Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Obstetrics/Gynecology

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted providers for the provision of obstetrical and/or gynecology services.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

Tufts Health Plan Commercial and Public Plans

Providers should notify Tufts Health Plan of a member's pregnancy by completing the appropriate Prenatal Registration form located in the provider Resource Center and faxing it to the appropriate number listed on the form. For additional information, refer to the Referrals, Authorizations and Notifications chapter of the Commercial Provider Manual or the Care Management chapter of the Tufts Health Public Plans Provider Manual.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected

Point32Health Reimburses

Obstetrical/Maternity

Global Obstetrical Delivery Package
Point32Health reimburses professional obstetrical delivery services at a single all-inclusive (global) rate. Global delivery services include antepartum care, delivery, and postpartum care. Submit one claim following delivery for global services with the appropriate procedure code.

Services Included in the Global Delivery Package

Point32Health follows industry-standard guidelines consistent with CPT and The American College of Obstetricians and Gynecologists (ACOG). Services that are not separately reimbursed from the global delivery package include, but are not limited

to:

- All routine prenatal visits until delivery (typically 14 visits), including the initial obstetric (IOB) visit
- Supervision or management of uncomplicated labor, including induction services
- Vaginal or cesarean delivery, including delivery of placenta
- Episiotomy
- Inpatient hospital and outpatient office visits for a period of 42 days after delivery
- Lactation services provided by the physician

Reporting of Additional Antepartum E&M Visits Outside the global Obstetrical Package due to Complications

Harvard Pilgrim Health Care
If there are additional antepartum E&M visits for complications that are above and beyond the typical care (typically 14 visits), individual consideration will be given. Point32Health requires the use of modifier 22 when billing the global obstetrical code following delivery to indicate the additional visits. All medical documentation (such as progress notes and/or the antepartum flow sheet) must be submitted and the additional visits should be documented in the member's medical record. No additional reimbursement will be applied if the medical documentation does not support additional visits due to complications.

Tufts Health Plan Commercial and Direct
Antepartum visits that are not routine pregnancy-related will be given individual consideration based on submission and review of medical documentation.

Antepartum, Delivery Only, and/or Postpartum Care when Performed Separately

Providers who do not provide the total global obstetrical package but do provide either antepartum, postpartum only, delivery only and/or postpartum care should bill the appropriate global procedure code. When billing 1-3 antepartum visits, submit the most appropriate E&M CPT code.

- Antepartum services should be reported when there was a pregnancy loss, provider change to an unrelated practice/group, or insurance coverage change.
- Delivery only, postpartum only, or delivery including postpartum services should only be reported when another provider (not within the same group) has rendered the other components of obstetrical care.

Tufts Health Together and One Care
The fee-for-service method is available to providers for covered obstetrics services as an alternative to the global fee referenced in 130 CMR 433.421.

Multiple-Birth Deliveries

Multiple birth deliveries are reimbursed when two different methods are used to deliver the infants. Point32Health reimburses the cesarean section under the global delivery CPT code at 100% of the fee schedule; the vaginal delivery is reimbursed at 50% of the vaginal delivery only CPT code, when submitted with the 59 modifier.

Services that are reimbursed separately

Obstetric Ultrasound
Harvard Pilgrim Health Care

- One complete ultrasound exam (real time with image documentation, fetal and maternal evaluation) for routine anatomy screening will be reimbursed per member per routine pregnancy.
- Routine limited and follow-up obstetric ultrasounds (CPT codes 76815 or 76816) performed prior to a routine screening complete obstetric ultrasound will be reimbursed. However, if performed after the initial routine screening complete ultrasound with a routine screening diagnosis, they will be denied as not medically necessary.
- Subsequent routine obstetric ultrasounds submitted with a routine diagnosis will be denied regardless of other non-routine diagnoses submitted, if the same or different provider performed the initial routine ultrasound exam.

Tufts Health Plan

- First trimester ultrasound exams billed with CPT codes 76801 or 76801 are reimbursed once within a 90-day period
- Repeat obstetrical ultrasounds may be reimbursed during the second and third trimester when billed with a high-risk ICD-10 code, which includes but is not limited to:
  - Fetal growth restriction
  - Missed abortion
  - Polyhydramnios
  - Size/date discrepancy
  - Suspected ectopic
  - Suspected hydatidiform mole
  - Threatened abortion

- Detailed fetal anatomic examination ultrasounds (CPT 76811 or 76812) are reimbursed once in a five-month period.

Laboratory Services
Standard laboratory tests and screenings are reimbursed separately from the global allowance, including but not limited to:

- Antibody screening, including rubella
- Blood glucose
- Blood typing; ABO and/or Rh factor
- Complete blood count (CBC)
- HIV testing
- Immunoassay for infectious agent antibody
- Obstetrical panel
- Sexually transmitted infections (STI) screening, including Chlamydia and Syphilis

Rhode Island Perinatal Doula Services

Perinatal doula services are reimbursed for Rhode Island Commercial and Tufts Health RITogether members. The following services are covered per pregnancy through a contracted doula agency:

Harvard Pilgrim Health Care
- Antepartum visits: (T1032; up to 2 visits)
- Attendance for support and delivery (T1033)
- Postpartum visits (T1032; up to 2 visits; covered up to 12 months postpartum)

Tufts Health Plan Commercial
- Antepartum visits: up to 2 visits
- Attendance for support at labor and delivery (1 visit)
- Postpartum visits: up to 2 visits (Commercial); covered up to 12 months postpartum
- Submit claims using S9445 (can be billed once per day) with one of the following modifiers:
  - FP (prenatal services)
  - XU (attendance at delivery)
  - TH (postnatal services)
- Additional visits may be covered when medically necessary for Commercial members

Tufts Health RITogether
- Antepartum visits (S9445-FP; up to 3 visits)
- Attendance for support at labor and delivery (59510-XU, 59400-XU; 1 visit)
- Postpartum visits: (S9446-TH; up to 3 visits; covered up to 12 months postpartum)

Gynecology

Gynecology services may be reimbursed when rendered by an obstetrician, gynecologist, certified nurse midwife, maternal and fetal medicine specialist, primary care physician (PCP), nurse practitioner or family practitioner.

- Screening pap smear for low-risk diagnosis codes are reimbursed:
  - Once every 12 months for Harvard Pilgrim Health Care Commercial products
  - Once every 11 months for Tufts Health Plan Commercial products
  - Once every 2 years for Tufts Public Plans and Senior Products
- HPV testing every 5 years for female patients 30 to 65 years of age
- Routine gynecological examination according to member plan document

Contraception/Family Planning
- Injection or insertion of and/or removal of birth control implants and devices
- Contraceptive monitoring service
- Termination of pregnancy

Point32Health Does *Not* Reimburse

- Detailed fetal anatomical ultrasounds (CPT codes 76811 or 76812) for the supervision of normal pregnancy, routine screening for malformations using electronics, fetal anatomic survey, or antenatal screening of the mother.
- Handling and/or conveyance of a specimen for transfer to a laboratory
- Transabdominal or pelvic ultrasound when performed during the same session as a transvaginal ultrasound as these are considered redundant services
- CPT 99459 (pelvic examination) is not reimbursed separately for Commercial Products

- **Note:** Effective for dates of service on or after Nov. 1, 2026, CPT code 99459 (pelvic examination) will not be reimbursed for Tufts Health Direct.

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

These code tables may not be all inclusive.

Code	Description
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

Antepartum and Postpartum Global

Code	Description
59425	Antepartum care only; 4-6 visits- Bill once per pregnancy with a count of one, using the date of final visit
59426	Antepartum Care, 7 or more visits- Bill once per pregnancy with a count of one, using the date of final visit
59430	Postpartum care, only- Bill with a count of one with the date of the final visit

Delivery Only

Code	Description
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59514	Cesarean delivery only
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

Delivery Only with Postpartum Care

Code	Description
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59515	Cesarean delivery only; including postpartum care
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

Other Information/Billing Instructions

- An outcome of delivery code should be included on every maternal record when a delivery has occurred
- Bill assistant surgeon services for cesarean delivery with CPT 59514 or 59620 and one of the following modifiers: AS, 80, 81 or 82

Related Policies and Resources

Payment Policies

- Advanced Practice Providers (APP)
- Anesthesia
- Assisted Reproductive Technology (ART)
- Evaluation and Management
- Home Health Care
- Inpatient Hospital Admissions
- Laboratory & Pathology

- Modifiers
- Newborn Care
- Non-Covered/Non-Reimbursable Services
- Surgery
- Unlisted/Unspecified Procedure Codes
- Vaccines and Immunizations

Clinical Policies

- Assisted Reproductive Technology Services – Massachusetts Products
- Assisted Reproductive Technology Services – Maine Products
- Assisted Reproductive Technology Services – New Hampshire Products
- Assisted Reproductive Technology Services – Rhode Island Products
- Genetic Testing – Cell-Free DNA Screening for Fetal Trisomy
- Genetic Testing – Prenatal Diagnosis and Carrier Screening
- Noncovered Investigational Services

Publication History

09/01/2026	Effective for DOS on or after 11/1/26, 99459 will not be reimbursed for Tufts Health Direct
07/01/2026:	Clarified billing instructions for perinatal doula services for Tufts Health RITogether members, per RI EOHHS guidelines
12/01/2025:	Updated related policies and resources
10/01/2025:	Annual review; administrative edits
10/01/2024:	Policy moved to new template, includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.