Documenting the Last Menstrual Period Date on Claims

Ohio Medicaid Managed Care Plans (MCP), including Molina Healthcare of Ohio, are required to collect encounter data for services furnished to members and report that data to the Ohio Department of Job and Family Services (ODJFS) on a monthly basis. ODJFS uses the data to measure clinical performance, such as a health plan’s success at ensuring pregnant moms obtain timely and ongoing prenatal care.

The last menstrual period (LMP) date is required on all pregnancy-related encounters to facilitate the calculation of the MCP’s performance on certain pregnancy-related clinical performance measures. Molina Healthcare has determined that many providers are omitting the LMP date on claims, making it difficult to accurately assess our performance.

Reporting the LMP is easy. Simply complete the appropriate fields on your claims:

**CMS-1500 Claim Form**
Item 10 a-c – Patient’s Condition
Complete this field by checking "YES" or "NO"

Item 14 - Date of Current Illness, Injury or Pregnancy
Complete this field for pregnancy only. Enter the six digit (MMDDYY) or eight digit (MMDDCCYY) date of the last menstrual period.

**UB-04 Claim Form**
Form Locator 31-34 – Occurrence Code
Enter Occurrence Code 10 - Last menstrual period. The date of the last menstrual period is applicable when the patient is being treated for a maternity-related condition.

Form Locator 35-36 - Occurrence Span Code and Dates
Enter the LMP date.

*Continued on p. 2*
The LMP should always be included when submitting claims for the following diagnosis codes:

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnosis</th>
<th>640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 650., 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, V22, V23, V27.0, V27.2, V27.3, V27.5, V27.6, V28</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT-4</td>
<td>59400, 59409, 59410, 59425, 59426, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622, 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76815, 76816, 76817, 76818, 80055, 99201-99205, 99211-99215, 99241-99245</td>
</tr>
<tr>
<td>HCPCS</td>
<td>H1000, H1001, H1002, H1003, H1004, H1005</td>
</tr>
</tbody>
</table>

**Effective May 15, 2010, claims received without an LMP date will be denied.** The remittance advice will indicate “Valid LMP date missing from claim.”

According to a report by the Kaiser Family Foundation, 32.1% of the births in Ohio are covered by Ohio Medicaid. Capturing accurate information about the care that our members receive allows us to work with you to ensure that women get the best possible care to have healthy pregnancies and full-term babies.

**Questions?**

If you have any questions, please call Molina Healthcare’s Provider Services Department at 1-800-642-4168 (TTY: 1-800-750-0750 or 711). Representatives are available to assist you from 8:00 a.m.to 5:00 p.m., Monday through Friday.