Obstetrics

Reimbursement Policy ID: RPC.0068.0900

Recent review date: 07/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy describes the reimbursement guidelines for submitting claims for obstetrical services, including antepartum, delivery and postpartum services.

Exceptions

N/A

Reimbursement Guidelines

A Primary Care Provider (PCP) can serve as the member's personal practitioner and is responsible for coordinating and managing the medical needs of [Insert plan name] members. Advanced nurse practitioners, nurse midwives, and licensed physicians in the following specialties may serve as Plan PCPs:

- General Practice
- Pediatrics
- Internal Medicine
- Geriatrics
- Obstetrics/gynecology (OB/GYN)
- Family Practice

OB/GYN practitioner as PCP

Participating Obstetricians are responsible for medical services during the course of the member's pregnancy, and for coordinating testing and referral services. Obstetricians may also provide routine primary care and treatment to pregnant members under their care. Examples of routine primary care may include:

- Treatment of minor colds, sore throat, or asthma
- Treatment of minor injuries
- Preventative health screenings and maintenance
- Routine gynecological care

Initial prenatal visit

For purposes of billing and reimbursement, each new pregnancy (270 days) is considered a new patient whether or not the patient has been seen previously by the provider/practice.

Prenatal visits

The health plan requires the provider to submit the appropriate level evaluation and management (E/M) CPT code from the range of procedure codes used for an established patient for the subsequent prenatal visit(s). The reimbursement for these services shall include, but is not limited to:

- The obstetrical (OB) examination
- Routine fetal monitoring (excluding fetal non-stress testing)
- Diagnosis and treatment of conditions both related and unrelated to the pregnancy
- Routine dipstick urinalysis

Delivery

Providers should bill the appropriate CPT code that describes the type of delivery (example: vaginal, cesarean section).

CPT Code	Description
59409	Vaginal delivery only (with or without episiotomy and/or forceps
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59514	Cesarean delivery only
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean

Anesthesia

Administration of obstetrical anesthesia using these CPT codes is reimbursable for

- Neuraxial analgesia for vaginal delivery (includes repeated subarachnoid needle placement, drug injection, and necessary epidural catheter replacement during labor); or
- Anesthesia for cesarean delivery.

CPT Code	Description
01958	Anesthesia for external cephalic version procedure
01960	Anesthesia for vaginal delivery only
01961	Anesthesia for cesarean delivery only
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery
+01968	Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia

Postpartum
Providers should submit CPT code 59430 for postpartum visit(s).

Lactation Support
Provider shall provide unlimited virtual lactation consulting to all health plans enrollees (facilitated by the Provider mobile application).

- Lactation consulting shall be provided by Provider's network of International Board-Certified Lactation Consultants ("IBCLCs").
- Lactation consulting calls made via the Provider application shall be video- enabled with the health plans enrollee consent. The application is compatible with both iOS and Android devices.

Doula Support

- Doula support will include video consultation with the health plans enrollee consent for birth and postpartum doulas as well as in-person doula support where available throughout the perinatal period, which begins at notification of pregnancy and continues through 12 months postpartum or the duration of the health plans enrollee's enrollment in the health plan. Support also includes extensive proactive enrollee and birth partner:
    - education and planning during the prenatal period,
    - in-person labor and birth support, and (3) education and coordination support during the postpartum period, including an integrated program with Provider IBCLCs, and
    - doula support calls made via the Provider application shall be either video or audio only enabled with AmeriHealth Caritas enrollee consent. The application is compatible with both iOS and Android devices.

Diagnosis codes applicable to doula services:

Diagnosis Code	Code Description
Z32.2	Encounter for childbirth instruction
Z33.1	Pregnant state, incidental
Z32.3	Encounter for childcare instruction
Z39.0	Encounter for care and examination of mother immediately after delivery
Z39.1	Encounter for care and examination of lactating mother
Z39.2	Encounter for routine postpartum follow-up

CPT codes and modifiers applicable to maternity management services:

CPT Code & Modifier	Visit Type & Code Description	Allowed Visits
T1032	Prenatal or Postpartum doula visit – in person	6 Visits Each Code
T1032 GT	Prenatal or Postpartum doula visit – virtual (Telehealth)	
T1033	Doula labor and birth support – in person	1 Delivery

Definitions

Antepartum
The period of time between conception and the onset of labor.

Doula
A trained professional who provides non-medical emotional, informational, and physical support to individuals and families during pregnancy, delivery, and the post-pregnancy period. They offer continuous support, often focusing on improving birth outcomes, increasing breastfeeding rates, and reducing cesarean sections.

Lactation Consultant
A health professional who specializes in helping women to breastfeed their babies.

Neuraxial Anesthesia
Neuraxial anesthesia and analgesia techniques include spinal, epidural, and combined spinal-epidural.

Postpartum
The period of time after the delivery of the baby.

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. The National Correct Coding Initiative (NCCI)
V. American Congress of Obstetricians and Gynecologists (ACOG).
VI. Applicable Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0038.0900 Obstetric Ultrasound

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
07/2026	Reimbursement Policy Committee Approval
06/2026	Added: • Doula and lactation consultant reimbursement language

	• CPT and diagnosis codes • Doula and lactation consultant definitions
01/2026	Reimbursement Policy Committee Approval
01/2026	Annual review • No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
01/2025	Reimbursement Policy Committee Approval
11/2024	Annual review • No major changes
01/2024	Reimbursement Policy Committee Approval