Pregnancy Related Services Billing Training

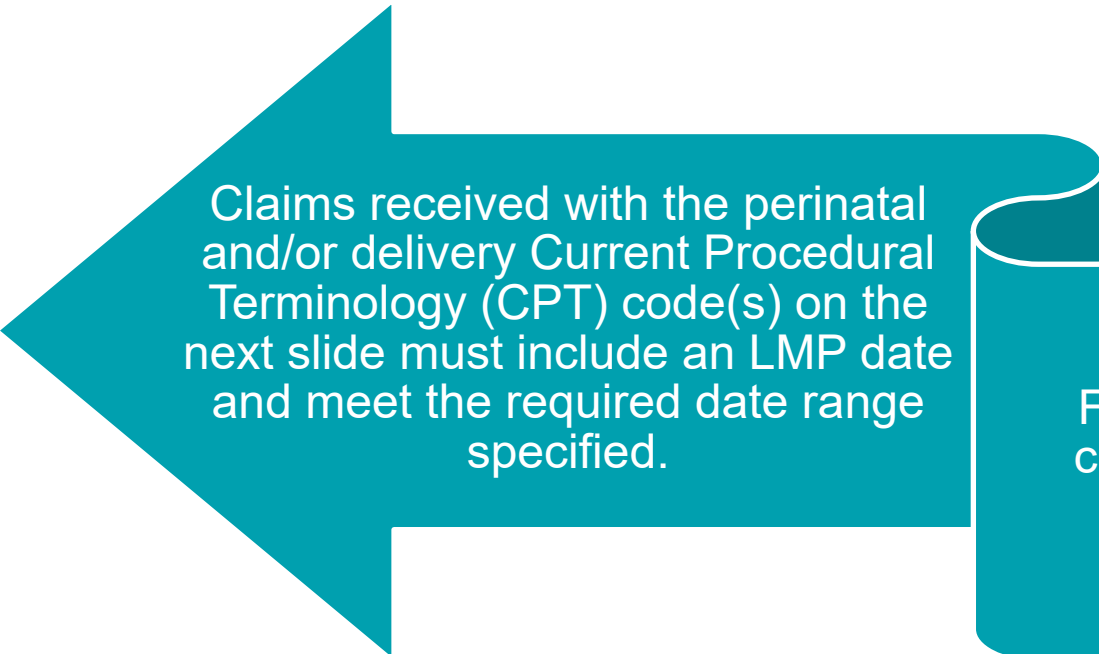2021 | Molina Healthcare of Ohio

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Pregnancy Related Services Billing Training

Agenda
- Maternity Care: Last Menstrual Period (LMP) Requirement
- Prenatal Risk Assessment Form (PRAF)
- Coding Tips for Pregnancy Related Services
- Maternal Child Health Care Management
- Commitment to Provider Satisfaction
- Resources

Maternity Care: Last Menstrual Period (LMP) Requirement:

In accordance with Ohio Administrative Code [(OAC) 5160-26-06 Managed Health Care Programs: Program Integrity – Fraud and Abuse, Audits, Reporting and Record Retention](), Molina requires the LMP date on pregnancy-related services billed on a CMS-1500.

Claims received with the perinatal and/or delivery Current Procedural Terminology (CPT) code(s) on the next slide must include an LMP date and meet the required date range specified.

Facility Claims billed on a UB-04 claim form are excluded from the LMP requirement.

For Electronic Data Interchange (EDI) claims, please reference the appropriate Ohio Department of Medicaid (ODM) Companion Guide (837P/837I), found on the [ODM Trading Partner website]() at https://www.medicaid.ohio.gov for the appropriate loop and segments.

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Maternity Care: Last Menstrual Period (LMP) Requirement:

Delivery CPT Codes

LMP date must meet the required date range of the 119 to 315 days prior to the delivery date of service (DOS) for the following codes: 59400, 59510, 59610 and 59618

NOTE: If the LMP date field is left blank or falls outside of the 119 to 315 days, the entire claim will be denied

Perinatal CPT Codes

LMP date must meet the required date range of 1 to 315 days prior to the "to date" of the perinatal DOS for the following codes: 59425, 59426, 76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76818 and 80055

NOTE: If the LMP date field is left blank or falls outside of the 1 to 315 days, the entire claim will be denied

CMS-1500

The LMP should be reported as Item 10a-c – Patient's Condition – Check "YES" or "NO" to indicate whether employment, auto or other accident involvement applies to one or more of the services described in Item 24.

Item 14 – Enter the six-digit (MMDDYY) or eight-digit (MMDDCCYY) date of the LMP.

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Prenatal Risk Assessment Form (PRAF):

The PRAF is a checklist of medical and social factors used as a guideline to determine when a patient is at risk of a preterm birth or poor pregnancy outcome

The PRAF must be completed on each obstetrical patient during the initial antepartum visit in order to bill for the prenatal at-risk assessment code

Molina pays providers a $50 administrative payment for each claim submitted with the service code H1000, when it occurs in the patient's first trimester or within 42 days of enrollment with Molina

Incentives checks will be sent to providers at the beginning of every quarter

The PRAF is available at www.MolinaHealthcare.com under the "Health Resources" tab, on the "Pregnancy Resources" page

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Prenatal Risk Assessment Form (PRAF):

Starting June 1, 2021, ODM will update OAC 5160-1-60 and OAC 5160-21-04 to include:

Increased reimbursement of electronic PRAF from $12.11 to $90

Paper PRAF continues to reimburse for $12.11

ODM is also initiating reimbursement for a new electronic Report of Pregnancy (ROP) form, in the amount of $30 per form.

Coding Tips for Pregnancy Related Services:

Diagnosis and CPT coding has an impact on more than just claims payment.

Molina relies on claims data to support our member incentive programs like Pregnancy Rewards, care management, risk adjustment and quality reporting to ODM and other industry regulators.

Proper claims coding also impacts providers' shared savings opportunities under value-based reimbursement programs like Comprehensive Primary Care (CPC) and Episodes of Care.

OB Global Billing

Starting in March 2021, Molina is compensating providers for reporting timely prenatal and postpartum visits tied to a global delivery with a **$100 administrative payment** per record submitted.

This is part of a regular audit of delivery claims with global or bundled delivery codes which include prenatal and/or postpartum care.

Delivery + Postpartum Care CPT Codes
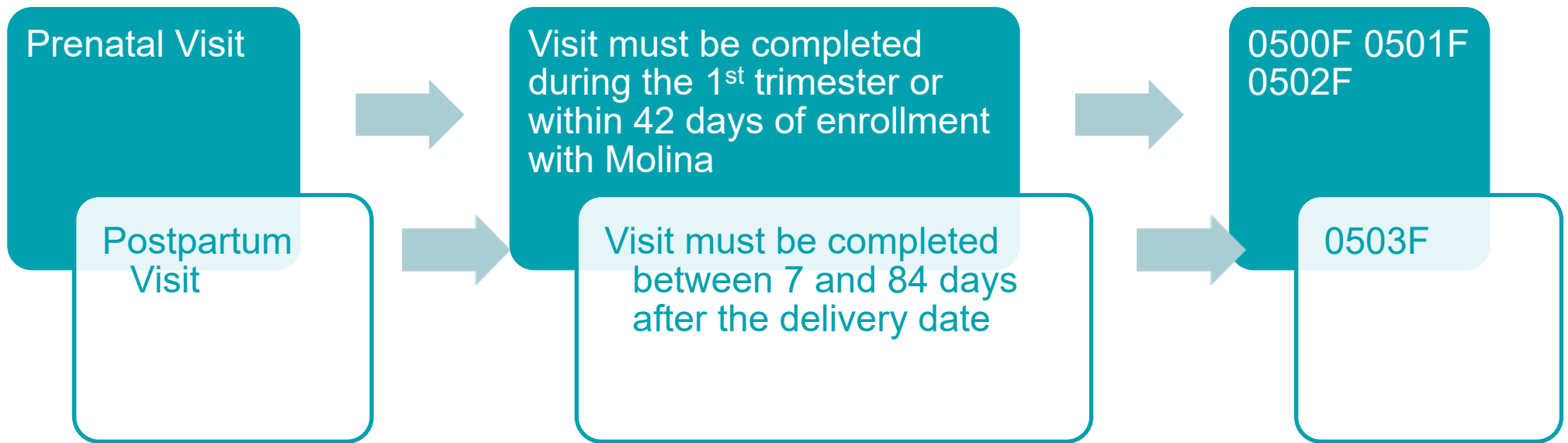- 59410
- 59515
- 59614
- 59622

Antepartum Care + Delivery + Postpartum Care CPT Codes
- 59400
- 59510
- 51610
- 59618

Coding Tips for Pregnancy Related Services:

OB Global Billing Continued

The purpose of the audit is to validate that claims have been submitted with the appropriate CPT II codes to document the first prenatal visit and any postpartum visit. We report this information for all providers to ODM monthly. Visits must be within the time frames specified below to qualify for an administrative payment.

| Prenatal Visit | → | Visit must be completed during the 1st trimester or within 42 days of enrollment with Molina | → | 0500F 0501F 0502F |
| Postpartum Visit | → | Visit must be completed between 7 and 84 days after the delivery date | → | 0503F |

Since postpartum care is paid prospectively on global/bundled delivery claims, providers should submit a corrected claim with the appropriate delivery code if the member does not complete a postpartum visit.

Coding Tips for Pregnancy Related Services:

ICD-10-CM Diagnosis Coding: Prenatal Care for Normal Pregnancy

Z34.0 Encounter for supervision of normal first pregnancy	Z34.8 Encounter for supervision of other normal pregnancy	Z34.9 Encounter for supervision of normal pregnancy, unspecified
Z34.00: unspecified trimester	Z34.80: unspecified trimester	Z34.90: unspecified trimester
Z34.01: first trimester	Z34.81: first trimester	Z34.91: first trimester
Z34.02: second trimester	Z34.82: second trimester	Z34.92: second trimester
Z34.03: third trimester	Z34.83: third trimester	Z34.93: third trimester

Do not use these codes if the mother has a condition that is related to, complicating, or complicated by pregnancy. Instead, code from chapter O00-O9A.

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Coding Tips for Pregnancy Related Services:

Chapter O00-O9A: Codes from this chapter are for use only on maternal records

• O00-O08 Pregnancy with abortive outcome	• O60-O77 Complications of labor and delivery
• O09-O09 Supervision of high-risk pregnancy	• O80-O82 Encounter for delivery
• O10-O16 Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	• O85-O92 Complications predominantly related to the puerperium
• O20-O29 Other maternal disorders predominantly related to pregnancy	• O94-O9A Other obstetric conditions, not elsewhere classified
• O30-O48 Maternal care related to the fetus and amniotic cavity and possible delivery problems	

Do not code from this section if coding for supervision of normal pregnancy Z34

Codes from this chapter are used for conditions related to or aggravated by pregnancy, childbirth, or the puerperium (maternal causes or obstetric causes)

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Coding Tips for Pregnancy Related Services:

Gestational Age of Pregnancy

Providers must include one of the ICD-10 diagnosis codes indicating the mother's week of gestation on claims.

Providers should use additional code from category Z3A, weeks of gestation, to identify the specific week of the pregnancy, if known.

For additional codes view the "Child Birth Delivery Procedures and ICD-10 Diagnosis Codes Required on claims for Mother's Weeks of Gestation of Pregnancy" in the Provider Manual at www.MolinaHealthcare.com.

Examples of Z3A Codes:	
Z3A.00	Gestation not specified
Z3A.01	Less than 8 weeks gestation of pregnancy
Z3A.08	8 weeks gestation of pregnancy
Z3A.09	9 weeks gestation of pregnancy
Z3A.10	10 weeks gestation of pregnancy
Z3A.11	11 weeks gestation of pregnancy
Z3A.12	12 weeks gestation of pregnancy

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Coding Tips for Pregnancy Related Services:

Gestational Age of Pregnancy

> On professional claims, the CPT codes must be tied to an ICD-10 diagnosis code. Diagnosis code validation edits allow four diagnoses pointers per detailed service line. If weeks of gestation codes are missing on the delivery detail of the claim, the delivery service line will deny.

> On hospital claims, the weeks of gestation codes are not tied to the delivery procedure codes but are required on childbirth delivery claims. If the weeks of gestation codes are missing from the inpatient claim, the entire claim will deny. If they're missing from the outpatient claim, the delivery and all services provided on the same date as the delivery will deny.

Coding Tips for Pregnancy Related Services:

Well Care Through Perinatal Period

Preventive services may be rendered on visits other than specific well care visits, regardless of the primary intent of the visit.

Well visit and postpartum visit can be paid for the same office visit, provided that the appropriate procedure and diagnosis codes are included for both services.

To ensure accurate encounter reporting for HEDIS® and ODM requirements, the following ICD-10 codes should not be billed for a non-delivery event.

ICD-10 Diagnosis Codes	CPT Codes:
Z39: Postpartum care and examination immediately after delivery	59400-59410: Vaginal delivery, antepartum and postpartum care
Z37.x: Outcome of delivery	59510-59515: Cesarean delivery
O80: Encounter for full-term uncomplicated delivery	59610-59622: Delivery after previous cesarean delivery

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Coding Tips for Pregnancy Related Services:

Newborn Claims

Molina requires providers to report the birth weight on all newborn institutional claims.

To report this data, the appropriate value code must be used:

UB-04: Report in block 39, 40 or 41 using value code "54" and the newborn's birth weight, in grams. Providers should include decimal points when reporting birth weight. For example, if the birth weight is 1,000 grams, then the provider should report 1000.00 along with value code 54.

837: Report birth weight as a monetary amount. Reference the appropriate ODM Companion Guide (837I), found on the ODM Trading Partner website at https://www.medicaid.ohio.gov, for the appropriate loop and segments.

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Coding Tips for Pregnancy Related Services:

Obstetrical Care

Molina encourages OB/GYNs to provide preventive care services in conjunction with obstetrical/gynecological visits.

When providing care to Molina members, consider performing an annual well exam in addition to obstetric/gynecological services.

Preventive services may be rendered on visits other than well care visits, regardless of the primary intent of the visit.

The appropriate diagnosis and procedure codes must be billed to support each service.

A well exam and an ill visit can be paid for the same office visit, provided that the appropriate procedure and diagnosis codes are included for both services.

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Maternal Child Health Care Management:

The Maternal Child Health (MCH) team is composed of multiple specialty fields which include Registered Nurse (RN), Licensed Practical Nurse (LPN), Licensed Professional Counselor (LPC), and Licensed Professional Clinical Counselors (LPCCs).

The goal is to improve maternal outcomes & reduce infant mortality through:

Collaboration with providers for early identification of pregnancy and coordination of any/all needed health services

Engagement and enrollment of high-risk pregnancies and members with a history of poor birth outcomes

Cooperation with state efforts to facilitate progesterone access to prevent pre-term birth, electronic submission of Pregnancy Risk Assessment Forms, Infant Mortality grant fund recipient collaboration, and partnership with Pathway Community HUBs

Focused education on safe sleep, birth spacing, breastfeeding, tobacco cessation, disease specific conditions and health promotion (including childhood immunizations)

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Maternal Child Health Care Management:

Pregnancy-Specific Care Management Benefits:

Pregnancy-Specific Care Management Benefits:

Molina MCH staff have direct access to an OB Medical Director who is available for Multi-Disciplinary Team (MDT) rounds or provider consults by phone	Telephonic access to a RN Certified Lactation Consultant
Unlimited transportation overrides for medical and pregnancy-related needs	A Registered Dietician to educate on disease specific diets, wellness promotion or obtain specialty formulas	Coordination of standard Molina benefits for which member may be eligible

Maternal Child Health Care Management:

Molina Efforts to Address Social Determinants of Health (SDOH) include working collaboratively with Molina staff to refer to internal and external resources:
- Housing Support Specialists
- Peer Support Specialists
- Substance Use Disorder Navigators
- Transportation

WIC → Help Me Grow

The MCH team works to directly refer members to a variety of community agencies and services

Diaper Banks

Text4 Babies

Food Pantries

Maternal Child Health Care Management:

Specialty Programs include:

Safe and Sound

- Designated LPC/LPCC coordinate with members struggling with addiction and behavioral health needs to connect them with providers and offer relevant education and support
- High contact rates, frequent face-to-face contact pre-COVID-19 restrictions

NICU Transitions of Care

- RN coach works with hospitals, providers and families to coordinate care
- Facilitate visitation, provide education and ensure home care, equipment and nutrition needs are met at time of discharge
- Work with mom to coordinate her own important health care needs and post partum care

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Maternal Child Health Care Management:

Specialty Programs include:

Community Pathway HUBs

- Community partnerships with eight regional HUBs with future expansion in process (currently contracted with Franklin, Hamilton, Lucas, Mahoning, Richland, Stark, Summit and Tuscarawas counties, with additional counties served within some regions)
- HUBs coordinate with local resources and have Center for Health Workforces (CHW) on staff to meet with members
- Address SDOH (food, housing, transportation, formula, diapers, car seats, etc.) in addition to locating medical providers and providing education and resources based on member needs
- Work in close collaboration with the clinical staff on Molina's MCH team to ensure all member needs are met to improve birth outcomes for moms and babies

Commitment to Provider Satisfaction

Molina Healthcare of Ohio is committed to increasing our Provider Partners' satisfaction by obtaining your feedback.

Some of the ways we do this include:

- Dedicated Provider Services Representatives in each region of the state for training and questions

- An annual Provider Satisfaction Survey

- An It Matters to Molina program that includes monthly forums and an information page on the Provider Website including surveys for providers to share feedback

It Matters TO MOLINA

Take our "It Matters to Molina Suggestion Box" or "Molina Provider Training Survey" on the It Matters to Molina Page of our Provider Website, under the "Communications" tab. Or take our "Molina Operations Meeting Survey"

Your Opinion Matters to Molina

Email us to share your comments, concerns or ideas. Your feedback is important to us. Let us know what we're doing well and what we can do to improve.

Please share your feedback with us so we can continue to provide you with excellent customer service!

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Resources:

Molina Provider Services Team has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities.

- Behavioral Health questions: BHProviderServices@MolinaHealthcare.com
- Hospital or hospital-affiliated physician group questions: OHProvider.ServicesHospital@MolinaHealthcare.com
- MyCare Ohio LTSS and Ancillary questions: OHMyCareLTSS@MolinaHealthcare.com
- Nursing Facilities questions: OHProviderServicesNF@MolinaHealthcare.com
- Physician practice questions: OHProviderServicesPhysician@MolinaHealthcare.com
- General questions: OHProviderRelations@MolinaHealthcare.com

Molina Contacts for MCH Team

- MCH Member Referrals: OHMCHReferrals@MolinaHealthcare.com
- Shelby Burch, RN | MCH Team Supervisor: Shelby.Burch@MolinaHealthcare.com
- Jennifer Martin, RN | Healthcare Services Manager: Jennifer.Martin@MolinaHealthcare.com

Visit www.MolinaHealthcare.com under the "Health Resources" tab, on the "Pregnancy Resources" page for additional resources.

Questions

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