

Billing Passport Health Plan for OB Services

As a Medicaid managed care plan, Passport Health Plan (PHP) is always considered the payor of last resort. Reimbursement for obstetrics (OB) services is determined according to whether PHP is the primary or secondary payor. This Medical Office Notes provides important information to facilitate correct billing and coordination of benefits for OB services.

How should I bill PHP to ensure all benefits are coordinated for reimbursement?

Whether PHP is the primary or secondary payor, providers should **always bill for each maternity office visit (prenatal and postpartum) individually** to PHP.

What if PHP is the Primary Payor?

If PHP is the *primary* payor, the Plan will reimburse providers for OB services on a **fee-for-service basis**. We pay fee-for-service for each individual office visit as claims are submitted.

What if PHP is the Secondary Payor?

If PHP is the *secondary* payor, the Plan will reimburse providers when you bill **global delivery claim services** as follows:

1. Submit claims to PHP for each individual maternity office visit (prenatal and postpartum). The claims will be initially denied with “X11/Z11 — Primary Insurance Needed.”
2. After delivery, bill globally (or as appropriate) to the *primary* insurance carrier.
3. Finally, file a global delivery claim to PHP — **with the primary carrier’s explanation of benefits (EOB) for the delivery**.

After all steps have been completed, PHP will coordinate all benefits and pay on the global delivery claim. The total reimbursement amount is calculated by adding the allowable for each individual prenatal visit to the allowable for the delivery. The global delivery claim will be paid based on the lesser of PHP’s total allowable of all services minus the primary payment **or** the primary’s coinsurance plus deductible from the global service.

The following example illustrates payment for a global delivery claim submitted to PHP as the secondary payor:

Date of Service	Service Provided	Previous PHP Payment	PHP Allowable Amount
6/15/07	Prenatal visit	Originally Denied Z11	\$50.00*
7/17/07	Prenatal visit	Originally Denied Z11	\$50.00
8/14/07	Prenatal visit	Originally Denied Z11	\$50.00
9/14/07	Prenatal visit	Originally Denied Z11	\$50.00
9/28/07	Prenatal visit	Originally Denied Z11	\$50.00
10/9/07	Delivery	Coordinated after Delivery	\$1,000.00
Total PHP Allowable:			\$1,250.00

*Amounts listed are for demonstration purposes only and do not reflect actual reimbursement for services rendered.

What if my claim for an OB service listed PHP as the primary payor, but the patient has other primary insurance?

If PHP was presumed to be the primary payor, but later was determined to be the secondary payor, the following will happen:

1. PHP will recover any amounts paid to you for prenatal visits.
2. To be reimbursed, you must file a global delivery claim to PHP after delivery as outlined in the “PHP as Secondary Payor” section above.

Questions?

Please contact the Provider Claims Service Unit at (800) 578-0775 with questions about this communication.