



MATERNITY FAQ'S

1. Does my pregnancy require a prenotification?

Yes, it is important to contact the prenotification department as soon as you become aware of your pregnancy so eligibility for your maternity care can be determined.

Please keep in mind the following guidelines r/t maternity:

- Mothers must be a Sharing Member for at least six months prior to conception to be eligible for sharing maternity expenses. (For new members effective March 1, 2021, and beyond).
- Maternity sharing is limited to \$125,000 per pregnancy (for a single or multiple birth) and is subject to the Annual Unshared Amount (AUA).
- The AUA could renew during pregnancy depending on the membership renewal date. If this occurs, the member may have to meet their AUA twice during their pregnancy to be eligible for sharing.

2. What doesn't require prenotification?

- Delivery or induction
- Planned circumcision is included with your maternity prenotification
- High risk pregnancy does not require additional prenotification unless intervention outside of routine care is necessary
- Physician care
- Hospital
- Birthing center
- Caesarean section that is medically necessary as determined by physician
- Lactation consultations, limited to two (2) visits in hospital

3. What is not eligible for sharing?

- Genetic testing
- Doula
- Birthing tubs and liners
- Tubal ligations or sterilization
- Breast pumps

4. How do I submit my maternity expenses?

If your provider is not willing to bill Liberty HealthShare directly, you should ask them for a written estimate for a self-pay discount. You will submit your eligible maternity expenses, like any other expense, through your ShareBox.

To determine the Reasonable and Customary Charge of member submitted expenses, itemized statements must be submitted, which include:

- Patient name
- Date of service
- Revenue codes
- Any modifiers as appropriate
- Diagnosis codes (ICD10)
- Procedure codes (CPT)
- Charges/fees for services
- Proof of any payments you have made towards this medical expense
- Healthcare provider's name, credentials, and address
- Provider's National Provider Identifier (NPI)
- Provider's Tax ID (EIN/TIN)
- Inpatient expenses will require Diagnosis-Related (DRG) codes

HCFA-1500 and UB-40 forms are standard billing forms used by providers. Requesting this form from your provider is the optimal approach for receiving all the necessary processing information.**

5. Do I have to do anything for my baby's medical expenses?

You must add your newborn to your membership within 60 days of birth for your baby's expenses to be eligible for sharing. This can be done by contacting the Enrollment Department at 855-585-4237 ext. 1768.

If your baby requires additional care and hospital stay (NICU), you must add your baby to your membership AND contact our prenotification department regarding the stay.**

**All medical expenses are to be submitted within 180 days of the procedure date.