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:

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:

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.

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.

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
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.dhmh.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.dhmh.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.dhmh.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.dhmh.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 or call at 888-276-7075.

For questions regarding Medicaid’s women’s reproductive health services, contact the Division of Community Liaison and Care Coordination at 410-767-6750.
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: __________________________

Race: __________________________ Language Barrier? Yes No Payment Status (Mark all that apply):
- African-American or Black Specify Primary Language __________________________
- Alaskan Native American Native Hispanic? Yes No MA/HealthChoice
- Native Hawaiian or other Pacific Islander Yes No
- Unknown White

Marital Status: __________________________ Name of MCO (if applicable):
- Married
- Unmarried

Educational Level __________________________ Name/Relationship __________________________
- High school completed: Yes No
- Applied for MA Specify Date: __/__/____
- GED? Yes No

Transferred from other source of prenatal care? Yes No Complete all that apply
- 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)

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)
- Other medical risk (specify in comment box)

Comments on Psychosocial Risks:

Comments on Medical Risks:

Form Completed By: __________________________
Date Form Completed: __/__/____
DHMH 4850 revised April 2015

DO NOT WRITE IN THIS SPACE 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.

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Alcohol use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is a “risk-drinker” as determined by a screening tool such as MAST, CAGE, TACE OR 4Ps</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Current history of abuse/violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Includes physical, psychological abuse or violence within the client’s environment within the past six months</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Definitions</th>
<th>Exposure to long-term stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For example: partner-related, financial, safety, emotional</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Definitions</th>
<th>Genetic risk</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>At risk for a genetic or hereditary condition</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Definitions</th>
<th>Illegal substances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Used illegal substances within the past 6 months (e.g. cocaine, heroin, marijuana, PCP) or is taking methadone/buprenorphine</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Definitions</th>
<th>Lack of social/emotional support</th>
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<tbody>
<tr>
<td></td>
<td>Absence of support from family/friends. Isolated</td>
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<thead>
<tr>
<th>Definitions</th>
<th>Language barrier</th>
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<tbody>
<tr>
<td></td>
<td>In need of interpreter, e.g. Non-English speaking, auditory processing disability, deaf</td>
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<thead>
<tr>
<th>Definitions</th>
<th>Oral Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Presence of dental caries, gingivitis, tooth loss</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Preterm live birth</th>
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<tbody>
<tr>
<td></td>
<td>History of preterm birth (prior to the 37th gestational week)</td>
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<table>
<thead>
<tr>
<th>Definitions</th>
<th>Prior LBW birth</th>
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<tbody>
<tr>
<td></td>
<td>Low birth weight birth (under 2,500 grams)</td>
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<table>
<thead>
<tr>
<th>Definitions</th>
<th>Sickle cell disease</th>
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<tbody>
<tr>
<td></td>
<td>Documented by medical records</td>
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<table>
<thead>
<tr>
<th>Definitions</th>
<th>Tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Used any type of tobacco products within the past 6 months</td>
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</table>
### I. Counseling Topics

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

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