

Maternal Global Codes – Unbundled

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Agenda



**Current
Status**



**Coding &
Reimbursement**



Unbundled

Current Status

All the **Bundled Codes** are to **continue** for those women seen in the office prior to October 1, 2025 until they deliver.

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

Iowa Medicaid is Unbundling the Global Package

Effective October 1, 2025 for Women with the First Visit to the Provider on or after October 1, 2025.

Antepartum Code requirements



DiagnosisCodes_357
149.xlsx

| Diagnosis Code | Description |
|----------------|----------------------------------|
| O00.00 | ABDOMINAL PREGNANCY WITHOUT INT |
| O00.01 | ABDOMINAL PREGNANCY WITH INTRAL |
| O00.101 | RIGHT TUBAL PREGNANCY WITHOUT IN |
| O00.102 | LEFT TUBAL PREGNANCY WITHOUT INT |
| O00.109 | UNSPECIFIED TUBAL PREGNANCY WITH |
| O00.111 | RIGHT TUBAL PREGNANCY WITH INTRA |
| O00.112 | LEFT TUBAL PREGNANCY WITH INTRAL |
| O00.119 | UNSPECIFIED TUBAL PREGNANCY WITH |
| O00.201 | RIGHT OVARIAN PREGNANCY WITHOUT |
| O00.202 | LEFT OVARIAN PREGNANCY WITHOUT |
| O00.209 | UNSPECIFIED OVARIAN PREGNANCY W |
| O00.211 | RIGHT OVARIAN PREGNANCY WITH INT |

- Include Category II code 0500F to indicate **this is the initial antepartum visit** (unbundling begins)

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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

| Code | Modifier | Description |
|-------|----------|--|
| 99202 | TH | <p>Office visit for the evaluation and management of a new patient, which requires: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>20 minutes face-to-face with the patient and/or family must be met or exceeded</p> <p>Must be In-person office appointment</p> |
| 99203 | TH | <p>Office visit for the evaluation and management of a new patient, which requires: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.</p> <p>30 minutes face-to-face with the patient and/or family must be met or exceeded</p> <p>Must be In-person office appointment</p> |

| | | |
|-------|----|---|
| 99204 | TH | <p>Office visit for the evaluation and management of a new patient, which requires: a comprehensive history; a comprehensive examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>The presenting problem(s) are of moderate to high severity.</p> <p>45 minutes face-to-face with the patient and/or family must be met or exceeded.</p> <p>Must be In-person office appointment</p> |
| 99205 | TH | <p>Office visit for the evaluation and management of a new patient, which requires: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The presenting problem(s) are of moderate to high severity.</p> <p>60 minutes face-to-face with the patient and/or family must be met or exceeded.</p> <p>Must be In-person office appointment</p> |
| 99212 | TH | <p>Office visit for the evaluation and management of an established patient, which requires a problem focused history, a problem focused examination and straightforward medical decision making</p> <p>10 minutes must be met or exceeded.</p> <p>The initial appointment (new pregnancy) must be in-person, then antepartum may be office or outpatient by video telehealth.</p> |
| 99213 | TH | <p>Office visit for the evaluation and management of an established patient, which requires an expanded problem focused history; an expanded problem focused examination and a medical decision making of low complexity</p> <p>20 minutes must be met or exceeded.</p> <p>The initial appointment (new pregnancy) must be in-person, then antepartum may be office or outpatient by video telehealth.</p> |

| | | |
|-------|----|---|
| 99214 | TH | <p>Office visit for the evaluation and management of an established patient, which requires: a comprehensive history; a comprehensive examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>The presenting problem(s) are of moderate to high severity.</p> <p>25 minutes face-to-face with the patient and/or family must be met or exceeded.</p> <p>The initial appointment (new pregnancy) must be in-person, then antepartum may be office or outpatient by video telehealth.</p> |
| 99215 | TH | <p>Office visit for the evaluation and management of an established patient, which requires: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The presenting problem(s) are of moderate to high severity.</p> <p>40 minutes face-to-face with the patient and/or family must be met or exceeded</p> <p>The initial appointment (new pregnancy) must be in-person, then antepartum may be office or outpatient by video telehealth.</p> |

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ANTEPARTUM VISITS – after the initial visit

All codes are retroactive to 10/01/2025 –

Please re-submit any visits for the Unbundled Member for accurate reimbursement

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

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

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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

| 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

| Code | Modifier | Description |
|-------|----------|---|
| 59430 | TH | Postpartum Care – per visit reimbursement. Use the Category II Code 0503F to indicate the postpartum visits |

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 every 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.

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.



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