



**Majority OB Medicaid “MOM” Workgroup
12/10/2020**

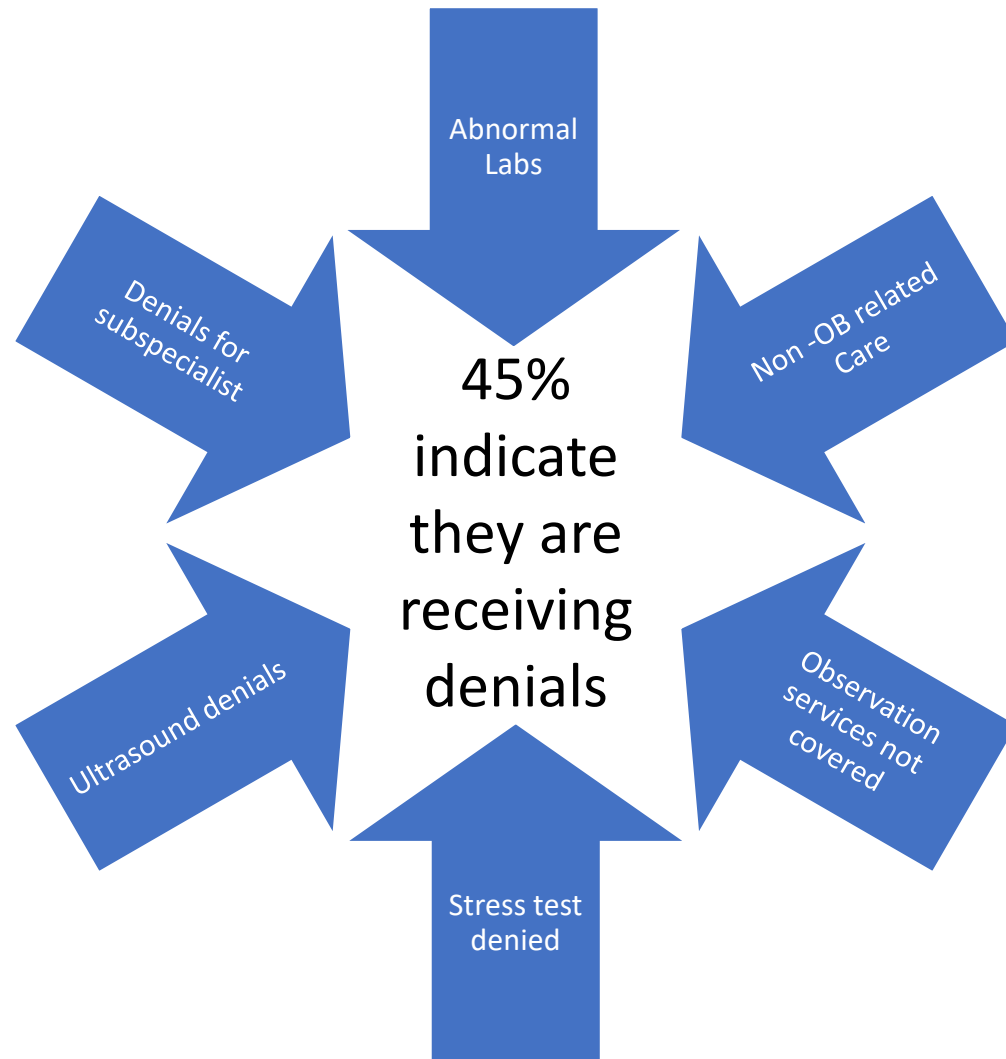
The Results Are In!

Thank you for completing the MOM survey. If you have not had a chance to complete the survey, it is still open.

<https://www.surveymonkey.com/r/YN5WKBV>



Are you
receiving
denials for
prenatal care
services?



Do you bill E&M services outside of the global or package code?

73% are billing E&M codes of those 25% indicate an issues with denials.

Survey Comments:

- Other primary insurance requires global billing, then we have no option but to bill the global.
- Initially paid, then recouped when delivery claim is filed, sent records and do not get reimbursed.

Revenue Opportunity:
Billing outside the
global/package



This will be covered in the future.

If you are
billing for
deliveries, are
you receiving
denials for
delivery
codes?

Of those billing
deliveries 15%
report they are
receiving denials.

Survey Comments:

- Medicaid does not recognize the vaginal delivery after previous cesarean code --not on the fee schedule, previous denials.
- No approved hysterectomy or sterilization form

Are you
receiving
denials for
either S
code?

Of those billing S codes 38%
report they are receiving denials.

Revenue Opportunity:
S codes



Survey Comments:

So280-Risk Screen

- Another office filed code
- Billed in the last year

So281-Postpartum Visit

- Delivery must be billed on NC Tracks first.
- Billed on the 60th day or beyond

Applies to both S codes

- Lack of Knowledge with our billing dept staff/coders
- Service not covered

Revenue Opportunity: S codes

Pregnancy Risk Screening - S0280

- \$52.50 for completing the screening at the initial visit & sending it to the local health department for care management evaluation.
- Once per gestational period.
- Once billed, no other provider can bill the S0280 for the same pregnancy.
- Can be conducted in person or via telehealth.

Revenue Opportunity: S codes

Postpartum Visit Completion – S0281

- \$157.50 for completing the postpartum visit within 60 days of delivery
- The provider billing the S0281 must be the same provider that bills the postpartum visit.
- Once billed, no other provider can bill the S0281 for the same pregnancy.
- Can be conducted in person or via telehealth.
- Not reimbursed for miscarriages, spontaneous abortions or terminations.
- With the exception of FQHC's & RHC's one of the following procedure codes must be billed before the S0281 will be reimbursed: 59400, 59410, 59430, 59510, 59515

Are you billing tobacco cessation counseling?

57% report they are unsure of
billing or not currently billing
tobacco cessation counseling.

Revenue Opportunity:
Tobacco Cessation
Counseling



Tobacco Cessation Counseling

- Can be provided by MD, NP, CNM, or health departments.
- May be billed in addition to prenatal care services, including global fee.
- Can be in addition to alcohol and /or substance abuse structured screening and brief intervention services on the same date of service.

- 99406-Intermediate visit (3-10 minutes)- \$12.15

- 99407-Intensive visit (over 10 minutes)- \$23.48

(Maximum of up to 4 intermediate or intensive session for a total of 8 sessions per year)

- An appropriate tobacco-related diagnosis code, such as ICD-10 code F17.200, must be submitted with the CPT code.
- Patients with MPW are only eligible to receive tobacco cessation counseling in the postpartum period if it is a continuation of treatment provided and documented in the prenatal period.

**Are you billing
depression
screening?**

57% report they are unsure of billing or not currently billing depression screening.

**How many times do you
complete and bill the
depression screening for
each patient?**

Survey Comments:

- Unsure
- At least 1
- Two
- Billed when it is circled on the encounter form.
- Completed at initial visit and only re-do the screening if there is something elevated on the first screening.
- Depression screenings are not being billed but the patient completes depression screening at every postpartum appointment.

Revenue Opportunity:
Depression
Screening



Depression Screening

When the mother is the patient:

- Bill diagnosis Z13.89 (encounter for screening for other disorder) in addition to CPT Code 96127
- Reimbursement rate of \$4.46.
- Can be billed in addition to OB package codes
- Reimbursed for three units with scoring and documentation, per standardized instrument – during the first year after the delivery date or until the recipient's eligibility ends.
- Depression screenings are recommended once per trimester during pregnancy

<https://medicaid.ncdhhs.gov/blog/2018/01/05/postpartum-depression-screening>

Are you offering telehealth services?

71% report offering telehealth. Of the practice offering telehealth 19% have billing questions.

Additional questions:

- Is time on call needed?
- Any other requirements for documentation/billing purposes?
- Are the telehealth services still being covered?
- Is there anything we need to change moving forward?
- Insurance coverage. How should it be billed?

<https://files.nc.gov/ncdma/covid-19/Perinatal-Telehealth-Scenarios-COVID.pdf>

Are you receiving sterilization denials?

52% report sterilization denials.

Revenue Opportunity: Sterilizations



This will be covered in the future.

Survey Comments:

- Indication of missing consent forms
- Usually the wrong diagnosis code by the doctor.
- Even when an approved form is on file, we have found we have to submit several times to be reimbursed.
- Invalid form or no form on file
- Mostly because they do not like the way the patient or the provider signs the consent and if we do not complete the loop in any of the words on the forms.
- Illegible signatures, incomplete forms, and signature not obtained.
- Missing consent form when the form has not been processed yet

https://files.nc.gov/ncdma/documents/files/1E-3_6.pdf

PMH Incentives

- S0280 Pregnancy Risk Screening - \$52.50
- S0281 Postpartum Visit - \$157.50
- Increased global rate for vaginal delivery: from \$1,327.53 to \$1,627.24
- Rates above for vaginal procedure codes will also increase by 13.2%
- Exemption from need to register OB ultrasounds. No authorization needed on claim.

Revenue Opportunity:
PMH Incentives



[Requirements, Reimbursement Rates, Incentives, and Billing for \(PMH\) Providers](#)

[Pregnancy Medical Home Fee Schedule 9.21.2020](#)

Active PMH Status

Both are necessary for PMH incentive reimbursement.



Locations



Providers

NCTracks

- Before requesting that a location or provider be made PMH active the location must be added to NCTracks and the location must be added to the provider's individual NPI.
- Refer to NC Tracks
 - [How to Submit a Manage Change Request adding a Service Location and Affiliate an Individual Provider Record to a Group/Organization in NC Tracks](#)
 - [How to Manage Your NCTracks Addresses](#)

Adding Addresses to the Provider's NPI

Add each address where services will be rendered to the provider's NPI.

Addresses

* Indicates a required field

Legend

Error Summary

Please fix the following errors before you proceed. Click each error message to navigate to the field requiring correction or data entry.

- Primary Location: Address is not a valid USPS deliverable address. Please review and correct the address. If this is your valid address, please select the 'Valid Address' checkbox below.**

PRIMARY PHYSICAL LOCATION

This is the primary physical location where service will be rendered, or in the case of mobile services, where management/supervision occurs.

* Office Phone #: (000) 000-0000 ext.

Office Fax #: (000) 000-0000

Address

* Address Line 1:

Address Line 2:

* City:

ZIP Code:

☐ End Date It

* State: NORTH CAROLIN

County:

☐ I attest that the address location is a physical site location in which services are coordinated, rendered and medical records are housed.

Verify Address

COMMUNITY CARE OF NORTH CAROLINA Committed to improving the health of our communities.

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Adding Addresses to the Provider's NPI

SERVICE LOCATIONS ?

* Do you have additional service locations?
☒ Yes ☐ No

Service Locations

+ **SERVICE LOCATION 2** - [REDACTED] ?

Add Service Locations

Please complete all the required fields and click the **Add** button.

Service Location Name: [REDACTED]

* Office Phone #: (000) 000-0000 ext. [REDACTED] Office Fax #: (000) 000-0000

Address

* Address Line 1: [REDACTED]

Address Line 2: [REDACTED]

* City: [REDACTED]

* State: -- [REDACTED]

* ZIP Code: 00000-0000 County [REDACTED]


* Begin Date: mm/dd/yyyy [REDACTED]

Verify Address

Add **Clear**

Once the location address has been entered in NCTracks and added to the provider's NPI, complete the following steps to make the location and provider PMH active.

Locations



Practice Enrollment Form: Participation in CCNC Programs

Practice Information Summary for _____
(Parent Organization / Entity Name)

**Reminder: A Participation Agreement is needed in addition to this form. To verify if this agreement is in place please contact Linda Price at lprice@communitycarenc.org.*

Section 1 of the Practice Enrollment Form - Practice Sites

To complete enrollment, list ALL practices/practice sites in Section 1. Please indicate if the practice will be enrolling as a CCNC/CA2 and/or a Pregnancy Medical Home provider. Please provide the requested information for each site.

NOTE: Complete a separate Section 2 for each practice/practice site. Please list all clinicians that practice in each site.

Practice Legal Name:		NPI:		Enroll in CCNC (CA2) or enroll in PMH?	Select answer ▼
Practice "DBA"/Community Name:		TIN:		Location Code:	
Physical Address:		Mailing Address:			
		<input type="checkbox"/> Same			

Practice Legal Name:		NPI:		Enroll in CCNC (CA2) or enroll in PMH?	Select answer ▼
Practice "DBA"/Community Name:		TIN:		Location Code:	
Physical Address:		Mailing Address:			
		<input type="checkbox"/> Same			

Practice Legal Name:		NPI:		Enroll in CCNC (CA2) or enroll in PMH?	Select answer ▼
Practice "DBA"/Community Name:		TIN:		Location Code:	
Physical Address:		Mailing Address:			
		<input type="checkbox"/> Same			

Practice Legal Name:		NPI:		Enroll in CCNC (CA2) or enroll in PMH?	Select answer ▼
Practice "DBA"/Community Name:		TIN:		Location Code:	
Physical Address:		Mailing Address:			
		<input type="checkbox"/> Same			

Updated March 2020

- Complete a Practice Enrollment Form
- Include all locations where OB services will be provided

Locations

For each location complete Section 2B, then submit this form to your OB Coordinator.

[illegible]

Updates

- Notify your OB Coordinator of updates ASAP to receive appropriate timely PMH incentive reimbursement.
- The PMH Change Form should be used for:
 - Adding/removing provider to an existing location.
 - Practice name/address changes.
 - PMH termination
- Submit this form to your OB coordinator once completed.

Pregnancy Medical Home Change Form

Terminate the PMH Contract/Add or remove a practice location code/Make Changes to PMH Providers

List changes with providers of obstetric care associated with this practice, including those who are directly employed and those who are providing care at this practice by contract with another entity. **Providers are responsible for separately notifying Medicaid when information related to their business or practice changes.** This document is not a substitute for the practice's responsibility to notify the NC Division of Medical Assistance of address or other practice changes. Use additional pages as needed.

- **Name of practice:** Click here to enter name of practice.
- **Physical address:**
- **Phone number:** Click here to enter practice's phone number.
- **Practice NPI:** Practice Location Code (to be completed by CCNC):

☐ **Contract Termination**
 If this is a PMH contract termination, no further information is needed. Please sign and date the form and include the effective date for the contract termination on page 2 before submitting to the CCNC network.
Reason for Termination: ☐ Change of Location ☐ Change of Ownership or NPI ☐ No Longer Accepting Medicaid
☐ No Longer Providing OB Services ☐ Practice Closed ☐ Provider Retired
☐ Other (Please Specify Reason) _____

☐ **Add/remove a practice location code**
 This form can only be used to add a new service location to an existing contract. When a new service location is opened, a new PMH contract must be completed if that practice intends to participate in the PMH program.
☐ This location has more than one location code under the same NPI in NC Tracks.
☐ The practice has changed its street address in NC Tracks and been assigned a new location code.
☐ The practice has changed its name to (FOR INTERNAL USE ONLY): _____
☐ Other (explain): _____

☐ **Add/remove individual provides to/from the PMH contract for this practice**

Name	Credential (MD, CNM, NP, DO, PA)	Individual NPI	Enrollment Change Add/Delete	For CCNC use only: Provider Location Codes

PMH Effective Date

Submitted by Pregnancy Medical Home practice:

As an authorized signer for the contracting organization, I hereby certify that the provider changes on this form are accurate. It is my intent that my electronic signature and date below be acceptable and binding and therefore a handwritten signature shall not be necessary.

Name: [Enter name of authorized signer here.](#)

Title: [Enter title of authorized signer here.](#)

Date: [Click here to enter the date the form was signed.](#)

- If **termination**, provider effective date of termination of PMH contract: [Click here to enter termination date.](#)
- If **removing individual provider(s)** from PMH contract, provide effective date for removal(s):
[Click here to enter effective date of removal.](#)
- If **adding individual provider(s)** to PMH contract, provider effective date for addition(s):

The effective date for any additions cannot be sooner than the first day of the month following the month in which the PMH practice signed the PMH Change Form. For example, if this form was signed in April, the PMH effective date for new providers would be May 1.

FOR CCNC NETWORK USE ONLY:

As an authorized signer for **Choose an item.**, I hereby acknowledge these provider changes to the Pregnancy Medical Home service agreement. It is my intent that my electronic signature and date below be acceptable and binding and therefore a handwritten signature shall not be necessary.

CCNC Network Representative signature: [Click here to enter signature of network representative.](#)

Date: [Click here to enter date of network signature.](#)

Future MOM workgroup topics

- Billing outside the global/package code
- Ultrasounds
- Sterilizations
- Other

Thank you!

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



**Next MOM Workgroup meeting:
Thursday Jan. 14th 9:00-9:30.**