The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Billing and Reimbursement

Background

- Postpartum care is typically considered part of global obstetric care and is reimbursed that way when rendered by the same obstetric care provider or practice that bills under the same Tax Identification Number (TIN).
- The obstetric care provider who bills a global delivery code is paid the same amount whether or not a patient returns for a postpartum visit. Although the rate of attendance at postpartum visits may be tracked as a quality measure by the Healthcare Effectiveness Data and Information Set (HEDIS) and health plans, without financial incentive, health care providers may be lax in their communication or outreach to patients regarding the importance of postpartum care.
- Postpartum visits that deal with problems or complications can be billed outside of the global obstetric fee.
- Problem visits can be billed outside the global obstetric care fee using E/M codes for outpatient care (eg, 99211–99215, see Coding section).

Varying Definitions

- Health plans define the postpartum period covered under the global obstetric fee in a wide variety of ways. This ranges from as short as 42 days to as long as 90 days for cesarean births under some commercial payers.
- What services are covered under the obstetric global fee during the postpartum period are quite vague for commercial payers. They are usually described as all outpatient issues related to the pregnancy, as well as contraception, for however many visits that takes.

Issues

- Attendance at postpartum visits is generally lower among women of lower socioeconomic status. Barriers to attending include access to childcare and transportation.
- Missing postpartum visits eliminates a prime opportunity to address reproductive life planning, follow-up for complications that occurred during pregnancy, and other issues.
- Different postpartum issues are most appropriately addressed at different times in the "fourth trimester" and, thus, require more than one postpartum visit for optimal care.
- Commercial payer reimbursement policies, both government and private, should align incentives so that obstetric care providers will stress the importance of postpartum care to their patients. This would include during antenatal visits, as well as through active outreach after the birth.

Possible Solutions

- Consider identifying separate intervals of postpartum care and goals for those visits:
  - 1–14 days—perineal/incision check, depression screening, blood pressure check, blood sugar check, review of other antepartum or intrapartum complication, lactation support
  - 15–60 days—contraception counseling, depression screening
  - 60–90 days—full examination and preventive screenings equivalent to annual well woman examination because this will be 1 year after the initial prenatal visit
- Advocate for uncoupling of postpartum care from global fee for obstetric care. Define the aforementioned intervals as eligible for separate reimbursement for postpartum visits with separate CPT codes
- Align incentive for health care providers to promote and encourage postpartum visits, perhaps through innovative programs of providing transportation, group visits, etc.
- Expect pushback from payers and self-funded employers who will resists paying more for global obstetric care. A case will need to be made for the value added of augmented post-partum care to address a multitude of short-term and long-term health issues.

For more information, see section on Coding for Postpartum Services.