Maternity Case Management Billing Guide

Resources .....back of cover
Maternity Case Management Reimbursement 1
Normal Pregnancy and Case Management Services 2
High-Risk Pregnancy and High Risk Case Management Services 4
Number of Allowable MCM Reimbursables 6
MCM Diagnosis (V-Codes) in ORCHIDS 7
Location Codes in ORCHIDS 8
Optional MCM Billing Worksheet 9
Sample MCM Billing Flowchart 10
DMAP Reimbursement Rates (effective 8/1/2011) 11

Revised 2/9/2012

Resources

This guide is a quick reference for information about Maternity Case Management (MCM) billing. For complete information about program requirements, definitions, forms, and billable services, please see the following resources.

- DMAP Home Page
  http://www.oregon.gov/DHS/healthplan/index.shtml

- DMAP Provider Services: 1-800-336-6016 or
  dmap.providerservices@state.or.us. Provider website with many resources:
  http://www.oregon.gov/OHA/healthplan/tools_prov/main.shtml

- Oregon Administrative Rules 410-130-0595 (Maternity Case Management)
  http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_130.html
  See section 410-130-0595. At the end of section 410-130-0595, there is a link to forms.

- Medical-Surgical Services Rulebook
  http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/main.html
  See the "Forms" section on this webpage.

- Oregon Administrative Rules 410-147-0200 (Maternity Case Management for Federally Qualified Health Centers and Rural Health Clinics)
  http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_147.html
  See section 410-147-0200.

- Federally Qualified Health Centers and Rural Health Clinics Rulebook & FQHC/RHC Program Supplemental Information
  http://www.dhs.state.or.us/policy/healthplan/guides/fqhc-rhc/main.html
  See section 410-147-0200.
  Under the "Supplemental Information" heading on this website, see the "Federally Qualified Health Centers and Rural Health Clinics Supplemental Information" link.

- MCM forms and training documents
  http://public.health.oregon.gov/HealthyPeopleFamilies/Women/Pregnancy/MaternityCaseManagement/Pages/forms.aspx

- Benefit RN Hotline (at DMAP): 1-800-393-9855 or 503-945-5939
  Help with determining if a condition is covered under the Oregon Health Plan (OHP).

MCM Reimbursement for a Non-FQHC/Non-RHC

MCM billing codes identify DMAP-reimbursable services. These include:

- G9001-Initial Assessment
- S9470-Nutritional Counseling
- G9012-Case Management Home Visit
- G9011-Case Management Visit Outside the Home
- G9006-Home/Environmental Assessment
- G9002-Case Management
- G9005-High Risk Case Management

For a complete explanation of all codes, refer to the Oregon Maternity Case Management Administrative Rules (OAR 410-130-0595).

Only one provider at a time may provide MCM services to the client. The provider must coordinate care to ensure that duplicate claims for MCM services are not submitted to the Division. Before providing services to a client enrolled in a prepaid health plan, see OAR 410-147-0200(2)(a) & (b) and OAR 410-130-0595(4).

The following key questions determine service level and appropriate billing codes.

Navigating Billing: The 3 Ds	
Diagnosis	Was the pregnancy risk status normal or high risk?
Duration	Was the service period for 3 months or longer?
Delivery	Was the client service plan carried through the date of delivery?

Normal Pregnancy and Case Management Services

Procedure Codes	Billing Frequency/Timing
G9001 **Initial Assessment** $24.59	• Perform the Initial Assessment (https://apps.state.or.us/Forms/Served/oe2470.pdf) before providing any other MCM services. • The Initial Assessment must be completed prenatally, at least one day prior to delivery. No other MCM service can be performed or billed until the Initial Assessment has been completed. • Develop a Client Service Plan (CSP) that addresses identified needs. • Communicate with the prenatal provider and other providers. • Bill once per pregnancy. • The procedure codes G9001-Initial Assessment, G9006-Home/Environmental Assessment, and G9012-Case Management Home Visit (or G9011-Case Management Visit Outside the Home) can be billed together on the same date of service.
G9006 **Home/Environmental Assessment** $42.89	• Complete an entire Home/Environmental Assessment and document it. This is an MCM program option, but is not a requirement. (See OAR 410-130-0595(16), Table 130-0595-1 Environmental Assessment.) • Bill once per pregnancy, except if the situation requires a repeat Home/Environmental Assessment. Submit documentation with the faxed paper claim stating the reason for repeat assessments or follow-up assessments. • If the client moved, simply write “moved” on the documentation and note the client’s new address.
G9012 **Case Management Home Visit** $42.89	• Services must be delivered in the home. • Must include an evaluation and/or revision of objectives and activities addressed in the CSP, and also include training, information, and education on at least two topics. (See the training and education topics in OAR 410-130-0595(17), Table 130-0595-2 MCM Training and Education Topics.) • Up to four (4) G9012-Case Management Home Visits may be billed prenatally. (Visits outside the home and telephone visits are included in this total). Some of these visits may occur up to two months postpartum. • A postpartum visit is not required.
G9011 **Case Management Visit Outside the Home** $21.45	• Bill when services are not delivered in the client’s home. • Must include an evaluation and/or revision of objectives and activities addressed in the CSP, and also include training, information, education on at least two topics. (See the training and education topics in OAR 410-130-0595(17), Table 130-0595-2 MCM Training and Education Topics.) • Counts as one MCM visit in the total four (4) allowable. • Must meet all requirements of a Case Management Visit. Performed when a face-to-face Case Management Visit is not possible or practical. • A case management telephone visit is billed as a Case Management Visit Outside the Home. Document the reason why a telephone call was substituted for face-to-face contact.

Procedure Codes	Billing Frequency/Timing
G9002 **Case Management** $75.06	• Bill once per pregnancy • Bill after delivery. • Services were initiated prenatally. • Services were provided to the client for 3 months or longer. • Services were carried through delivery. A postpartum visit is not required.

High Risk Pregnancy and High Risk Case Management Services

See Oregon Administrative Rule 410-130-0595(5)(e) for the definition of a high-risk client.

Procedure Codes	Billing Frequency/Timing
G9001 **Initial Assessment** $24.59	• Perform the Initial Assessment (https://apps.state.or.us/Forms/Served/oe2470.pdf) before providing any other MCM services. • The Initial Assessment must be completed prenatally, at least one day prior to delivery. No other MCM service can be performed or billed until the Initial Assessment has been completed. • Develop a Client Service Plan (CSP) that addresses identified needs. • Communicate with the prenatal provider and other providers. • Bill once per pregnancy. • The procedure codes G9001-Initial Assessment, G9006-Home/Environmental Assessment, and G9012-Case Management Home Visit (or G9011-Case Management Visit Outside the Home) can be billed together on the same date of service.
S9470 **Nutritional Counseling** $47.29	• Service provider is a licensed and registered dietician (R.D. and L.D.), as outlined in OAR 410-130-0595(7)(a)&(b). • Not required for MCM. Client must meet criteria as defined in OAR 410-130-0595(12)(a)(A-I). • May be billed once per pregnancy if the client meets the criteria and the service was provided by a qualified provider.
G9006 **Home/Environmental Assessment** $42.89	• Complete an entire Home/Environmental Assessment and document it. This is an MCM program option, but is not a requirement. (See OAR 410-130-0595(16), Table 130-0595-1 Environmental Assessment.) • Bill once per pregnancy, except if the situation requires a repeat Home/Environmental Assessment. Submit documentation with the faxed paper claim stating the reason for repeat or follow-up assessments. • If the client moved, simply write “moved” on the documentation and note the client’s new address.
G9012 **Case Management Home Visit** $42.89	• Use when services are delivered in the home. • Must include an evaluation and/or revision of objectives and activities addressed in the CSP, and also include training, information, and education on at least 2 topics. (See the training and education topics in OAR 410-130-0595(17), Table 130-0595-2.) • Up to 10 total visits may be billed for a high-risk case. (Case Management Visits Outside the Home, which includes visits by telephone, are included in this total). • Up to four (4) G9012-Case Management Home Visits may be billed prenatally. Some of these visits may occur up to two months postpartum. • Up to six (6) additional G9012-Case Management Home Visits may be billed after delivery for a high-risk pregnancy. The visits may occur before or after delivery, up to two months postpartum. • The MMIS will not pay for any visits beyond the fourth one until a high-risk case code has processed successfully. A high-risk diagnosis code must be used on any claim for high-risk case management. • A postpartum visit is not required.

Procedure Codes	Billing Frequency/Timing
G9011 **Case Management Visit Outside the Home** $21.45	• Bill when services are not delivered in the client's home. • Must include an evaluation and/or revision of objectives and activities addressed in the CSP, and also include training, information, and education on at least two topics. (See the training and education topics in OAR 410-130-0595(17), Table 130-0595-2.) • Counts as one MCM visit in the total 10 allowable. • Must meet all requirements of a Case Management Visit. Performed when a face-to-face Case Management Visit is not possible or practical. • A case management telephone visit is billed as a Case Management Visit Outside the Home. Document the reason why a telephone call was substituted for face-to-face contact.
G9005 **High Risk Case Management** $128.67	• Bill once per pregnancy. • Bill after delivery. • Client or pregnancy must meet high-risk criteria as described in OAR 410-130-0595(5)(e). • Client received services for 3 months or longer, and services were carried through to delivery. • A postpartum visit is not required. • After delivery, bill the additional visits done for the high-risk client. Claims for up to six (6) additional visits may be submitted with or after you have submitted a claim for G9005-High Risk Case Management. • The MMIS will not pay for any visits beyond the fourth one until a high-risk case code has processed successfully. A high-risk diagnosis code is required on the claim for high-risk case management.

Number of Allowable MCM Reimbursables

— Normal Pregnancy —

Bill prenatally or after delivery . . .	Bill only after delivery . . .
• One (1) Initial Assessment. Required before any other services may be billed. • Up to four (4) case management visits. Telephone visits count toward this total. • One (1) Home/Environmental Assessment. Additional Home/Environmental Assessments may be billed with documentation of problems that necessitate follow-up or when a client moves.	Any of the four (4) allowable case management visits delivered during the 2-month postpartum period. Four case management visits are allowed per normal pregnancy.

— High-Risk Pregnancy —

Bill prenatally or after delivery . . .	Bill only after delivery . . .
• One (1) Initial Assessment. Required before any other services may be billed. • One (1) Nutritional Assessment. Client must meet criteria in OAR 410-130-0595(12)(a)(A-I). • Up to four (4) case management visits. Telephone visits count toward this total. • One (1) Home/Environmental Assessment Additional Home/Environmental Assessments may be billed with documentation of problems that necessitate follow-up or when a client moves.	• One (1) High-Risk Case Management procedure code. Bill once per pregnancy, after delivery, when the client became high risk at any point during the pregnancy. Services must have been initiated prenatally, provided to the client for 3 months or longer, and carried through delivery. • Up to six (6) additional case management visits for high-risk clients only. (Telephone visits count toward this total.) These additional visits may occur before or after delivery. They are billed, however, after delivery. The G9005-High-Risk Case Management procedure code must process before these visits.

MCM Diagnosis Codes (V-Codes) in ORCHIDS

Diagnosis codes or V-Codes are the classifications of factors that influence health status and contact with health services. They show the reason for services.

The codes used in MCM billing are drawn from the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM).

A diagnosis code must be submitted on every reimbursement claim. If you are billing on paper or through an electronic submitter, the diagnosis code appears on the claim without the decimal point. See the left column of the table below.

Diagnosis Code	Description
V220	V22.0 – Supervision of normal first pregnancy
V221	V22.1 – Supervision of other normal pregnancy
V233	V23.3 – Grand multiparity
V2341	V23.41 – Pregnancy with history of preterm labor
V2349	V23.49 – Pregnancy with other poor obstetric history
V2381	V23.81 – Elderly primigravida
V2382	V23.82 – Elderly multigravida
V2383	V23.83 – Young primigravida
V2384	V23.84 – Young multigravida
V239	V23.9 – Unspecified high-risk pregnancy
V241	V24.1 – Lactating Mother
V242	V24.2 – Routine Postpartum Follow-Up
V2509	V25.09 – Other Family Planning Advice

Location Codes in ORCHIDS

Location Codes identify the general location where services were delivered.

- The DMAP Billing Guide refers to these as Place of Service (POS) codes. The field on the MMIS claim screen is called the "POS" field. The field on the ORCHIDS screen is called the "Location" field.

- When billing through ORCHIDS, the system automatically inserts an appropriate location code on the claim for most procedure codes. When G9001-Intial Assessment is billed in ORCHIDS, the user must select the location or place of service.

POS Code	ORCHIDS Location	Description
12	Home	The MCM service was delivered in the home.
71	LHD (Non-FQHC)	The MCM service was delivered at a local county health department facility that is not a Federally Qualified Health Center or a Rural Health Center.
99	Other	The MCM service was performed at a location that was not home and was not the local county health department facility.

Optional MCM Billing Worksheet

This optional worksheet can help you track billing claims for a client.

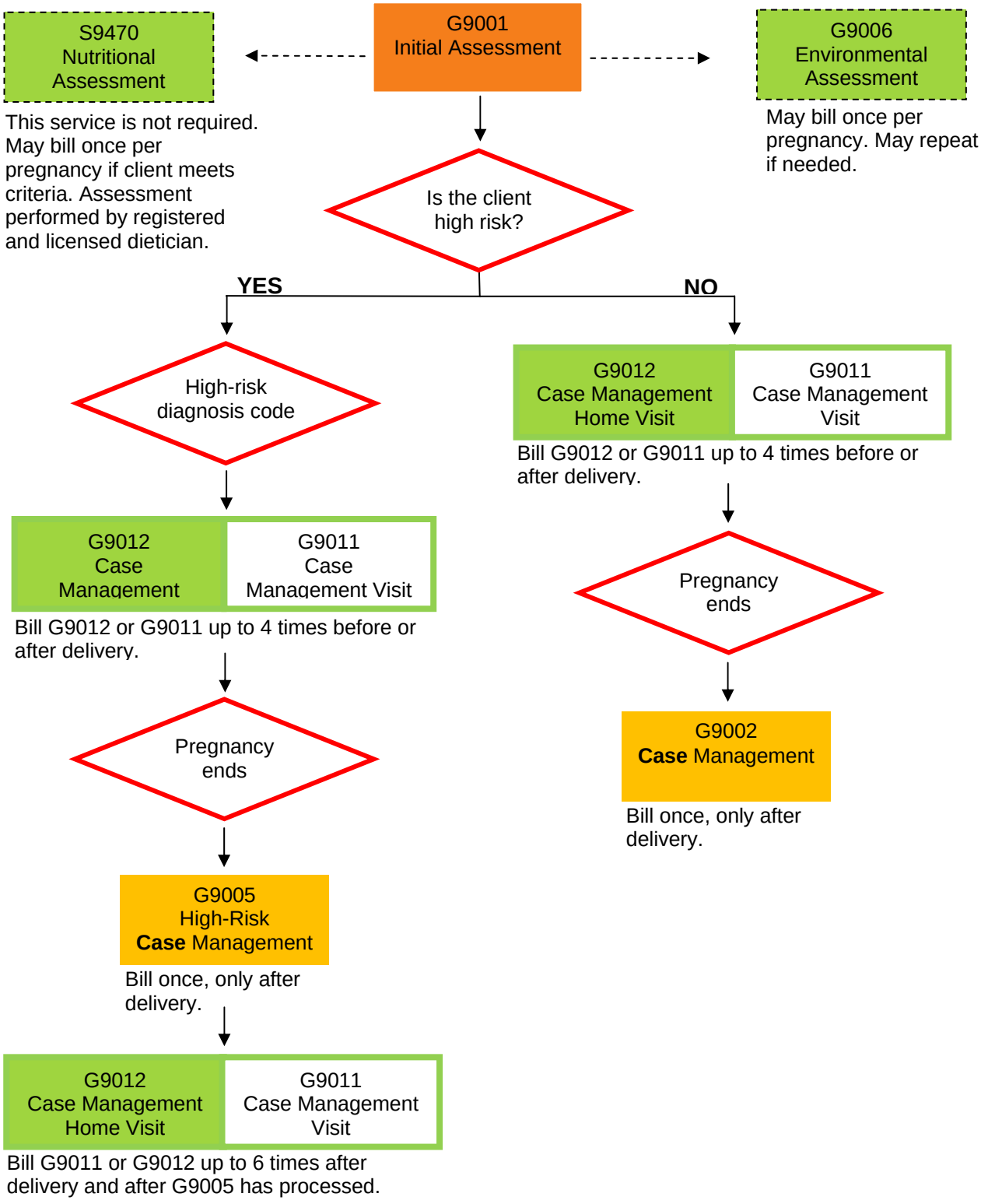
Client Name _____ Date of Birth _____

Medicaid Number _____

Procedure Code		**Date of Service**
G9001-Initial Assessment		
G9006-Home/Environmental Assessment		
G9012-Case Management Home Visit Or G9011-Case Management Outside the Home (Up to 4 total visits for a case that is not high risk)	Visit 1	
	Visit 2	
	Visit 3	
	Visit 4	
G9002-Case Management Or G9005-High-Risk Case Management		Bill only after delivery
G9012-Case Management Home Visit Or G9011-Case Management Visit Outside the Home (Up to 6 (six) additional case management visits for a high-risk pregnancy)	Visit 5	Bill only after delivery
	Visit 6	Bill only after delivery
	Visit 7	Bill only after delivery
	Visit 8	Bill only after delivery
	Visit 9	Bill only after delivery
	Visit 10	Bill only after delivery
Reason(s) for high-risk status:		

Sample MCM Billing Flowchart

This sample flowchart represents when billing occurs, not when services are delivered. Many combinations of case management visits that occur before and after delivery are possible. Different combinations of case management visits inside and outside the home are also possible.



DMAP Reimbursement Rates (effective 8/1/2011)

G9001–Initial Assessment $24.59

- Develop the Client Service Plan (CSP) before providing any other MCM services.
- Communicate with the prenatal provider.
- Bill once during pregnancy, per provider.

G9002–Case Management $75.06

- Bill once per pregnancy and after delivery.
- Services were initiated prenatally.
- More than 3 months of service were provided.
- Services were maintained through delivery.
- G9002 may not be billed in combination with G9005.

G9006–Home/Environmental Assessment $42.89

- Not required for MCM.
- Complete the entire Home/Environmental Assessment and document.
- Bill once per pregnancy. Additional assessments may be billed with documentation of problems that necessitate follow-up assessments, or when a client moves. If client moves, simply write "moved" and note the new address.
- Repeat assessments must be submitted with documentation, which requires faxing a paper claim with documentation.

G9005–High Risk Case Management $128.67

- Bill once per pregnancy and after delivery.
- Pregnancy is high risk**.** The client was identified as high risk at any time when the case management services were being provided.
- Services were initiated prenatally.
- More than 3 months of service were provided.
- Services were maintained through delivery.
- G9005 may not be billed in combination with G9002.

G9012–Case Management <u>Home</u> Visit $42.89

- Must be performed in the client's home.
- Includes an evaluation and/or revision of objectives and activities addressed in the CSP, and training, information, and education on at least 2 topics.
- Four (4) case management visits may be billed per pregnancy. Case management visits outside the home are included in this total.
- Up to six (6) additional visits may be billed if the client is identified as high risk. These additional high-risk visits may be billed only with or after G9005–High Risk Case Management has been billed.

G9011–Case Management Visit <u>Outside the Home</u> $21.45

- A face-to-face encounter with the client in a place other than the home. The encounter must meet all the requirements of a Case Management Home Visit. (See G9012, to left).
- A telephone encounter is billable when a face-to-face Case Management Visit is not possible or practical. Document the reason why a face-to-face visit was not possible or practical if a telephone visit was substituted for a face-to-face visit.
- G9011-Case Management Visit Outside the Home is included in the total number of allowable case management visits.

S9470–Nutritional Counseling $47.29

- Not required for Maternity Case Management.
- Service provider is a licensed <u>and</u> registered dietician (R.D. <u>and</u> L.D.), as outlined in OAR 410-130-0595(7).
- Client must meet qualifications as defined in OAR 410-130-0595(12)(a)(A-I).
- Bill once per pregnancy.