

PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

New Obstetrical Services Reimbursement Policy

Effective Date: August 1, 2024

Health Plans Affected: Employer Health Programs (EHP) and US Family Health Plan (USFHP)

Type of Change: Reimbursement

Explanation of Change:

Johns Hopkins Health Plans has released its notification of a new reimbursement policy applicable only to EHP and USFHP:

[\(RPC.029\) EHP and USFHP Obstetrical Services, Professional – New*](#)

- Policy applies only to EHP and USFHP claims, for professional, Obstetrical (OB) services, rendered to our members for maternity care and delivery services, reported to Johns Hopkins Health Plans.
- Providers must report global obstetric (maternity care) package code(s), in accordance with American College of Obstetricians and Gynecologists standards and guidelines, or the claim will be denied.
- Johns Hopkins Health Plans considers the postnatal/postpartum period to be 12 weeks (84 days) **after** delivery.
- Providers are to report the appropriate obstetric abdominal/pelvic ultrasound codes in conjunction with an OB diagnosis, or the claim may be denied.
- Providers are responsible to verify coverage and benefits, or if a prior authorization or other requirements are mandatory, prior to services being rendered. Prior authorizations are not a guarantee of payment.

REFERENCES**:

- [American College of Obstetricians and Gynecologists](#)
- [American Academy of Family Physicians](#)
- [ICD-10-CM Official Guidelines for Coding and Reporting](#)
- [PPC - Prenatal and Postpartum Care | Johns Hopkins Medicine](#)
- [TRICARE Reimbursement Manual](#)

To view the [Johns Hopkins Health Plans Reimbursement Policies](#) on or after the effective date, please go to: **[HopkinsHealthPlans.org > For Providers > Policies > Reimbursement Policies](#)**

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