

Beginning Billing Workshop Women's Health

Colorado Medical Assistance Programs
including Health First Colorado
(Colorado's Medicaid Program) and CHP+

2018



COLORADO

Department of Health Care
Policy & Financing

Obstetrical Care

- Pregnant women under age 21 are also eligible for EPSDT services, including dental, vision care and health checkups
- Women in the maternity cycle are exempt from co-payment
 - Provider must mark co-payment indicator on the electronic format or on the paper claim form
- Undocumented women are eligible for emergency services only
 - Labor and delivery are considered emergency services
 - Sterilization procedures are NOT considered an emergency



COLORADO

Department of Health Care
Policy & Financing

Obstetrical Care

Procedure Coding

Global Care

- Affiliated providers should bill medical care provided during pregnancy, antepartum, labor and delivery and postpartum period using the global OB codes
- Use delivery date as date of service

Non-Global Care

- Unusual circumstances
- Conditions which are unrelated to the pregnancy or delivery
- Complications of pregnancy
- Certain adjunctive services
- Medical/Surgical services unrelated to the pregnancy
- Depression screens for pregnant and postpartum women



COLORADO

Department of Health Care
Policy & Financing

Obstetrical Care

Separate Procedures

These services should be billed in addition to global obstetrical care charges:

Prenatal
Testing

Testing,
including
ultrasound

Clinical
Laboratory
testing

Adjunctive
services

Initial
antepartum
visit

Conditions
requiring
additional
treatment

Case
management

Medical or
surgical
complications

Obstetrical Care

Separate Procedures (cont.)

These services should be billed in addition to global obstetrical care charges:

Anesthesia

Epidural
anesthesia

Assistant
surgeon at
cesarean
delivery

Family
planning

Surgical
sterilization

Newborn care
in the hospital

Examination &
evaluation of
healthy
newborn

Newborn
resuscitation
or care of
high-risk
newborn

Obstetrics

Common Billing Issues

- Most common denial for OB care
 - Edit 0260 - The OB services are billed incorrectly.
- When does this edit deny claims?
 - When the same billing providers bill separately for: antepartum, labor & delivery or postpartum care services, instead of billing global code
 - When the same billing providers bill for antepartum + global care
- There are many codes for billing OB services
 - Choose the most accurate and complete global OB code and other procedure codes and modifier for your service
- Remember, the same billing providers cannot bill for both global care and antepartum and/or postpartum care



COLORADO

Department of Health Care
Policy & Financing

Billing for Twins

- To avoid claim denials and NCCI edits involving the delivery of multiple infants, additional information is required
- To bill for a cesarean or vaginal delivery of multiple infants, follow these guidelines:
 - Appropriate diagnostic code describes the pregnancy, gestational history and outcome of delivery
 - Appropriate CPT codes, modifiers and unit values as set forth below
- For Cesarean Deliveries
 - Bill one (1) CPT code and one (1) unit for the complete cesarean delivery
 - Whether reporting a global delivery (59510-59618), delivery only (59514-59620), or delivery including post-partum care (59515-59622), only cesarean procedure (with one incision) is being performed
 - Use the most accurate procedure code that describes the antenatal care, delivery history, current delivery type and any postnatal care provided.



COLORADO

Department of Health Care
Policy & Financing

Billing for Twins (cont.)

- For Vaginal Deliveries
 - Bill vaginal deliveries for multiples using the guidelines below:
- For the first infant (Baby A) use the most accurate procedure code that describes the antenatal care, delivery history, current delivery type and any postnatal care provided for the current pregnancy
- Bill only one (1) unit of service for Baby A
 - For an additional infant (Baby B)
- Use one (1) “delivery only” code: 59409-59612
- Choose the code associated with the same delivery history and type that you used for Baby A
- Include modifier ‘22’ in the first position for Baby B
- Bill one (1) unit of service for the additional infant
- Each infant should be listed on a separate line
- Use the delivery date as the date of service

If identical codes are needed for billing both Baby A and Baby B, submit a paper claim and proper documentation to support use of identical/duplicate codes



COLORADO

Department of Health Care
Policy & Financing

Billing Newborn Services

Use Modifier UK when:

Both mother and newborn must be in the hospital to bill this charge

Don't use Modifier UK when:

Mother has been discharged and infant is transferred to a different hospital

- Charges must be submitted under newborn's State ID
- You can no longer use the mother's State ID and modifier UK

Obtaining Infant's Health First Colorado ID Card

- In order for the County to enroll newborn, notify the county Department of Human/Social Services of all the following:
 - Infant's full legal name
 - Birth date
 - Gender
 - Mother's State ID
- Anyone can report the birth of a newborn
 - This can be done online at the Department's Add-a-Baby web page
 - www.colorado.gov/pacific/hcpf/add-baby
- Local Healthy Communities Outreach Coordinators can also assist with this process



COLORADO

Department of Health Care
Policy & Financing

Ultrasound Restrictions

Limited to two (2) per low-risk or uncomplicated pregnancy

Billed as separate CPT codes



COLORADO

Department of Health Care
Policy & Financing

Sterilizations

- Must be billed electronically through the web portal
- Claims should include the appropriate family planning diagnostic code and/or the family planning modifier 'FP'.
- All providers billing for services associated with a sterilization procedure must include the MED-178 Sterilization Consent form or a copy of the form.
- Member must:
 - Be at least 21 years of age
 - Be mentally competent
 - Give informed consent
- At least 30 days, but not more than 180 days, must pass between date MED-178 was signed by member and the date of the sterilization procedure (except in specific circumstances of preterm delivery or emergency abdominal surgery)
- www.colorado.gov/hcpf/provider-forms



COLORADO

Department of Health Care
Policy & Financing

Sterilization Form

www.Colorado.gov/hcpf/provider-forms

HEALTH FIRST COLORADO (Colorado's Medicaid Program)
STERILIZATION CONSENT FORM (MED-178)

Member's Health First Colorado ID: _____
NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____, When I first asked for the

1. Health Care Provider or Clinic

information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving federal funds such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation know as a _____, The discomforts, risks

2. Type of Procedure

and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____, 3. Date of Birth

I, _____, hereby consent of my own

4. Name of Member

free will to be sterilized by _____ by a

5. Health Care Provider or Clinic

method called _____, My consent

6. Type of Procedure

expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to representatives of the U.S. Department of Health and Human Services, or employees of programs or projects funded by the Department but only for determining if federal laws were observed.

I have received a copy of this form.

7. Member's Signature

8. Date of Signature

You are requested to supply the following information, but it is not required: (9. Ethnicity and Race)

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have read to the member this consent form in _____

10. Language

language and explained its contents to the member. To the best of my knowledge and belief, the member has understood this explanation.

11. Interpreter's Signature

12. Date of Signature

Revised: 06/2016

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form,

13. Name of Member

I explained to member the nature of the sterilization operation

_____, the fact that it is intended to be a

14. Type of Procedure

final and irreversible procedure, and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual that member consent can be withdrawn at any time and that the member will not lose any health services or any benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. Member knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

15. Signature of Person Obtaining Consent

16. Date of Signature

17. Name of Facility Where Information About Sterilization Was Given to Member

Address of Facility (including city, state, and zip code)

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ on _____,

18. Name of Member

19. Date of Procedure

I explained to the individual the nature of the sterilization operation known as _____, the fact

20. Type of Procedure

that it is intended to be a final and irreversible procedure, and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that member consent can be withdrawn at any time and that the member will not lose any health services or benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old ad appears mentally competent. Member knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph that is not used.)

21.(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization procedure was performed.

21.(2) The sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- a. Premature delivery. Expected date of delivery: _____
 b. Emergency abdominal surgery (describe circumstances): _____

22. Signature of Person Who Performed Procedure

23. Date of Signature

Common Sterilization Errors

- Common Errors

- Using an old version of the Med-178 (2004) form
- Missing member's signature
- Type of operation entered in Consent differs from that in the Physician's Statement
- Incomplete facility address
 - Must include zip code
- Operation performed less than 30 days or more than 180 days from signature date



COLORADO

Department of Health Care
Policy & Financing

Benefit and Billing Information

For more detailed benefit and billing information, refer to:

<https://www.Colorado.gov/hcpf/Billing-Manuals>

Billing Manuals → CMS 1500 → Obstetrical Care



COLORADO

Department of Health Care
Policy & Financing

Provider Services Call Center

1-844-235-2387

[Download the Call Center Queue Guide](#)

7 a.m. - 5 p.m. MST Monday, Tuesday, & Thursday

10 a.m. - 5 p.m. MST Wednesday & Friday

The Provider Services Call Center will be utilizing the time
between 7 a.m. and 10 a.m.

on Wednesdays and Fridays to return calls to providers.



COLORADO

Department of Health Care
Policy & Financing

Thank you! Please feel free to ask us any questions you may have.



COLORADO

Department of Health Care
Policy & Financing