Obstetrical Services Payment Policy

Policy Statement

Obstetrical services include prenatal care, labor and childbirth, and postpartum care. Services include: prenatal examinations, routine tests, diet regulation, delivery and hospital care for childbirth, miscarriage, and complications of pregnancy.

Scope

This policy applies to

☒**Medicaid** *excluding Extended Family Planning (EFP)*
☒**Commercial**
☒**Dual CONNECT (Coordination only D-SNP)**
☒**INTEGRITY for Duals (Fully Integrated D-SNP)**

Prerequisites

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific Prior Authorization Reference page.
- Neighborhood's Obstetrical Ultrasound Clinical Medical Policy.

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Reimbursement Requirements

Antepartum and Postpartum Care

Antepartum and postpartum care services should be reported using the appropriate Evaluation and Management (E/M) codes based on the setting and level of service provided. (99202-99205, 99211-99215, 99222-99223, 99231-99233, 99234-99236, 99291-99292).

Vaginal Deliveries

Report the appropriate vaginal delivery code. For multiple gestations, report one delivery code for each fetus.

Cesarean Deliveries

Report the appropriate cesarean delivery code. For multiple gestations, report only one cesarean delivery code regardless of the number of fetuses delivered via cesarean.

For multiple gestations delivered via both methods, report the appropriate vaginal delivery code per fetus and the appropriate cesarean delivery code once.

Doula Services (Medicaid & Commercial)

A doula is a person trained to provide advice, information, emotional support, and physical comfort to a mother before, during, and just after childbirth. Prenatal, labor and delivery, and postpartum services are covered.

Patient Education Classes

Neighborhood covers the following patient education classes:

- childbirth preparation
- cesarean birth
- lactation
- parenting

Obstetric Ultrasounds

Neighborhood will reimburse for up to three (3) routine standard ultrasounds during each pregnancy.

Additional limited/follow up ultrasounds will be reimbursed only when a diagnosis or condition is suspected that represents an abnormality of pregnancy or represents a threat to the fetus or the delivery. Please refer to Obstetrical Ultrasounds Clinical Medical Policy for further guidance.

A detailed anatomic ultrasound is allowed when performed to evaluate for suspected anomaly based on history, laboratory abnormalities, or clinical evaluation; or when there are suspicious results from a limited or standard ultrasound.

Early Maternity Discharge Services

Upon discharge from the hospital within forty eight (48) hours of a vaginal delivery and ninety six (96) hours of a caesarean delivery members may receive:

- One (1) home visit from an RN or pediatric nurse practitioner and up to four (4) hours per day for four (4) days post discharge of Home Health Assistance (HHA).

Exclusions:

The following services are not covered:

- 3D and 4D ultrasounds are considered investigational and are therefore not medically necessary.
- Doula Services for Dual CONNECT only
- Pre-planned home births or services provided by a doula during a home birth
- Water births
- Routine ultrasound to determine the gender of the fetus in the absence of a concern about a gender related genetic disorder
- Ultrasound for a "picture" of the fetus

Claim Submission

Newborns – Neighborhood will accept claims submitted under the mother's member ID number for the first 30 days of a newborn's life. After 30 days, claims should be submitted under the newborn's member ID number

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.

Member Responsibility

Commercial plans include cost sharing provisions for coinsurance, copays, and deductibles. Members may have out of pocket expenses based on individual plan selection and utilization. Please review cost sharing obligations or contact Member Services prior to finalizing member charges.

For Dual CONNECT (Coordination only D-SNP plan), providers must submit claims to Neighborhood and any remaining copays/coinsurance amounts and Medicaid covered benefits to EOHHS for reimbursement.

Coding

This policy may apply to the following codes. Inclusion of a code in this policy does not guarantee coverage or reimbursement.

CPT Code	Description
59000	Amniocentesis; diagnostic
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling, any method
59020	Fetal contraction stress test
59025	Fetal non-stress test

CPT Code	Description
59030	Fetal scalp blood sampling
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) or other qualified health care professional, with interpretation and report
59070	Transabdominal amnioinfusion, including ultrasound guidance
59072	Fetal umbilical cord occlusion, including ultrasound guidance
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
59076	Fetal shunt placement, including ultrasound guidance
59080	Initial day labor management; straightforward, per day
59081	Initial day labor management; complex, per day
59082	Subsequent day labor management; straightforward, per day
59083	Subsequent day labor management; complex, per day
59160	Curettage, postpartum
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59300	Episiotomy or vaginal repair, by other than attending
59320	Cerclage of cervix, during pregnancy; vaginal
59325	Cerclage of cervix, during pregnancy; abdominal
59350	Hysterorrhaphy of ruptured uterus
59412	External cephalic version, with or without tocolysis
59414	Delivery of placenta (separate procedure)
59431	Vaginal delivery, with or without episiotomy
59432	Vaginal delivery, with or without episiotomy; after previous cesarean delivery
59433	Repair of episiotomy or laceration; third-degree laceration
59434	Repair of episiotomy or laceration; fourth-degree laceration
59502	Cesarean delivery; primary
59503	Cesarean delivery; repeat
59504	Subtotal or total hysterectomy after cesarean delivery
59623	Uterine tamponade (eg, balloon, catheter, vacuum, packing material)

CPT Code	Description
59871	Removal of cerclage suture under anesthesia (other than local)
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	Fetal biophysical profile; with non-stress testing

CPT Code	Description
76819	Fetal biophysical profile; without non-stress testing
76820	Doppler velocimetry, fetal; umbilical artery
76821	Doppler velocimetry, fetal; umbilical artery
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
99199	Unlisted special service, procedure or report **(Doula services only)**
S9436	Childbirth preparation/Lamaze classes, nonphysician provider, per session
S9438	Cesarean birth classes, nonphysician provider, per session
S9443	Lactation classes, nonphysician provider, per session
S9444	Parenting classes, nonphysician provider, per session
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session **(Doula services only)**

Codes below in Table 2 must be billed with one of these diagnosis codes for Early Maternity Discharge Services:

- Z00.121, Z00.129, Z39.0, Z39.2

CPT Code	Description
99501	Home visit for postnatal assessment and follow-up care

99502	Home visit for newborn care and assessment
T1001	Nursing assessment/evaluation
T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

Neighborhood processes Dual CONNECT in accordance with CMS Medicare guidelines. Neighborhood processes INTEGRITY for Duals in accordance with CMS Medicare and Rhode Island Executive Office of Health and Human Services (RI EOHHS) guidelines. Refer to CMS Medicare guidance and RI EOHHS Provider Manuals & Guidelines for rules and claims processing policies.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

Date	Action
11/01/2026	Annual Policy Review Date. Updated policy with coding changes effective 1/1/27
01/01/2026	Updated policy template to include new lines of business. Updated Member Responsibility and Disclaimer language.
11/07/2025	Annual Policy Review Date. No content changes.
12/11/2024	Annual Policy Review Date.
11/28/2023	Annual Policy Review Date. Added patient education classes benefit language/HCPCs. Added newborn claim submission requirements.
01/01/2023	Annual Policy Review Date. Added Doula services effective 7/1/22 for Medicaid and Commercial Plans. Aligned Early Maternity Discharge Coding with EVV requirements.

Date	Action
08/01/2021	Policy update (ultrasound and multiple birth language), format change, committee review date.
12/01/2014	Format change, minor edits
09/01/2013	Format change, minor edits
09/01/2010	Policy effective date