Maryland Medicaid Program
OB/GYN Services

<u>Obstetrical Care</u>

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

<u>Self-referral Provisions and Continuity of Care</u>

- 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.**

CPT Code	Description
99201	Office visit, new patient, minimal
99202	Office visit, new patient, moderate
99203	Office visit, new patient, extended
99204	Office visit, new patient, comprehensive
99205	Office visit, new patient, complicated

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 <u>first prenatal visit;</u>
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/

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

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. 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. 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

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.qulitrac.com/home or call at 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.

MARYLAND PRENATAL RISK ASSESSMENT
REFER TO INSTRUCTIONS ON BACK BEFORE STARTING

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:____

_____ Home Phone #:_____-_____-_____ Cell Phone#: -_____-_

_____ Emergency Phone#:_____-_____-_____

SSN:_____-_____-_____ DOB:_____/____/_____ Emergency Contact:_____

Name/Relationship

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_____

Hispanic?   Yes   No
Marital Status:

        Married   Unmarried   Unknown

Educational Level

Highest grade completed: GED?   Yes   No

Payment Status (Mark all that apply):

___ Private Insurance, Specify:_____

___ MA/HealthChoice
MA #:_____

Name of MCO (if applicable):_____

___ Applied for MA Specify Date:_____/____/____

___ Uninsured

Transferred from other source of prenatal care ?   Yes   No

        If YES, date care began:_____/____/_____

Other source of prenatal care:_____   Trim

LMP:_____/____/_____   Initial EDC:_____/____/____   ____

Complete all that apply

_____ # Full-term live births
_____ # Pre-term live births
_____ # Prior LBW births
_____ # Spontaneous abortions
_____ # Therapeutic abortions
_____ # Ectopic pregnancies
_____ # Children now living

Check all that apply

_____ History of pre-term labor
_____ History of fetal death (> 20 weeks)
_____ History of infant death w/in 1 yr of age
_____ History of multiple gestation
_____ History of infertility treatment
_____ First pregnancy

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

COMMENTS ON PSYCHOSOCIAL RISKS:

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 MEDICAL RISKS:

Form Completed By:_____
Date Form Completed:_____/_____/_____
DHMH 4850   revised April 2015

9005

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, reinforcement 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.

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

Client's Local Health Department Addresses (rev 04/2015)
(FAX to the ACCU in the jurisdiction where the client resides)

Mailing Address	Phone Number
Allegany County ACCU 12501 Willowbrook Rd S.E. Cumberland, MD 21502	301-759-5094 Fax: 301-777-2401
Anne Arundel County ACCU 3 Harry S. Truman Parkway, HD #8 Annapolis, MD 21401	410-222-7541 Fax: 410-222-4150
Baltimore City ACCU HealthCare Access Maryland 201 E. Baltimore St, Ste. 1000 Baltimore, MD 21202	410-649-0526 Fax: 1-888-657-8712
Baltimore County ACCU 6401 York Rd., 3rd Floor Baltimore, MD 21212	410-887-8741 Fax: 410-828-8346
Calvert County ACCU 975 N. Solomon's Island Rd, P.O. Box 980 Prince Frederick, MD 20678	410-535-5400 Fax: 410-535-1955
Caroline County ACCU 403 S. 7th St., P.O. Box 10 Denton, MD 21629	410-479-8023 Fax: 410-479-4871
Carroll County ACCU 290 S. Center Street Westminster, MD 21157	410-876-4941 Fax: 410-876-4959
Cecil County ACCU 401 Bow Street Elkton, MD 21921	410-996-5145 Fax: 410-996-0072
Charles County ACCU 4545 Crain Highway, P.O. Box 1050 White Plains, MD 20695	301-609-6803 Fax: 301-934-7048
Dorchester County ACCU 3 Cedar Street Cambridge, MD 21613	410-228-3223 Fax: 410-228-8976
Frederick County ACCU 350 Montevue Lane Frederick, MD 21702	301-600-3341 Fax: 301-600-3302
Garrett County ACCU 1025 Memorial Drive Oakland, MD 21550	301-334-7770 Fax: 301-334-7771
Harford County ACCU 120 Hays Street Bel Air, MD 21014	410-838-1500 Fax: 443-643-0344
Howard County ACCU 8930 Stanford Blvd. Columbia, MD 21045	410-313-7323 Fax: 410-313-5838
Kent County ACCU 125 S. Lynchburg Street Chestertown, MD 21620	410-778-7039 Fax: 410-778-7019
Montgomery County ACCU 1335 Piccard Drive, 2nd Floor Rockville, MD 20850	240-777-1635 Fax: 240-777-4645
Prince George's County ACCU 9314 Piscataway Rd., Ste. 247B Clinton, MD 20735	301-856-9449 Fax: 301-856-9607
Queen Anne's County ACCU 206 N. Commerce Street Centreville, MD 21617	443-262-4481 Fax: 443-262-9357
St Mary's County ACCU 21580 Peabody St., P.O. Box 316 Leonardtown, MD 20650-0316	301-475-6772 Fax: 301-475-4350
Somerset County ACCU 7920 Crisfield Highway Westover, MD 21871	443-523-1740 Fax: 410-651-2572
Talbot County ACCU 100 S. Hanson Street Easton, MD 21601	410-819-5600 Fax: 410-819-5683
Washington County ACCU 1302 Pennsylvania Avenue Hagerstown, MD 21742	240-313-3229 Fax: 240-313-3222
Wicomico County ACCU 108 E. Main Street Salisbury, MD 21801	410-543-6942 Fax: 410-543-6568
Worcester County ACCU 9730 Healthway Dr. Berlin, MD 21811	410-629-0164 Fax: 410-629-0185

Enriched Maternity Services Record

Name: _____   **MA#:** _____

Date Risk Assessment Completed: _____

I. Counseling Topics   Dates & Initials of Provider

Counseling Topic					
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.