SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.22 MATERNITY CARE AND DELIVERY

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

MATERNITY CARE AND DELIVERY

Elective deliveries for pregnancies less than 39 weeks gestation can pose both short- and long-term risks for the newborn. The risks that newborns face after early delivery, even at 37 and 38 weeks' gestation include, but are not limited to, increased morbidity from respiratory distress, increased rates of pneumonia, ventilator use, hypoglycemia and neonatal intensive care unit (NICU) admission. The relative risk of neonatal mortality is 2.3 times greater at 37 weeks and 1.4 times greater at 38 weeks as compared to 39 weeks.

These guidelines are an extension of your network agreement. Use these guidelines to ensure proper reimbursement and avoid denied or returned claims. **Always verify members' benefits prior to performing this or any other service as benefits may vary for some of our self-funded groups**.

The provider performing the delivery is required to include a modifier. Use one of the following modifiers when billing for a delivery of pregnancy (CPT codes 59400, 59409, 59410, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622):

Modifier	Description
GB	Report when delivery is 39 weeks or more, whether spontaneous or elective.
AT	Report when delivery is less than 39 weeks and medically necessary.
GZ	Report when delivery is less than 39 weeks and NOT medically necessary.
NO MODIFIER	*Claim will DENY for incomplete information.*

Note: The maternal patient should be provided with documentation that clearly explains the risks/benefits of early delivery.

Also, it is important to file ALL applicable diagnosis codes on a claim. It is equally important that providers code claims to the highest degree of specificity. Louisiana Blue discourages providers from filing not otherwise specified (NOS) diagnosis codes. Claims with NOS codes may pend for medical record review and more appropriate coding.

Postpartum Visits

For any postpartum visits on and after date of service Dec. 1, 2017, we require obstetricians to submit a claim for the member's postpartum visit using the non-payable CPT code 0503F with a charge of $0.00. This visit should be performed no later than 60 days of the delivery date.

Doula Services

The following codes should be used when billing for doula services:

- T1032: Doula services per 15 minutes.
- T1033: Doula services performed during labor and delivery, per diem.

T1032 is limited to four units per day and T1033 is limited to once per pregnancy.

Use the following diagnosis codes for billing doula services:

O00-09.93	Z34.80-Z34.83	Z37.7	Z38.61-Z38.66
O80	Z34.90-Z34.93	Z37.9	Z38.68-Z38.69
Z32.00-Z32.01	Z37.0-Z37.4	Z38.00-Z38.01	Z38.7-Z38.8
Z32.2-Z32.3	Z37.50-Z37.54	Z38.1-Z38.2	Z39.0-Z39.2
Z33.1	Z37.59-Z37.64	Z38.30-Z38.31	Z3A.00-Z3A.01
Z34.00-Z34.03	Z37.69	Z38.4-Z38.5	Z3A.08- Z3A.20

Multiple Births

Physicians may receive additional reimbursement of $300 (subject to applicable network discounts) when filing for multiple births. The additional reimbursement applies to both vaginal deliveries and cesarean sections. To be eligible for the additional reimbursement, claims should be filed with the following CPT codes and Modifier 76:

59400	59510	59610	59618
59409	59514	59612	59620
59410	59515	59614	59622

Only one delivery code should be billed for a member. For example, if a patient with twins delivers the first baby vaginally and the second baby by cesarean section, only the cesarean section code should be billed. Modifier 76 should be added to the cesarean section code to indicate there was a multiple birth.