California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

Reimbursement Policy
Maternity Services

Policy Number: **G-14001**
Policy Section: **Surgery**
Last Approval Date: **10/23/2025**
Effective Date: **10/23/2025**

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 **https://providers.anthem.com/ca**.

Policy

The health plan 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. The health plan will not reimburse for duplicate or otherwise overlapping services during the course of the pregnancy.

Global services

If global, delivery-only, delivery/postpartum, antepartum-only, or postpartum-only services have been paid for the same pregnancy, a claim for global services may be denied or may cause a previously paid claim for overlapping services to be recouped.

Delivery only

If global, delivery-only, or delivery/postpartum services have been paid for the same pregnancy, a claim for delivery-only services may be denied. Delivery-only services will be separately reimbursed to assistant surgeons only for cesarean deliveries if appended with the appropriate modifier.

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Delivery/postpartum

If global, delivery-only, delivery/postpartum, or postpartum-only services have been paid during the same pregnancy, a claim for delivery/postpartum services may be denied or may cause a previously paid claim for overlapping services to be recouped.

Antepartum only

If global or antepartum-only services have been paid during the same pregnancy, a claim for antepartum-only services may be denied.

Postpartum only

Postpartum-only claims may be denied if global, delivery/postpartum, or postpartum only-services have already been paid during the same pregnancy.

Included in the global package

The following elements of the global package are not separately reimbursable when any CPT® code for global services is billed:

- Initial and subsequent history and physical exams when a pregnancy diagnosis has already been established.
- All routine prenatal visits until delivery (typically monthly through 28 weeks, then biweekly until 36 weeks and weekly until delivery) — usually 13 visits.
- Additional visits for a high-risk pregnancy, potential problems, or history of problems that do not actually develop or are inactive in the current pregnancy.
- Collection of weight, blood pressure, and fetal heart tones.
- Routine urinalysis.
- Admission to the hospital, including history and physical.
- Inpatient Evaluation and Management (E/M) services that occur within 24 hours of delivery.
- Management of uncomplicated labor (including administration of labor-inducing agents).
- Insertion of cervical dilatators on the same date as the delivery.
- Simple removal of cerclage.
- Vaginal (including forceps or vacuum-assisted delivery) or cesarean delivery of single gestation.
- Delivery of placenta.
- Repair of first- or second-degree lacerations.
- Uncomplicated inpatient visits following delivery.
- Routine outpatient E/M services within 6 weeks of delivery.
- Discussion of contraception.
- Postpartum care only.
- Education on breastfeeding, lactation, exercise, or nutrition.

Not included in the global package

The following services may be billed separately from the global obstetrical package:

- Initial E/M visit to diagnose pregnancy when the activities in the antepartum record are not initiated.
- Laboratory testing (excluding routine urinalysis).
- Additional antepartum E/M visits (in excess of 13) for a high-risk complication that is active in the current pregnancy. These additional visits are to be submitted for payment only at the time of delivery. These visits must be submitted with a modifier 25 and an appropriate high-risk diagnosis.
- Additional E/M visits for conditions unrelated to pregnancy. These visits may be reported as they occur and must clearly not be related to pregnancy.
- Maternal or fetal echocardiography procedures.
- Amniocentesis.
- Chorionic villus sampling.
- Fetal contraction stress testing and nonstress testing.
- Biophysical profile.
- Amnioinfusion.
- Insertion of cervical dilator that occurs more than 24 hours before delivery.
- Inpatient E/M encounters that occur more than 24 hours before delivery.
- Management of surgical problems arising during pregnancy.
- Care provided by maternal-fetal medicine specialists.
- Ultrasound — refer to the maternity ultrasound in the Outpatient Setting Medical Policy.
- External cephalic version.

Antepartum/postpartum care

Providers should use the appropriate E/M codes for antepartum and postpartum care. We reserve the right to request medical documentation to perform a 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

Definitions

- **General Reimbursement Policy Definitions**

Related Policies and Materials

- Claims Requiring Additional Documentation
- Maternity Ultrasound in the Outpatient Setting (CG-RAD-26)
- Modifiers 25 and 57: Evaluation and Management with Global Procedures
- Modifiers 59, XE, XP, XS, and XU: Distinct Procedural Services

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract
- State Medicaid

Policy History

- **10/23/2025 -** Review approved and effective: no changes
- **07/07/2023 -** Review approved and effective: policy template updated
- **08/07/2020 -** Review approved and effective: policy language updated to allow reimbursement of maternity services billed as individual services only. Reimbursement of global services is not allowed
- **06/27/2018 -** Review approved 06/27/2018 and effective 04/30/2019: additional guidelines on individual billing added for antepartum services and the Comprehensive Perinatal Service Program
- **07/19/2017 -** Initial approval 07/19/2017 and effective 10/05/2017

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 a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedural 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, we 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. We strive 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 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.