

## Reimbursement Policy

Subject: <b>Maternity Services</b>	
Policy Number: <b>G-14001</b>	Policy Section: <b>Surgery</b>
Last Approval Date: <b>07/07/2023</b>	Effective Date: <b>07/07/2023</b>

\*\*\*\* Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluemo.com>. \*\*\*\*

### Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Healthy Blue covered the service for the member's 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 Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Healthy Blue strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Healthy Blue will allow reimbursement for global obstetric codes only when the member has other primary insurance, if Healthy Blue is the primary insurance, we will not allow

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross Blue Shield Association.

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reimbursement for global obstetrical codes unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise.

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.

**Delivery only**

Delivery only services will be separately reimbursed to assistant surgeons only for cesarean deliveries if appended with the appropriate modifier.

**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 post-pay review of paid claims.

**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.

Failure to report the appropriate diagnosis code to indicate the outcome of delivery will result in denial of the claim.

<b>Related Coding</b>	
Standard correct coding applies	

<b>Policy History</b>	
07/07/2023	Review approved and effective: policy template updated; added exemption to reimburse for global obstetric codes only when the member has other primary insurance. If a member does not have other primary insurance, providers must bill antepartum care, deliveries, and postpartum care as individual services
01/01/2021	Initial approval and effective

<b>References and Research Materials</b>
<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State contract</li> <li>• State Medicaid</li> <li>• Current Procedural Terminology</li> </ul>

<b>Related Policies and Materials</b>
Claims Requiring Additional Documentation
Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)
Maternity Ultrasound in the Outpatient Setting (CG-Med-42)
Modifiers 25 and 57