LifeWise Health Plan of Washington

Payment Policy

cmi_131217

Title	**Modifier TH – Obstetrical treatment/services**		
Number	**CP.PP. 376.v2.2**		
Last Approval Date	04/11/24	**Original Effective Date**	01/05/12
Cross Reference	*Maternity Services*		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes services appended with modifier TH that are submitted on a CMS 1500 paper claim or 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products. Medicare Advantage products are not subject to this policy.
Policy	The Plan recognizes Modifier TH-*Obstetrical treatment/services* appended to an Evaluation and Management (E&M) office visit service (99202-99215) or a home or residence visit service (99341-99350) to indicate that a provider rendered **less than** the number of antepartum visits designated in code 59425-*Antepartum care only; 4-6 visits*. Modifier TH is appended to an E&M office visit or home or residence visit code only for antepartum visits 1-3. Additional antepartum care beyond three visits by the same physician or other qualified healthcare professional requires either the submission of the appropriate antepartum visit codes (59425 or 59426) or an appropriate global maternity care procedure code (59400, 59510, 59610, or 59618) when complete maternity care is rendered. Modifier TH is **not** appended to any post-partum E&M visit code. An E&M office visit code or home or residence visit code appended with modifier TH should not be billed by the **same provider or provider group** that bills a global maternity care code (59400, 59510, 59610, or 59618).

Codes/Coding Guidelines	The following code categories are referenced in this policy: **New Patient Office Visits**: • **99202** – 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 time for code selection, 15 minutes must be met or exceeded • **99203** – Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30 minutes must be met or exceeded • **99204** – Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45 minutes must be met or exceeded • **99205 -** Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60 minutes must be met or exceeded **Established Patient Office Visits**: • **99211 -** Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. • **99212** – 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 time for code selection, 10 minutes must be met or exceeded. • **99213** – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20 minutes must be met or exceeded • **99214** – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30 minutes must be met or exceeded • **99215** – Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40 minutes must be met or exceeded **New Patient Home or Residence Visits**: • **99341** – Home or residence 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, 15 minutes must be met or exceeded. • **99342** – Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

- **99344** – Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded
- **99345 -** Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.

Established Patient Home or Residence Visits:

- **99347** – Home or residence 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.
- **99348** – Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
- **99349** – Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
- **99350 -** Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

Antepartum and Post-Partum Visit Codes:

- **59425** – Antepartum care only; 4-6 visits
- **59426** – Antepartum care only; 7 or more visits
- **59430** – Postpartum care only (separate procedure)

Global Obstetrical Care Codes:

- **59400** – Routine obstetric care including antepartum care, vaginal delivery (with/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/without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
- **59618 -** Routine obstetric care including antepartum care, vaginal delivery (with/without episiotomy, and/or forceps) and postpartum care, following attempted vaginal delivery after previous cesarean delivery

Violations of Policy	Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be determined in Plan's sole discretion. Violations of this policy may be grounds for corrective action, up to and including termination of employment.
Exceptions	Alaska providers are not subject to this policy on Modifier TH
Laws, Regulations & Standards	
References	• Centers for Medicare and Medicaid Services (CMS) HCPCS Codebook • American Medical Association (AMA) CPT Codebook

Policy Owner Review	Payment Integrity Oversight Committee
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.
Annual Review Dates	04/11/24; 05/19/23; 06/06/22; 08/02/21; 08/17/20; 10/11/19; 10/18/18; 11/06/17; 11/15/16; 11/08/16; 11/23/14; 12/15/13; 12/16/12; 01/05/12

Version History	10/18/18	Clarification to the first paragraph in the Policy statement; added new section "Codes/Coding Guidelines" which identify the codes applicable to the policy
	10/11/19	Revised the first paragraph for clarity; added second paragraph to indicate visits four and greater would need appropriate prenatal visit codes rather than office visit codes
	08/17/20	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P claim forms In the Codes/Coding Guideline section, added the codes for Antepartum and Postpartum visits
	08/02/21	Added the last paragraph in the Policy statement indicating that the provider that bills services with modifier TH cannot be the same provider that bills a global maternity care code. Updated the code descriptions for the New and Established Office Visits to reflect 2021 revisions to the codes. Global maternity care codes added to the Codes/Coding Guideline section of the policy
	06/06/22	Minor clarification to paragraphs two and three in the Policy statement. Removal of code 99201 which was deleted January 1, 2021. Updated the description for code 99211 in Code/Coding Guideline section.
	05/19/23	• Due to changes/revisions to the Evaluation and Management (E&M) codes effective 01/01/2023, the reference to "home visits" was changed to "home or resident visits" in the Policy section. • In the Codes/Coding Guideline section, revised the code descriptions for the "New Patient Home or Residence Visits" and the "Established Patient Home or Residence Visits" codes.
	04/11/24	• In the Policy section, in the second paragraph, added that an appropriate global maternity care procedure code could be billed when more than three antepartum visits are rendered as part of complete maternity care. • In the Codes/Coding Guidelines section, updated the code descriptions for New and Established Office Visits. Deleted code 99343 which terminated January 1, 2023.

This policy was published on April 16, 2024