Highmark Reimbursement Policy Bulletin

HISTORY VERSIONS

Bulletin Number:	RP-056		
Subject:	Delivery Payment Equivalency		
Effective Date:	June 30, 2020	**End Date:**	October 1, 2026
Issue Date:	October 1, 2026	**Revised Date:**	October 2026
Date Reviewed:	September 2026		
Source:	Reimbursement Policy		

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

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.

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 POLICIES:

Refer to the following Reimbursement Policies for additional information:

- RP-023: Newborn Care, Obstetrical Delivery, Antepartum / Postpartum Care & Assoc'd 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
10 / 2026	Direction merged with RP-023 and policy archived

IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the member's contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations.

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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		

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

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HISTORY

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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
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- 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

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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

HISTORY

Highmark Reimbursement Policy Bulletin

HISTORY VERSION

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

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY** ☒
Applicable Medicare Advantage Market	**PA**	☐	**WV**	☐	**DE**	☐	**NY** ☐
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History

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:

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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/

History

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	**End Date:**	
Issue Date:	January 1, 2021	**Revised Date:**	October 2020
Date Reviewed:	October 2020		
Source:	Reimbursement Policy		

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

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ADDITIONAL BILLING INFORMATION AND GUIDELINES:

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

HISTORY

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

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

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

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HISTORY

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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

HISTORY