

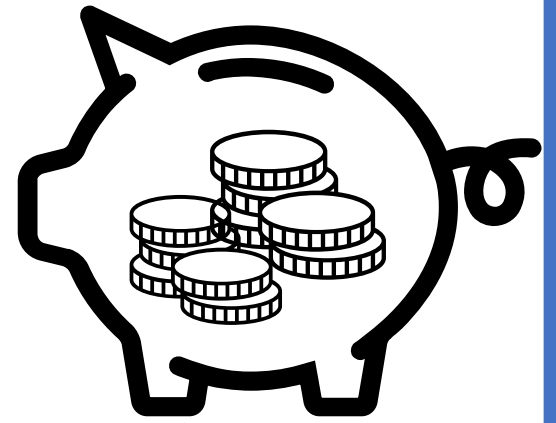


Majority OB Medicaid “MOM” Workgroup 2/11/2021

MOM Workgroup Covered Topics

- PMH incentives
- Smoking Cessation
- Depression Screening
- Sterilizations

<https://www.communitycarenc.org/what-we-do/clinical-programs/pregnancy-medical-home>



Future MOM workgroup topics



Please continue to tell us your most common denial reason and topics or concerns you would like covered in the future.

- Billing outside the global/package code
- Abnormal lab denials
- Other

NC Medicaid Update

- [PMH Clinical Coverage Policy](#): See Attachment D for a list of exempt ultrasound procedure codes.
- [11/1/16 Medicaid Update](#)
- No EviCore authorization required for OB ultrasounds in the following circumstances:
 - The patient has Medicaid coverage (including Presumptive Eligibility)
 - The entity billing for the OB ultrasound is a PMH
 - The claim for the OB ultrasound shows a PMH provider as the “OPR” (ordering, prescribing, referring) provider

Tips for Practices

- Perform & bill OB ultrasounds using the PMH Location (NPI + address)
- No Medicaid category requires eviCore authorization 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.

Tips for Practices

- 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.

Tips for Providers

- 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 the professional component only, 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.

Non-PMH Entities

- Institutional claims are often referred to as “UB-04 claims” when submitted in paper form or as “837I claims” when submitted in electronic form.
- Professional claims are referred to as “CMS-1500 claims” when submitted in paper form or “837P claims” when submitted in electronic form.

[+CMS: Using the Type of Bill to Classify Institutional Claims](#)

UB-04 Claim Form

66 DX	67	68
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE
74 PRINCIPAL PROCEDURE CODE	74a OTHER PROCEDURE CODE	74b OTHER PROCEDURE CODE
74c OTHER PROCEDURE CODE	74d OTHER PROCEDURE CODE	74e OTHER PROCEDURE CODE
80 REMARKS	81	75
76 ATTENDING LAST	76 NPI	76 QUAL
77 OPERATING LAST	77 NPI	77 QUAL
78 OTHER LAST	78 NPI	78 QUAL
79 OTHER LAST	79 NPI	79 QUAL

Non-PMH Entities

- Non-PMH entities performing OB ultrasounds, (i.e. radiology group or hospital) can also bypass the eviCore authorization requirement by billing an institutional claim and 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.

Non-PMH Entities

- The CMS-1450 form (aka UB-04 at present) can be used to bill institutional charges.
- When facilities are submitting the UB-04 claim, they need to put the PMH provider in box 76 and 79 on the claim.

76	Attending Provider Name and Identifiers	<p>Enter NPI of individual in charge of patient care. If UPIN number is entered, qualifier must be 1G. Enter the last and first name below.</p> <p>76 ATTENDING NPI 1231231231 QUAL</p> <p>LAST Jones FIRST Mark</p>
77	Operating Physician Name and Identifiers	Required when surgical procedure is performed. Enter the NPI. If UPIN number is entered, qualifier must be 1G. Enter the last and first name.
78	Other Provider Name and Identifiers	Enter the NPI. If UPIN number is entered, qualifier must be 1G. Enter the last and first name.
79	Other Provider Identifier	If required for your provider type, enter the NPI for the Ordering, Referring, or Prescribing provider.
80	Remarks Field/Signature	Enter the provider signature or authorized agent's original signature. Stamps, copies, or initials are not

Thank you!

If you have any MOM workgroup topic suggestions, please send them to kdeberry@communitycarenc.org



**Next MOM Workgroup meeting:
Thursday March 11th 9:00-9:30.**



Community Care
OF NORTH CAROLINA