

		Reimbursement Policy
Subject: Maternity Services		
Effective Date: 08/07/20	Committee Approval Obtained: 08/07/20	Section: Surgery
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.healthyblueia.com.*****</p>		
<p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.</p> <p>Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
Policy	<p>Healthy Blue does not allow reimbursement for global obstetrical codes unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.</p> <p>Providers must bill antepartum care, deliveries and postpartum care as individual services. Healthy Blue will not reimburse for duplicate services during the course of the pregnancy.</p> <p>Delivery only</p>	

<https://providers.healthyblueia.com>

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	<p>Delivery only services will be separately reimbursed to assistant surgeons only for cesarean deliveries if appended with the appropriate modifier.</p> <p>Antepartum/postpartum care Providers should use the appropriate evaluation and management codes for antepartum and postpartum care. Healthy Blue reserves the right to request medical documentation to perform postpay review of paid claims.</p> <p>Outcome of delivery/weeks of gestation Providers are required to use the appropriate diagnosis code on professional delivery service claims to indicate the outcome of delivery. Diagnosis codes that indicate the applicable gestational weeks of pregnancy are not required on professional delivery service claims.</p> <p>Failure to report the appropriate diagnosis code to indicate the outcome of delivery will result in denial of the claim.</p>
History	<ul style="list-style-type: none"> • Biennial review approved and effective 08/07/20 • Biennial review approved 06/27/18: policy template updated • Effective 02/23/18: diagnosis codes to indicate gestational weeks requirement updated • Review approved 09/15/16 and effective 11/15/17: Outcome of delivery/weeks of gestation section added • Effective 09/01/17: policy template updated • Review approved 02/29/16: policy template updated • Initial approval 04/14/14 with effective 02/01/15
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • State contracts • Current Procedural Terminology 2018
Definitions	<ul style="list-style-type: none"> • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • Claims Requiring Additional Documentation • Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU) • Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service • Maternity Ultrasound in the Outpatient Setting (CG-Med-42)
Related Materials	<ul style="list-style-type: none"> • None