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Unbundled Maternity Billing Guide

The obstetrical claims period begins on the date of the initial visit in which pregnancy was confirmed and extends through the end of the postpartum period, 12 months after the date of the infant delivery.

Beginning **October 1, 2025**, the Unbundled Global Package Reimbursement method will be used for the obstetrical claims period. This method provides for individual elements to be reimbursed separately for point of care services.

Providers, please submit the Notice of Pregnancy form on the Initial in office visit.

The guidance for October 1, 2025, includes the directive of:

If Iowa Medicaid, including MCOs, received a claim request to reimburse for a pregnancy test prior to October 1, 2025, BUT the woman has not attended her **first in-person** Antepartum appointment until October 1 or after, this woman's billing qualifies for the ***required unbundled*** process.

Any provider office visits prior to September 2025 including and up to September 30, 2025, are not unbundled but remain in the Global Bundled Package reimbursement.

Any error in the claim reimbursement request will result in a denial of the claim and require resubmission of a corrected claim.

Restating the above:

Use the **Unbundled reimbursement** claim process:

first antepartum **on or after** 10/1/25

Member has Medicaid as primary (does NOT have any other medical coverage)

Use of the **Global reimbursement** claim process:

first antepartum or any antepartum visits **prior** to 10/1/25

Member has primary insurance (commercial or Medicare) with Medicaid secondary

And the third clarifying statement:

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) as indicated in the Primary Insurance section of this guide. (The members pregnancy qualified for the unbundle – but because of the Primary Insurance – it must stay Bundled.) The Bundled Process still needs to be billed for both MCO's and traditional Medicaid. Bill by the primary insurance process and then submit the same Bundled Process to MCOs and Traditional Medicaid.

A chart summary of Changes:

Date of Service	Member's Primary Insurer	Billing Guidance
Prior to 10/1/2025	Medicaid	• Use bundled methodology for OB services.
10/1/2025 and beyond	Commercial or Medicare	• Follow primary carrier's guidelines for OB/maternal services.
10/1/2025 and beyond	Medicaid	• **If the member is pregnant and has attended the first antepartum visit (or more):** Use global/bundled maternity billing. • ***If the member is pregnant but has NOT attended the first antepartum visit:** Use the new unbundled maternal health billing guidance.

Claim submission requires an ICD-10 pregnancy applicable code, in any position, attached to this guide.

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Antepartum

Antepartum visits may be an in-person office visit or **Video** Telehealth.

The initial Antepartum visit must be in-person.

The codes identified below must be **submitted with the TH Modifier** and the proper Telehealth identifier on the claim for reimbursement.

The Telehealth list is updated and on Medicaid Website.

Provider Antepartum visit claim submission is per date of service:

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 Must be In-person office appointment
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. The initial appointment (new pregnancy) must be in-person.

Provider Antepartum visits may be 14 visits without requiring prior authorization.

***Remember to use Modifier “TH” ***

Additional Obstetric Requirements

Code	Modifier	Description
80081	TH	OB panel lab tests, including HIV - allowed once per pregnancy
85004	TH	Blood Count L W. diff
85027	TH	Complete blood count: automated diff
86592	TH	Syphilis test
86762	TH	Rubella antibody
86900	TH	Blood type ABO
86901	TH	Blood type RH
J2790	TH	RHOGAM injection – as needed
59025	TH	Fetal non-stress test - 16 allowed without prior authorization

***Remember to use Modifier “TH” ***

Hospital / Labor / Delivery

Hospital – Provider Claim Codes
If the member requires hospital admission prior to delivery, this code section is submitted for claims.

This code section is also submitted for post-delivery hospital care by the provider (claim submission is per date of service)

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 mgmt. 30 min or less

***Remember to use Modifier “TH” ***

Provider Delivery Claim Submission:
(claim submission is per date of service)

Code	Modifier	Description
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

***Remember to use Modifier "TH" ***

Postpartum

Provider Claim Codes
(claim submission is per date of service)

Code	Modifier	Description
59430	TH	The provider visits the patient in the outpatient setting following the delivery. Encourage 3 provider visits.

****Remember to use Modifier "TH" ***

Primary Insurance – Medicaid as Third-Party Liability

Primary insurance both Commercial (private) and Medicare, continue the current process.

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

FAQ coming soon.

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