Maternity Health Services Specialty Training

Health First Colorado
(Colorado's Medicaid Program)

Training Overview

General Information

Billing & Payment

Resources

Obstetrical Care

Pregnant women under age 21 are also eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, including dental, vision care and health checkups.

- Women in the maternity cycle are exempt from co-payment.
  - Provider must mark co-payment indicator on the electronic format or on the paper claim form.
- Undocumented women are eligible for emergency services only.
  - Labor and delivery are considered emergency services.
  - Sterilization procedures are NOT considered an emergency.

Obstetrical Care
Procedural coding

Non-global Care

- Unusual circumstances
- Conditions which are unrelated to the pregnancy or delivery
- Complications of pregnancy
- Certain adjunctive services
- Medical/Surgical services unrelated to the pregnancy
- Depression screens for pregnant and postpartum women

Global Care

- Affiliated providers should bill medical care provided during pregnancy, antepartum, labor and delivery and postpartum period using the global OB codes
- Global codes should be billed once all services are provided
- Utilize the delivery date as “date of service” for global/bundled service code billing

Obstetrical Care Separate Procedures

These services should be billed in addition to global obstetrical care charges:

- Prenatal testing
- Testing, including ultrasound
- Clinical laboratory testing
- Adjunctive services
- Initial antepartum visit
- Conditions requiring additional treatment
- Case management
- Medical or surgical complications
- Anesthesia
- Epidural anesthesia
- Assistant surgeon at cesarean delivery
- Family planning
- Surgical sterilization
- Newborn care in the hospital
- Examination & evaluation of healthy newborn
- Newborn resuscitation or care of high-risk newborn

Obtaining Infant's Health First Colorado ID Card

- For the county to enroll a newborn, notify the county Department of Human/Social Services of the following:
  - Infant's full legal name
  - Birth date
  - Gender
  - Mother's State ID

- Anyone can report the birth of a newborn
  - This can be done online at the Add-a-Baby web page
    - Local Healthy Communities Outreach Coordinators can also assist with this process

Ultrasound Restrictions

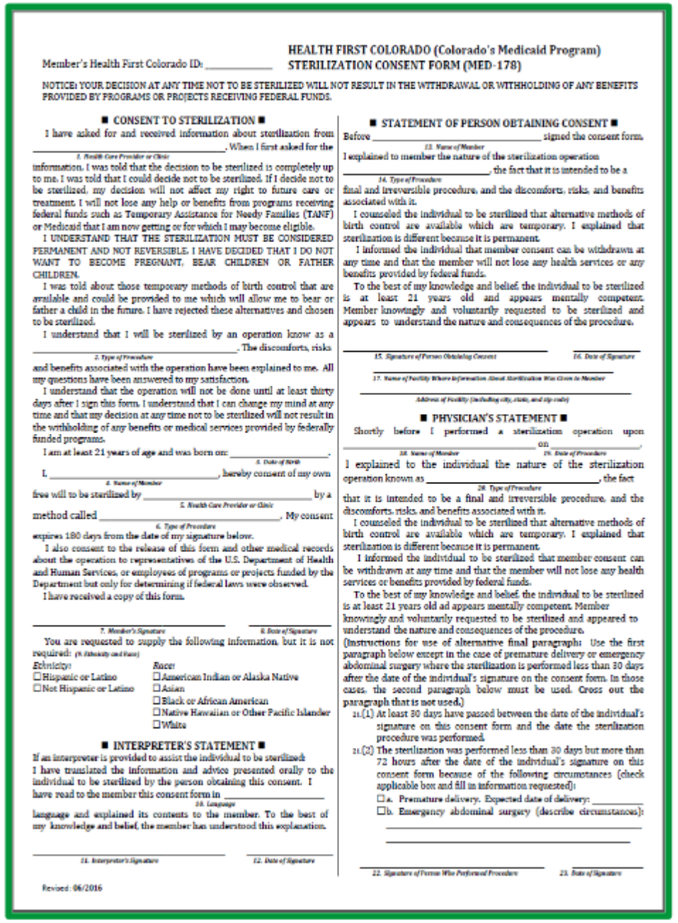
- Limited to two (2) per low-risk or uncomplicated pregnancy
- Billed as separate CPT codes

Sterilizations

- Must be billed electronically through the web portal
- Claims should include the appropriate family planning diagnostic code and the modifier FP.
- All providers billing for services associated with a sterilization procedure must include the MED-178 Sterilization Consent form or a copy of the form.
  - The form can be found at the Provider Forms web page.
- Member must:
  - Be at least 21 years of age
  - Be mentally competent
  - Give informed consent
- At least 30 days, but not more than 180 days, must pass between the date MED-178 was signed by the member and the date of the sterilization procedure (except in specific circumstances of preterm delivery or emergency abdominal surgery).

Sterilizations

The sterilization form can be found at the Provider Forms web page.



HEALTH FIRST COLORADO (Colorado's Medicaid Program)
STERILIZATION CONSENT FORM (MED-178)

Member's Health First Colorado ID: _____

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ (1. Health Care Provider or Clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving federal funds such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation know as a _____ (2. Type of Procedure). The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____ (3. Date of Birth).

I, _____ (4. Name of Member), hereby consent of my own free will to be sterilized by _____ (5. Health Care Provider or Clinic) by a method called _____ (6. Type of Procedure). My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to representatives of the U.S. Department of Health and Human Services, or employees of programs or projects funded by the Department but only for determining if federal laws were observed.

I have received a copy of this form.

_____ (7. Member's Signature) _____ (8. Date of Signature)

You are requested to supply the following information, but it is not required: (9. Ethnicity and Race)

Ethnicity:
☐Hispanic or Latino
☐Not Hispanic or Latino

Race:
☐American Indian or Alaska Native
☐Asian
☐Black or African American
☐Native Hawaiian or Other Pacific Islander
☐White

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:
I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have read to the member this consent form in _____ (10. Language) language and explained its contents to the member. To the best of my knowledge and belief, the member has understood this explanation.

_____ (11. Interpreter's Signature) _____ (12. Date of Signature)

Revised: 06/2016

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ (13. Name of Member) signed the consent form, I explained to member the nature of the sterilization operation _____ (14. Type of Procedure), the fact that it is intended to be a final and irreversible procedure, and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual that member consent can be withdrawn at any time and that the member will not lose any health services or any benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. Member knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

_____ (15. Signature of Person Obtaining Consent) _____ (16. Date of Signature)

_____ (17. Name of Facility Where Information About Sterilization Was Given to Member)

_____ (Address of Facility (including city, state, and zip code))

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ (18. Name of Member) on _____ (19. Date of Procedure), I explained to the individual the nature of the sterilization operation known as _____ (20. Type of Procedure), the fact that it is intended to be a final and irreversible procedure, and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that member consent can be withdrawn at any time and that the member will not lose any health services or benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old ad appears mentally competent. Member knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph that is not used.)

21.(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization procedure was performed.

21.(2) The sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

☐a. Premature delivery. Expected date of delivery: _____

☐b. Emergency abdominal surgery (describe circumstances):

_____

_____ (22. Signature of Person Who Performed Procedure) _____ (23. Date of Signature)

Billing and Payment
Common Billing Issues for Obstetrics

- The most common claim denial reason is **Edit 0260 – The OB services are billed incorrectly**. This denial occurs when…
  - the same group of affiliated billing providers bill separately for: antepartum, labor & delivery or postpartum care services, instead of billing global code, and/or
  - the same group of affiliated billing providers bill for antepartum + global care

- There are many codes for billing OB services.
  - ➢ Choose the most accurate and complete global OB code and other procedure codes and modifier for your service.

- Remember, the same billing providers cannot bill for both global care, antepartum, and/or postpartum care.

Billing and Payment
Common Billing Issues for Sterilizations

- The most common claim denial reason occurs when…
  - The provider uses an old version of the Med-178 (2004) form.
  - The form is missing the member's signature.
  - The type of operation entered in Consent differs from that in the Physician's Statement.
  - There is an incomplete facility address.
    - The zip code is not included.
  - The operation was performed less than 30 days, or more than 180 days from, the signature date.

Billing for Twins

- To avoid claim denials and National Correct Coding Initiative (NCCI) edits involving the delivery of multiple infants, additional information is required.

- To bill for a cesarean or vaginal delivery of multiple infants, follow these guidelines:
  - Use appropriate diagnostic code describing the pregnancy, gestational history and outcome of delivery.
  - Use appropriate current procedural technology (CPT) codes, modifiers and unit values as set forth on the following slide.
  - When billing for multiples via Cesarean, it should be on a single claim line indicating a single Cesarean delivery which includes all infants.

Billing for Twins (continued)

- For Cesarean Deliveries:
  - Bill one (1) CPT code and one (1) unit for the complete cesarean delivery.
  - Whether a procedure is a global delivery (59510-59618), delivery only (59514-59620), or delivery including post-partum care (59515-59622), only one cesarean procedure (with one incision) is being performed and should be reported.
  - Use the most accurate procedure code that describes the antenatal care, delivery history, current delivery type and any postnatal care provided.

Billing for Twins (continued)

- For Vaginal Deliveries:
  - Bill vaginal deliveries for multiples using the guidelines below:
    - For the first infant (Baby A) use the most accurate procedure code that describes the antenatal care, delivery history, current delivery type and any postnatal care provided for the current pregnancy
    - Bill only one (1) unit of service for Baby A
    - For an additional infant (Baby B):
  - Use one (1) “delivery only” code: 59409-59612.
  - Choose the code associated with the same delivery history and type used for Baby A.
  - Include modifier ‘22’ in the first position for Baby B.
  - Each infant should be listed on a separate line.
- Use the delivery date as the date of service
- If identical codes are needed for billing both Baby A and Baby B, submit a paper claim and proper documentation to support use of identical/duplicate codes

Please refer to the Obstetrical Care Billing Manual for more delivery scenarios.

Billing Newborn Services

- Services for the mother and baby must be billed on separate claims under the identification number of each client per 10 CCR 2505-10 8.300.3.A.

- If the mother is discharged and unless identified as medically necessary, charges for a newborn remaining in the hospital are not a benefit (e.g., placement).

Benefit and Billing Information

For more detailed benefit and billing information, refer to:

- https://hcpf.Colorado.gov/Billing-Manuals

Billing Manuals → CMS 1500 → Obstetrical Care

Resources

Provider Contacts web page
https://hcpf.colorado.gov/provider-help
- Provider Services Call Center

Training web page

https://hcpf.colorado.gov/provider-training

Billing Manuals web page

https://hcpf.colorado.gov/billing-manuals
- Obstetrical Care Billing Manual
- Appendix R (for a detailed list of Explanation of Benefits (EOB) codes)
- General Provider Billing Manual

Resources

Quick Guides web page

https://hcpf.colorado.gov/interchange-resources

Telemedicine during COVID-19 web page

https://hcpf.colorado.gov/provider-telemedicine

Thank you!