

**Q & A from Coding & Billing Guidance Document Review- Maternal Health
September 27 & 28, 2017**

1. Can someone address the special note under Modifier 24 from the Coding Document on page 52.
A- Yes. It just means that if you provide services and use the -24 Modifier to bill then you must wait until the package or E&M codes for the antepartum care have been billed. This documents the pregnancy with Medicaid and therefore they can see the purpose of the -24 modifier.
2. In the scenario 2 we would not bill the 96372?
A- Yes you could bill the 96372 for the Depo administration in addition to the 59430
3. Can the -24 modifier be used for STD treatment?
A- No, it may not. In order to use the -24 modifier the reason for the visit must be unrelated to the pregnancy. An STD treatment would be considered related since it could affect the pregnancy if left untreated.
4. Was the Makena new codes reflected in a Medicaid bulletin?
A- It was not.
5. Patient is not eligible for presumptive in April and is a self-pay patient. Patient comes today and has MPW going back to May. We will global bill for the antepartum package. Is the patient responsible for paying charges on April?
A- Yes. They would be responsible for any charges prior to Medicaid eligibility. Remember the charges must be applied to the SFS.
6. When the global maternity claim 59425, 59426 pays, the initial office visit 99211 that was billed for confirmation of pregnancy is recouped could -24 modifier be used for the pregnancy test only visit?
A- No. If the positive pregnancy test visit does not include all the required components of a prenatal visit, it should not be included in the Obstetric Package Billing. Medicaid has initiated steps to stop CPT 99211 (for the positive pregnancy test visit) from being recouped when a package code is submitted by the same provider. We do not have a fix date. Until the issue is completely resolved, agencies may continue to submit adjustment requests with documentation that supports that the 99211 was not part of the antepartum care.
7. Onslow is still waiting on resolution to MH less than 4 visits billed individually being recouped when OB practice bill their delivery services.
A- Please contact your Administrative Consultant for assistance.
8. Any updates to \$3 copay left on Childbirth education claims?
A- For copays, check to be sure the correct diagnosis code is being used.
9. Pregnancy test is not part of the package, correct.
A- Please see number 6 above.
10. Know we do not receive payment for Makena because they are billing Medicaid. We have some patients who do not have Medicaid and receive the compound so is the Q9985 taking the place of the J3490 and is it scheduled for reimbursement?
A- Yes. That is correct.

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11. How do you bill for the education portion of centering group prenatal care.

A- Refer to NC DMA Clinical Coverage Policy 1M2 Childbirth Education

<https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/1m2.pdf>

Provider must have childbirth education training as specified in the policy

- Use HCPCS code S9442 Maximum of 4 hours per day
- Can be billed up to 10 hours of instruction per patient/pregnancy

12. Does the compound 17P require NDC code--it is not a drug code?

A- We are looking into the correct response for this question. Will post when our response is available.