

Obstetric Delivery Enhanced Claim Requirements for CHIP Perinate Program Claims

These guidelines will be reflected in the next Community Health Choice Medicaid (STAR) and CHIP Provider Manual update.

CHIP Perinate mothers are entitled to a maximum of 2 postpartum visits. CHIP Perinate mother's eligibility ends at the end of the month the baby was born.

If a Provider calls to check benefits after the month of the baby's birth, they will be advised the CHIP Perinate mother is not eligible.

CHIP Perinate mothers may receive their postpartum visits after their eligibility ends (at the end of the month of the baby's birth).

In order to be reimbursed for the postpartum visits, Providers must bill using the CPT delivery codes that include postpartum care. See below for a list of codes.

The reimbursement amount for the below procedure codes includes both postpartum care visits. If the Provider bills any other code and the date of service is after the CHIP Perinate mother's eligibility has ended, the Provider will not receive payment for the postpartum care.

If the claim was submitted with the incorrect code, you may re-submit the original delivery claim with the correct code within the 120 day appeal deadline.

Acceptable bundled codes:

Procedure Code	Code Description
59410	Vaginal Delivery Only(with or without episiotomy and/or forceps); including postpartum care
59515	C-Section Delivery Only; including postpartum care
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

Additional claims information:

- ❖ Claims billed with the delivery codes 59409, 59514, 59612, and 59620 will be denied.
- ❖ Corrected claims can be submitted within 120 days from the Explanation of Payment (EOP) date for payment with the bundled procedures.
- ❖ Global delivery codes (CPT Codes 59400, 59510, 59610, 59618) will continue to not be reimbursable.
- ❖ Applicable modifier (U1, U2, U3) is required.

Should you have additional questions, please contact your Provider Relations Representative or call the Provider Services line at 713-295-2295.