

# iEXCHANGE® Quick Reference to Required Information for New OB Global Requests

**Procedure:** OB Globals

**Extension authorization option:** No

<b>Field</b>	<b>Mandatory</b>	<b>Required Information</b>
Member ID	Yes	Member ID with “-01” suffix
Submitting Provider	Yes	Name of OB Provider
Servicing Provider	Yes	Name of OB Provider
Primary Diagnosis	Yes	V22.2
Principal Service	Yes	59400
Units	Yes	99 visits
Start Date	Yes	The first date the patient received obstetrical services.
End Date	Yes	Two months after the EDC
iEXCHANGE® Notes	As applicable	Provide any applicable information not submitted through the questionnaire.