

## Billing Guidelines for Obstetrical Services and Primary Care Obstetrician Responsibilities

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

### Billing Guidelines

Referrals, Direct Assignment and Prior Authorization Requests:	
<b>Referrals</b>	Not required from a member’s primary care physician (PCP) to a primary care obstetrician (PCO) for initiation of obstetrical services
<b>Direct Assignment</b>	<p>Your patients who are UnitedHealthcare Community Plan members may be directly assigned to an in-network PCO or Certified Midwife using any of these methods:</p> <ul style="list-style-type: none"> <li>○ <b><i>Preferred method:</i></b> Faxing an ACOG form (pregnancy notification) to Healthy First Steps (HFS) at 877-353-6913. Within 48 hours of receipt, HFS will directly assign the member to the provider listed on the ACOG form.</li> <li>○ Member or PCO phone call request to HFS at <b>800-599-5985</b></li> <li>○ Direct assignment can be verified by checking your provider roster of assigned members.</li> </ul>
<b>Prior Authorization Request</b>	Not required for Global Obstetrical (OB) billing for in-network providers

### OB Services Billing and Claims

To reduce the likelihood of denied and/or adjusted claims, follow the Bundled and Unbundled guidelines when submitting OB service claims to UnitedHealthcare Community Plan:

Global OB (Bundled) Delivery Codes (59400, 59510, 59610 and 59618):
<ul style="list-style-type: none"> <li>• Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) cannot submit Global/Bundled charges for services that occurred on/after the April 1, 2015 Prospective Payment System (PPS) rate changes. Please refer to the Unbundled OB Service Codes section.</li> <li>• Global OB service code includes payment for all prenatal visits, medically necessary medical services, the delivery and the postpartum visit.</li> <li>• Bill the Global OB Delivery Codes if the member is seen four or more times, prior to delivery for prenatal care and the provider performs the delivery</li> </ul>

**Global OB (Bundled) Delivery Codes (59400, 59510, 59610 and 59618):**

- 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.
- Submit the appropriate service codes as itemized services when using Global OB Delivery Codes:

<ul style="list-style-type: none"><li>○ Bill Delivery Code 59400, 59510, 59610 or 59618 with date of delivery <b>including ONE</b> of these options:</li></ul>	<ul style="list-style-type: none"><li>➤ Use the OB service code 59425, for four or six prenatal visits, and bill with the number of units.</li><li>➤ Use the OB service code 59426, for seven or more prenatal visits and bill with the number of units</li><li>➤ CPT Evaluation and Management (E/M) codes 99201-99205, 99211-99215, 99241-99245, or 99500-99501 with corresponding dates of service. (E/M services can be submitted with date span and appropriate number of units)</li></ul>
--	---

<b>AND</b>	
<ul style="list-style-type: none"><li>○ Bill Postpartum visit 59430</li></ul>	

- For Global OB Delivery Codes submitted **after** delivery, but **prior** to the postpartum visit:
  - Submit a separate claim with the postpartum service code (59430) after the postpartum visit has occurred with the date of service.
  - **Do not** include the postpartum service code at the time of submission, but submit after the visit has occurred with the appropriate date of service.
- There is no additional compensation for itemized OB service codes submitted with the Global OB Delivery Code, as their value is already included in the Global Code. To avoid an “error code” during claims processing and payment impact:
  - Enter a charge of “\$1.00”
  - **Do not** enter “0” in the charge column as an ‘error code’ may generate that could affect payment
- 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 does take into consideration the medical necessity and current community standard of care regarding obstetrical ultrasounds. Please take time to review the Obstetrical Ultrasound Policy posted in the Reimbursement Policy section of UHCCommunityPlan.com
- UnitedHealthcare Community Plan reserves the right to review claims for medical necessity and post payment review, for all services, including ultrasounds

## Global OB (Bundled) Delivery Codes (59400, 59510, 59610 and 59618):

### Unbundled OB Service Codes:

A provider performing prenatal services, **but not delivery**, must only bill using prenatal service codes.

- The unbundled method also applies to FQHC/RHC billing according to the PPS Rate change effective April 1, 2015.
- 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.
- Submit the appropriate service codes as itemized services when using **Unbundled OB Service Codes**:
  - Use CPT E/M codes 99201-99215, 99241-99245, 99500-99501 with corresponding units **OR**
  - OB service code 59425 (when 4-6 prenatal visits are performed) and bill with the number of units **OR**
  - OB Service Code 59426 (when 7seven or more prenatal visits are performed) and bill with the number of units
  - Providers must only bill the OB service code 59409 for delivery
  - Provider must only bill the OB service code 59430 for postpartum care
  - Physicians may bill for patient consultations referred outside of the group or practice by a Certified Nurse Midwife (CNM):
    - If the CNM referred the patient to the physician outside the group or practice for ongoing OB care, then that physician may bill for the individual visits plus the delivery if the requirements related to billing the Global OB bundled package are 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.
  - FQHC/RHC billing under provider types C2 or 29 must submit T1015 per the Arizona Health Care Cost Containment System (AHCCCS) PPS Rate guidelines for all claims with dates of service (DOS) on/after April 1, 2015.
  - FQHC/RHC Services submitted in place of service (POS) not included in the PPS Rate per AHCCCS guidelines should not be submitted with T1015 and billed under the individual provider type other than types C2 and 29 per AHCCCS PPS Rate guidelines effective April 1, 2015.
  - 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 Prior Period Coverage (PPC)

For patients with 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. For example:

Pertinent Dates	PPC Billing Instruction
<ul style="list-style-type: none"> <li>• May 12: Member applies at Department of Economic Security (DES)</li> <li>• May 21: Member sees physician for OB prenatal care</li> <li>• June 18: DES approves application and submits to AHCCCS</li> <li>• June 19: AHCCCS posts eligibility effective May 1, enrolled with UnitedHealthcare Community Plan</li> </ul>	<p>Bill prenatal visits for <u>May 21</u> because member is:</p> <ul style="list-style-type: none"> <li>• AHCCCS eligible on May 1</li> <li>• UnitedHealthcare Community Plan eligible on June 19</li> </ul>

## Primary Care Obstetrician (PCO) Responsibilities

### Appointment Access and Availability:

<b>Medically Necessary Care</b> - Schedule appointments for enrolled pregnant members to obtain initial and ongoing prenatal care within the following timeframes:	
First trimester	within 14 days of a request for an appointment
Second trimester	within seven days of a request for an appointment
Third trimester	within three days of a request for an appointment

<b>Prenatal Care for High-Risk Members:</b>
Must be initiated within three working days of member identification as high risk or immediately if an emergency exists.

<b>Coordinate Provision of Covered Services to Members:</b>
<ol style="list-style-type: none"> <li>1. Counsel members and their families on members' medical care needs, including family planning and advance directives.</li> <li>2. Initiate medically necessary referrals for specific covered services to contracted health care practitioners or providers; and</li> <li>3. Monitor progress, care, and manage utilization of services to facilitate the return of care to the PCP within 60 days after delivery.</li> </ol>

<b>Schedule time-specific office visits for uncomplicated pregnancies using ACOG standards:</b>
<ul style="list-style-type: none"> <li>• Every four weeks for the first 28 weeks of pregnancy</li> <li>• Every two to three weeks until 36 weeks of gestation</li> <li>• Weekly after 36 weeks</li> </ul>

**Maintain responsibility for care:**

- Until the first day of the first month following the 60th day after delivery
  - Minimum of one postpartum visit at approximately six weeks postpartum
- High risk patients must be scheduled for return visits as needed

**Follow UnitedHealthcare Community Plan Policies and Procedures guidelines for reproductive health and wellness:**

- Screen members for postpartum depression and refer them for behavioral health services
- Share lifestyle habit information that promotes healthy pregnancies.
  - Spacing of births
  - HIV testing
  - Smoking cessation

**Participate with Perinatal Support Programs:**

- Healthy First Steps
- UnitedHealthcare Community Plan's Maternity Unit
- Other authorized UnitedHealthcare Community Plan perinatal support programs

**PCO Checklist**

Follow these steps when providing services to UnitedHealthcare Community Plan members:

- ✓ Check PCO member roster, Interactive Voice Response (IVR), MediFAX, Provider Portal, or call the UnitedHealthcare Community Plan Provider Service Center at 800-445-1638 to verify eligibility.
- ✓ Call Healthy First Steps at 800-599-5985 for a direct assignment if member not on roster
- ✓ Verify member identity with photo identification.
- ✓ Collect copayment, if appropriate, from member for services rendered in the PCP office
  - Developmentally Disabled (DD)/ Arizona Long Term Care System (ALTCS) members do not pay copayments for services unless they have primary insurance
  - See member ID card
- ✓ Refer UnitedHealthcare Community Plan members to contracted specialists unless otherwise authorized.
- ✓ Identify and appropriately bill other insurance carriers, including Medicare.
- ✓ Bill all services provided to UnitedHealthcare Community Plan members either electronically or on a paper CMS 1500 form.
- ✓ Document immunization services in the Arizona State Immunization Information System (ASIIS).

## PCO Referrals and ACOG Assessment Forms

PCP's are encouraged to refer pregnant UnitedHealthcare Community Plan members to a 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 must initiate a PCO direct assignment immediately after the initial OB visit to notify Healthy First Steps by phone or fax at:

<b>Phone</b>	Healthy First Steps at 800-599-5985
<b>OR</b>	
<b>Fax</b>	Healthy First Steps at 877-353-6913  Pregnancy notification form options are: <ul style="list-style-type: none"><li>• Standard ACOG assessment form (pages 1 and 2)</li><li>• Any similar OB clinical standards assessment</li></ul> <b>*Faxing is preferred for efficient direct assignment</b>

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 or have questions, you may contact Provider Services at 800-445-1638.