CCNC OBSTETRICS

Requirements, Reimbursement Rates, Incentives, and Billing for Pregnancy Medical Home (PMH) Providers

PMH Provider Requirements

- Ensure that no elective deliveries are performed before 39 weeks of gestation
- Offer and provide 17P to women meeting clinical criteria
- Primary cesarean section rate at or below 20%
- Postpartum visit: perform depression screening using a validated instrument (i.e. Edinburgh, PHQ-9, etc.); address the patient's reproductive life plan; address referral for ongoing care once postpartum period ends
- Complete a high-risk screening on each pregnant Medicaid recipient in the program and integrate the plan of care with local care/case management
- Allow chart audits for quality improvement measures
- An E&M visit should be used if patient requires more than the usual number of prenatal visits

PMH Provider Reimbursement Rates

Vaginal Delivery Code	Procedure	Current Rates		PMH Provider Rates	
		Facility	Non-Facility	Facility	Non-Facility
59400	Global*	$1327.53	$1327.53	$1,549.75	$1,549.75
59425	Antepartum care 4-6 visits	$260.89	$329.99	$304.46	$385.11
59426	Antepartum care 7+ visits	$461.66	$590.36	$538.76	$688.96
59409	Delivery only	$589.45	$589.45	$687.89	$687.89
59430	Postpartum care only	$96.11	$105.89	$112.16	$123.58
59410	Delivery with postpartum care	$683.52	$683.52	$797.68	$797.68

Cesarean Delivery Code	Procedure	Current Rates		PMH Provider Rates	
		Facility	Non-Facility	Facility	Non-Facility
59510	Global*	$1503.26	$1503.26	$1503.26	$1503.26
59425	Antepartum care 4-6 visits	$260.89	$329.99	$304.46	$385.11
59426	Antepartum care 7+ visits	$461.66	$590.36	$538.76	$688.96
59409	Delivery only	$697.93	$697.93	$697.93	$697.93
59430	Postpartum care only	$96.11	$105.89	$112.16	$123.58
59410	Delivery with postpartum care	$822.81	$822.81	$822.81	$822.81

*Includes antepartum, delivery, and postpartum care

PMH Provider Incentives

- $50 for completing the risk screening tool at initial visit
  - Incentive code: **S0280**
- $150 for the postpartum visit within 60 days of delivery per Medicaid recipient
  - Incentive code: **S0281**
- Increased global rate for vaginal delivery: from $1327.53 to $1549.75
  - Rates above for vaginal procedure codes will also increase by 13.2%
- Exemption from need to register OB ultrasounds. No authorization needed on claim.
- Care Manager for High Risk Pregnancies (Social Worker or RN) will work with your NC OB Medicaid patients. Examples of services may include:
  - Linking patients with appropriate community services and/or resources
  - Encouraging patients to keep all prenatal appointments and helping to arrange transportation, if needed
  - Providing education regarding promotion of a healthy pregnancy and postpartum period

Billing for Postpartum Care

- According to NC DMA Clinical Coverage Policy 1E6, Obstetrics, postpartum care should be billed using an appropriate OB package code, listed in the chart on page 1, prior to billing the **S0281** incentive.
  - Link: https://files.nc.gov/ncdma/documents/files/1E-6_0.pdf
- There is no relationship between the **S0280** claim for the risk screening incentive payment and the **S0281** claim for the comprehensive postpartum visit; they can be billed by different practices.
- If an E&M code is used to bill for the postpartum visit the **S0281** will not pay.
- When an OB package code is used to bill for postpartum care, insertion of an IUD/implant can be billed on the same date of service as the comprehensive postpartum visit.
- For patients with **Medicaid as secondary insurance,** the claim for the OB package code that includes postpartum care must be submitted to the primary insurance before going to Medicaid. However, the **S0281** claim does not need to be submitted to the primary insurance carrier. It is recommended that **S0281** be submitted separately to avoid putting it through the primary insurance. Instead, the **S0281** should be held until the OB package code claim has had time to process with the primary insurer and with Medicaid.