



Louisiana Department of Health

Health Plan Advisory 16-30

Revised March 28, 2017

Global Maternity Procedure Codes

Effective Nov. 7, 2016, the five managed care organizations (MCO) shall begin accepting Global Maternity Procedure codes for claims billed for **secondary payment** with dates of service (DOS) on and after June 1, 2015.

Global Maternity Codes shall be recognized and considered for payment only when billed to the health plan as secondary payer. Claims billed to the health plan as primary payer shall be denied.

Providers shall have until Feb. 7, 2017 to submit electronic and paper claims with DOS from June 1, 2015 through Feb. 6, 2016. Claims with DOS on or after Feb. 7, 2016 shall be subject to one year timely filing edits.

Prior to Nov. 7, 2016, the Professional Services Fee Schedule will be updated to include the following global maternity procedure codes and rates.

Global Maternity Code	TOS	Fee on File	Procedure File Description (PRCI)
59400	03	1394 . 41	OBSTETRICAL CARE
59400	07	1394 . 41	OBSTETRICAL CARE
59410	03	721 . 75	VAGINAL DELIVERY ONLY-INCL PSTPARTUM
59410	07	721 . 75	VAGINAL DELIVERY ONLY-INCL PSTPARTUM
59510	03	1394 . 41	ROUTINE OBSTETRIC CARE; A C, C D, PC
59510	07	1568 . 70	ROUTINE OBSTETRIC CARE; A C, C D, PC
59515	03	721 . 75	CESAREAN DELIVERY W POSTPARTUM CARE
59515	07	721 . 75	CESAREAN DELIVERY W POSTPARTUM CARE
59610	03	1459 . 36	VBAC DELIVERY-INCL ANTE/POSTPARTUM
59610	07	1459 . 36	VBAC DELIVERY-INCL ANTE/POSTPARTUM
59614	03	781 . 34	VBAC DELIVERY INCL POSTPARTUM
59614	07	781 . 34	VBAC DELIVERY INCL POSTPARTUM
59618	03	1641 . 92	ATT'D VBAC DEL INCL ANTE/POSTPARTUM
59618	07	1641 . 92	ATT'D VBAC DEL INCL ANTE/POSTPARTUM
59622	03	940 . 56	ATTEMPTED VBAC-INCL POSTPARTUM
59622	07	940 . 56	ATTEMPTED VBAC INCL POSTPARTUM

Q&A

1. Will the rates on the fee schedule be the exact amount we should pay as secondary, or will they be calculated as if we were to pay-as-primary on the codes, and then we would calculate our actual

payment as secondary payer based on the amounts billed by provider and paid by primary? **Payment shall be calculated based upon LDH TPL payment policy as defined in the MCO Contract, section 5, Third Party Liability (TPL).**

2. What consideration is given to the Health Plans' premiums for covering a set of codes that are not currently covered? **Mercer will use the Maternity Global Codes in their rate setting. Global Maternity Codes shall only be payable when billed to the health plan as secondary payer; therefore, these codes will not be included in encounter KICK payment logic.**
3. What if a member loses Medicaid coverage at any time during pregnancy or after delivery? How will that affect the amount we should pay on a global fee? **The provider should bill prenatal, delivery and/or postpartum services separately when the member's coverage terminates prior to delivery.**
4. Will add-on codes for maternity-related anesthesia apply? **Add on rates will not apply; bypass add-on rates when modifiers 47 and 52 are reported.**
5. Should denied claims with DOS prior to Nov. 7, 2016 be recycled for payment? **No.**
6. Will interest apply to item 6 claims? **Interest applies when a payable clean claim remains unpaid beyond the 30 day claims processing deadline. Please refer to Section 17 of your MCO Contract for detailed information.**
7. What services are included in global maternity procedure codes?
Global maternity care includes pregnancy-related antepartum care, admission to labor and delivery, management of labor including fetal monitoring, delivery, and uncomplicated postpartum care. Other antepartum services are not considered part of global maternity services. They are reimbursed separately. An initial visit, confirming the pregnancy, is not a part of global maternity care services.
8. Should claims billed with maternity global procedure codes for members whose commercial policies cover major medical WITHOUT maternity coverage (SOC 27, SOC 33) be accepted and paid?
No. Maternity claims where the member's primary carrier does not cover maternity services should be billed to the MCO as primary payer. Managed care plans should accept global maternity procedure codes for claims billed only as secondary payor.

Prior to implementation, LDH will draft an Informational Bulletin that will be shared with the plans for comment. LDH and the plans will publish the same or similar language in their provider notices.