ies)		
First Newborn(s) (Vaginal)	59409 or 59612	• Use the appropriate Cesarean delivery-only code for each subsequent newborn. *(Append with modifier -59)* • The secondary procedure will be allowed at 50% of the contracted rate for each newborn, subject to the member's contract benefits
Subsequent Newborn(s)	59510, 59514, 59515, 59618, 59620, or 59622	• If one or more newborns are delivered vaginally and subsequent newborn(s) are delivered by Cesarean, use the appropriate Cesarean delivery code (usually 59510 or 59618) for the Cesarean delivery and the appropriate Cesarean delivery-only code (59514 or 59620) for each subsequent newborn. *(Append with modifier -59)* • The primary procedure will be allowed at 100% of the contracted rate, subject to the member's contract benefits. • The secondary procedure(s) will be allowed at 50% of the contracted rate for each newborn, subject to the member's contract benefits.

Assistant Surgeon Charges (Single or Multiple Births)

- When billing Assistant Surgeon charges, please use the appropriate modifier(s) for each delivery.
- Assistant Surgeons should not bill for global maternity services. Instead, the appropriate Cesarean delivery-only code should be used when submitting claims for Assistant Surgeons.
- Assistant Surgeon reimbursement will be a percentage of the primary physician's contracted rate, subject to the member's contract benefits.