



Maternal Global Codes – Unbundled

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Health and
Human Services

Agenda

- ▶ History & Current Status
- ▶ Coding & Reimbursement
- ▶ Unbundled

History

- ▶ Maternal Care Bundle was considered a Flat Rate
- ▶ ACOG Current payment methodologies, especially those using the bundled global maternity codes for obstetric services, no longer reflect the care occurring today.

[Payment for Obstetricians and Gynecologists | ACOG](#)

- ▶ It is impossible to identify quality data with the bundled system.

Descriptions

Antepartum: Before the infant is born; the woman is pregnant

Vaginal delivery: Infant is born through the birth canal

Postpartum: after the Infant is born

Cesarean delivery: (c-section) Infant is born through a surgical incision in the woman's' abdomen

Vaginal Delivery after a Previous C-section: (VBAC) infant is born through the birth canal after having a c-section in the past

Current Status

Description - Current Bundle

Antepartum (up to 6 visits), vaginal delivery, postpartum

Antepartum (7 visits or more) vaginal delivery, postpartum

Antepartum (up to 6 visits), cesarean delivery, postpartum

Antepartum (7 visits or more), cesarean delivery, postpartum

Antepartum (up to 6 visits), vaginal delivery after previous C-section, postpartum

Antepartum (7 visits or more), vaginal delivery after previous C-section, postpartum

Antepartum (up to 6 visits), attempt vaginal delivery but required c-section delivery after previous C-section, postpartum

Antepartum (7 visits or more), attempt vaginal delivery but required c-section delivery after previous C-section, postpartum

Governor Reynolds and Director Garcia

Governor Kim Reynolds:

“Today, Iowa reimburses hospitals and physicians at a single, bundled rate, regardless of a pregnancy’s risk level,” Reynolds said. “This rigid approach doesn’t make sense for mothers or doctors, so I’m proposing legislation that would unbundle the rates and increase reimbursement to OBGYNs and primary care physicians”

Iowa HHS Director Kelly Garcia:

Identifies HHS will unbundle the Maternal Health Global Package.

Iowa Medicaid is Unbundling the Global Package

Effective October 1, 2025



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ANTEPARTUM VISITS – Initial visit

- ▶ The initial examination of a woman who identifies as being pregnant.
- ▶ Please submit the notice of pregnancy with this visit
- ▶ Must be in-person office.
- ▶ The new patient has not been seen by your specialty within the same group practice the last 3 years.
- ▶ The established patient is a woman who has been seen by your same specialty group within 3 years.
- ▶ Claims may be submitted on same date as service

ANTEPARTUM VISITS – Initial visit (cont.)

Code	Modifier	Description
99203	TH	Office or other outpatient visit for the evaluation and management of a new patient , which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded
99213	TH:	Office or other outpatient visit for the evaluation and management of an established patient , which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

ANTEPARTUM VISITS – After Initial Visit

- ▶ After the initial visit, all visits now become Subsequent Antepartum visits.
- ▶ Subsequent visits may be visual telehealth or in-person - depending on the status of the woman
- ▶ Up to 14 visits without a prior authorization.
- ▶ Claims may be submitted on same date as service
- ▶ Encouragement is provided to include referrals to specialist for hypertension, diabetes, obesity, underweight, eating disorders, behavioral/ mental health history, hemoglobinopathies

ANTEPARTUM VISITS – After initial visit (cont.)

Code	Modifier	Description
99213	TH:	Office or other outpatient visit for the evaluation and management of an established patient , which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

Additional Unbundled Codes

- ▶ If the pregnant woman needs to be hospitalized during her pregnancy – claim submission for reimbursement
- ▶ Random chart audits will occur to verify the need
- ▶ The same codes on this slide apply to post-delivery in the Hospital
- ▶ Claims may be submitted on same date as service

Additional Unbundled Codes (cont.)

Code	Modifier	Description
99222	TH	Initial hospital inpatient or Observation care, per day 55 + min
99232	TH	Subsequent hospital inpatient or observation per day 35 + min
99238	TH	Hospital discharge day management 30 min or less.

Labor/Delivery

Code	Modifier	
59409	TH	Vaginal Delivery
59514	TH	Cesarian Section (C/S)
59612	TH	Vaginal birth after C/S (VBAC)
59620	TH	C/S after VBAC attempt

- ▶ Claims may be submitted on same date as service

Postpartum

- ▶ Encourage 3 visits –
- ▶ Visits may be in-person or visual telehealth (depending on the woman's needs)
- ▶ Encouragement is provided to include referrals to specialist for hypertension, diabetes, obesity, underweight, eating disorders, behavioral/mental health concerns, hemoglobinopathies
- ▶ Ensure all consultation appointments are schedule and encourage member to attend appointments
- ▶ Iowa Medicaid provides 12 months full benefit from the delivery date
- ▶ Claims may be submitted on same date as service

Postpartum (cont.)

Code	Modifier	Description
59430	TH	Postpartum Care – per visit reimbursement.

Additional Obstetric Requirements

Code	Modifier	Description
80081	TH	OB panel lab test, includes HIV
85004	TH	Blood Count with differential
85027	TH	Complete Blood Count: automated differential
86592	TH	Syphilis Test
86762	TH	Rubella Antibody
86900	TH	Blood Type ABO
86901	TH	Blood Type RH
J2790	TH	RHOGAM injected – as needed
59025	TH	Fetal non-stress test – as needed

Additional Information

Remember to use the TH Modifier

For Iowa Medicaid members identified as pregnant before 10/1/2025 – Continue with the current bundle process.

10/01/2025 effective date is for all members who now identify as pregnant - Iowa Medicaid may have reimbursed for a pregnancy test in August or September, but the member doesn't have an in-person office appointment until October 1, 2025 or after this date. Confirmation of pregnancy is completed at the 1st In-person visit.

Iowa Medicaid will be watching data 30 days - and submitted to HHS Leadership every 60 days.

Beginning October 1, 2025, all member claims that meet the guidelines for Unbundled Maternity Services and do not have primary insurance other than Medicaid, must be billed using the Unbundled Maternity billing guidelines below.

For members that meet the guidelines for Unbundled Maternity Services and have primary insurance other than Medicaid, the bundled maternity codes must be billed and submitted to the member's primary insurance prior to submission to Medicaid (MCOs and traditional Medicaid).

If private/commercial insurance is lost during pregnancy, the provider then will submit the retro TPL process that is currently in place.

Questions?

Please note we will review every question submitted and provide a Frequently Asked Questions (FAQ) section on the HHS website.

[Initiatives | Health & Human Services](#)