Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect

Reimbursement Policy

Subject: **Maternity Services**	
Policy Number: **G-14001**	Policy Section: **Surgery**
Last Approval Date: **07/07/2023**	Effective Date: **07/07/2023**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **providers.anthem.com/in**. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect member's Anthem benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We

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reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem does not allow reimbursement for global obstetrical codes, unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

Providers must bill antepartum care, deliveries, and postpartum care as individual services. Anthem will not reimburse for duplicate services during the course of the pregnancy.

Delivery only
Delivery only services will be separately reimbursed to assistant surgeons only for cesarean deliveries if appended with the appropriate modifier.

Antepartum/postpartum care
Providers should use the appropriate E/M codes for antepartum and postpartum care. Anthem reserves the right to request medical documentation to perform post-pay review of paid claims.

Outcome of delivery/weeks of gestation
Providers are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are required on all professional delivery service claims and are recommended for all other pregnancy-related claims.

Failure to report the appropriate diagnosis code will result in denial of the claim.

Related Coding
Standard correct coding applies

Policy History	
07/07/2023	Review approved: policy updated
08/07/2020	Review approved
06/27/2018	Review approved: policy template updated
09/15/2016	Review approved 09/15/2016 and effective 11/01/2017: outcome of delivery/weeks of gestation section added
02/29/2016	Review approved**:** policy template updated
02/01/2015	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Current Procedural Terminology
- State contract
- State Medicaid

Definitions
General Reimbursement Policy Definitions

Related Policies and Materials
Claims Requiring Additional Documentation
Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)
Maternity Ultrasound in the Outpatient Setting (CG-Med-42)
Modifiers 25 and 57