GLOBAL MATERNITY PROCEDURE CODES

Effective November 7, 2016, Fee-for-Service Medicaid will begin accepting Global Maternity Procedure codes for claims billed to Medicaid as **Secondary Payer** with Date of Service (DOS) on and after June 1, 2015.

Claims that have already been billed as individual services should not be re billed with Global Procedure codes.

Global Maternity Procedure Codes will be recognized and considered for payment only when billed to Fee-for-Service Medicaid as **Secondary Payer**. Claims billed to Fee-for-Service Medicaid as Primary Payer will be denied.

Providers will have until February 7, 2017 to submit claims with DOS from June 1, 2015 thru February 6, 2016. Claims with DOS on or after February 7, 2016 will be subjected to one (1) year timely filing edits.

Billing Global Maternity Procedure Codes is optional.

Prior to November 7, the Professional Services Fee Schedule will be updated to include the payable Maternity Global Codes. The Maternity Global Procedure Codes are as follows:

Global Maternity Code	Procedure File Description (PRCI)
59400	OBSTETRICAL CARE
59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM
59510	ROUTINE OBSTETRIC CARE; A C, C D, PC
59515	CESAREAN DELIVERY W POSTPARTUM CARE
59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM
59614	VBAC DELIVERY INCL POSTPARTUM
59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM
59622	ATTEMPTED VBAC-INCL POSTPARTUM