



Obstetrics

Reimbursement Policy ID: RPC.0068.1200

Recent review date: 07/2026

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. The health plan 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

The health plan 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.

Lactation Support

Provider shall provide unlimited virtual lactation consulting to all the health plans enrollees (facilitated by the Provider mobile application).

- Lactation consulting shall be provided by Provider's network of International Board-Certified Lactation Consultants ("IBCLCs").
- Lactation consulting calls made via the Provider application shall be video- enabled with the health plans enrollee consent. The application is compatible with both iOS and Android devices.

Doula Support

- Doula support will include video consultation with the health plans enrollee consent for birth and postpartum doulas as well as in-person doula support where available throughout the perinatal period, which begins at notification of pregnancy and continues through 12 months postpartum or the duration of the health plans enrollee's enrollment in the health plan. Support also includes extensive proactive enrollee and birth partner:
 - education and planning during the prenatal period,
 - in-person labor and birth support, and (3) education and coordination support during the postpartum period, including an integrated program with Provider IBCLCs, and
 - doula support calls made via the Provider application shall be either video or audio only enabled with the health plans enrollee consent. The application is compatible with both iOS and Android devices.

Diagnosis codes applicable to doula services:

Diagnosis Code	Code Description
Z32.2	Encounter for childbirth instruction
Z33.1	Pregnant state, incidental
Z32.3	Encounter for childcare instruction
Z39.0	Encounter for care and examination of mother immediately after delivery
Z39.1	Encounter for care and examination of lactating mother
Z39.2	Encounter for routine postpartum follow-up

CPT codes and modifiers applicable to maternity management services:

CPT Code & Modifier	Visit Type & Code Description	Allowed Visits
T1032	Prenatal or Postpartum doula visit – in person	4 Visits Each Code
T1032 GT	Prenatal or Postpartum doula visit – virtual (Telehealth)	
T1033	Doula labor and birth support – in person	1 Delivery

Definitions

Antepartum

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

Doula

A trained professional who provides non-medical emotional, informational, and physical support to individuals and families during pregnancy, delivery, and the post-pregnancy period. They offer continuous support, often focusing on improving birth outcomes, increasing breastfeeding rates, and reducing cesarean sections.

Lactation Consultant

A health professional who specializes in helping women to breastfeed their babies.

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. Applicable Fee schedule(s)

Attachments

N/A

Associated Policies

RPC.0038.1200 Obstetric Ultrasound

Policy History

09/2026	<ul style="list-style-type: none">Removed the next review dateReplaced the plan name with “the health plan”
07/2026	Reimbursement Policy Committee Approval
06/2026	Added: <ul style="list-style-type: none">Doula and lactation consultant reimbursement languageCPT and diagnosis codesDoula and lactation consultant definitions
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