



Obstetrical Care Billing Tips

Global Obstetrical Package (59400, 59510, 59610, 59618):

Separate reimbursements for services provided during the pregnancy that are included in the global obstetrical package for uncomplicated maternity cases are not allowed. The provider can only bill for the global obstetrical delivery if the same physician began routine antepartum care prior to the 28th week of gestation and continued care through the delivery and postpartum period, the physician must bill the appropriate code for total obstetrical care.

Global Obstetrical Delivery Post-Operative Care (59410, 59515, 59614, 59622):

Evaluation and Management services and postpartum care billed for a date of service within a 42-day time frame will bundle into the global delivery service when billed by the same provider performing the delivery service, except when the E&M is unrelated to the obstetrical care or is related to a maternity complication.

Antepartum Care (59425 and 59426):

It is not appropriate for a single provider to bill more than one 59425 or 59426 in any combination during the antepartum period. If more than one of the Antepartum Care codes is billed by the same provider in a 240-day period, the subsequent billed codes will be denied.

Delivery Only (59409, 59514, 59612, 59620):

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."

Antepartum Care by Different Provider Groups:

When more than one provider group renders a portion of the antepartum care to a pregnant patient, it is inappropriate for the delivering physician to bill with a global obstetrical delivery code. The provider can only bill for the global obstetrical delivery if the same physician began routine antepartum care prior to the 28th week of gestation and continued care through the delivery and postpartum period.