

Provider Update

OB Global Payment: Provider Billing Guidelines

Date: 8/05/2021

Virginia Premier is implementing several changes related to OB global payments, effective **October 5, 2021**. Please review the changes below and share with your team as needed. If you have questions, please contact Virginia Premier at **804-968-1529**.

Ancillary Services

The following services will pay \$0 when the primary diagnosis is pregnancy as they are included in the OB global bundled payment.

Service codes: 99212, 99213, 99214, 99215, 81000, 81002, 99221, 99222, 99223, 99231, 99232, 99233, 59409, 59414, 96365, 96366, 96367, 59200, 12001, 12002, 12004, 12005, 12006, 12007, 59871, 59430, S9442, S9443, S9444 and S9447

If the primary diagnosis is not pregnancy and does not meet the E&M code or laceration requirements, claims will pay normal Department of Medical Assistance Services (DMAS) professional services pricing.

Certain codes are reimbursable as separate services from the OB global bundled payment. These codes represent scenarios where members may not be seen at the practice for the full OB bundle (delivery only, member disenrollment, etc.).

These codes should be billed with the GB modifier to indicate a separately reimbursable service: 59400, 59425, 59426, 59430, 59510, 59610, 59618, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214 and 99215.

E&M Codes

The following E&M codes are excluded from OB global bundled payment when pregnancy “Dx = Z32.01” is on the claim. These service codes will be separately reimbursable under a global configuration.

Service codes: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214 and 99215

If the diagnosis is not Z32.01 but the claim includes a primary diagnosis of pregnancy, service codes will pay \$0 as included in the OB global payment. Otherwise, claims will pay normal DMAS professional services pricing.

Third- and Fourth-Degree Laceration Codes

These services will price outside of the OB global bundled payment when the primary diagnosis is pregnancy and the claim is submitted with modifier 22.

Service codes: 12041, 12042, 12044, 12045, 12046 and 12047

If no modifier is included, services will pay \$0 as these would be included in the OB global bundled payment. If primary diagnosis is not pregnancy, claims will pay normal DMAS professional services pricing.

Please note that these guidelines apply to providers contracted to receive global/bundled reimbursement. If you are contracted under a fee-for-service or unbundled methodology, you will continue to bill and be reimbursed according to the terms of your contract.