



Obstetrics

Reimbursement Policy ID: RPC.0068.1200

Recent review date: 01/2026

Next review date: 01/2027

AmeriHealth Caritas North Carolina reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas North Carolina may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy describes the reimbursement guidelines for submitting claims for obstetrical services, including the initial visit, antepartum, delivery and postpartum services.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas North Carolina follows guidelines stated in the North Carolina Department of Health and Human services (NCDHHS) providers manual for submission of claims for antepartum, delivery, and postpartum period as package services.

Antepartum care package services

Medicaid shall cover antepartum package services when the attending provider rendering the antepartum care does not perform the delivery.

Global obstetrics package services

Antepartum care, labor and delivery, and postpartum care are covered as an all-inclusive service when:

- At least 4 antepartum visits were rendered before the delivery and
- The same provider who renders the antepartum care performs the delivery and postpartum.

Postpartum care package services

The postpartum period normally lasts six to eight weeks following delivery. Postpartum package services are covered when the attending provider:

- Has not provided any antepartum care, but performed the delivery, and provided the postpartum care.
- Has not provided any antepartum care, and did not perform the delivery, but performs all postpartum care; or
- Bills individual visits for antepartum care due to high-risk condition.

Note: Prenatal and postpartum visits conducted via telehealth (interactive audio and video) shall count as a visit within a global or package service. Telephone calls or online communications do not replace a telehealth or in person visit for prenatal care and do not count towards global or package services.

Definitions

Antepartum

The period of time between conception and the onset of labor.

Postpartum

The period of time after the delivery of the baby.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. The National Correct Coding Initiative (NCCI)
- V. American Congress of Obstetricians and Gynecologists (ACOG).
- VI. Obstetrical Services 1E-5: <https://medicaid.ncdhhs.gov/1e-5-obstetrical-services/download?attachment>
- VII. North Carolina Fee schedule(s)

Attachments

N/A

Associated Policies

RPC.0038.1200 Obstetric Ultrasound

Policy History

01/2026	Reimbursement Policy Committee Approval
01/2026	Annual review <ul style="list-style-type: none">No major changes
06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval
04/2025	Revised preamble
12/2024	Annual review <ul style="list-style-type: none">No major changes
05/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas North Carolina from Policy History section
01/2023	Template revised <ul style="list-style-type: none">Revised preambleRemoval of Applicable Claim Types tableCoding section renamed to Reimbursement GuidelinesAdded Associated Policies section