

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 219
(A-24)

Introduced by: American College of Obstetricians and Gynecologists

Subject: Bundling for Maternity Care Services

Referred to: Reference Committee B

1 Whereas, maternal mortality in the US continues to rise, up from 861 deaths in 2020 to 1,205
2 deaths in 2021¹; and
3
4 Whereas, rates of severe maternal morbidity (SMM) continues to climb and of particular
5 significance, the increasing gap in SMM between the national average (88.2/10,000 in 2020)
6 and among Black mothers (139.0/10,000)²; and
7
8 Whereas, access to maternity care continues to decline, with 35.6 percent of counties classified
9 as “maternity care deserts” and only 45.4 percent of counties classified as having “full access”
10 to maternity care and 56 counties losing obstetric providers³; and
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12 Whereas, state Medicaid programs and private commercial plans are developing Alternative
13 Payment Models and that inappropriately bundle community and wrap-around services under
14 the physician payment^{4,5}; and
15
16 Whereas, insurers are not recognizing separate billing for services such as immediate
17 postpartum long-acting reversible contraception, care coordination, transfers during labor,
18 increased time in delivery, screening, counseling and treatment for health-related social needs
19 or co-morbid conditions that increase pregnancy risk, postpartum care, and many other
20 services^{6,7}; and
21
22 Whereas, the American Medical Association opposes the incorrect use of CPT by insurers and
23 others (Improper Use of AMA-CPT by Carriers/Software Programs (H-70.954); and
24
25 Whereas, the AMA has several policies that call for advocacy to third party payers for
26 inappropriate bundling of services (D-70.983, H-70.983); and
27
28 Whereas, the AMA CPT instructions for use of the maternity global codes includes “services
29 normally provided in uncomplicated maternity cases include antepartum care, delivery, and
30 postpartum care” and that services for high-risk pregnancies and hospital stays more than 24
31 hours before delivery should be reported separately; therefore be it
32
33 RESOLVED, that our American Medical Association advocates for the separate payment of
34 services not accounted for in the valuation of the maternity global codes and opposes the
35 inappropriate bundling of related services. (Directive to Take Action)

Fiscal Note: Modest - between \$1,000 - \$5,000

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3. Brigrance, C., Lucas R., Jones, E., Davis, A., Oinuma, M., Mishkin, K. and Henderson, Z. (2022). Nowhere to Go: Maternity Care Deserts Across the U.S. (Report No. 3). March of Dimes. <https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx>.
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7. Geissler K, Ranchoff BL, Cooper MI, Attanasio LB. Association of Insurance Status With Provision of Recommended Services During Comprehensive Postpartum Visits. *JAMA Netw Open*. 2020 Nov 2;3(11):e2025095. doi: 10.1001/jamanetworkopen.2020.25095. PMID: 33170263; PMCID: PMC7656283.

RELEVANT AMA POLICY

H-70.954 Improper Use of AMA-CPT by Carriers/Software Programs

Our AMA: (1) continues to seek endorsement of Current Procedural Terminology (CPT) as the national coding standard for physician services; in collaboration with state and specialty societies, will urge the Secretary of HHS and CMS and all other payers to adopt CPT as the single uniform coding standard for physician services in all practice settings; and will oppose the incorrect use of CPT by insurers and others, taking necessary actions to insure compliance with licensing agreements, which include provisions for termination of the agreement;

(2) will work with the American Academy of Pediatrics and other specialty societies to support state and federal legislation requiring insurers to follow the coding as defined in the Current Procedural Terminology Manual and interpreted by the CPT Assistant for all contracts in both the public and private sectors, as long as the CPT process is simple, user friendly, and does not undergo frequent changes; and

(3) seeks legislation and/or regulation to ensure that all insurance companies and group payers recognize all published CPT codes including modifiers.

D-70.983 Inappropriate Bundling of Medical Services by Third Party Payers

Our AMA will: (1) continue to promote its Private Sector Advocacy activities and initiatives associated with the collection of information on third party payer modifier acceptance and inappropriate bundling practices;

(2) use the data collected as part of its Private Sector Advocacy information clearinghouse to work, in a legally appropriate manner, with interested state medical associations and national medical specialty societies to identify and address inappropriate third party payer coding and reimbursement practices, including inappropriate bundling of services, rejection of CPT modifiers, and denial and delay of payment;

(3) continue to monitor the class action lawsuits of state medical associations, and provide supportive legal and technical resources, as appropriate;

4) develop model state legislation to prohibit third party payers from bundling services inappropriately by encompassing individually coded services under other separately coded services unless specifically addressed in CPT guidelines, or unless a physician has been specifically advised of such bundling practices at the time of entering into a contractual agreement with the physician;

(5) urge state medical associations to advocate the introduction and enactment of AMA model state legislation on claims bundling by their state legislatures; and.

(6) highlight its Private Sector Advocacy document on bundling and downcoding, the related section of the AMA Model Managed Care Contract, and its advocacy initiatives on its web site and other communications measures to assure that physicians are aware of the AMA's advocacy on this issue.

H-70.937 Bundling and Downcoding of CPT Codes

Our AMA: (1) vigorously opposes the practice of unilateral, arbitrary recoding and/or bundling by all payers;

(2) makes it a priority to establish national standards for the appropriate use of CPT codes, guidelines, and modifiers and to advocate the adoption of these standards;

(3) formulates a national policy for intervention with carriers or payers who use unreasonable business practices to unilaterally recode or inappropriately bundle physician services, and support legislation to accomplish this; and

(4) along with medical specialty societies, calls on its members to identify to our AMA specific CPT code bundling problems by payers in their area and that our AMA develop a mechanism for assisting our members in dealing with these problems with payers.

H-70.949 Bundling of Codes for Physician Services

Our AMA: (1) advocates and will take steps to ensure that public and private payers do not bundle services inappropriately by encompassing individually coded services under other separately coded services unless specifically addressed in CPT guidelines; and (2) will enhance and fully coordinate its activities to prevent the inappropriate bundling of CPT codes (and other coding systems for supplies, injections, etc) used for payment by both public and private payers.

H-70.962 Changes in the Bundling of Medical Services by Managed Care Plans

Our AMA will introduce or support legislation or regulation that would require that managed care plans be monitored and prohibited from the arbitrary and inappropriate bundling of services to reduce payment to participating physicians; and that the medically indicated patient services such as consultations and diagnostic procedures provided by physicians on the same day be paid on a separate basis in conformity with the AMA Current Procedural Terminology (CPT) coding policy and not inappropriately bundled as they currently are by managed care plans.

DRAFT