

# OB Ultrasound Guidance for Pregnancy Medical Home Providers

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As of 11/1/16, NC Medicaid updated how OB ultrasounds are handled for patients receiving care from a Pregnancy Medical Home (PMH) provider.

No eviCore authorization number is needed for an OB ultrasound claim in the following circumstances:

- If the patient has MPW coverage (including Presumptive Eligibility)
- If the entity billing for the ultrasound is a PMH
- If the claim for the ultrasound shows a PMH provider as the “OPR” (ordering, prescribing, referring) provider

### Tips for PMH Providers

- If you perform and bill for OB ultrasounds under a PMH location (NPI + address), there is no need to obtain an eviCore authorization number.
- If your ultrasounds are billed by an entity using a non-PMH NPI, such as a radiology group or hospital, these entities can also bypass the requirement for an eviCore authorization number by listing a PMH provider’s NPI as the “ordering” or “referring” provider. Institutional providers can use the “referring provider” field as of 11/1/16, because that field will no longer be needed for the Carolina Access referral number.
- For patients in the Medicaid for Pregnant Women (MPW) category, no eviCore authorization number is required for OB ultrasound claims, regardless of who ordered or performed the ultrasound.
  - Patients with Presumptive Eligibility are put into NC Tracks in the MPW category. Therefore, their OB ultrasounds do not require an eviCore authorization number.
- For patients in any other category of Medicaid, no eviCore authorization number is required for OB ultrasound claims if the ordering, referring, rendering, or billing provider on the claim is a PMH provider. This is true even if the ultrasound is performed by a non-PMH provider.
  - For hospital radiology departments or other hospital entities that bill with institutional claims, use the **referring provider** space to list the PMH provider who ordered the procedure.
- As of 11/1/16, ultrasound claims require an ordering provider, who is enrolled in the NC Medicaid program, unless the claim is only for the professional component.
  - If the claim is for both the professional and technical components, or the technical component alone, an ordering provider is required. This is unrelated to the PMH program and has to do with compliance with federal “OPR” (ordering, prescribing, referring) provider requirements.
  - If the claim is for only the professional component, but is billed by a non-PMH provider, a PMH provider should be listed as the ordering provider in order to bypass the requirement for an eviCore authorization number.
- Link to the PMH Clinical Coverage Policy: [https://files.nc.gov/ncdma/documents/files/1E-6\\_O.pdf](https://files.nc.gov/ncdma/documents/files/1E-6_O.pdf)
  - See Attachment D for specific “OB Ultrasound Codes Exempt from Prior Approval for Pregnancy Medical Home Providers.”