




Public Health  
HEALTH AND HUMAN SERVICES

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To: Local Health Departments

From: Belinda Pettiford, Branch Head  
Women's Health Branch 

Subject: Medicaid Billing Information for Local Health Department Pregnancy Medical Homes

The Women's Health Nurse Consultants have worked with Kate Berrien, Director of Maternal Health Programs with Community Care of North Carolina, to develop the following guidance. This guidance was also reviewed by the Division of Medical Assistance. Please share this information with all appropriate staff within your agency to ensure immediate implementation.

The following is important information regarding billing Medicaid (North Carolina Division of Medical Assistance, DMA) for Pregnancy Medical Home (PMH) incentives and postpartum visits.

According to DMA Clinical Coverage Policy 1E-6 "Pregnancy Medical Home," the PMH practice will be reimbursed for incentive codes S0280 and S0281, and not the individual physician, with the exception of a sole proprietor. To participate in PMH and bill for PMH incentive codes, all providers are required to be currently enrolled as a Medicaid provider with a National Provider Identification (NPI) number.

**Incentive code S0280:** Providers shall bill this incentive code after the pregnancy risk screening tool has been completed.

**Incentive code S0281:** Providers shall bill this incentive code after the postpartum visit is completed. According to DMA Clinical Coverage Policy 1E-6 "Pregnancy Medical Home," the provider billing S0281 must be the same provider that bills for postpartum care. This incentive will only pay if an OB package code, such as CPT code 59430 "postpartum care only (separate procedure)", is paid in history to the same billing provider (group or practice) that is billing S0281. **In order for providers to receive reimbursement for incentive code S0281, the date of service must be within 60 days of the date of delivery.**

OB package codes that include postpartum care are as follows:

1. **59400** – Global fee-Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care;

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2. **59510** – Global fee-Routine obstetric care including antepartum care, cesarean delivery, and postpartum care;
3. **59410** – Postpartum package-Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care;
4. **59515** – Postpartum package- Cesarean delivery only; including postpartum care, *or*
5. **59430** – Postpartum care only (separate procedure).

**Postpartum Care Services:** Postpartum care services are covered through the end of the month in which the 60<sup>th</sup> postpartum day occurs based on DMA Clinical Coverage Policy 1E-5 “Obstetrics”. This is when Medicaid for Pregnant Women (MPW) coverage ends. Beneficiaries in other categories of Medicaid coverage may still be able to receive postpartum follow-up care after the end of the month in which the 60<sup>th</sup> postpartum day occurs.

**Enhanced PMH Rates:** PMH providers receive the PMH enhanced reimbursement rate with OB package codes 59425, 59426, 59400, 59409, 59410, and 59430. In order to receive the enhanced rate (for S0280 and S0281 codes to pay), the NC Tracks system must recognize both the billing and rendering providers on the claim as PMH providers. Contact your CCNC OB Coordinator to update your site’s PMH contract, as needed.

**Billing for Individual Antepartum Services:** Per DMA Clinical Coverage Policy 1E-5, individual antepartum services (Evaluation and Management-E/M codes) are covered when a pregnancy is high-risk and requires more than the routine number of prenatal visits (12-14 visits per ACOG definition). When billing individual E/M codes for a high risk patient, it is important to have documentation to support the reason for additional visits. Attachment B of DMA Clinical Coverage Policy 1E-6 provides a list of high-risk conditions that prioritize a patient for Pregnancy Care Management services; these conditions include examples of reasons some patients would require more than the routine number of prenatal visits, but is not a comprehensive list of every high-risk condition. The PMH model designates pregnancy risk factors as “priority” for the purposes of ensuring beneficiaries are assessed by a care manager.

**E/M Billing:** Use of E/M billing codes must be consistent with guidelines in DMA’s Clinical Coverage Policy 1E-5 Obstetrics.

**Claims with dates of service on or after October 1, 2015 must be billed using the appropriate ICD-10-CM diagnosis codes. Claims with dates of service prior to October 1, 2015, must be billed using the appropriate ICD-9-CM diagnosis codes.**

**Postpartum Services provided in a local health department (LHD) Family Planning (FP) clinic:** CPT code 59430 **must** be billed for postpartum care that occurs in the local health department FP clinic (or other LHD maternal health settings). If the LHD provides

comprehensive maternity care, including delivery, it can bill the global fee. However, **the FP modifier must not be applied to CPT code 59430.**

CPT code 59430:

1. **Must** be paired with ICD-9-CM diagnosis code V24.2 (routine postpartum follow-up) or ICD-10-CM diagnosis code Z39.2; and
2. **Must** include an appropriate diagnosis code for contraceptive method and method counseling, particularly if the patient is supplied with a birth control method from 340B stock.

**Coding Examples:**

***Guidance on billing services for clients returning for Maternal Health or Family Planning services in the local Health Department is provided in the following examples.***

1. Patient visits the LHD for her first prenatal appointment in Maternal Health clinic. The provider examines the patient, reviews the Pregnancy Home Risk Screening Form, and submits the form to the appropriate pregnancy care manager. Although this office visit will not **yet** be billed because the prerequisite number of package visits has not been reached, the provider will bill Medicaid for the incentive code associated with completing the Risk Screening form, **S0280**.
2. Patient who received a bilateral tubal ligation at the time of delivery returns to the LHD within 60 days of delivery for her postpartum visit in the Maternal Health clinic. There is no contractual arrangement for the LHD to bill for the delivery. Therefore, the LHD bills **59430** for the postpartum package and **S0281** for the PMH postpartum incentive, along with ICD-9\_CM diagnosis code V24.2 or ICD-10-CM-code Z39.2.
3. Patient returns to LHD within 60 days of delivery for her postpartum visit. She needs to begin a contraceptive method and is seen in the Family Planning Clinic. Patient receives a Depo-Provera injection. LHD bills:
  - a. **59430** for the postpartum package,
  - b. **S0281** for the PMH postpartum incentive with ICD-10 code Z39.2 or ICD-9\_CM diagnosis code V24.2.
  - c. HCPCS code **J1050 FP UD** for the 340B Depo-Provera using either of the **ICD-9-CM** diagnosis codes listed below:
    - V25.02 (Initiation of other contraceptive measures); or
    - V25.09 (other Family Planning Advice); or
    - V25.49 (Other contraceptive method); or
    - V25.8 (Other specified contraceptive management); or**ICD-10-CM** diagnosis codes:
    - Z30.013 (initial injection); or
    - Z30.42 (surveillance of injectable contraceptive), if Depo was provided at the hospital post- delivery); or
4. Patient returns to LHD within 60 days of delivery for her postpartum visit. Patient has an IUD inserted at the postpartum visit in the Family Planning Clinic. The LHD can bill 59430, S0281, **and** codes for the contraceptive device and insertion. Billing is as follows:

- “25” modifier **cannot** be used with the IUD insertion code (58300) when 59430 is billed because 59430 is a package code.
- The FP modifier must be used on the IUD insertion code 58300. The FP and UD modifiers must be used when billing the IUD HCPCS code or anytime the contraceptive method was purchased utilizing 340B stock.
- The provider must include an appropriate diagnosis code for the contraceptive method and method counseling.
- LHD bills **59430** for the postpartum package and **S0281** for the postpartum incentive with ICD-10 diagnosis Z39.2 (routine postpartum follow-up) or ICD-9-CM diagnosis code V24.2. LHDs should also bill:
  - 58300 **FP** for the IUD insertion with ICD-10-CM diagnosis code,
  - Z30.430 (insertion of IUD); or
  - ICD-9-CM diagnosis code V25.11; and
  - the appropriate HCPCS code for the specific IUD inserted (**J7300 FP UD** for ParaGard; **J7301 FP UD** for Skyla; **J7298 FP UD** for Mirena and **J7297 FP UD** for Liletta).

If you have any questions or need additional information, please consult your Women’s Health Nurse Consultant or your Community Care of North Carolina Pregnancy Medical Home (PMH) OB Nurse Coordinator.

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