

PRENATAL PLUS PACKAGES – BILLING

There are four billing options for the Prenatal Plus program which are described below.

PACKAGE TYPES

Partial Package Billing Information—Code H1005-TH 52

Reimbursement for a Partial package of services is **\$143.68** and can be billed under the following conditions:

- Client enrolls at 28 or more weeks gestation and receives 1-4 contacts, at least one of which must be a face-to-face contact; **OR**
- Client enrolls in the first or second trimester (prior to 28 weeks) and receives 1-4 contacts, at least one of which must be a face-to-face contact, but withdraws from the program before delivery **OR** does not meet the criteria for the other package categories.

Partial Plus Package Billing Information – Code H1005-TH TF

Reimbursement for a Partial Plus package of services is **\$384.03** and can be billed under the following conditions:

- Client enrolls at 28 or more weeks gestation and receives 5-9 contacts; **OR**
- Client enrolls in the first or second trimester (prior to 28 weeks) and receives 5-9 contacts, but withdraws from the program before delivery **OR** does not meet the criteria for the Full package categories. With appropriate documentation, one telephone call can be counted as a contact. Calls to reschedule an appointment or to make an appointment with a client cannot be considered a contact.

Full Package Billing Information—Code H1005-TH

Reimbursement for a Full package of services is **\$718.34** and can be billed under the following conditions:

- Client enrolls at 27 or fewer weeks gestation;
- A minimum of one case conference is held; **AND**
- Client receives a total of ten (10) contacts over the course of the pregnancy and through the end of the second month following the month in which the client delivered. With appropriate documentation, one telephone call can be counted as a contact. Calls to reschedule an appointment or to make an appointment with a client cannot be considered a contact.

Full Plus Package Billing Information– Code H1005-TH TG

Reimbursement for a Full Plus package of services is **\$814.11** and can be billed under the following conditions:

- Client enrolls at 27 or fewer weeks gestation;
- A minimum of one case conference is held; **AND**
- Client receives a minimum of eleven (11) contacts over the course of the pregnancy and through the end of the second month following the month in which the client delivered. With appropriate documentation, one telephone call can be counted as a contact. Calls to reschedule an appointment or to make an appointment with a client cannot be considered a contact.

PRENATAL PLUS PACKAGES – BILLING

CLAIMS SUBMISSION AND TIMELY FILING

Prenatal Plus claims must be submitted directly to Medicaid within 120 days after the last date of service. The last date of service is either the delivery date or the last date of contact for those who withdraw from the program. Bill completed packages as soon as possible after the delivery date, even if the client may be seen for additional visits.

OTHER INSURANCE COVERAGE

Occasionally, Prenatal Plus clients have primary insurance coverage in addition to being eligible for Medicaid coverage. In these instances, claims for Prenatal Plus services must first be submitted to the primary insurance company. Once the primary insurance company denies the claim, the claim can be submitted to Medicaid for reimbursement, along with a copy of the denial. If the client is covered by one of Medicaid's managed care organizations, a denial is not necessary before billing Medicaid for Prenatal Plus services.

BILLING MORE THAN ONCE IN A NINE-MONTH PERIOD

Medicaid's computer system allows for one billing per client in a nine-month period using Prenatal Plus billing codes. However, the following exceptions may be made:

- A client is seen for an initial pregnancy, subsequently has either a miscarriage or an abortion, and becomes pregnant again within a nine-month period. In this case, the provider may bill for the second pregnancy within the nine-month period.
- A client receives a Partial or Partial Plus package from one provider, then moves from the area and re-enrolls with a new provider. In this case, the first provider may bill a Partial or Partial Plus package, and the second provider may bill either a Partial, Partial Plus, Full or Full Plus package depending on the level of services provided (i.e., if all requirements for a Full package have been met, the provider can bill a Full package).

If a client leaves the program, and then re-enrolls with the **same** provider during the **same** pregnancy, the provider must request that the claim for the previously billed service package be backed out of the Medicaid system. Billing for the new service package can be done once criteria for the new package are met. An agency cannot bill Medicaid for two separate packages for the same client during the same pregnancy.