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

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

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

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Attending Provider Name and Identifiers</td>
<td>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.</td>
</tr>
<tr>
<td>77</td>
<td>Operating Physician Name and Identifiers</td>
<td>Required when surgical procedure is performed. Enter the NPI. If UPIN number is entered, qualifier must be 1G. Enter the last and first name.</td>
</tr>
<tr>
<td>78</td>
<td>Other Provider Name and Identifiers</td>
<td>Enter the NPI. If UPIN number is entered, qualifier must be 1G. Enter the last and first name.</td>
</tr>
<tr>
<td>79</td>
<td>Other Provider Identifier</td>
<td>If required for your provider type, enter the NPI for the Ordering, Referring, or Prescribing provider.</td>
</tr>
<tr>
<td>80</td>
<td>Remarks Field/Signature</td>
<td>Enter the provider signature or authorized agent’s original signature. Stamps, copies, or initials are not</td>
</tr>
</tbody>
</table>
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.