Maryland Medicaid Program
OB/GYN Services

Obstetrical Care
Most pregnant women enrolled in Medicaid must enroll in HealthChoice, Medicaid’s managed care program. HealthChoice beneficiaries who do not select an MCO are auto-assigned to an MCO. For additional information about HealthChoice, go to: https://mmcp.health.maryland.gov/healthchoice/Pages/Home.aspx.

Pregnant women often access care on a fee-for-service basis prior to enrollment in the MCO. This occurs because some women apply for Medicaid during pregnancy or are only eligible for Medicaid because they are pregnant. Certain women are not eligible for MCO enrollment. For example, women with temporary Hospital Presumptive Eligibility coverage and women with dual coverage (Medicare and Medicaid) will not be enrolled in MCOs.

Providers must check EVS at each visit prior to rendering services to determine if the beneficiary is enrolled in an MCO. Providers who are contracted with MCOs should refer to the MCO’s provider contract, provider manual, preauthorization procedures and billing instructions. Go to the HealthChoice Provider Brochure for MCO contact information at: https://mmcp.health.maryland.gov/healthchoice/Documents/HealthChoice_Provider_Brochure_11.17.2017.pdf

Self-referral Provisions and Continuity of Care
- If a woman has initiated prenatal care with an out-of-network provider prior to MCO enrollment, she may continue to see that provider during her pregnancy. The provider must be willing to bill the MCO. See Factsheet #1.
- When accessing self-referral services, beneficiaries must use in-network pharmacy and laboratory services.
- The MCO is required to reimburse an out-of-network provider at the Medicaid fee for service rate.
- Continuity of Care provisions also require MCOs to allow newly enrolled women to continue to see an out of network provider when the woman has already initiated prenatal care.
- Medically necessary services related to prenatal care such as lab tests, prenatal vitamins and prescription drugs, sonograms, and non-stress tests are covered.
- Prenatal care providers must use the appropriate evaluation and management code (E&M) in conjunction with the appropriate ICD-10 pregnancy code for each prenatal visit.
- Medicaid does not reimburse physicians for “global” maternity care services. Providers must bill deliveries separately from prenatal care.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Office visit, new patient, minimal</td>
</tr>
<tr>
<td>99202</td>
<td>Office visit, new patient, moderate</td>
</tr>
<tr>
<td>99203</td>
<td>Office visit, new patient, extended</td>
</tr>
<tr>
<td>99204</td>
<td>Office visit, new patient, comprehensive</td>
</tr>
<tr>
<td>99205</td>
<td>Office visit, new patient, complicated</td>
</tr>
</tbody>
</table>
99211 Office visit, established patient, minimal
99212 Office visit, established patient, moderate
99213 Office visit, established patient, extended
99214 Office visit, established patient, comprehensive
99215 Office visit, established patient, complicated

**Maryland Prenatal Risk Assessment Process**

The Program will reimburse prenatal care providers an additional fee for completion of the Maryland Prenatal Risk Assessment (MPRA). See page 5 for sample MPRA. Use HCPCS code H1000. (The program does not use code 99420.) Only one risk assessment per pregnancy will be reimbursed. To complete the MPRA process, providers must:

1) Fill out the MPRA form (DHMH 4850) at the first prenatal visit;
2) Fax the form to the local health department (addresses and fax numbers are on the form); and
3) Develop a plan of care based on the women’s risk factors.

- The MPRA identifies women at risk for low birth weight, pre-term delivery and other health care conditions that may put mother and/or infant at risk.
- The local health departments use the MPRAs to identify women who may benefit from local programs, or who may need assistance navigating the health care system.
- LHDs are required to forward the MPRAs to the MCO.
- The MCOs use the MPRAs to identify members that are pregnant and link them to care coordination and case management services.

**Enriched Maternity Services**

The Program will reimburse prenatal care providers an additional fee when “enriched” maternity services are provided. Use HCPCS code H1003. (The Program does not use codes 99411 and 99412.) Only one unit of service per prenatal and postpartum visit will be reimbursed. An “Enriched Maternity Service” must include all of the following:

1) Individual prenatal health education;
2) Documentation of topic areas covered (see page 7 for sample *Enriched Maternity Services*);
3) Health Counseling; and
4) Referral to community support services.

**SBIRT (Screening, Brief Intervention, and Referral to Treatment)**

The Program will reimburse for alcohol and/or substance use structured screening and brief intervention codes W7000, W7010, W7020, W7021 and W7022, the SBIRT (Screening, Brief Intervention, and Referral to Treatment) procedure codes. When billing with H1003 the provision of this service must be in addition to the alcohol and substance use counseling component of the “Enriched Maternity Service”.

The Program will reimburse separately for smoking and tobacco use cessation 99406 and 99407. However, when billing with H1003 the provision of this service must be in addition to the smoking and tobacco use/cessation counseling component of the “Enriched Maternity Service.”

For more information about SBIRT (Screening, Brief Intervention, and Referral to Treatment), go to: [http://www.marylandsbirt.org/](http://www.marylandsbirt.org/)
**Intrapartum & Postpartum Care**

- Providers must bill deliveries separately from prenatal care. The Program does not use procedure codes 59400, 59425, 59426, 59510, and 59610.

- If other procedures are performed on the same date of service, list the code for delivery on the first line of **Block 24** of the CMS-1500 form. List the modifier in column **24D** for the second or subsequent procedure.

- For vaginal deliveries performed in a “home” or “birthing center”, use codes 59410 and 59614, with the appropriate place of service code “12 or 25” indicated in **Block 24B** of the CMS-1500 form. Use the unlisted maternity care and delivery code 59899 for supplies used for a vaginal delivery.

- Use code 59430 for postpartum care services only. Postpartum care includes all visits in the hospital and office, after the delivery. Postpartum care is not payable as a separate procedure, unless it is provided by a physician or group other than the one providing the delivery service.

Refer to the Program’s **Professional Services Provider Manual and Fee Schedule** and **CMS-1500 Billing Instructions** on the Program’s website:

[https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx](https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx)

**Gynecology**

Use the appropriate Preventive Medicine codes for routine annual gynecologic exams:

- 99383 - 99387 for new patients
- 99393 - 99397 for established patients

Use the appropriate E&M codes for problem-oriented visits:

- 99201 - 99205 for a new patient
- 99211 - 99215 for an established patient

Providers may only bill the Program for laboratory procedures which they perform or are performed under their direct supervision. Physicians’ service providers cannot be paid for clinical laboratory services without both a **Clinical Laboratory Improvement Amendment (CLIA)** certification and approval by the Maryland Laboratory Administration, if located in Maryland. Laboratory procedures that the physician refers to an outside laboratory or practitioner for performance must be billed by that laboratory or practitioner.

Interpretation of laboratory results or the taking of specimens other than blood is considered part of the office visit and may not be billed as a separate procedure. Specimen collection for Pap smears is not billable by a physician. For specific information regarding pathology and laboratory services, refer to the **Medical Laboratories Provider Fee Schedule** at [https://mmcp.health.maryland.gov/pages/Provider-Information.aspx](https://mmcp.health.maryland.gov/pages/Provider-Information.aspx). For additional information, contact Physicians Services at 410-767-1462.
Hysterectomy

Medicaid will pay for a hysterectomy only under the following conditions:

- The physician who secured authorization to perform the hysterectomy has informed
  the individual and her representative, if any, both orally and in writing, that the
  hysterectomy will render the individual permanently incapable of reproducing; **AND**

- The individual or her representative, if any, has signed a written acknowledgement of
  receipt of that information (patients over the age of 55 do not have to sign); **OR**

- The physician who performs the hysterectomy certifies, in writing, that either the
  individual was already sterile at the time of the hysterectomy and states the cause of
  the sterility; **OR**

- The hysterectomy was performed under a life-threatening emergency situation in
  which the physician determined that prior acknowledgement was not possible; the
  physician must include a description of the nature of the emergency.

The Program will not pay for a hysterectomy performed solely for the purpose of rendering an
individual permanently incapable of reproducing. Hysterectomies are also prohibited when
performed for family planning purposes even when there are medical indications, which alone do
not indicate a hysterectomy.

Regulations require physicians who perform hysterectomies (not secondary providers, i.e.
assisting surgeons or anesthesiologists) to complete the “**Document for Hysterectomy**”
form (DHMH 2990), which is available at: [https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx](https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx). The completed DHMH 2990 must be kept in the patient’s medical record.

For a list of procedure codes, refer to the FFS Program’s **Professional Services Provider**
Manual and Fee Schedule at: [https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx](https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx)

Hospital Admissions

Pre-authorization by Telligen, the Program’s Utilization Control Agent (UCA) is required for all
elective hospital admissions for recipients covered under Medicaid’s fee-for-service program. It is
the hospital’s responsibility to obtain pre-authorization by using Qualitrac to submit level of care
requests. For more information regarding Qualitrac, go to
[http://www.telligenmd.qualitrac.com/home](http://www.telligenmd.qualitrac.com/home) or call 888-276-7075.

For questions regarding Medicaid’s reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-6750 or call 1-800-456-8900.
Date of Visit: _____/_____/_____

Provider Name: __________________________ Provider Phone Number: ___-___-_______
Provider NPI#: __________________________ Site NPI#: __________________________

Client Last Name: __________________________ First Name: __________________________ Middle: __________________________
House Number: __________ Street Name: __________________________ Apt: __________ City: __________________________
County (If patient lives in Baltimore City, leave blank): __________________________ State: __________ Zip Code: ___
Area Code: __________________________ Home Phone #: __________________________ Cell Phone: __________________________
Emergency Phone #: __________________________
SSN: __________-____-____ DOB: ____/____/____ Emergency Contact: __________________________

Race: __________________________
- African-American or Black
- Alaskan Native
- American Native
- Asian
- More than 1 race
- Native Hawaiian or other Pacific Islander
- Unknown
- White

Language Barrier?: Yes No
Specify Primary Language: __________________________ Private Insurance? Yes No
Specify: __________________________ MA HealthChoice
Marital Status: Married Unmarried Unknown
Name of MO (If applicable): __________________________
Applied for MA? Specify Date: / / __________ Uninsured

Educational Level: __________________________
Highest grade completed: GED? Yes No
Transferred from other source of prenatal care? Yes No
If YES, date care began: ____/____/____
Other source of prenatal care: __________________________
LMP: ____/____/____ Initial EDC: ____/____/____

Psychosocial Risks: Check all that apply.
- Current pregnancy unintended
- Less than 1 year since last delivery
- Late registration (more than 20 weeks gestation)
- Disability (mental/physical/developmental), Specify __________________________
- History of abuse/violence within past 6 months
- Tobacco use, Amount __________________________
- Alcohol use, Amount __________________________
- Illegal substances within past 6 months
- Resides in home built prior to 1978, Rent Own
- Homelessness
- Lack of social/emotional support
- Exposure to long-term stress
- Lack of transportation
- Other psychosocial risk (specify in comments box)
- None of the above

Medical Risks: Check all that apply.
Current Medical Conditions of this Pregnancy:
  - Age ≤ 15
  - Age ≥ 45
  - BMI < 18.5 or BMI > 30
  - Hypertension (> 140/90)
  - Anemia (Hgb < 10 or Hct < 30)
  - Asthma
  - Sickle cell disease
  - Diabetes: Insulin dependent Yes No
  - Vaginal bleeding (after 12 weeks)
  - Genetic risk: specify __________________________
  - Sexually transmitted disease, Specify __________________________
  - Last dental visit over 1 year ago
  - Prescription drugs
  - History of depression/mental illness, Specify __________________________
  - Depression assessment completed? Yes No

Other medical risk (specify in comment box)
- None of the above

Comments on Psychosocial Risks:

Comments on Medical Risks:
Maryland Prenatal Risk Assessment Form Instructions

**Purpose of Form:** Identifies pregnant woman who may benefit from local health department Administrative Care Coordination (ACCU) services and serves as the referral mechanism. ACCU services complement medical care and may be provided by public health nurses and social workers through the local health departments. Services may include resource linkage, psychosocial/environmental assessment, reimbursement of the medical plan of care, and other related services.

**Form Instructions:** On the initial visit the provider/staff will complete the demographic and assessment sections for ALL pregnant women enrolled in Medicaid at registration and those applying for Medicaid.

- **NEW** - Enter both the provider and site/facility NPI numbers.
- Print clearly; use black pen for all sections.
- Press firmly to imprint.
- White-out previous entries on original completely to make corrections.
- If client does not have a social security number, indicate zeroes.
- Indicate the person completing the form.
- Review for completeness and accuracy.

**Faxing and Handling Instructions:**
- Do not fold, bend, or staple forms. ONLY PUNCH HOLES AT TOP OF FORM IF NECESSARY.
- Store forms in a dry area.
- Fax the MPRAF to the local health department in the client’s county of residence.
- To reorder forms call the local ACCU.

**Definitions (selected):** Data may come from self-report, medical records, provider observation or other sources.

<table>
<thead>
<tr>
<th>DEFINITIONS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use</td>
<td>Is a “risk-drinker” as determined by a screening tool such as MAST, CAGE, TACE or 4Ps.</td>
<td></td>
</tr>
<tr>
<td>Current history of abuse/violence</td>
<td>Includes physical, psychological abuse or violence within the client’s environment within the past six months.</td>
<td></td>
</tr>
<tr>
<td>Exposure to long-term stress</td>
<td>For example: partner-related, financial, safety, emotional.</td>
<td></td>
</tr>
<tr>
<td>Genetic risk</td>
<td>At risk for a genetic or hereditary condition.</td>
<td></td>
</tr>
<tr>
<td>Illegal substances</td>
<td>Used illegal substances within the past 6 months (e.g. cocaine, heroin, marijuana, PCP) or is taking methadone/buprenorphine.</td>
<td></td>
</tr>
<tr>
<td>Lack of social/emotional support</td>
<td>Absence of support from family/friends. Isolated.</td>
<td></td>
</tr>
<tr>
<td>Language barrier</td>
<td>In need of interpreter, e.g. Non-English speaking, auditory processing disability, deaf.</td>
<td></td>
</tr>
<tr>
<td>Oral Hygiene</td>
<td>Presence of dental caries, gingivitis, tooth loss.</td>
<td></td>
</tr>
<tr>
<td>Preterm live birth</td>
<td>History of preterm birth (prior to the 37th gestational week).</td>
<td></td>
</tr>
<tr>
<td>Prior LBW birth</td>
<td>Low birth weight birth (under 2,500 grams).</td>
<td></td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td>Documented by medical records.</td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td>Used any type of tobacco products within the past 6 months.</td>
<td></td>
</tr>
</tbody>
</table>

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**Client’s Local Health Department Addresses (rev 04/2015)**

**FAX to the ACCU in the jurisdiction where the client resides**

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany County ACCU 12501 Willowbrook Rd S.E. Cumberland, MD 21502</td>
<td>301-759-5094 Fax: 301-777-2401</td>
</tr>
<tr>
<td>Anne Arundel County ACCU 3 Harry S. Truman Parkway, HD #8 Annapolis, MD 21401</td>
<td>410-222-7541 Fax: 410-222-4150</td>
</tr>
<tr>
<td>Baltimore City ACCU HealthCare Access Maryland 201 E. Baltimore St, Ste. 1000 Baltimore, MD 21202</td>
<td>410-649-0526 Fax: 1-888-657-8712</td>
</tr>
<tr>
<td>Baltimore County ACCU 6401 York Rd., 3rd Floor Baltimore, MD 21212</td>
<td>410-887-8741 Fax: 410-828-8346</td>
</tr>
<tr>
<td>Calvert County ACCU 975 N. Solomon’s Island Rd, P.O. Box 980 Prince Frederick, MD 20678</td>
<td>410-535-5400 Fax: 410-535-1955</td>
</tr>
<tr>
<td>Caroline County ACCU 403 S. 7th St., P.O. Box 10 Denton, MD 21629</td>
<td>410-479-8023 Fax: 410-479-4871</td>
</tr>
<tr>
<td>Carroll County ACCU 290 S. Center Street Westminster, MD 21157</td>
<td>410-876-4941 Fax: 410-876-9599</td>
</tr>
<tr>
<td>Cecil County ACCU 401 Bow Street Elkton, MD 21921</td>
<td>410-996-5145 Fax: 410-996-0072</td>
</tr>
<tr>
<td>Charles County ACCU 4545 Crain Highway, P.O. Box 1050 White Plains, MD 20695</td>
<td>301-609-6803 Fax: 301-934-7048</td>
</tr>
<tr>
<td>Dorchester County ACCU 3 Cedar Street Cambridge, MD 21613</td>
<td>410-228-3223 Fax: 410-226-8976</td>
</tr>
<tr>
<td>Frederick County ACCU 350 Montevue Lane Frederick, MD 21702</td>
<td>301-600-3341 Fax: 301-600-3302</td>
</tr>
<tr>
<td>Garrett County ACCU 1025 Memorial Drive Oakland, MD 21530</td>
<td>301-334-7770 Fax: 301-334-7771</td>
</tr>
<tr>
<td>Harford County ACCU 120 Hays Street Bel Air, MD 21014</td>
<td>410-838-1500 Fax: 443-643-0344</td>
</tr>
<tr>
<td>Howard County ACCU 8930 Stanford Blvd. Columbia, MD 21045</td>
<td>410-313-7323 Fax: 410-313-5838</td>
</tr>
<tr>
<td>Kent County ACCU 125 S. Lynchburg Street Chestertown, MD 21620</td>
<td>410-778-7039 Fax: 410-778-7019</td>
</tr>
<tr>
<td>Montgomery County ACCU 1335 Piccard Drive, 2nd Floor Rockville, MD 20850</td>
<td>240-777-1635 Fax: 240-777-4645</td>
</tr>
<tr>
<td>Prince George’s County ACCU 9314 Piscataway Rd., Ste. 247B Clinton, MD 20735</td>
<td>301-856-9449 Fax: 301-856-9607</td>
</tr>
<tr>
<td>Queen Anne’s County ACCU 206 N. Commerce Street Centreville, MD 21617</td>
<td>443-262-4481 Fax: 443-262-9357</td>
</tr>
<tr>
<td>St Mary’s County ACCU 21580 Peabody St., P.O. Box 316 Leonardtown, MD 20650-0316</td>
<td>301-475-6772 Fax: 301-475-4350</td>
</tr>
<tr>
<td>Somerset County ACCU 7920 Crisfield Highway Westover, MD 21871</td>
<td>443-523-1740 Fax: 410-651-2572</td>
</tr>
<tr>
<td>Talbot County ACCU 100 S. Hanson Street Easton, MD 21601</td>
<td>410-819-5600 Fax: 410-819-5683</td>
</tr>
<tr>
<td>Washington County ACCU 1302 Pennsylvania Avenue Hagerstown, MD 21742</td>
<td>240-313-3229 Fax: 240-313-3222</td>
</tr>
<tr>
<td>Wicomico County ACCU 108 E. Main Street Salisbury, MD 21801</td>
<td>410-543-6942 Fax: 410-543-6568</td>
</tr>
<tr>
<td>Worcester County ACCU 9730 Healthway Dr. Berlin, MD 21811</td>
<td>410-629-0164 Fax: 410-629-0185</td>
</tr>
</tbody>
</table>
Enriched Maternity Services Record

Name: ___________________________ MA#: ________________
Date Risk Assessment Completed: ____________

I. Counseling Topics

| 1. Benefits and recommended schedule of prenatal care, preventive dental care; and safety measures; |
| 2. Normal changes and minor discomforts of pregnancy; |
| 3. Preterm labor education; |
| 4. Preparation for labor and deliver; |
| 5. Risks of using alcohol, tobacco, drugs (OTC & Rx), and illegal substance; |
| 6. Importance of postpartum care and family planning; |
| 7. Need for arranging pediatric care and use of infant care seat; |
| 8. Nutrition education to include:
  a. Relation of proper nutrition to a healthy pregnancy;
  b. Benefits of WIC; |
| c. Nutrition requirements during pregnancy and postpartum; |
| d. Appropriate weight gain during pregnancy; |
| e. Benefits of, and preparation for, breastfeeding; |

II. Care coordination and referral to support and specialty services.