



## **Network Notification**

**Notice Date:** March 29, 2017  
**Effective Date:** May 3, 2017  
**To:** Ohio Medicaid Health Partners  
**From:** CareSource®  
**Subject:** PY-0001 Global Obstetrical Services Payment Policy

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Effective **May 3, 2017**, CareSource will introduce a new Global Obstetrical Services payment policy for Ohio Medicaid. Please refer to the specific policy for coding, language and rationale that are not included in the summary below.

### **Summary**

The Global Obstetrical Services payment policy describes reimbursement rationale and medical necessity criterion for coverage regarding maternity and obstetrical services, including: prenatal care, labor, birthing and the postpartum period. CareSource covers obstetrical services members receive in a hospital or birthing center as well as all associated outpatient services. This policy also includes information regarding criteria for global billing, summary of bundled services and reimbursement guidelines.

### **Impact**

This policy outlines the coverage determinations, coding guidelines and definitions that must be followed in order to receive reimbursement. CareSource will only reimburse services billed as global or partial or split global in accordance with state guidelines and contract requirements. It is important to review the policy to understand how to remain compliant with requirements and receive reimbursement for claims.

### **Next Steps**

The policy is effective on **May 3, 2017**, and is available on the **CareSource.com** [Health Partner Policies](#) web page. To access the policy, select the plan name and state and reference the Global Obstetric Services payment policy. You may refer to the specific policy for more information on:

- Coverage definitions and rationale
- The correct coding required for billing services
- Criteria for global billing

Thank you in advance for your cooperation in adhering to this new policy requirement.

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