



## Obstetric delivery claim filing update

Dear Provider:

We are changing our billing requirement for related to Obstetric Deliveries. We are making this change to more accurately report HEDIS® quality outcomes for postpartum care that we are required to report to the State of Texas Health and Human Services Commission. This change applies to both the Medicaid and CHIP programs. We request that you make this change in your billing process as soon as possible, but we will require the change for claims received on or after May 1, 2016.

Currently, we accept claims billed with the bundled CPT code for the delivery and postpartum care. We will no longer accept these bundled CPT codes. The unbundled CPT codes for the delivery will be the only delivery codes that will be payable. The bundled codes will be denied.

The following chart reflects the acceptable codes: **Acceptable Unbundled Codes**

Procedure code	Code description
59409 59612	Vaginal delivery only
59514 59620	C-Section delivery only
59430	Postpartum outpatient visit

The following chart reflects the bundled CPT codes that will be denied: **Unacceptable Bundled Codes**

Procedure code	Code description
59400 59410 59610 59614	Vaginal delivery only
59510 59515 59618 59622	C-Section delivery only

Corrected claims that are denied due to the use of the bundled codes may be submitted and must be received within 120 days from the Explanation of Payment date for the denied claims.

If you have any questions please contact Aetna Better Health at:

Medicaid – Tarrant      1-800-306-8612

Medicaid – Bexar      1-800-248-7767