



# OB Billing Instructions

To: All HPM Providers  
From: Provider Services  
Bulletin #: 06-1101  
Date: November 1, 2006  
Re: OB Billing Instructions

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In an attempt to increase our HEDIS scores and to assist our providers with the appropriate billing for obstetrical services, please see the following billing guidelines. Please do not bill Global OB services as it prevents us from providing the appropriate reporting information.

Bill Prenatal, Delivery, and Post-Partum visits separately. The LMP and EDC need to be included with the claims as well as the dates of the OB visits. With inclusion of this important data HPM can reduce the need for chart reviews.

Antepartum Visits should be billed as follows:

E/M (i.e. 99212) Antepartum Care Only 1-3 Visits, bill per visit (See appropriate E/M code(s))

59425 Antepartum Care Only 4-6 visits

59426 Antepartum Care Only 7 or more visits

E/M (i.e. 99212) Antepartum Care Only -more than 13 visits (See appropriate E/M code(s))

Delivery should be billed as follows:

59409 Vaginal Delivery Only (with or without episiotomy and/or forceps)

59514 Cesarean Delivery Only

59612 VBAC – Vaginal Delivery after a previous C-Section

59620 Cesarean Delivery Only, following attempted vaginal delivery after previous C-section

Post-Partum visit should be billed as follows and should be billed for dates of service occurring within 21 - 56 days from the date of delivery (Please do not bill an E/M code for this service unless the date of service exceeds 56 days from the delivery date):

59430 Post-Partum Care Only

If you should have any questions regarding the OB billing instruction, please feel free to contact HPM's Claim Department at 1-888-437-0606.