

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-056  
**Subject:** Delivery Payment Equivalency  
**Effective Date:** June 30, 2020      **End Date:**  
**Issue Date:** June 12, 2023      **Revised Date:** June 2023  
**Date Reviewed:** May 2023  
**Source:** Reimbursement Policy

<b>Applicable Commercial Market</b>	PA	<input checked="" type="checkbox"/>	WV	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
<b>Applicable Medicare Advantage Market</b>	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input type="checkbox"/>	NY	<input type="checkbox"/>
<b>Applicable Claim Type</b>	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

## PURPOSE:

The purpose of this policy is to promote more effective, cost-efficient care delivery and equalize Highmark’s standard professional fee schedule reimbursement for providers submitting claims for vaginal and cesarean delivery services.

## REIMBURSEMENT GUIDELINES:

In order to manage appropriate utilization of birthing services and avoid the delivery of services not deemed medically necessary, the Plan will continue reimbursing all maternity care at a comparable rate regardless of the type of birth.

A blended payment for uncomplicated deliveries consists of a single payment for a birth, regardless of the mode of delivery. Payment rates for cesarean delivery are generally higher than those for vaginal deliveries. Therefore, the blended payment method will eliminate the financial incentive to adopt practices that may lead to unnecessary cesarean sections. The following codes when reimbursed under the Highmark standard professional fee schedule will have blended payment rates for delivery services:

Obstetrical Care	Cesarean Delivery	VBAC Delivery	Attempted VBAC Delivery
59400	59510	59610	59618
59409	59514	59612	59620
59410	59515	59614	59622

**ADDITIONAL BILLING INFORMATION AND GUIDELINES:**

- Provider Resource Center; October Coding Tip: Global Maternity Care

**RELATED HIGHMARK POLICIES:**

Refer to the following Reimbursement Policies for additional information:

- RP-023: Newborn Care, Obstetrical Delivery, Antepartum and Postpartum Care and Associated Services
- RP-035: Correct Coding Guidelines

**REFERENCES:**

- Rodriguez. C.H. (2019) A New Way of Paying For Maternity Care Aims To Reduce C-Sections. <https://www.npr.org/sections/health-shots/2019/09/20/762564134/a-new-way-of-paying-for-maternity-care-aims-to-reduce-c-sections>
- Medicaid and CHIP Payment and Access Commission; Medicaid Payments Initiatives to Improve Maternal and Birth Outcomes. <https://www.macpac.gov/wp-content/uploads/2019/04/Medicaid-Payment-Initiatives-to-Improve-Maternal-and-Birth-Outcomes.pdf>
- Washington State Hospital Association; (2015) Reducing Elective Deliveries Prior to 39 weeks <https://www.wsha.org/quality-safety/projects/safe-deliveries/elective-delivery-37-to-less-than-39-weeks-gestational-age/>

**POLICY UPDATE HISTORY INFORMATION:**

6 / 2020	Implementation
10 / 2020	Added additional CPT codes and this will apply to the DE Region.
11 / 2021	Added NY region applicable to the policy
6 / 2023	Administrative policy review with no changes in policy direction

# Highmark Reimbursement Policy Bulletin



HISTORY VERSION

**Bulletin Number:** RP-056  
**Subject:** Delivery Payment Equivalency  
**Effective Date:** June 30, 2020  
**Issue Date:** October 1, 2021  
**Date Reviewed:** July 2021  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** July 2021

**Applicable Commercial Market**

PA  WV  DE  NY

**Applicable Medicare Advantage Market**

PA  WV  DE  NY

**Applicable Claim Type**

UB  1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to promote more effective, cost efficient care delivery and equalize Highmark's standard professional fee schedule reimbursement for providers submitting claims for vaginal and cesarean delivery services.

## REIMBURSEMENT GUIDELINES:

In order to better manage appropriate utilization of birthing services and avoid the delivery of services not deemed medically necessary, the Plan will continue reimbursing all maternity care at a comparable rate regardless of the type of birth.

A blended payment for uncomplicated deliveries consists of a single payment for a birth, regardless of the mode of delivery. Payment rates for cesarean delivery are generally higher than those for vaginal deliveries. Therefore, the blended payment method will eliminate the financial incentive to adopt practices that may lead to unnecessary cesarean sections.

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59400	59510	59610	59618
59409	59514	59612	59620
59410	59515	59614	59622

#### ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- October Coding Tip “Global Maternity Care”

#### RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-023: Newborn Care, Obstetrical Delivery, Antepartum and Postpartum Care and Associated Services.

#### REFERENCES:

- Rodriguez. C.H. (2019) A New Way of Paying For Maternity Care Aims To Reduce C-Sections. <https://www.npr.org/sections/health-shots/2019/09/20/762564134/a-new-way-of-paying-for-maternity-care-aims-to-reduce-c-sections>
- Medicaid and CHIP Payment and Access Commission; Medicaid Payments Initiatives to Improve Maternal and Birth Outcomes <https://www.macpac.gov/wp-content/uploads/2019/04/Medicaid-Payment-Initiatives-to-Improve-Maternal-and-Birth-Outcomes.pdf>
- Washington State Hospital Association; (2015) Reducing Elective Deliveries Prior to 39 weeks <https://www.wsha.org/quality-safety/projects/safe-deliveries/elective-delivery-37-to-less-than-39-weeks-gestational-age/>

#### POLICY UPDATE HISTORY INFORMATION:

6 / 2020	Implementation
10 / 2020	Added additional CPT codes and this will apply to the DE Region.
11 / 2021	Added NY region applicable to the policy

# Highmark Reimbursement Policy Bulletin

HISTORY VERSION



**Bulletin Number:** RP- 056  
**Subject:** Delivery Payment Equivalency  
**Effective Date:** June 30, 2020  
**Issue Date:** January 1, 2021  
**Date Reviewed:** October 2020  
**Source:** Reimbursement Policy

**End Date:**  
**Revised Date:** October 2020

**Applicable Commercial Market** PA  WV  DE   
**Applicable Medicare Advantage Market** PA  WV   
**Applicable Claim Type** UB  1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to promote more effective, cost efficient care delivery and equalize Highmark's standard professional fee schedule reimbursement for providers submitting claims for vaginal and cesarean delivery services.

## REIMBURSEMENT GUIDELINES:

In order to better manage appropriate utilization of birthing services and avoid the delivery of services not deemed medically necessary, the Plan will continue reimbursing all maternity care at a comparable rate regardless of the type of birth.

A blended payment for uncomplicated deliveries consists of a single payment for a birth, regardless of the mode of delivery. Payment rates for cesarean delivery are generally higher than those for vaginal deliveries. Therefore, the blended payment method will eliminate the financial incentive to adopt practices that may lead to unnecessary cesarean sections.

The following codes when reimbursed under the Highmark standard professional fee schedule will have blended payment rates for delivery services:

Obstetrical Care	Cesarean Delivery	VBAC Delivery	Attempted VBAC Delivery
59400	59510	59610	59618
59409	59514	59612	59620
59410	59515	59614	59622

#### ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- RP-023 Newborn Care, Obstetrical Delivery, Antepartum and Postpartum Care and Associated Services.
- October Coding Tip “Global Maternity Care”.

#### REFERENCES:

Rodriguez. C.H. (2019) A New Way of Paying For Maternity Care Aims To Reduce C-Sections.

<https://www.npr.org/sections/health-shots/2019/09/20/762564134/a-new-way-of-paying-for-maternity-care-aims-to-reduce-c-sections>

Medicaid and CHIP Payment and Access Commission; Medicaid Payments Initiatives to Improve Maternal and Birth Outcomes.

<https://www.macpac.gov/wp-content/uploads/2019/04/Medicaid-Payment-Initiatives-to-Improve-Maternal-and-Birth-Outcomes.pdf>

Washington State Hospital Association; (2015) Reducing Elective Deliveries Prior to 39 weeks

<https://www.wsha.org/quality-safety/projects/safe-deliveries/elective-delivery-37-to-less-than-39-weeks-gestational-age/>

#### POLICY UPDATE HISTORY INFORMATION:

06 / 2020	Implementation
10 / 2020	Added additional CPT codes and this will apply to the DE Region.

# Highmark Reimbursement Policy Bulletin



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**Revised Date:**

**Applicable Commercial Market** PA  WV  DE   
**Applicable Medicare Advantage Market** PA  WV   
**Applicable Claim Type** UB  1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

## PURPOSE:

The purpose of this policy is to promote more effective, cost efficient care delivery and equalize Highmark's standard professional fee schedule reimbursement for providers submitting claims for vaginal and cesarean delivery services.

## REIMBURSEMENT GUIDELINES:

Maternity practices developed to treat specific problems are now applied routinely to all pregnant women regardless of their risk, and many obstetrical practices have become standard without scientific evaluation of their effectiveness. The areas of greatest concern in the growing gap between evidence-based practice and current US practice patterns are the increasing rates of preterm births, cesarean delivery, and elective induction.

The Plan will promote evidence- based practices that improve outcomes for both infant and mother and decrease the growth in healthcare spending for delivery services. A blended payment for uncomplicated deliveries for professional services consist of a single payment for a birth, regardless of mode of delivery. Payment rates for cesarean delivery are generally higher than those for vaginal deliveries. By eliminating this discrepancy, a blended payment will reduce the financial incentive to perform cesarean sections or adopt practices that lead to potentially non-medically necessary cesarean sections.

The following codes when reimbursed under the Highmark standard professional fee schedule will have blended payment rates for delivery services:

Obstetrical Care	Cesarean Delivery	VBAC Delivery	Attempted VBAC Delivery
59400	59510	59610	59618

**NOTE:** The above information only applies to PA and WV regions at this time.

**NOTE:** The allowable reimbursement above codes are currently aligned, the Plan will maintain alignment with all future fee schedule publications.

#### ADDITIONAL BILLING INFORMATION AND GUIDELINES:

- RP-023 Newborn Care, Obstetrical Delivery, Antepartum and Postpartum Care and Associated Services.
- October Coding Tip “Global Maternity Care”.

#### REFERENCES:

- Catalyst For Payment Reform “Maternity Care Payment” <http://www.catalyze.org>
- Medicaid Payment Incentives to Improve Maternal and Birth Outcomes. <https://www.macpac.gov>
- Washington State Hospital Association. “Safe Deliveries: Reducing Elective Deliveries Prior to 39 Weeks.” Available at <https://www.wsha.org/0398.cfm>

#### POLICY UPDATE HISTORY INFORMATION:

07 / 2020	Implementation
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