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# Maternity Billing - Global vs Non-global

## Global OB care

The total obstetric care package includes the provision of antepartum care, delivery services and postpartum care.

When the **same physician, physician group or on-call group with a written agreement** provides all components of the OB package, report the Global OB package code. It is not appropriate to report the antepartum, delivery, and postpartum care separately, when a **single physician or the physicians of the same group practice or on-call group with a written agreement** provide the total obstetrical care.

#### The CPT for Global OB codes are:

- 59400 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
- 59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
- 59610 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
- 59618 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

### **Billing guidelines:**

The global maternity allowance is a complete, one-time billing which includes all professional services for routine antepartum care, delivery services, and postpartum care.

If the member is seen four or more times prior to delivery for prenatal care and the provider performs the delivery, and performs the postpartum care then the provider must bill the Global OB code.

Global OB care should be billed on or after the delivery date and within the timely filing period as indicated by each commercial insurance policy.

# Non-global OB care – "Split Billing"

Non-global OB care, or partial services, refers to maternity care not managed by a single provider or group practice **or on-call group with a written agreement.** 

Billing for non-global may occur if:

- A patient transfers into or out of a physician or group practice.
- A patient is referred to another physician during her pregnancy.
- A patient has the delivery performed by another physician or other health care professional not associated with her physician or group practice or on call group. For example: an OB hospitalist in the L&D emergency department.
- A patient terminates or miscarries her pregnancy.
- A patient changes health insurance companies during pregnancy.