



## **Network Notification**

**Notice Date:** March 29, 2017  
**Effective Date:** May 3, 2017  
**To:** Ohio Medicaid Health Partners  
**From:** CareSource®  
**Subject:** PY-0004 Preferred Obstetrical Services Payment Policy

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Effective May 3, 2017, CareSource will introduce a Preferred Obstetrical Services payment policy.

### **Summary**

The Preferred 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 does not include information regarding criteria for global billing or summary of bundled obstetric services, but includes reimbursement guidelines for itemization of obstetrical services.

### **Impact**

This policy outlines the coverage determinations, coding guidelines and definitions that must be followed in order to receive reimbursement. It is important to review the policy in detail 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 Preferred Obstetrical Services payment policy. Please refer to the specific policy for coding, language and rationale that are not included in the summary above.

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

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