

MO HealthNet Managed Care
(Medicaid)



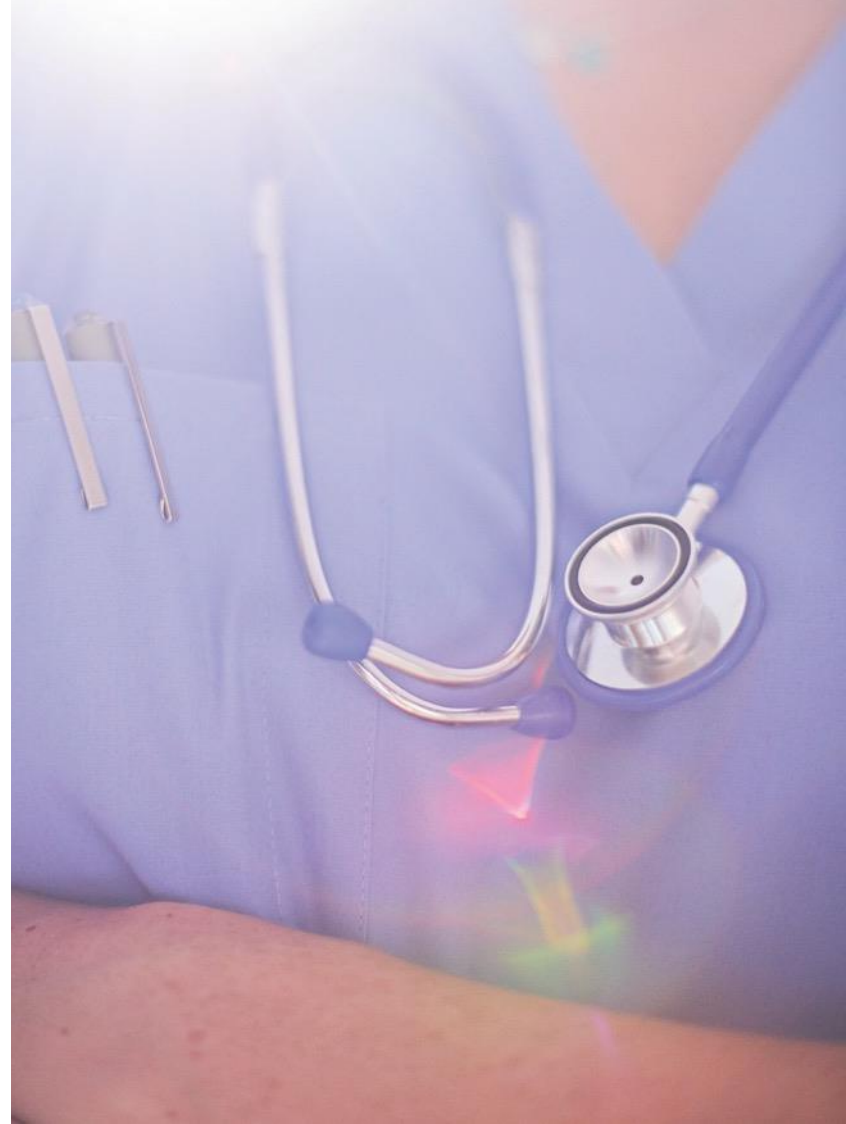
Healthy Blue

OB billing and maternity guide

Obstetric practice consultant

The Obstetric (OB) practice consultant is a dedicated registered nurse (RN) with maternal-child expertise who will be serving as your clinical go-to for questions or concerns. Their role will be to offer continued education/support to OB providers regarding programs including My Advocate[®], Healthy Rewards, and Care Management services.

Topics include postpartum visit scheduling, timeliness of prenatal care, safe prevention of primary C-sections, and other OB-related topics.



Obstetric practice consultant contact

The OB Practice Consultants, Kate Burbridge and Sarah Burch, will be reaching out to offer additional education/support and to answer any questions you may have. Their team email box is MissouriOBPC@healthybluemo.com.

Please continue to reach out to your assigned Provider Experience representative for any OB claims and/or billing issues:

- Please reach out for information regarding:
 - Maternal Child Services programs, such as New Baby, New LifeSM
 - Member benefits
 - Clinical concerns
 - Referrals for care management services
 - Provider outcome data and incentives
- Contact Kate Burbridge, BSN RN, OB Practice Consultant via:
 - Cell: **314-502-7048**
 - Email: Kate.Burbridge@healthybluemo.com
- Contact Sarah Burch, BSN RN CCE, OB Practice Consultant via:
 - Cell: **816-509-8196**
 - Email: Sarah.Burch@anthem.com

OB process and requirements for pregnant members

Members should call the Family Support Division (FSD) Information Center at **855-373-4636** to notify FSD of their pregnancy if they have not done so.

Access the FSD Program Enrollment System online at dss.mo.gov.

OB steps and processes

The following is the process and requirements for members who are pregnant:

- **First:** Ensure the member's appointments are scheduled within the appointment and availability time frames for maternity patients.
- **Second:** Notify Healthy Blue of the member's pregnancy after the member's first OB appointment by completing the *Pregnancy Risk Screening and Notification Form* and:
 - Fax to Healthy Blue or submit via the interactive care reviewer (ICR).
 - Complete the Availity Essentials* maternity module:
 - Following these steps allows us to become involved with high-risk cases for moms who need assistance socially, and we can provide information regarding resources, substance use, etc. The form is available on our website at: provider.healthybluemo.com/missouri-provider/resources/forms.
- **Third:**
 - Bill Healthy Blue for each visit:
 - Healthy Blue requires per visit billing for each obstetrical service.

OB steps and processes (cont.)

- **Fourth:** Healthy Blue allows the first two routine ultrasounds without obtaining authorization from Carelon Medical Benefits Management, Inc.*
 - Subsequent OB ultrasounds do not necessitate prior authorization but require a medically necessary ICD-10 code to accompany the CPT® code for coverage. This pertains to routine OB ultrasounds done in both office and outpatient settings. The related office and outpatient setting place of service codes are as follows:

Place of Service 11	Office
Place of Service 19	Office Campus-Outpatient Hospital
Place of Service 22	On-Campus-Outpatient Hospital
Place of Service 50	Federally Qualified Health Center
Place of Service 72	Rural Health Clinics

- **Fifth:** Submit a *Birth Notification Form* to Healthy Blue via fax or ICR within one business day of delivery.
- **Sixth:** If a sterilization procedure is completed, complete and submit the *Sterilization Request Form* following the guidelines established.

Maternity Notification Form

- Healthy Blue *Maternity Notification Form*:
 - May be easily completed in the interactive care reviewer (ICR).
 - Found on our provider site at provider.healthybluemo.com/missouri-provider/resources/forms.
 - Must be completed by a clinician.
 - Must be legible, accurate, and submitted in a timely manner by fax to **800-964-3627**.
 - Healthy Blue will fax confirmation with an authorization for pregnancy monitoring services. This is for pregnancy identification purposes only and does not replace the need to submit a claim for each pregnancy visit.

Maternity Notification Form
Fax to: 1-800-964-3627

Disclaimer: This is not an authorization for hospital admission. Only completed referrals will be processed. Certification does not guarantee that benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions.

Member Information:

Member's name _____ Amerigroup ID # _____
Address _____ Medicaid # _____
Date of birth _____
Home phone _____ Cell _____ Emergency contact _____
EDC _____ Gravida _____ Para _____ (Term _____ Preterm _____) AB _____
WT _____ HT _____ Current medications _____
Planned delivery site _____

Provider Information:

Date of initial office visit _____
Provider's name _____
NPI _____ TIN _____ Name of office/clinic _____
Address _____ City/State/ZIP _____
Phone # _____ Fax # _____

Please check all that apply:

Current preterm labor _____	History of PTL _____
Hypertension _____	History of PIH/pre-eclampsia _____
Multiple gestation _____	History of IUGR _____
Diabetes _____	History of GDM _____
Gestational diabetes _____	Psychosocial risk (specify) _____
Current or history of substance use _____ Specify substance _____	
Uterine/cervical abnormalities _____	Other (specify) _____

Form completed by _____ Date _____
PF-ALL-0025-12 June 2012

Carelon Medical Benefits Management authorization information

Carelon Medical Benefits Management is the current preauthorization intake vendor for MRI, CT scan, nuclear cardiology, PET, and echocardiology.

For authorizations and Provider Services:

- Online at careloninsights.com/medical-benefits-management/specialty-care
- By phone at **800-714-0040**

Children's Mercy Pediatric Care Network authorization information

Note: If the member is a Children's Mercy Pediatric Care Network (CMPCN) member, please contact CMPCN for authorization requests.

CMPCN is an integrated pediatric network operated by the Children's Mercy Hospital System. CMPCN provides delegated medical management services, including case management, utilization management, and disease management for select Healthy Blue members in the following counties: Bates, Cass, Cedar, Clay, Henry, Jackson, Johnson, Lafayette, Platte, Polk, Ray, St. Clair, and Vernon:

- Please visit the CMPCN website at cmpcn.org to determine if a service requires authorization and for related preauthorization forms and the prior authorization quick guide.
- The prior authorization phone number is **877-347-9367**.
- The prior authorization fax number is **888-670-7260**.



Availity *Maternity Application*

- This tool within Availity allows us to collect important prenatal and postpartum information:
 - Required maternity questions were added:
 - Is the patient pregnant?
 - What is the estimated due date?
 - These questions pop up automatically if the woman is of child-bearing ages (14-44).
 - Other prenatal/postpartum information includes:
 - The date of the first prenatal visit.
 - The actual delivery date.
 - Notification of a baby delivered at 20 weeks or less.
 - Fields for scheduled and actual postpartum visit dates.
 - Does not replace the need to submit *Notification of Pregnancy* form via fax or ICR.

Set up access

Instructions for your administrator:

- Log in to Availity.
- Select **More** at the top of the screen, and then select **Maintain User**.
- Search for the username and assign the role of *Medical Staff* or *Office Staff*, and then select **Save** at the bottom.

Starting the maternity workflow

Generating a *Maternity Form*:

- Perform an Eligibility and Benefits (E&B) inquiry on a Healthy Blue member and ensure you are using one of the following benefit service types (**most important step — you need to choose one of these options or questions will not appear and we will not receive notification**):
 - Maternity
 - Obstetrical
 - Gynecological
 - Obstetrical/gynecological
- Before the E&B inquiry will display, if the member meets the criteria, a pop-up will appear asking if the member is pregnant:
 - If the member is not pregnant, select **no** and the E&B inquiry will display.
 - If the member is pregnant, select **yes**. You will then be prompted to enter an estimated due date (EDD). If you have this information, fill that date out or leave it blank if the EDD is unknown.
 - After you submit your response, the E&B result will display. Additionally, if the member has been identified as pregnant, a *Maternity Form* will be generated. The form can be accessed under *Payer Spaces* > **Healthy Blue** and completed at any time.

Administrators/office staff: Training demo is available via Availity system.

Starting the maternity workflow (cont.)

Accessing your *Maternity Form*:

- When you are ready to complete the form, look at the top navigation bar on your Availity screen and select **Payer Spaces**, and then select **Healthy Blue**.
- Under the *Applications* tab, select the ***Maternity Form*** link:
 - If your account is linked to multiple organizations, ensure you select the applicable organization first; then, simply select the appropriate patient in the work queue and begin completing the form.
- The form was designed to allow you to complete as much as you want to in one sitting and then save it for later, if needed; you will find that option at the bottom of the form (just scroll down).
- Once all the information is entered, submit the form, and it will be on its way to the health plan.

Maternity care appointment requirements

In order to ensure our members can receive timely appointments, listed below are the State Mandated timeframes for maternity care appointment requirements:

- First trimester — within seven calendar days of the first request
- Second trimester — within seven calendar days of the first request
- Third trimester — within three calendar days of the first request
- High-risk pregnancies — within three calendar days of identification of high risk to the health plan or maternity care provider, or immediately if an emergency exists

Note: Emergency obstetrical care is subject to the same standards as emergency care, except that an obstetrician must be available 24/7 for members who require emergency obstetrical care.

Per visit billing

- Healthy Blue only allows **per visit** billing for each obstetrical service. The per visit information will improve our ability to track and evaluate prenatal and postpartum care for our members.
- Postpartum visits within 7 to 84 days of delivery should be submitted using code 59430, without modifiers.
- Postpartum visits outside of the 7- to 84-day time period should be submitted using the appropriate E/M code or 59430, without modifiers.

Per visit billing (cont.)

Examples of codes that should be used to bill obstetrical services under the new guidelines:

Prenatal Care Code	Description
99213	Use appropriate E&M Code (99213 is illustrative only)
Delivery Codes	Description
59409	Vaginal Delivery Only
59514	Cesarean Delivery Only
59612	VBAC – Vaginal Delivery with Previous Cesarean
59620	Cesarean Delivery Only after attempted VBAC
Global codes will be denied.	
Postpartum Care Codes	Description
59430	Postpartum Care performed 7 to 84 days from delivery
99213 or 59430	Use the appropriate E&M Code (99213 is illustrative only) or 59430 without a modifier for postpartum care performed less than 21 or more than 56 days from delivery.

Free-standing birthing center

A free-standing birth center is defined as a facility, not licensed as part of the hospital, which provides maternity care away from the mother's usual residence and where low-risk births are planned following a normal uncomplicated pregnancy.

Covered services:

- The free-standing birth center facility payment includes all room charges for the mother and baby, equipment, and supplies. Providers will use CPT code 59409 with modifier SU to bill for facility services provided in a birthing center. If labor began in a birthing center, but the woman had to be transferred to a hospital for the birth, the birthing center may bill CPT code S4005. Birthing center facility services are limited to one per participant per pregnancy.
- The physician or certified nurse midwife must submit separate claims for their **professional services**. Services provided before and after the delivery, such as antepartum and postpartum care, are included in the professional payment for the physician or certified nurse midwife.

Free-standing birthing center (cont.)

Covered procedure codes are listed below:

Procedure Code	Description
59409 SU	Vaginal delivery only (with or without episiotomy and/or forceps)
S4005	Interim labor facility global (labor occurring but not resulting in delivery)

Sterilization consent requirements and billing guidelines

- To avoid denial of the claim, the fully executed *Sterilization Consent Form* must be included with the claim submitted for any sterilization procedure listed on the following page. Failure to comply with all the Code of Federal Regulations (CFR) and Healthy Blue policy requirements will result in a denial of the claim.
- The member must:
 - Be at least 21 years of age on the date of signing the consent form.
 - Be mentally competent.
 - Have given informed consent.
 - Sign the *Sterilization Consent Form (PSFL-200)* at least 30 days but not more than 180 days prior to the date of the sterilization procedure. (There must be 30 days between the signature date and the surgery date.)

Sterilization consent requirements and billing guidelines (cont.)

- The only exceptions to the 30-day time requirement are premature delivery or emergency abdominal surgery:
 - For premature delivery, the consent form must be completed and signed by the member at least 72 hours prior to sterilization and at least 30 days prior to the expected date of delivery.
 - For emergency abdominal surgery, the consent form must be completed and signed by the member at least 72 hours prior to the sterilization procedure.

Sterilization Procedure Code Table	
55250	Vasectomy, unilateral or bilateral, including postoperative semen exam
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants.
58600	Ligation or transaction of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605	Ligation or transaction of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization
58611	Ligation or transaction of fallopian tube(s) when done at the time of Cesarean delivery or intra-abdominal surgery
58615	Occlusion of fallopian tube(s) by device (i.e., band, clip, Falope ring) vaginal or suprapubic approach
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transaction)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (i.e., band, clip or Falope ring)

Sterilization Consent Form instructions

- By signing the consent form, the physician certifies that they have:
 - Advised the recipient to be sterilized and that no federal benefits will be withdrawn if the recipient chooses not to be sterilized.
 - Explained the requirements for informed consent.
 - To the best of the physician's knowledge and belief, evaluated the recipient to be sterilized appeared mentally competent and knowingly and voluntarily consented to be sterilized.
- All applicable items of the *Sterilization Consent Form* must be completely and accurately filled out, or it may result in a claim denial.
- All fields must be legible with no deviations (such as, no white out or cross-through changes) as this is a legal document.
- The physician's statement on the *Sterilization Consent Form* must be signed with the physician's full legal name on the signature line and dated by the physician who performed the sterilization on or after the date the sterilization procedure was performed.
- The consent-obtained address must be the full address, including the suite number (if applicable).
- Claims must still meet timely filing requirements.

Sterilization Consent Form instructions (cont.)

- The *Sterilization Consent Form* (English or Spanish version) is available on our website by visiting: provider.healthybluemo.com/missouri-provider/resources/forms.
- The date of the sterilization must match the date of service on the claim form:
 - To avoid denial of the claim, the fully executed *Sterilization Consent Form* must be included with the claim submitted for a sterilization procedure.

MISSOURI DEPARTMENT OF SOCIAL SERVICES MO HEALTHNET DIVISION CONSENT FORM		MO-8812
<p>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.</p>		
<p>CONSENT TO STERILIZATION</p> <p>I have asked for and received information about sterilization from _____ (NAME OF DOCTOR). 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 A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.</p> <p>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.</p> <p>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.</p> <p>I understand that I will be sterilized by an operation known as a _____.</p> <p>The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.</p> <p>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.</p> <p>I am at least 21 years of age and was born on _____ (MONTH) (DAY) (YEAR) _____ (CITY) (STATE) (ZIP) _____.</p> <p>of my own free will to be sterilized by _____ (DOCTOR). My consent expires 180 days from the date of my signature below. My consent</p> <p>I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Human Services or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.</p> <p>I have received a copy of this form.</p> <p>SIGNATURE _____ DATE (MONTH, DAY, YEAR) _____</p> <p>You are requested to supply the following information, but it is not required:</p> <p>RACE AND ETHNICITY DESIGNATION (PLEASE CHECK):</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER</p> <p><input type="checkbox"/> BLACK (NOT OF HISPANIC ORIGIN) <input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> WHITE (NOT OF HISPANIC ORIGIN)</p> <p>INTERPRETER'S STATEMENT</p> <p>If an interpreter is provided to assist the individual to be sterilized:</p> <p>I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood the explanation.</p> <p>INTERPRETER _____ DATE (MONTH, DAY, YEAR) _____</p>		<p>STATEMENT OF PERSON OBTAINING CONSENT</p> <p>Before _____ (NAME OF INDIVIDUAL) signed the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.</p> <p>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.</p> <p>I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.</p> <p>To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.</p> <p>SIGNATURE OF PERSON OBTAINING CONSENT _____ DATE (MONTH, DAY, YEAR) _____</p> <p>FACILITY _____</p> <p>ADDRESS _____</p> <p>PHYSICIAN'S STATEMENT</p> <p>Shortly before I performed a sterilization operation upon _____ (NAME OF INDIVIDUAL) on _____ (DATE OF STERILIZATION), I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.</p> <p>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.</p> <p>I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.</p> <p>To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.</p> <p>(Instructions for use of alternative final paragraphs: 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 which is not used.)</p> <p>(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.</p> <p>(2) This 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 appropriate box and fill in information requested):</p> <p><input type="checkbox"/> Premature delivery</p> <p><input type="checkbox"/> Individual's expected date of delivery:</p> <p><input type="checkbox"/> Emergency abdominal surgery: (describe circumstances): _____</p> <p>PHYSICIAN _____ DATE _____</p> <p>MO HEALTHNET PROVIDER IDENTIFIER _____ PROVIDER TAXIDNEY CODE _____</p> <p>MO 888-4363 (6-08) PGL 200</p>

Early elective delivery billing information

- Healthy Blue follows the MO HealthNet policy and does not reimburse for early elective deliveries (EED), or deliveries prior to 39 weeks' gestational age that are not medically indicated.
- EED is defined as a delivery by induction of labor without medical necessity followed by a delivery or a delivery by C-section before 39 weeks' gestation without medical necessity:
 - A delivery following non-induced labor is not considered an EED regardless of gestational weeks.

How to bill the early elective delivery information:

- To identify an early elective delivery service, the gestational age/delivery is required on the *CMS 1500* claim form. Field 19 of a paper claim must have the information on the next slide provided or for electronic 827P claims, Loop 2300, or 2400, NTE, 02.

Early elective delivery billing information (cont.)

If the indicator contains an induced labor followed by vaginal delivery (IV); induced labor followed by caesarean delivery (IC); caesarean delivery without labor, non-scheduled (CN); or caesarean delivery, scheduled (CS), and the gestational age is less than 39 and there is a medical indication for an early delivery, the claim will be exempt from the editing:

- The American Congress of Obstetricians and Gynecologists (ACOG) lists the conditions that may be indications for early induction of labor and delivery to determine diagnosis codes that are appropriate to justify an early delivery. Claims without a qualifying diagnosis will be denied.

Billing delivery claims on our provider website:

- Our provider website allows providers to bill the EED information on professional claims. These claims are submitted electronically to Healthy Blue.

Early elective delivery billing information (cont.)

- When billing claims, only the four alphanumeric characters will be accepted. Do not put any additional information in the field or the claim will be denied. Do not add a space in between the characters (for example, 40LV).
- The first two digits indicate the gestational age based on the best obstetrical estimate. They must be numeric characters and values from 20 through 42.
- The third and fourth digits represent the method of delivery. They must be one of the following alpha characters:
 - LV — Labor non-induced followed by vaginal delivery
 - LC — Labor non-induced followed by caesarean delivery
 - IV — Induced labor followed by vaginal delivery
 - IC — Induced labor followed by caesarean delivery
 - CN — Caesarean delivery without labor, non-scheduled (for example, add-ons)
 - CS — Caesarean delivery, scheduled

Birthweight information on newborn facility claims

- Healthy Blue requires birth weight to be provided on all inpatient facility newborn claims.
- Birth weight is required on inpatient facility newborn claims that have an admission type of four and include revenue codes of 170, 171, 172, 173, or 174.
- When billing inpatient newborn claims, please follow the guidelines below, depending on electronic (837I) or paper billing (UB-04):
 - For paper claims, enter value code 54 (newborn birth weight in grams) in box 39, 40, or 41 and the newborn's birth weight (in grams) in the corresponding amount field.
 - For electronic billing, enter the newborn's birth weight in loop 2300, segment HI, with the qualifier BE and the value code 54 in HI01-2 and the newborn's weight (in grams) in HI101-5.
- **Note:** The weight reported should be the actual birth weight or weight at the time of admission.

Newborn coverage — Member's responsibilities

After delivering, the member must do the following:

1. Call the Family Support Division (FSD) Information Center at **855-373-4636** or visit their website at dss.mo.gov to access the FSD Program Enrollment System online as soon as possible to report the birth of the child or children. The State will give the newborn baby or babies an identification number, known as a DCN or MO HealthNet number.
2. Call Healthy Blue at **833-388-1407** and select a primary care physician (PCP) for their baby in the Healthy Blue network.

Newborn Notification of Delivery Form

The [Newborn Notification of Delivery Form](#) should be sent to Healthy Blue after the delivery. This allows us to create a record in our system for the newborn.



MO HealthNet Managed Care (Medicaid)

Newborn Notification of Delivery Form

Fax to: 1-800-964-3627

Use this form to report a birth by a mother who is a Healthy Blue member. Providers must send newborn information to Healthy Blue within 24 hours of delivery. Required fields are marked with an asterisk (*).

Mother's information		
Name:*		DOB:*
Medicaid ID:*		Medicaid effective date:
Residence county:		Phone:
Street address:		
City:	State:	ZIP code:
Newborn's information		
Name (last, first and middle):*		
Medicaid ID:*	Gender:*	Birth weight:*
Route of delivery:*		Gestational age:*
DOB:*		Disposition at birth (live/stillbirth):*
Date of admission to NICU (or N/A):		Apgar score (1 or 5 minutes):
Twin's information (required if applicable)		
Name (last, first and middle):		
Medicaid ID:	Gender:	Birth weight:
Route of delivery:		Gestational age:
DOB:		Disposition at birth (live/stillbirth):
Date of admission to NICU (or N/A):		Apgar score (1 or 5 minutes):
Coding		
ICD-10 (for authorization of nursery services):*		
Diagnosis description (for authorization of nursery services):*		
Facility's information		
Delivery facility name:		Phone:
Contact name:		
Phone:		Fax:

For internal use only:

Entered by member specialist	
Name:	Date:

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City, Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association. BANC-0-0117-00, October 2020

NICU and well-newborn billing

Hospital nurseries (where babies are cared for) provide different levels of care and treatment. The information below will aid in appropriate billing:

- **REV code 0170:** General-Well newborn **(the inpatient claim is covered under the mother's authorization)**
- **REV code 0171:** Newborn Level I-Well newborn **(the inpatient claim is covered under the mother's authorization)**
- **REV code 0172:** Newborn Level II-NICU **(requires an authorization under the baby's member ID)**
- **REV code 0173:** Newborn Level III-NICU **(requires an authorization under the baby's member ID)**
- **REV code 0174:** Newborn Level IV-NICU **(requires an authorization under the baby's member ID)**

Note: The initial hospital NICU stay to stabilize the member prior to transferring the member would require a separate authorization from the receiving facility for the neonatal intensive care unit (NICU) claim.

NICU Case Management

- For parents with infants admitted to the (NICU), we offer a NICU Case Management program. This program provides education and support designed to help with the day-to-day stress of having a baby in the NICU, encourages parent/caregiver involvement, and helps with preparing for baby's discharge from the hospital and thereafter. Parents/caregivers are provided with education and resources that outline successful strategies they may use to collaborate with the baby's NICU care team during and after their NICU stay.
- The stress of having a critically ill infant in the Neonatal Intensive Care Unit can potentially result in post-traumatic stress disorder (PTSD) symptoms among parents and loved ones. To reduce the impact of PTSD among our members, we assist by:
 - Guiding parent(s) into hospital-based support programs, if available, as well as to target support services and referrals to providers.
 - Screening parent(s) for PTSD approximately one month after the date of birth.
 - Referring parent(s) to behavioral health program resources, if indicated.
 - Reconnecting with families with a one-month follow-up call to assess if the parent(s) received benefit from initial contact and PTSD awareness.

Nurse visits

Members and their physician may agree for them to go home early after having a baby. If they do, the member may receive two nurse visits in their home. The member may get the home health nurse visits if they leave the hospital less than 48 hours after having their baby, or less than 96 hours after a C-section. Provider is responsible for initiating these visits:






- The first nurse visit will be within two days of leaving the hospital.
- The second nurse visit will be within two weeks of leaving the hospital.
- The member may be able to receive more nurse visits if they need them.

Nurse visits (cont.)

At a home visit, the nurse will:

- Assess mother and infant health status.
- Discuss with the member how she is feeling.
- Answer the member's questions.
- Provide education and demonstration on any needs identified.
- Complete lab draws, as needed.

New Baby, New LifeSM

-  Preconception health
-  High-risk member identification
-  Education and engagement
-  Ongoing, multichannel communication
-  Prenatal and postpartum support



New Baby, New Life (cont.)

- A comprehensive Maternal Child program that aims to ensure pregnant members and their babies receive appropriate health services during the prenatal and postpartum periods by:
 - Identifying pregnant women as early as possible.
 - Reaching out to all pregnant women to complete an OB high-risk screener and assess risk level.
 - Providing care management or care coordination based on individual needs.
 - Providing educational materials (prenatal and postpartum health information, My Advocate[®]).

New Baby, New Life (cont.)

- Behavioral Health in Pregnancy program:
 - Screening, brief intervention, and referral to treatment (SBIRT)
 - Behavioral health consultation
 - Special focus on perinatal depression, substance use, and intimate partner violence
- Diabetes in Pregnancy program:
 - Registered dietician/certified diabetes educator consultation
 - Co-management of pregnant members by care managers
- Medical directors (OB/GYN):
 - Subject matter expert consultation
 - Medical director peer-to-peer meetings
 - Medical policy and guideline development

New Baby, New Life (cont.)



OB care management services:

- Link your high-risk members with a clinical professional at Healthy Blue who will educate, coordinate care, and provide valuable community resources.
- Care management referrals may be called in to **833-405-9086** or emailed to MOCMReferral@healthybluemo.com.

Identifying pregnant members early

The key to success is contacting all pregnant women as early as possible.

Availity benefit look-up — *Maternity Application*

State enrollment files — pregnant women plans

Claims data

Daily census, concurrent review

Initial health screener

Manual provider and partner referrals

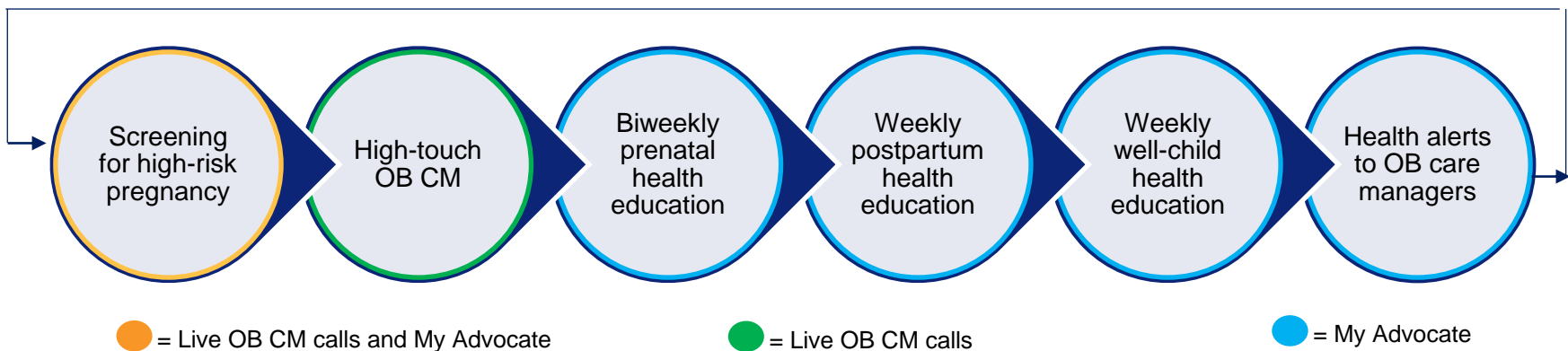
Member reporting

OB screening and postpartum outreach

- Identified pregnant members are contacted by My Advocate.
- Members are asked to complete a brief, comprehensive OB risk screener.

My Advocate program

- The My Advocate program provides pregnant members proactive, culturally appropriate outreach and education through a multifaceted technology tool.
- It does not replace the high-touch OB care management approach Healthy Blue employs for high-risk pregnant members, but instead serves as a supplementary tool to extend our health education reach.
- The goal of the expanded outreach is to identify pregnant women who have become high-risk, to facilitate connections between them and our care managers, and to improve member and baby outcomes.



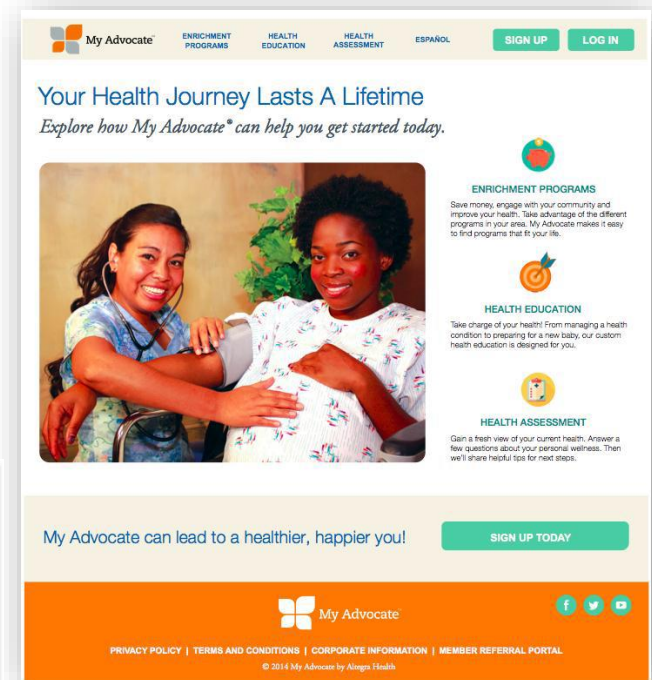
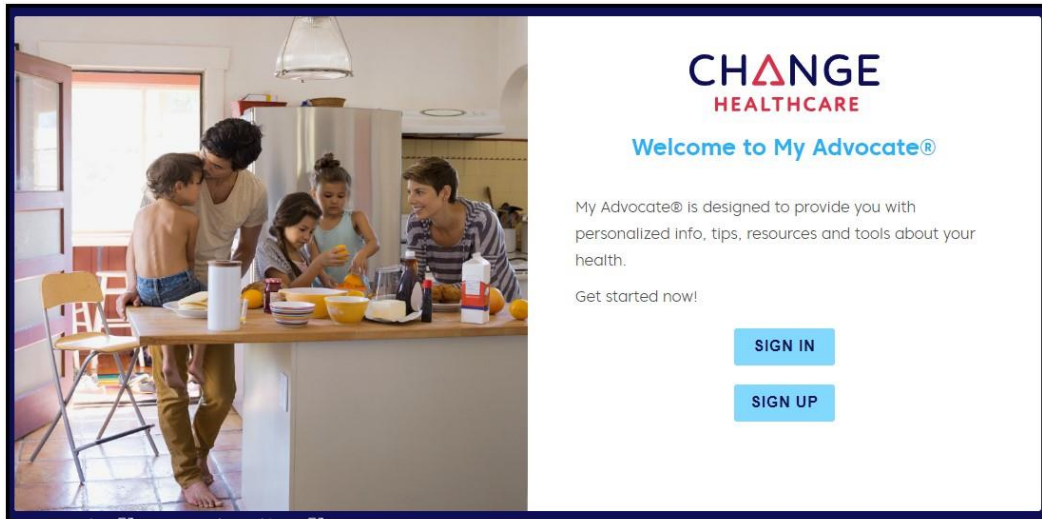
My Advocate program (cont.)

- My Advocate is an interactive, comprehensive communications program designed to provide micro-education relevant to each week of pregnancy and into the weeks after delivery:
 - The user receives two communications per week during the prenatal phase.
 - The user receives two communications per week during the postpartum/well-baby phase.
 - Communication from My Advocate is offered via:
 - Website.
 - Telephone.
 - Smartphone app.
- My Advocate sends alerts to health plan care managers.



My Advocate program (cont.)

- My Advocate gives users the ability to receive information via:
 - Interactive voice response messages.
 - Interactive access through the smartphone application.
 - A member website.



Concierge Care* helps address whole health needs in high-risk pregnancies

High touch support from pregnancy onset through 60 days post-partum.

Focus on conditions with known impact on fetal and maternal outcomes:

- Gestational diabetes
- Pregestational diabetes (Type 1 or Type 2)
- Chronic or gestational hypertension



- Through an interactive and engaging app, patients will receive general and condition specific education and support and a convenient connection to their Care Navigator for enhanced support.
- The program is evidence-based and clinically validated with videos, reminders, and other tools to help expectant mothers thrive.

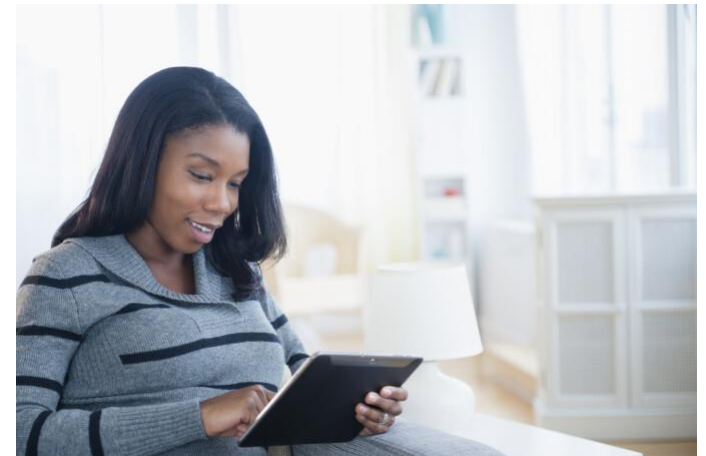
Two ways to recommend Concierge Care

- 1 In person:** Give your patient a card with a QR code that they can scan with their smartphone to access the program landing page and enroll.
- 2 By email:** Send your patient a link to the program landing page where they can enroll.

The landing page includes details on the weekly educational program and instructions to enroll.

Additional outreach strategies:

- We are also conducting outreach to eligible members.
- We will assist members who have questions about the program or who need assistance with the app.



Pregnancy and Beyond Resource Guide

The *Pregnancy and Beyond Resource Guide* is available to all members. The guide includes:

- Self-care information about pregnancy.
- Details on My Advocate that tells members about the program and how to enroll and get health information to a phone by automated voice, web, or smartphone app.
- A section of the book on having a healthy baby and caring for your newborn, with helpful resources.
- Information about Making a Family Life Plan.
- Healthy Rewards[®] info.
- Postpartum depression.

Show-Me Healthy Babies program

The purpose is to provide pregnant women with access to ambulatory prenatal care and an opportunity to connect individuals to longer-term coverage options. Targeted low-income pregnant women and unborn children will receive a benefit package of essential, medically necessary health services identical to the MO HealthNet for Pregnant Women benefit package.

An application for the Show-Me Healthy Babies (SMHB) program can be submitted online at mydss.mo.gov/healthcare/mohealthnet-for-pregnant-women-and-newborns or by calling the Family Support Division Resource Center at **855-373-9994**. Pregnant women covered through the SMHB program can be identified by the following Medicaid Eligibility (ME) codes:

ME CODE	DESCRIPTION
95	SMHB Pregnant Women income above 196% and up to 300%
96	SMHB Unborn Children income 0% to 300%
98	SMHB Postpartum

Healthy Rewards

- Healthy Rewards helps keep your patients on track with their healthcare visits.
- Members earn dollars added to their Healthy Rewards account whenever they complete a healthy activity, such as:
 - A prenatal visit in the first trimester or within 42 days of enrollment with Healthy Blue: \$30
 - A postpartum visit within 7 to 84 days after delivery: \$30
 - Well-child visits between ages of 0 and 30 months: \$15 per visit:
 - Six visits up to 15 months of age
 - Two visits greater than 15 months and up to 30 months
- Members can redeem their reward dollars from a variety of retailer options.
- Members can enroll in Healthy Rewards by calling Healthy Rewards at **888-990-8681** or by visiting the Benefit Rewards Hub on the Healthy Blue member website.

Value-added benefits (VABs)

Members can access VABs by calling Member Services at **833-388-1407** or by choosing the benefits tab on the Healthy Blue member website at:

healthybluemo.com/missouri-medicaid/home.html

- **Baby showers:**

- Fun, educational events that provide information on the following topics: Pre/post delivery care, healthy eating tips, and family planning.

- **Breast pump:**

- Provides free electric breast pumps through Edgepark.*
- Eligible members are those who are due to deliver within six weeks, have delivered within the past 30 days, or who had a NICU baby in the last 90 days.

VABs (cont.)

- **Childbirth and breastfeeding classes:**
 - Healthy Blue will cover the cost of childbirth and breastfeeding classes with contracted providers.
 - Pregnant member can attend (one or both) classes every two years:
 - Currently available at New Birth Company (Kansas City), The Doula Foundation (Springfield), and Jamaa Birth Village (St. Louis).
 - Member to call one of these providers and identify themselves as a Healthy Blue member to enroll in the class.
- **Home blood pressure monitor and digital scale:**
 - One-time annual benefit; based on qualifying diagnosis.
- **Home delivered meals:**
 - Free home delivered meals to members who have recently delivered a baby; 14 meals per authorization by calling Member Services at **833-388-1407**.
 - Members must currently be in an active treatment plan with an appropriately designated provider and have delivered a baby within the past two weeks. No annual limit implying member is eligible after any inpatient discharge.

VABs (cont.)

- **Maternity support hose and belts:**
 - Provides maternity support hose and support belts through Edgepark at no cost.
 - Pregnant members, no prior authorization is required.
- **New mom benefit**
 - Eligibility: Member is within six weeks before her due date or within four weeks post infant delivery. Expecting moms, must be a member. Members are encouraged to be enrolled in CM. *Limit one of the following per pregnancy:*
 - Portable crib
 - Infant car seat
 - Box of 200 diapers
 - Breastfeeding Support Kit, including:
 - Infant support nursing pillow
 - Washable nursing pads
 - Nursing cover
 - Safe Sleep Kit, including:
 - Infant sleep guidelines and education
 - Halo sleep sack
 - Soothie pacifier

VABs (cont.)

- **Free phone/additional phone minutes:**
 - Any member who qualifies for the Federal Lifeline program, which provides cell/smartphones to members meeting certain criteria, will be eligible to receive a free cellphone with minutes, unlimited text messages monthly, and new a minimum of 500 MB data. The cellphone, minutes, and data are supplied by the Federal Program. Members receive unlimited calls to service coordinators, member advocates, and member services through our toll-free line. Available to all members that qualify for the Federal Lifeline program, members also receive bonus minutes during their birthday months.
 - One per household
- **Non-medical transportation:**
 - Provides enhanced transportation to Women, Infants, and Children (WIC) and Healthy Children and Youth (HCY) appointments, prescription pick-up following doctor appointment, Methadone dosing or administration of other medications at Methadone clinic, behavioral health inpatient, or residential facility for parents not eligible for MO HealthNet to participate in family therapy.

VABs (cont.)

- **HiSET assistance:**
 - Eligibility: Members age 16+ with no high school diploma.
 - Provide voucher code at no cost to cover fees to take HiSET test.
- **Concierge/Welcome rooms:**
 - Locations: St. Joseph, Columbia, Cape Girardeau
 - Support for medical and non-medical needs that may include application assistance and transportation assistance.

Immediate postpartum long-acting reversible contraception

- Long-action reversible contraception (LARC) is the most effective form of reversible contraception and has the highest continuation rate among reversible methods.¹
- Use of LARCs has increased in the United States but still has a low adoption rate (11.6%).²
- 41% of all unintended pregnancies are due to inconsistent or incorrect use of contraceptives.³
- ACOG recommends offering immediate postpartum LARC as an effective option for postpartum contraception.⁴
- See the LARC update for billing procedures.

1 Centers for Disease Control. (2016). "How effective are birth control methods?" Retrieved from www.cdc.gov/reproductivehealth/contraception.

2 Guttmacher Institute. (2016). *Unintended Pregnancy in the United States* Fact Sheet. Retrieved from www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states.

3 Guttmacher Institute. (2015, October). *Use of Long-Acting Reversible Contraceptive Methods Continues to Increase in the United States* News Release. Retrieved from www.guttmacher.org/news-release/2015/use-long-acting-reversible-contraceptive-methods-continues-increase-united-states.

4 American College of Obstetricians and Gynecologists. (2016, August). Committee Opinion No. 670. Immediate postpartum long-acting reversible contraception. Retrieved from acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/08/immediate-postpartum-long-acting-reversible-contraception

Immediate postpartum LARC (cont.)

- Providers should educate the member early in prenatal care regarding this option.
- Providers can promote family-life balance to prevent short pregnancy intervals.
- Healthy Blue reimburses for all birth control options.

Nurse Family Partnership (NFP)

- Nurse home visitors work with low-income women who are pregnant, helping these vulnerable, young clients achieve healthy pregnancies, healthy births, strong child development and a path toward economic self-sufficiency.
- To give extra care to our members having their first babies, we also partner with the NFP programs where available. In these programs, a nurse visits the member throughout her pregnancy and birth until the baby is two years old; the nurse provides education, community assistance, and support.
- Visit nursefamilypartnership.org/locations/Missouri for info and referrals.

Smoking cessation

- As a healthcare provider, you are a trusted source of information, and you can play an important role in helping your patients quit tobacco by connecting them with the tools they need:
 - Ask every patient about tobacco use.
 - Advise patients to quit with tailored, personalized messages.
 - Refer patients to Missouri Tobacco Quit Services:
 - health.mo.gov/living/wellness/tobacco/smokingandtobacco
 - **800-QUIT-NOW (800-784-8669)** (English)
 - *Provider Fax Referral Form*
- The Missouri Tobacco Quit Services offers:
 - A personalized quit plan.
 - Access to a program website to track progress and connect with others who are trying to quit.
 - Optional email and text messaging programs to keep members focused.
 - Up to two weeks nicotine replacement therapy, if medically appropriate and if eligible.
 - Educational materials.

Smoking cessation (cont.)

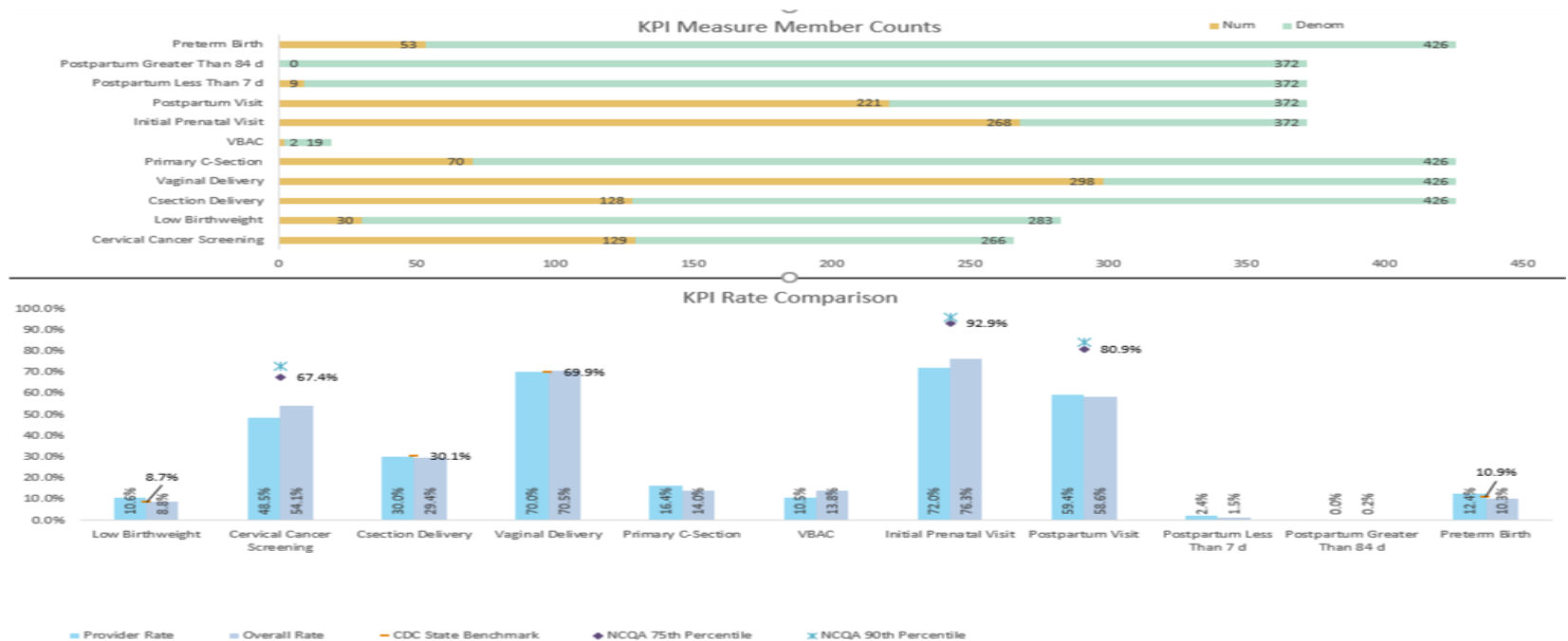
- EX Program for Members-free, online/web-based smoking cessation program for members
 - self-guided, quit planning, interactive tools, videos, tailored email support; member can access on any digital platform (app not required)
 - Personalized texts based on profile; on demand messaging for things like cravings, stress, relapse; tailored content for special population needs (pregnancy, chronic conditions, etc)
 - Chat Coaching
- MO HealthNet offers reimbursement for smoking cessation for MO HealthNet eligible participants, including both behavioral and pharmacologic interventions. MO HealthNet requires the behavioral intervention to be initiated within 30 days of the pharmacologic intervention.
- Providers should refer members to OB care management for further assistance with resources and support.
- Providers should ensure they are coding for tobacco use assessment and intervention with Category II code 4004F for all patients with a diagnosis of smoking in pregnancy (ICD-10-CM O99.330-O99.335).

Smoking cessation (cont.)

- MO HealthNet will cover two quit attempts of up to 12 weeks of intervention per lifetime, including behavioral and pharmacologic interventions.
- Covered pharmacologic interventions include:
 - Nicotine gum.
 - Nicotine inhaler.
 - Nicotine lozenge.
 - Nicotine nasal spray.
 - Nicotine patch.
 - Chantix (Varenicline).
 - Zyban/Wellbutrin (Bupropion SR).

Review of OB provider profile

- We developed a tool that allows providers to review the key clinical metrics, including primary and overall C-section, VBAC, vaginal delivery, low birthweight, preterm birth, timeliness of initial prenatal visit, and postpartum visit rates. We review how provider results compare to their specialty, panel peer groups, and national and state benchmarks.





* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue. Carelon Medical Benefits Management, Inc. is an independent company providing some utilization review services on behalf of Healthy Blue. Edgepark is an independent company providing home medical supplies and equipment on behalf of Healthy Blue. Children's Mercy Pediatric Care Network is an independent company providing medical management services on behalf of Healthy Blue.

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

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