

# 2025 Policy Memo 8

## Obstetrical Services



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Please note: any timeframe listed in days, refers to calendar days unless otherwise specified.

The Obstetrical (OB) Services policy is essentially broken into two sections, normal (non-surgical) OB delivery and surgical OB delivery. Policies governing the content of services for which usual fees are made and qualifications for individual consideration are broken into these two broad categories as follows:

### **I. OB Services — Non-Surgical Content of Service**

- A. **Total OB care** includes normal antepartum care, delivery (with or without low forceps and/or episiotomy), local anesthesia, and normal postpartum care.
- B. **Antepartum care** includes office visits, routine urinalyses, fetal heart tone monitoring, non-stress testing, stress testing and internal fetal monitoring. (See Section IV. A.)
- C. **Delivery only** includes delivery (with or without low forceps and/or episiotomy) and normal postpartum care.
- D. **Postpartum care** includes hospital care and office visits following delivery.  
In cases where the delivering physician provides antepartum care and postpartum care in addition to the delivery, total OB care is to be billed as an all-inclusive charge under the appropriate code.

### **II. OB Services — Surgical Content of Service**

- A. **Surgical delivery care** includes preoperative care from the admission of the patient to the time of surgical delivery, the surgical delivery itself, and postoperative and postpartum care from the time of surgical delivery through the period of usual hospitalization and customary post-hospitalization ending with the final postpartum examination.
- B. In cases where the delivering physician provides antepartum care and postpartum care in addition to the surgical delivery, total OB care is to be billed as an all-inclusive charge under the appropriate code. However, if a patient has been insured by Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) for less than 240 days, you must bill (using appropriate codes) for those services provided after their effective date of coverage with BCBSKS. The previous insurance carrier (or the patient, if no coverage) would be responsible for services received before the BCBSKS effective date.
- C. In cases where different physicians provide the antepartum care and surgical delivery, it will be assumed that the physician performing the delivery provided the post-delivery care. If this is not the case, this should be indicated by using the correct obstetrical CPT code(s).

### **III. Services Qualifying for Additional Fees**

#### **A. OB LABORATORY SERVICES**

The usual fee for antepartum care does not include laboratory tests other than urinalyses. Please see Policy Memo No. 7, Radiology and Pathology, Section III. B., Clinical Laboratory Panel Coding.

Specific tests for complicated or unusual prenatal problems may be allowed on the basis of individual consideration and must be documented as to medical necessity.

#### **B. OB ANESTHESIA**

See Anesthesia Policy Memo No. 12 for more specific information. Local anesthesia is included in the delivery charge.

#### **C. IN-HOSPITAL TREATMENT OF COMPLICATIONS**

When hospitalization is required for severe complications during either the antepartum or

postpartum period, in-hospital medical care fees may be made for the management of the condition. Payment will be subject to medical necessity review of medical records provided to support the additional care and direct attendance.

**D. UNUSUAL FULL-TERM FEES**

Higher than usual professional charges will be considered by consultant review if unusual complications, including threatened miscarriage, occur during the prenatal period, the delivery itself, or during the postnatal period. Approval of such unusual charges is subject to substantiation of medical necessity and the concurrence of the consultant. The contracting provider agrees to accept the consultant's determination in any unusual fee case.

**E. MULTIPLE DELIVERIES**

When multiple births are involved, an additional 25 percent of the maximum allowable payment for the delivery performed will be allowed for each additional child.

**IV. Additional Policy Clarification**

- A. Non-stress testing and internal fetal monitoring are considered content of service for the regular attending provider, unless for medically necessary conditions subject to concurrence of the review process determination (unusual conditions must be supported by medical records).
- B. Stress testing is subject to substantiation of medical necessity and the concurrence of the review process determination.
- C. When outpatient emergency or observation obstetrical care is provided by the patient's regular attending obstetrician, such care is considered to be within the usual and customary fee for total obstetrical care or for antepartum care. However, when emergency care is provided by a physician other than the regular attending obstetrician, the service is eligible for a separate fee.

**V. Additional Obstetrical Procedures**

**A. MISCARRIAGE OR SPONTANEOUS ABORTION**

If a D & C is involved, surgical policy governs. If only medical care is involved, in-hospital medical care policy governs.

**B. THERAPEUTIC ABORTION AUTHORIZED BY LAW**

Surgical policy governs. The usual fee is considered to include the initial examination, office visits up to hospital admission, all standard tests and evaluations, the surgical procedure and final checkup after hospital dismissal.

**C. D & C FOR POSTPARTUM BLEEDING**

Subject to individual consideration with the surgical policy governing.

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1133 SW Topeka Blvd, Topeka, KS 66629

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