Billing Guidelines for Obstetrical Services and PCO Responsibilities

Providing obstetrical services to UnitedHealthcare Community Plan members and your patients is a collaborative effort. Complying with these billing guidelines will improve the efficiency and accuracy of claims processing as well as provide UnitedHealthcare Community Plan the necessary information for monitoring quality performance measures for timely prenatal and postpartum care.

Referrals, Direct Assignment and Prior Authorization

A referral from a member’s PCP to a PCO is not required for initiation of obstetrical services. A UnitedHealthcare Community Plan pregnant member may be directly assigned to an in network PCO or Certified Midwife. Either the member or PCO may call Healthy First Steps (HFS) at 800-599-5985 and request a direct assignment. The preferred method is to fax an ACOG form (pregnancy notification) to HFS at 877-353-6913. Within 48 hrs of receipt, HFS will directly assign the member to the provider listed on the ACOG form. Direct assignment can be verified by checking your provider roster of assigned members. Prior authorization is not required for OB Global billing for in network providers.

Billing and Claims Guidelines for Obstetrical (OB) Services

The following guidelines must be followed when submitting OB service claims to UnitedHealthcare Community Plan or there is an increased likelihood that the claim will be denied and/or adjusted by UnitedHealthcare Community Plan.

- **OB Global (Bundled) Delivery Codes (59400, 59510, 59610 and 59618)**
  - The Global OB service code includes payment for all prenatal visits, medically necessary medical services, the delivery and the postpartum visit.
  - Providers must bill the Global OB Code, if the member is seen 4 (four) or more times, prior to delivery for prenatal care and the provider performs the delivery.
  - The beginning Date of Service is equal to the initial prenatal visit and the ending Date of Service is equal to the last prenatal visit prior to delivery.
  - Providers must submit the appropriate service codes as itemized services when utilizing the Global Delivery Codes.
  - Bill Delivery Code 59400, 59510, 59610 or 59618 with date of delivery AND
  - Use the OB service code 59425, for 4 (four) or 6 (six) prenatal visits, and bill with the number of units OR
- Use the OB service code 59426, for 7 (seven) or more prenatal visits and bill with the number of units.

- Use OB service code 59430 for the postpartum visit.

- Providers who submit the OB Global, after delivery, but prior to the postpartum visit, should not include the postpartum service code at the time of submission. In this instance, the provider should submit a separate claim with the postpartum service code (59430) after the postpartum visit has occurred with the date of service.

- There will be no additional compensation for the itemized OB service codes submitted along with the Global Delivery Code, as their value is already included in the Global Code.

  - Please do not enter “0” (zero) in the charge column for these services as an “error code” may generate that could affect payment.

  - It is recommended that a charge of “$1.00” be entered to avoid the “error code” during claims processing.

- Providers in group practices may not unbundle the global delivery code when a recipient receives OB services from more than one provider in the group and delivery is performed by a provider in the same group.

- When billing delivery services for twin births, the provider should bill only one global obstetric care code and one code for delivery only with a -51 modifier.

- UnitedHealthcare Community Plan does not currently restrict, via the Global OB service code, the volume/type of ultrasounds performed per pregnancy. However, UnitedHealthcare Community Plan considers the current community standard of care regarding ultrasound use in typical pregnancy to be as follows:

  - One (1) Nuchal Translucency ultrasound (CPT 76813: ultrasound pregnant uterus first trimester fetal nuchal translucency measurement single or first gestation / CPT 76814 for each additional gestation) performed between 11 and 13 weeks gestation by certified providers. This first trimester scan includes an assessment of fetal viability, crown rump measurement for dating, and measurement of nuchal fold thickness.

  - One (1) limited, anatomic ultrasound (CPT 76805: ultrasound pregnant uterus fetal and maternal evaluation after first trimester single or first gestation / CPT 76810 for each additional gestation). *ACOG recommends that this imaging study be performed at 18-20 weeks gestation.

UnitedHealthcare Community Plan does monitor for utilization patterns and may conduct retrospective medical necessity reviews.
UnitedHealthcare Community Plan

- UnitedHealthcare Community Plan reserves the right for medical necessity, post payment review, for all services, including ultrasounds.

• Unbundled OB Service Codes

- If a provider provides prenatal services, but does not perform the delivery, the provider must bill for the appropriate prenatal services only:

  - The beginning Date of Service is equal to the initial prenatal visit and the ending Date of Service is equal to the last prenatal visit prior to delivery.

    ▪ Use CPT Evaluation and Management (E/M) codes 99201-99215, when 3 or less prenatal visits are performed, and bill with 1-3 units.

    ▪ Use OB service code 59425, when 4-6 prenatal visits are performed, and bill with the number of units.

    ▪ Use OB Service Code 59426, when 7 or more prenatal visits are performed, and bill with the number of units.

- A provider should bill the OB service code 59409 for delivery only.

- A provider should bill the OB service code 59430 for postpartum care only.

- If a recipient’s care is provided by a Certified Nurse Midwife (CNM) who refers the recipient to a physician outside the group or practice for consultation, then the physician may bill for the consult visit.

  ▪ If the CNM refers the recipient to the physician outside the group or practice for ongoing OB care, then that physician may bill for the individual visits, plus the delivery unless the requirements related to billing the global OB package are not met.

  ▪ The CNM who referred the recipient may bill for the visits that occurred prior to referring the patient to the physician outside the group or practice for ongoing OB care.

  ▪ The CNM may not bill for the delivery or global OB code, if the delivery is billed by another provider.

- When billing delivery services for twin births, the provider should bill only one global obstetric care code and one code for delivery only with a -51 modifier.
Prior Period Coverage PPC

- When billing a claim for a member that has Prior Period Coverage (PPC), actively enrolled with AHCCCS but not enrolled in UnitedHealthcare Community Plan on the date of service, bill the first date of service that the member is active with AHCCCS for the prenatal visits, if that UnitedHealthcare Community Plan eligibility date is after the actual service date.
  
  - Example:
    
    - 5/12 Member applies at DES
    - 5/21 Member sees physician for OB prenatal care
    - 6/18 DES approves application and submits to AHCCCS
    - 6/19 AHCCCS posts eligibility effective 5/1, enrolled with UnitedHealthcare Community Plan
      
      o Bill prenatal visits for 5/21, when the member is AHCCCS eligible on 5/1, and the member is eligible with UnitedHealthcare Community Plan 6/19.

Timely Filing

- For participating providers, UnitedHealthcare Community Plan will allow **210 days** for timely filing of E&M services, for those patients who do not deliver with the health care provider providing services during the global period, where an E&M claim needs to be billed.
Primary Care Obstetricians (PCO) Responsibilities

Appointment Access and Availability

- Scheduling medically necessary care appointments for enrolled pregnant members to obtain initial and ongoing prenatal care within the following time frames:
  - First trimester - within fourteen (14) days of a request for an appointment
  - Second trimester - within seven (7) days of a request for an appointment
  - Third trimester - within three (3) days of a request for an appointment

- Prenatal care for high-risk members shall be initiated within three (3) working days of identification of the member as high risk or immediately if an emergency exists.

- Coordinating the provision of covered services to members by: (1) counseling members and their families regarding members' medical care needs, including family planning and advance directives; (2) initiating medically necessary referrals for specific covered services to contracted health care practitioners or providers; and (3) monitoring progress, care, and managing utilization of services to facilitate the return of care to the PCP within sixty (60) days after delivery.

- Scheduling time-specific office visits during an uncomplicated pregnancy based upon the following recommended standards from the American College of Obstetrics and Gynecology (ACOG):
  - Every four (4) weeks for the first twenty-eight (28) weeks of pregnancy
  - Every two (2) - three (3) weeks until thirty-six (36) weeks of gestation
  - Weekly after 36 weeks

- Maintaining responsibility for care until the first day of the first month following the 60th day after delivery with a minimum of one (1) postpartum visit at approximately six (6) weeks postpartum. Patients at high risk shall have a return visit scheduled appropriate to their individual need.

- Adhering to reproductive health and wellness guidelines contained within UnitedHealthcare Community Plan Policies and Procedures, such as screening members for Postpartum Depression and referring them to the appropriate behavioral health providers for services and sharing information about lifestyle habits that promote healthy pregnancies, including spacing of births, HIV testing and smoking cessation.

- Cooperating with Healthy First Steps, UnitedHealthcare Community Plan’s Maternity Unit and/or other perinatal support programs that may be authorized by UnitedHealthcare Community Plan.
PCO Checklist

Please take the following steps when providing services to UnitedHealthcare Community Plan members:

✓ Check PCO member roster, IVR, MediFAX, Provider Portal, or call the UnitedHealthcare Community Plan Provider Service Center at 1-800-445-1638 to verify eligibility.

✓ Call Healthy First Steps at 1-800-599-5985 for a direct assignment, if the member is not on your roster

✓ Verify member identity with photo identification.

✓ Collect a co-payment from the member for services rendered in the PCP office if a co-payment is appropriate. (DD/ALTCS members do not pay co-payments for services as indicated on their ID card unless they have primary insurance.)

✓ Refer to UnitedHealthcare Community Plan contracted specialists unless otherwise authorized by UnitedHealthcare Community Plan.

✓ Identify and appropriately bill other insurance carriers, including Medicare.

✓ Bill all services provided to a UnitedHealthcare Community Plan member either electronically or on a CMS 1500 paper form.

✓ Document immunization services in the Arizona State Immunization Information System (ASIIS).

Primary Care Obstetrician Referrals and ACOG Assessment Forms

If a member’s pregnancy is confirmed by a PCP, then the PCP is encouraged to refer the pregnant member to a Primary Care Obstetrician (PCO).

A pregnant member may call Healthy First Steps at 800-599-5985 for assignment to a PCO. If a member’s pregnancy is confirmed by a PCO, then the PCO is must initiate a PCO direct assignment by either calling Healthy First Steps at 800-599-5985 or by faxing pregnancy notification via the standard ACOG assessment form (page 1 and 2) or any OB clinical assessment with similar assessment standards to HFS at 877-353-6913 immediately after the initial OB visit. Faxing is the most efficient and preferred method of direct assignment.

Providers participating in UnitedHealthcare Community Plan’s OB Provider Appreciation program are reimbursed for timely receipt of ACOG forms and initial prenatal visits. If you are interested in participating in the Provider Appreciation Program, please contact your provider representative.