

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202343 MAY 11, 2023

IHCP establishes rates for coordinating benefits for global maternity codes

Effective immediately, for dates of service (DOS) on or after **Dec. 31, 2021**, the Indiana Health Coverage Programs (IHCP) is establishing rates for certain global maternity codes to allow for coordination of benefits for members who have third-party liability resources, including Medicare and/or commercial insurance, in addition to their Medicaid coverage.

The global maternity procedure codes in Table 1 will be considered only when billed to the IHCP as the secondary/tertiary payer, after the services have been paid (in part or whole) by the primary payer, including payments of zero due to copayment, coinsurance or deductible obligations. This change applies to both IHCP fee-for-service (FFS) and managed care delivery systems.

Rates are being assigned solely for the purpose of coordinating benefits when the IHCP is the secondary/tertiary payer. The primary carrier's explanation of benefits (EOB) must be attached to the claim. All other third-party liability rules and billing guidelines as outlined in the [Third-Party Liability](#) and [Claim Submission and Processing](#) provider reference modules apply to the submission and processing of related claims.

This change does not impact the billing and reimbursement of labor and delivery services for IHCP members who do not have any other insurance coverage for these services. For these members, the codes in Table 1 remain noncovered by the IHCP.



Table 1 – Maternity codes with newly established rates for coordinating benefits, effective for DOS on or after Dec. 31, 2021

Procedure code	Description
59400	Vaginal delivery with care before and after delivery
59410	Vaginal delivery with post delivery care
59510	Cesarean delivery with care before and after delivery
59515	Cesarean delivery with care after delivery
59610	Vaginal delivery and care before and after delivery after previous cesarean delivery
59614	Vaginal delivery and care after delivery after prior cesarean delivery
59618	Cesarean delivery and care before and after delivery following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery with care after delivery following vaginal delivery attempt after previous cesarean delivery

This information will be reflected in the next regular update to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers. The rates assigned will apply to both FFS and managed care claims.

Providers may submit or resubmit claims for any of the codes in Table 1 for services on or after Dec. 31, 2021, for the purpose of coordinating benefits when the IHCP is the secondary/tertiary payer. Claims submitted beyond the original filing limit must include a copy of this bulletin as an attachment, in addition to the EOB from the primary carrier. Claims must be submitted within 90 days from the date of this publication for managed care claims, or 180 days for FFS claims, to satisfy timely requirements.

Questions about managed care billing and reimbursement should be directed to the managed care entity (MCE) with which the member is enrolled.



QUESTIONS?

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