JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Provider Relations and Network Innovation Reimbursement Policy**	*Policy Number*	RPC.008
		Effective Date	07/15/2024
		Approval Date	04/23/2024
	Subject **Priority Partners (PPMCO) Obstetrical Services**	*Supersedes Date*	N/A
		Original Date	07/15/2024
		Page	1 of 7

This document applies to the following Participating Organizations:

Priority Partners

Keywords: Antepartum, Doula, Obstetrical Services, Postpartum, PPMCO, Pregnancy

Table of Contents		Page Number

I. ABOUT OUR REIMBURSEMENT POLICIES

The most current version of the reimbursement policies can be found on www.hopkinsmedicine.org.

Johns Hopkins Health Plan LLC (JHHP) reimbursement policies serve as a guide to assist in accurate claim submissions and outline the basis for reimbursement of services covered by a member's JHHP benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a guarantee that you will be reimbursed. Services must meet prior authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Providers are expected to and must follow proper billing and submission guidelines. Providers are required to use industry standard, compliant codes on all claim submissions. Services must be billed with valid ICD-10 diagnosis codes, Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) codes, place of service (POS) codes, and/or revenue codes as defined by the Centers for Medicare & Medicaid Services (CMS) and in the American Medical Association's (AMA's) "CPT Manual". The codes billed should denote the services and/or procedures performed.

The codes billed should denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the patient's medical record and/or office notes and JHHP reserves the right to request the records. If a corrected claim is filed, it must comply with timely filing to be reprocessed through the claims system. Corrected claims are for administrative errors on the claim (i.e., misspelled name, CPT/HCPCS code transposed, wrong DOB, missing modifier, etc.). Intentionally changing the CPT/HCPCS or diagnosis code in order to get the claim paid, after the billed service was denied, is not a correction. The medical records must match the services billed. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

JHHP policies apply to all providers (e.g., practitioners, hospitals, suppliers, non-physician providers, etc.) eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act (SSA) of 1965, the Code of Federal Regulations (CFR), and Medicare rules. JHHP reimbursement policies are developed based on nationally accepted industry standards, coding principles, and follows the CMS guidelines, and the CMS developed National Correct Coding Initiative

(NCCI) program to prevent inappropriate payment of services that should not be reported together. These policies may be superseded by regulatory mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. If appropriate, when coding/billing guidelines or current reimbursement policies are not followed, JHHP may:

- Reject or deny the claim
- Recover and/or recoup claim payment

JHHP reserves the right to modify policies at any time and publish new versions when necessary. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHP strives to minimize these modifications. When there is an update, policies will be published on our website.

II. PURPOSE

To provide basic billing and reimbursement guidance for Obstetrical (OB) services when rendered by a person who is legally authorized to perform such services in accordance with state and federal laws. Each line of business possesses its own unique contract and guidelines for benefit and payment purposes. As such, there could be various factors that may impact reimbursement, including but not limited to legislative mandates, provider contracts, and/or the member's benefit coverage, including provisions addressing services rendered by non-participating providers, which may supplement, modify, or supersede this policy.

III. POLICY STATEMENT

This reimbursement policy applies only to Priority Partner claims, for professional, Obstetrical services, rendered to JHHP members for maternity care and delivery services, reported on a CMS-1500 claim form or its electronic equivalent, by network and non-network providers in the state where services are rendered. Providers are responsible to verify the individual member's contract for specific plan benefits and to obtain a prior authorization/reauthorization before an item, procedure or service is rendered, if required. Prior authorization is not a guarantee of payment.

IV. GENERAL BILLING GUIDELINES and PAYMENT METHODOLOGY

1. A. JHHP will reimburse obstetric services in alignment with the authoritative guidance found in the MDH provider manual and MDH transmittals. Please consult the Maryland Medicaid Professional Services Provider Manual to obtain specific information on billing, reimbursement, benefits, and coverage for OB services, not listed in this policy.
   B. Consistent with MDH guidance, JHHP will not reimburse PPMCO claims submitted by individual providers, provider groups or facilities, who are unregistered in ePREP, Maryland's provider enrollment portal.
   C. Providers are ***not*** to submit OB claims with global obstetric (maternity care) package code(s). JHHP will deny claims when physicians report with OB global procedure codes for PPMCO members.
      i. Providers are not to report global procedure codes 59400, 59425, 59426, 59510, and 59610.
   D. Providers are to use the appropriate E/M code in conjunction with the appropriate ICD-10 pregnancy code for each prenatal visit and, bill deliveries separately from prenatal care.
   E. 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.
   F. COMAR regulations (10.67.04.08C) require that Priority Partners prenatal care providers complete the Maryland Prenatal Risk Assessment (MPRA) form at the pregnant member's first prenatal visit. The HCPCS billing code for the completion of the MPRA, and development of the plan of care, is H1000 and reimbursement is limited to once per pregnancy.

G. JHHP will reimburse prenatal care providers an additional fee when "enriched" maternity services are provided. Use HCPCS code H1003 (do not use codes 99411 and 99412). Only one unit of service for each prenatal and each postpartum visit will be reimbursed.

H. Per ACOG guidelines, when a patient is seen for a condition unrelated to pregnancy (e.g., bronchitis, flu), these visits are considered Non-OB E/M services and must be reported with the appropriate diagnosis code that clearly identifies the condition not related to pregnancy care.

I. JHHP does not consider a maternal-fetal medicine (MFM) specialist to be the same provider as regular OB/GYN physician, when services are rendered due to a high-risk or complicated pregnancy.
   - When the MFM specialist reports with the same federal tax identification number (TIN) as the OB/GYN physician, the specialist should report an E/M service, as the visit would not be considered part of the routine antepartum care supplied by the same physician group.

J. Providers are to report the appropriate place of service (POS) code when billing for OB services.

K. JHHP considers the postpartum/postnatal period to be 84 days following the date of the cesarean or vaginal delivery.

L. In alignment with MDH guidelines, JHHP will reimburse twin deliveries under the same policy as multiple surgical procedures.
   - Providers are to report the second delivery procedure code, regardless of whether the second delivery is by the same method or a different method, on a separate line with a modifier -51.
   - JHHP may request additional notes and documentation to verify a second delivery.

M. Consistent with ACOG coding guidelines, JHHP will not reimburse providers who report prolonged physician services (99415 – 99418, G0316 – G0318, G0320 – G0321, and G2212) for labor and delivery management.

V. ICD–10 OB CODING

1. In alignment with CMS and the National Center for Health Statistics (NCHS), JHHP follows guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
2. Obstetric cases require codes from chapter 15, codes in the range O00-O9A, Pregnancy, Childbirth, and the Puerperium.
   - Refer to Chapter 15 for sequencing priority over codes from other chapters.
3. Chapter 15 codes may be used to describe pregnancy-related complications after the peripartum or postpartum period if the provider documents that a condition is pregnancy related.
4. Chapter 15 codes are to be used only on the maternal record, never on the record of the newborn.
5. In alignment with MDH guidance, prenatal care providers must use the appropriate E&M code in conjunction with the appropriate ICD-10 pregnancy code for each prenatal visit.
6. Only certain Z codes may be used as first-listed or principal diagnosis.
7. A code from category Z37 (Outcome of delivery), should be included on every maternal record when a delivery has occurred.
8. A corresponding procedure code must accompany a Z code to describe any procedure performed.

VI. DOULA SERVICES

Doulas provide three kinds of services: prenatal visits, attendance at labor and delivery, and postpartum visits.

1. A. Doula services are covered in accordance with MDH guidelines and JHHP will reimburse Doula services in alignment with MDH's reimbursement model.

   B. Doula providers may only report the diagnosis code Z32.2 (Encounter for childbirth instruction) when billing for any and all of their services. Any other ICD-10 code reported will be denied.

C. Doula services for prenatal and postpartum visits may be delivered in-person or as a telehealth service. Prenatal and postpartum services may be delivered in the home, at the provider's office or doctor's office and other community-based settings.

D. The labor and delivery service of a Doula must be provided in-person and can only be delivered at a hospital or freestanding birthing center.

E. JHHP will not reimburse for labor and delivery services rendered by a Doula in the participant's home, a place of residence, or via telehealth.

i. One of the following providers must be present while doula services are provided during the delivery:

- An obstetrician-gynecologist;
- A family medicine practitioner; or
- A certified nurse midwife.

F. Doulas must use the appropriate CPT code and modifiers, and bill with their group or individual NPI, when submitting claims for reimbursement.

G. Providers are responsible to verify coverage and benefits, or if a referral or prior authorization or other requirements are mandatory, prior to services being rendered.

VII. OB ULTRASOUNDS

1. When benefits are provided under the member's contract, medically necessary prenatal obstetrical ultrasounds are covered.
2. JHHP expects providers to report the appropriate obstetric abdominal/pelvic ultrasound codes in conjunction with an OB diagnosis, or the claim may be denied.
   - For non-obstetric gynecological conditions, providers are to report non-obstetric abdominal/pelvic ultrasound codes instead of the pregnancy related ultrasound codes.
   - Refer to the JHHP Medical Policy CMS16.19 for clinical guidance on Prenatal Obstetrical Ultrasounds.

VIII. CODES, TERMS and DEFINITIONS

Definition of Terms

Term	Definition
8:1 Model	In alignment with the Maryland Medicaid Doula Services Program reimbursement methodology, JHHP will reimburse doula services based on the 8:1 model. The 8:1 model allows for any combination of prenatal and postpartum visits that equals 8 or fewer visits. Each perinatal visit is broken up into 15-minute units and can last up to an hour (4 units' total).
Antepartum/Prenatal Care	The health care a woman receives during pregnancy.
CMS-1500/Professional Claim	The CMS-1500 Form is the prescribed form for claims prepared and submitted by physicians or suppliers, whether or not the claims are assigned. Professional claim means any claim submitted using the HIPAA mandated transaction ASC X12 837 professional claim or the CMS-1500 paper claim form.

Doula	For the purpose of this policy, Doulas are trained, non-clinician professional, who provides continuous physical, emotional and informational support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible. Doula providers must be certified from a Maryland Medicaid approved certification organization and meet all the conditions of participation outlined in COMAR 10.09.39 to be recognized as an approved doula provider. MDH, not JHHC, determines the standardized criteria for selecting Maryland approved certification organizations. For more information about Doula provider enrollment, please refer to the Maryland Medicaid Doula Program Manual.
Enriched Maternity Service	For the purposes of this policy, PPMCO "Enriched Maternity Service" must include all the following: • Individual prenatal health education; • Documentation of topic areas covered (MDH Enriched Maternity Services); • Health counseling; and • Referral to community support services
Physician or Other Qualified Healthcare Provider	A Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
Postpartum/Postnatal Care	For the purpose of this policy, JHHP considers the postpartum or postnatal period begins immediately after the birth of the baby and typically extends up to 12 weeks (84 days) after birth.
Same Group Physician and/or Other Qualified Health Care Professional	All physicians and/or other qualified health care professionals of the same group who report with the same Federal Tax Identification Number (TIN). Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.

ICD-10 Diagnosis Codes

ICD-10 Code	Definition

O00-O9A	Diagnosis codes that specifically apply to Pregnancy, Childbirth, and the Puerperium.
Z00-Z99	Factors influencing health status and contact with health services.

CPT Codes

CPT Code	Definition
59409	Vaginal delivery only (with or without episiotomy and/or forceps).
59430	Postpartum care only (separate procedure).
59414	Cesarean delivery only.
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps).
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery.
99202-99499	Please refer to the AMA CPT manual for all E/M CPT descriptors located in the Evaluation and Management section (99202-99499), there are many code categories. Each category may have specific guidelines, or the codes may include specific details.
H1000-H1011	Prenatal Care and Family Planning Assessment Code Range. Refer to the AMA CPT manual for code descriptors.

IX. REFERENCES

This policy has been developed through consideration of the following:

- American College of Obstetricians and Gynecologists (ACOG)
- American Academy of Family Physicians
- CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association
- ICD-10-CM Official Guidelines for Coding and Reporting
- Maryland Dept. of Health- Provider Information
- PPC - Prenatal and Postpartum Care | Johns Hopkins Medicine
- Maryland Medicaid Provider Program Resources and Fee Schedules
- Maryland Medicaid Factsheet #7: OBGYN
- Medicare Claims Processing Manual CH. 26- Completing and Processing Form CMS-1500 Data Set

X. APPROVALS

Date	Review/Revision	Reason for Modification	Approved By

JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Provider Relations and Network Innovation Reimbursement Policy**	*Policy Number*	RPC.008
		Effective Date	07/15/2024
		Approval Date	04/23/2024
	Subject **Priority Partners (PPMCO) Obstetrical Services**	*Supersedes Date*	N/A
		Original Date	07/15/2024
		Page	7 of 7

4/23/2024	New Policy	N/A	Reimbursement, Authorization and Coding Committee (RAC)