



# Memo

**To: Providers**

**From: Preferred Administrators**

**Date: November 10, 2014**

**Re: Obstetric (OB) Global Billing Notice**

---

**The initial office visit to confirm pregnancy is covered as a medical office visit (non-routine maternity care/not covered under OB global payment). Appropriate medical co-pays should be applied and collected. All remaining pre-and post-natal office visits are part of the global billing.**

The intent of global billing is to offer a convenient means of billing for Providers who render total OB Care to a woman throughout her pregnancy. Global OB billing consists of antepartum care, delivery and postpartum care.

**All the following services are included as part of the Global Maternity reimbursement:**

Antepartum Care includes the patient history and physical examination (services must be within the from-through period of the global OB billing or within 270 days prior to the global delivery date)

Subsequent pregnancy physical exams

Hospital admission and labor management

Vaginal or cesarean section delivery

Hospital visits that are related to the OB delivery

Hospital discharge

Postpartum visits are only considered within the 45-day follow-up period of the delivery date

**To avoid a possible claim adjustment or denial, the following guidelines should be followed when submitting OB service claims for Members of Preferred Administrators:**

Outpatient Providers:  
Completing the CMS-1500

OB services rendered in an inpatient setting must be billed on a *CMS-1500* claim form. OB services billed by outpatient providers for global OB services on a *UB-04* claim form will be denied.

Global Billing Requires  
Four OB Visits

Providers who bill for global obstetrical care must render services during at least four antepartum OB visits. If less than four visits are rendered, providers must bill services on a per-visit basis.

Plans To but Does  
Not Perform Delivery

If a provider plans to bill a global fee, but then does not perform the delivery, the antepartum visit must be billed separately using appropriate global antepartum codes.

Hiring Substitute Doctor to  
Deliver

Occasionally circumstances prevent the primary physician from performing the delivery. In these circumstances, global billing is allowed only when the primary physician who gives antepartum and postpartum care employs another doctor to perform the delivery and the delivering physician does not bill Preferred Administrators for the delivery or any other maternity service.

"From-Through" Billing	Global OB claims must be billed in the "from-through" billing format (called "from-to" on the <i>CMS-1500</i> ). The "from" date of service and the "through" date of service on the <i>CMS-1500</i> is the delivery date. Enter a quantity of "1" in the <i>Days or Units</i> field (Box 24G).
Verifying Eligibility	To be reimbursed for global claims, providers must verify the recipient's eligibility for services during the month of delivery.
Billing Limit	Global claims are subject to 1 year timely filing based on the delivery date.
Transfer of Care	<p>Providers must render total obstetrical care during the recipient's entire pregnancy in order to bill globally. Providers who accept a transfer patient must bill appropriate global antepartum codes.</p> <p>Providers who accept transfer patients are not restricted in the number of visits for which they may be reimbursed.</p>

If you have any questions, please contact our Provider Relations Department at 915-532-3778x1507.