



# **PREGNANCY MEDICAL HOME**

**Presented by:**

**Kate Berrien, RN, BSN, MS**

**CCNC Pregnancy Home Project**

**Coordinator**

**Marianne Diana**

**HP Enterprise Services**

**March 2011**

# AGENDA

- CCNC Network
- Pregnancy Medical Home (PMH) Program Overview
- PMH Incentives
- PMH Billing
- EPSDT
- Q&A Session





# **COMMUNITY CARE OF NORTH CAROLINA**

**Statewide program for managing  
the Medicaid population**

## KEY GOALS

- Primary Goal—
  - Improving care quality & health outcomes,
  - Reducing costs
- Began with the goal of increasing access to care for Medicaid patients in rural NC
- Focused initially on linking patients to medical homes to decrease unnecessary ED use
- Evolved into partnering with those providers on care quality and cost reduction



# KEY STRATEGIES

- Started by targeting key chronic diseases, such as asthma, diabetes, heart failure, COPD
  - Costly complications if not well managed
  - Gaps in care between everyday standard of care and national, evidence based treatment guidelines



# KEY STRATEGIES

- Created a system of supporting providers and patients

- **For Providers**

- Providing Treatment Guidelines at the Point of Care
- Providing Level 1, unbiased CME education
- Supporting improved care for all patients, not just Medicaid

- **For Patients**

- Use team of care managers (Mostly RNs) to reinforce provider's plan of care between visits
  - Home visits, practice encounters, phone calls, etc
- Connect the dots between multiple providers
- Link patients with needed services/self-management





**SHIFT IN FOCUS TO  
TRANSITIONAL CARE  
Aged, Blind, and Disabled**

# KEY STRATEGIES-AGED, BLIND, DISABLED

- Became clear in last 2 years that we needed to do more for the sickest population on Medicaid
- Changed focus to Aged, Blind, and Disabled recipients-
  - **The 30% who cost 70%, multiple chronic diseases, in and out of hospital**
- Focus on evidence-based strategies to improve transition from hospital to home, prevent readmits



# KEY STRATEGIES—TRANSITIONAL CARE

- Acting as a low tech Health Information Exchange—
  - See patient bedside & Conduct home visit within 3 days of discharge
  - Reconcile medications to discharge paperwork, team of PharmDs review for discrepancies
  - Alert PCP of discrepancies, (avg 4.6), and other findings
  - Link patients back to PCP for follow up and to other services (mental health, home health, etc.)
  - Once stable, provide ongoing education on self-management, medications, equipment, red flags of worsening conditions, etc.
- Goal is to prevent unnecessary hospitalizations, readmits and ED visits





# STRUCTURE

Statewide Program of 14 Local  
Networks

# HOW THIS IS OPERATIONALIZED

- 14 local Networks across all 100 counties
- Non-profits, operate in partnership with hospitals, health depts, DSS, PCPs, mental health, long term care, AHECs, safety net agencies, and others
- Physician led—all networks have a Clinical Director
  - They convene with their peers to identify needed initiatives, best practices, etc.
  - Add additional physician consultants to team for specific clinical initiatives (pediatricians, psychiatrists, OBGYNs, etc)



# EACH CCNC NETWORK HAS:

- Clinical Director(s)
- Network Psychiatrist(s)
- Network Director
- Nurse and Social Worker Care Managers
- Network Pharmacist (s)
- Quality improvement coordinator
- Informatics System Managers



## HOW THIS IS OPERATIONALIZED

- Primary Care Practices enroll in networks if willing to engage in QI; additional reimbursement to those who join
  - Now more than 4500 Primary Care Physicians (1360 medical homes)
- Over one million Medicaid enrollees enrolled in CCNC statewide

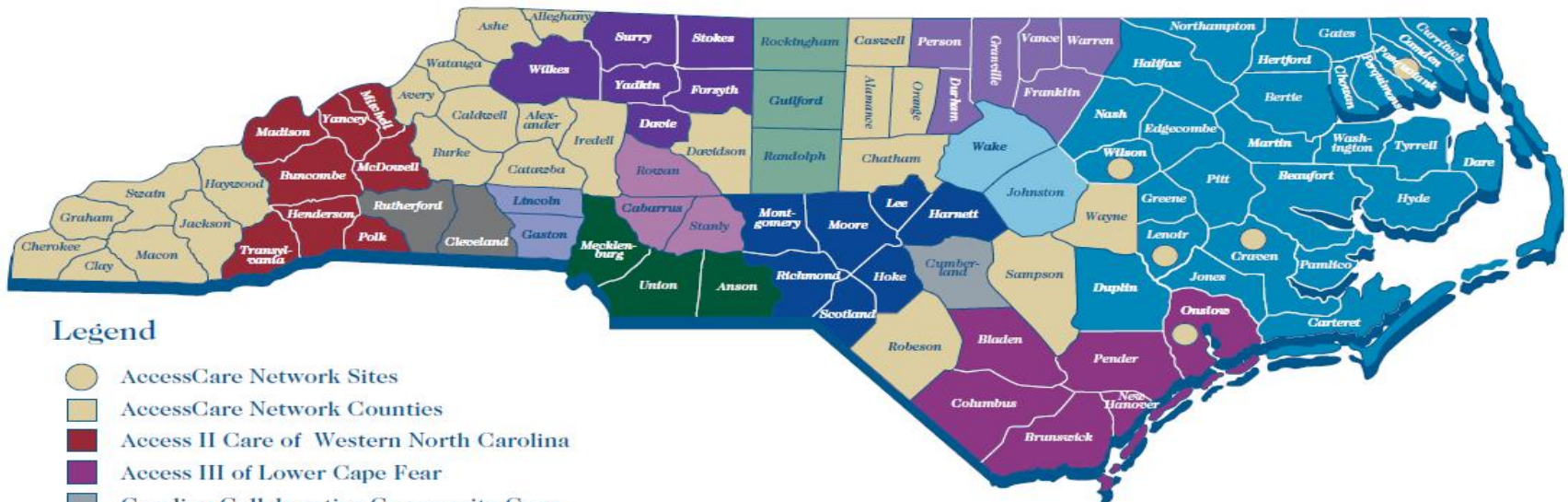


# CCNC NETWORK MAP:

[HTTP://WWW.COMMUNITYCARENC.COM/](http://www.communitycarenc.com/)



## Community Care of North Carolina Access II and III Networks



### Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Access II Care of Western North Carolina
- Access III of Lower Cape Fear
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Community Care of Wake / Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care Network
- Partnership for Health Management
- Sandhills Community Care Network
- Southern Piedmont Community Care Plan

# KEY PROGRAM ASSET- DATA

- Informatics Center - Medicaid claims data
  - Utilization (ED, Hospitalizations)
  - Providers (Primary Care, Mental Health, Specialists)
  - Diagnoses
  - Medications
  - Labs
  - Costs
  - Individual and Population Level Care Alerts
- Real-time Data
  - Hospitalizations, ED visits, Provider referrals





# **PROGRAM PERFORMANCE**

**New Directions in Community**

**Care**

# PERFORMANCE

- Measured on
  - Patient Health Outcomes—including:
    - Hospitalization Rate
    - Readmit Rate
    - ED Rate
    - Cost savings
  - Changes in Provider Patterns—including:
    - Increased use of lower cost medications, rate of e-rx
    - Provider adherence to evidence-based treatment guidelines (conduct chart audits on adherence to standards)



# PERFORMANCE

- Won Harvard Award for Innovations in American Government—the coveted award for public programs
- Saved State over a billion dollars—approx \$200 million per year in recurring savings
- Being asked to do more as a result--
  - Integration of Physical and Mental Health
  - Palliative Care
  - High Risk OB
  - Expanding to other populations—Medicare, Blue Cross, State Employees

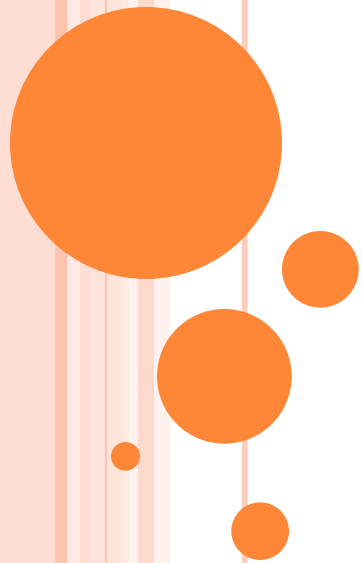


## CCNC & PREGNANCY HOME

- CCNC approach---Focus on best practices for providers and care management of high risk patients
- Network OB team (physician champion and nurse coordinator) to support this model
- Public Health Pregnancy Care Managers—will work with high risk patients to help them manage their care



QUESTIONS?





# **PREGNANCY MEDICAL HOME PROGRAM OVERVIEW**

**Kate Berrien, RN, BSN, MS  
Community Care of North Carolina  
Pregnancy Home Program  
Coordinator**

# PREGNANCY MEDICAL HOME

- Goal: Improve birth outcomes in North Carolina by providing evidence-based, high-quality maternity care to Medicaid patients
- Provide pregnant Medicaid recipients with a PMH
  - Modeled after enhanced primary care case management (PCCM) program developed by CCNC
- Any pregnant women eligible for Medicaid pregnancy-related services can participate



# ENROLLMENT CRITERIA

Providers must be enrolled with N.C. Medicaid as one of the following:

- General/Family Practice, OB/GYN, or Multi Specialty Physician Group
- Federally Qualified Health Clinic (FQHC)
- Rural Health Clinic (RHC)
- Local Health Department
- Nurse Practitioner
- Nurse Midwife



# HOW TO BECOME A PMH PROVIDER

- Practice signs contract with local CCNC network
- Include all doctors/nurse practitioners/nurse midwives in the practice
- Keep Medicaid informed of provider changes
  - Additions or deletions of practitioners
- Use Medicaid Provider Change Form for updates



## EFFECTIVE DATE OF PMH CONTRACT

- If signed before the 19<sup>th</sup> of the month, effective first day of following month
- If signed after the 19<sup>th</sup>, still effective first day of following month BUT providers must hold claims until the 15<sup>th</sup>
- Contract will remain active unless termination is requested
  - Can be terminated by either party



## CAROLINA ACCESS AND PMH

- A practice can be both a CCNC primary care medical home and a pregnancy medical home
  - Different performance measures and payment structure
- If a practice has signed a contract with the CCNC network to serve as a pregnancy medical home, ALL of that practices pregnant Medicaid patients are “PMH patients”
- The patient does not enroll with the PMH; she chooses her OB care provider as she has done in the past
- By submitting a claim for the initial risk screening incentive, the practice is stating that it is the PMH for that patient



## CAROLINA ACCESS AND PMH

- Recipients may have a PCP and a PMH
- If the patient has Carolina Access, and the PCP and PMH are different providers, the PMH will need a referral from the PCP
- If the PCP and PMH are the same provider, no referral is necessary
- No changes to current Carolina ACCESS guidelines



# PMH RESPONSIBILITIES

- Provide comprehensive, coordinated maternity care to pregnant Medicaid patients
- Allow chart audits for evaluation purposes to ensure quality improvement measures



# PMH RESPONSIBILITIES

- Four performance measures:
  - No elective deliveries <39 weeks
    - Inductions of labor and scheduled c-sections
  - Offer and provide 17P to eligible patients
  - Primary c-section rate at or below 20%
  - Standardized initial risk screening of all OB patients at first visit



# STATISTICS FROM FISCAL YEAR 2010

## Total Medicaid Births and Cesarean Section Births for SFY 2010

<u>Fiscal Year SFY 2010</u>	<u>Medicaid Cesarean Births</u>	<u>% Cesarean</u>
64,408	17,971	27.9%



## PMH RESPONSIBILITIES

- Pregnancy Medical Homes that do not provide intrapartum care must:

“develop agreements, within one year of becoming a pregnancy home, with the entities that provide this care to recipients receiving maternity care from the Participant, to ensure optimal coordination of care, availability of medical records at the time of delivery, and appropriate transition to and from the intrapartum care provider. When becoming a pregnancy home, these practices will need to describe their current arrangements for coordinating care with the intrapartum care provider.”



# 17 ALPHA HYDROXYPROGESTERONE CAPROATE

- 17p recently received FDA approval and will be available under the trade name Makena™ – more information coming soon from DMA and CCNC
- Pregnant women with history of spontaneous preterm birth or spontaneous rupture of the membranes before 37 weeks gestation
  - Must be currently pregnant with a singleton
- Weekly intramuscular injections are covered if above criteria are met



# PREGNANCY HOME RESPONSIBILITIES

- Collaborate with Pregnancy Care Management programs to ensure high-risk patients receive case management
  - Inclusion of Pregnancy Care Manager as member of the patient's clinical care team
- Provide information on how to obtain MPW, WIC, Family Planning Waiver



# PREGNANCY CARE MANAGEMENT (PCM) RESPONSIBILITIES

- Maternity Care Coordination (MCC) program transitioning to Pregnancy Care Management
- Provide care management services to pregnant Medicaid patients at risk for poor birth outcome
- In most cases, provided by Local Health Department, contracted with CCNC network



## WORKING TOGETHER

- CCNC will work with local health department to ensure that each new PMH has a pregnancy care manager assigned
- CCNC can help facilitate communication between PMH and PCM
- PCM should be considered an integral part of care team
- Two-way communication



# RISK SCREENING FORM

- Side 1 – medical information for physician or nurse to complete (OB history, current pregnancy)
- Side 2 – psychosocial information for patient to complete (if literacy allows)
- CCNC is translating into Spanish
- Any asterisk (\*) condition is a priority risk factor and will automatically trigger an assessment with a PCM



# PRIORITY RISK CRITERIA

- History of preterm birth
- History of low birth weight
- Multiple gestation
- Fetal complications
- Chronic conditions which may complicate pregnancy
- Recent/current use of alcohol and/or drugs



# PRIORITY RISK CRITERIA

- Unsafe living environment (includes homelessness, inadequate housing, violence, abuse)
- Tobacco use
- Late entry into prenatal care
- Missing two or more prenatal appointments without rescheduling
- Unanticipated hospital utilization



# INITIAL RISK SCREENING FORM

- Provider can check “requests assessment” box to trigger PCM assessment
- Complete form at first OB visit and submit to PCM within seven days
- PCM enters information into Case Management Information System (CMIS) within seven days and completes assessment of all “priority” patients within 30 days



# FOLLOW-UP RISK SCREENING

- Provider can check “requests assessment” box to trigger PCM assessment at any time
- PMH completes a mid-pregnancy follow-up risk screening
  - Same questions as initial risk screening minus the OB History section
- Patients can be rescreened at any time using the follow-up risk screening form
  - Allows the PMH to give the PCM new risk factors to be entered into the CMIS system



# PREGNANCY ASSESSMENT

- Conducted by Pregnancy Care Manager
- Results will drive PCM plan of care
- Status:
  - Pending – needs assessment
  - Pregnancy Heavy – need weekly contact with PCM
  - Pregnancy Medium – need monthly contact
  - Pregnancy Light – follow up each trimester and postpartum
  - Pregnancy Deferred – patient unwilling or unable to locate



# CMIS

- Electronic, internet based software for care management documentation
- Secure email capability
- Run reports, associate case management activity with outcomes

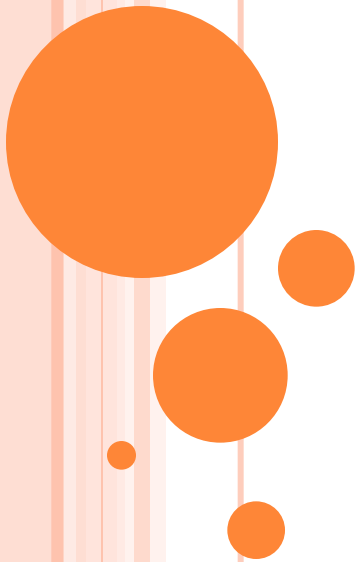


# PROVIDER PORTAL

- Secure web access to the Medicaid patient record
  - Visit history
  - Medication list and pharmacy claims history
  - Laboratory results when available
- Access a compendium of low-literacy patient education materials, screening and assessment tools, health coaching, disease management
- Retrieve medication information patients in multiple languages in print and video formats
- Must have an agreement in place with your Community Care Network



**10 MINUTE BREAK**





# **PREGNANCY MEDICAL HOME PROVIDER INCENTIVES**

**Marianne Diana  
HP Enterprise Services**

# PMH INCENTIVES

- Bypass medical necessity prior approval for ultrasounds
  - Ultrasounds must be registered with MedSolutions
- \$50 for completing the risk screening tool at initial visit
  - By billing for this incentive payment, the practice is establishing itself as the Pregnancy Medical Home for that patient
- \$150 for the postpartum visit per Medicaid recipient
  - Visit must include, at a minimum, depression screen using a validated instrument, reproductive life plan, referral for ongoing care
- Increased global rate for vaginal delivery, antepartum, and postpartum care



# ULTRASOUNDS

- PMH providers will bypass medical necessity criteria for MedSolutions Prior Approval
- Register ultrasounds with MedSolutions within 5 business days
- Wait 48 hours before billing



# BYPASS PA FOR PMH

- 76801
- 76802
- 76805
- 76810-76821
- 76825-76828
- All other high tech imaging still requires Prior Approval



# 76811 AND 76812

- Providers must meet one of the below criteria:
  - Certified with the American Institute of Ultrasound Medicine (AIUM)
  - American College of Radiology (ACR) Accredited Practice
  - Sub-specialty in Maternal Fetal Medicine Specialist (Perinatology) or Radiology



# 76817

- Use for Transvaginal Ultrasound
- Do not use 76830
  - Not OB specific
  - Will not bypass prior approval



# VAGINAL DELIVERY RATES FOR PMH REFLECT 13.2% INCREASE

## Procedure Codes

<u>VAGINAL DELIVERY CODES</u>	<u>PROCEDURE</u>	<u>CURRENT RATES</u>		<u>FUTURE RATES</u>	
		<u>Facility</u>	<u>Non Facility</u>	<u>Facility</u>	<u>Non Facility</u>
59400	Global (includes antepartum, delivery & postpartum care)	\$1368.59	\$1368.59	\$1549.75	\$1549.75
59425	Antepartum care 4 -6 visits	268.96	340.20	304.46	385.11
59426	Antepartum care 7 + visits	475.94	608.62	538.76	688.96
59409	Delivery only	607.68	607.68	687.89	687.89
59430	Postpartum Care only	99.08	109.17	112.16	123.58
59410	Delivery w/ postpartum care	704.66	704.66	797.68	797.68

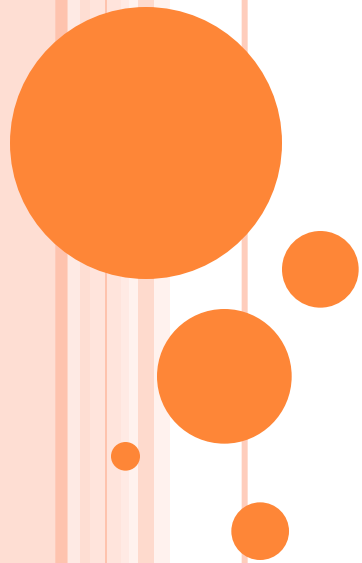


# CESAREAN DELIVERY RATES FOR PMH DO NOT CHANGE

<u>CESAREAN DELIVERY CODES</u>	<u>PROCEDURE</u>	<u>CURRENT RATES</u>		<u>FUTURE RATES</u>	
		Facility	Non Facility	Facility	Non Facility
59510	Global (includes antepartum, delivery & postpartum care)	\$1549.75	\$1549.75	\$1549.75	\$1549.75
59425	Antepartum care 4 – 6 visits	268.96	340.20	304.46	385.11
59426	Antepartum care 7 + visits	475.94	608.62	538.76	688.96
59514	Delivery only	719.52	719.52	719.52	719.52
59430	Postpartum care only	99.08	109.17	112.16	123.58
59515	Delivery w/ postpartum care	848.26	848.26	848.26	848.26



**BILLING INFORMATION  
RELATED TO PREGNANCY  
MEDICAL HOME**



# PMH INCENTIVE CODES

HCPCS Code	Description	Guidelines
S0280	Medical home program, comprehensive care coordination and planning, initial plan	Bill after risk screening is completed
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	Bill after postpartum visit is completed

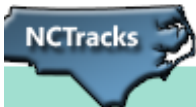
Pregnancy Care Manager (PCM) completes a pregnancy assessment



# PMH INCENTIVES

- If billed alone, S0280 and S0281 will bypass Medicare and Third Party primary filing requirements
- Provider must have PMH indicator on file to receive payment for these codes
- Provider must have PMH indicator on file to receive enhanced rates
  - Both the practice and the individual provider must have the PMH indicator to receive payment
  - Keep information current when providers join or leave a practice (Provider Change Form)





## Provider Services

[Provider Enrollment](#)

[Forms](#)

[Medicaid HIT / Incentives](#)

**[Report a Change](#)**

[Help](#)

Home > Provider Services

# Reporting a Change in Provider Status

Providers are responsible for notifying Medicaid when information related to their business or practice changes. How a change is reported to Medicaid depends on the type of change that is being reported.

- All forms must be signed by the individual provider or, for a group, the authorized agent.
- Changes submitted using the [Medicaid Provider Change Form](#) (62 KB PDF) may be submitted by **mail or fax**.
- Changes that require the submittal of a new [Provider Enrollment Packet](#), Enrollment Addendum, or new Provider Participation Agreement must be submitted by **mail** because an original signature is required.

[Additional Documentation Required for a Site Address Change](#)

[Documentation Required for Individuals Reporting a Name Change](#)

10 To **add or delete an individual to your group**

- [Medicaid Provider Change Form](#) (62 KB PDF)
- [Electronic Claims Submission Agreement](#) (79 KB PDF)



# MEDICAID 17P BILLING

- HCPCS Code: J3490
- ICD-9-CM Code: V23.41
- 1 unit = 250 mg
- Use rebatable NDC codes and appropriate NDC units
- Resources: April 2007 and February 2009 General Medicaid Bulletins



## CPT 59515 AND 59410

- Delivery and postpartum care, but no antepartum care
- Includes:
  - All delivery and all postpartum care
  - Incision check for cesarean patients
  - 6 or 8 week follow up postpartum visit
- Providers who do not do outpatient postpartum visit(s) should not bill these codes



## CPT 59430

- Billing postpartum care only
- Can be used by provider of antepartum care
- Allowed only once per pregnancy
  - Cannot be split among multiple providers
- Cannot be billed if 59515 or 59410 was billed



# NEW EOB CODES FOR PMH

- 3395: Code allowed once per gestational period
  - To ensure incentive codes are paid only once even if there are multiple births
- 3396: Payment of the appropriate postpartum service to this attending provider is required to meet Medicaid guidelines for reimbursement of this code
  - To ensure a postpartum code is paid in history before S0281 incentive is paid



# NEW EOB CODES FOR PMH

- 3397: Service denied. The procedure billed is only payable to a Pregnancy Medical Home Provider
  - To ensure non PMH providers do not get paid for incentive codes
- 3398: PMH initial assessment and PMH post partum assessment, not allowed same day, same or different provider
  - To ensure initial assessment and post partum visit do not have the same date of service





# GENERAL MEDICAID INFORMATION



DMA HOME

▼ **Medicaid Providers**

- A-Z Provider Topics
- Calendars
- Claims and Billing
- Community Care (CCNC/CA)
- Contacts for Providers
- Enrollment
- EPSDT and Health Check
- Fee Schedules/Cost Reports
- Forms
- Fraud and Abuse
- HIPAA
- Library (bulletins, policies)
- National Provider Identifier

**Programs and Services**

Seminars

ABOUT DMA

CONTACT DMA

Quick Links

[DHHS](#) > [DMA](#) > [Medicaid Providers](#) > [Programs and Services](#) > [Pregnancy Medical Home](#)

## Pregnancy Medical Home

DMA Managed Care

Phone Number 919-855-4780

Fax 919-715-0844 or 919-715-5235

DMA is working in partnership with [Community Care of North Carolina \(CCNC\)](#) and other community stakeholders including providers, local health departments, and the [Division of Public Health](#), to create a program that provides pregnant Medicaid recipients with a pregnancy medical home (PMH). The goal is to improve the quality of perinatal care given to Medicaid recipients, thereby improving birth outcomes and reducing Medicaid spending. This will be done by modeling the PMH after the enhanced primary care case management (PCCM) program developed by CCNC.

### Case Management

If a pregnant Medicaid recipient's aid program category covers pregnancy services, she is eligible to participate in this program. This program is NOT just for recipients of Medicaid for Pregnant Women (MPW). Pregnant Medicaid patients will receive care management (population management). High-risk pregnant women in a PMH will receive case management services. The level of service provided will be in proportion to the individual's identified needs. Case managers are expected to closely monitor the pregnancy through regular contact with the physician and patient to promote a healthy birth outcome.



## DMA HOME

### Providers

- Health Choice Providers
- Medicaid Providers**
- A-Z Provider Topics
- Calendars
- Claims and Billing
- Community Care (CCNC/CA)
- Contacts for Providers
- Enrollment
- EPSDT and Health Check
- Fee Schedules/Cost Reports
- Forms
- Fraud and Abuse
- HIPAA
- Library (bulletins, policies)
- National Provider Identifier
- Programs and Services
- Seminars

### ABOUT DMA

### CONTACT DMA

- Quick Links
- [Basic Medicaid Billing Guide](#)
  - [Medicaid Clinical Coverage Policies and Provider Manuals](#)

DHHS > DMA > Providers

## Medicaid and Health Choice Providers

Service specific information for North Carolina Medicaid providers. Please select the program or service from the menu below and click GO.

SELECT PROGRAM OR SERVICE

SELECT PROGRAM OR SERVICE

- Adult Care Homes
- Ambulance Services
- Ambulatory Surgical Center Services
- Anesthesia Services
- Baby Love
- Behavioral Health Services
- ...CAP/MR-DD
- ...Critical Access Behavioral Health Agency
- ...Early Intervention Services (through CDSAs)
- ...Enhanced Behavioral Health Services (CIS)
- ...Inpatient Behavioral Health Services
- ...Outpatient Behavioral Health Services
- ...MH/DD/SAS Health Plan Waiver
- ...Psychiatric Residential Treatment Facility (PRTF) Services
- ...Residential Treatment Facility Services
- ...School-Based Psychological Services
- ...Targeted Case Management for Individuals with Intellectual and Developmental Disabilities
- Be Smart Medicaid Family Planning Waiver
- Case Management - Adults and Children At-Risk of Abuse, Neglect, or Exploitation
- Child Service Coordination
- Chiropractic Services
- Community Alternatives Program (CAP)
- ...CAP/C
- ...CAP/Choice

Medicaid Information for Consumers

Health Choice Information for Consumers

...ification and Child and Adolescent

...titled CAP/MR-DD number. The correct -) 513-4002.

[Providers](#) (PDF, 157 KB)

# VERIFY ELIGIBILITY

North Carolina  
Electronic Claims Submission  
Recipient Eligibility Verification

[Main Menu](#)  
[Claims Entry](#)  
[List Management](#)  
[Reports](#)  
[Claim Submission](#)  
[Reference Materials](#)  
[Recipient Eligibility](#)  
[View RA](#)  
[Crosswalk](#)

## Recipient Eligibility Inquiry

Please complete the selection criteria fields and click on the "Submit" button below to execute a search.

**SelectionCriteria**

MID:  ... Provider Medicaid Id:  National Provider Id:

Last Name:  First Name:

DOB:  SSN:

Elig From Date:  Elig To Date:

Note: Valid search allowed are:  
A. Search by MID   B. Search by Name and DOB   C. Search by SSN and DOB   D. Search by Name and SSN

Use any of these methods to search

Tips:

Use MPN or NPI

If no date is keyed it will reflect eligibility for the date of search

Can not check future date until the first of that month

Can search back 365 days



# ELIGIBILITY RESULTS: NOTE NO PMH INFORMATION

Electronic Claims Submission  
Recipient Eligibility Verification

[Main Menu](#)

[Claims Entry](#)

[List Management](#)

[Reports](#)

[Claim Submission](#)

[Reference Materials](#)

[Recipient Eligibility](#)

[Eligibility](#)

[View RA](#)

[Crosswalk](#)

## Selection Criteria

MID: **123456789k**      Provider Medicaid Id: 7907035      National Provider Id:

Last Name:      First Name:

DOB:      SSN:

Elig From Date: 01312011      Elig To Date: 01312011

## Error Message:

No Errors

## Recipient Information

Name: **Jane Doe**      MID: **123456789k**      DOB: **1/1/1960**

Hospice Enrolled:

Eligibility Date: 01/31/2011 - 01/31/2011      Eligibility Status: **B**      Program Code: **MADQ**

County: 43

## Carolina Access PCP Data

Name: BENSON AREA MEDICAL CENTER

Day Time Phone: (919) 894-2011      After Hrs Phone: (919) 894-2011

## Transfer of Asset(TOA)

Transfer of Asset Message: T1 TOA Recipient has not been assessed

## Medicare Information

HIC: **987654321A**



# OPTICAL CHARACTER RECOGNITION (OCR)

- Paper claims electronically read using OCR technology
- Only standardized claim formats accepted
- Non-standard claim forms include:
  - Fax copies, carbon copies, or photocopies
  - Forms recreated by provider, vendor, or clearinghouse





**NATIONAL CORRECT  
CODING INITIATIVE  
(NCCI)**

# OVERVIEW

**The Patient Protection and Affordable Care Act [(H.R. 3590) Section 6507 (Mandatory State Use of National Correct Coding Initiative)] requires State Medicaid programs to incorporate "NCCI methodologies" in their claims processing systems.**



# GENERAL BACKGROUND

**The Centers for Medicare and Medicaid Services (CMS) developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding that leads to inappropriate payment of claims.**



# GENERAL BACKGROUND

**The coding policies are based on coding conventions defined in the American Medical Association's Current Procedural Terminology (CPT) manual, national Medicare policies, coding guidelines developed by national societies, standard medical and surgical practice, and/or current coding practice.**



# NORTH CAROLINA MEDICAID IMPLEMENTATION

**To comply with the NCCI mandate  
DMA will implement the two  
mandatory components on March  
31, 2011.**

**Updates Available:**

**<http://www.ncdhhs.gov/dma/provider/ncci.htm>**



**NCCI EDITS CONSIST OF TWO TYPES OF  
EDITS:**

**1) Procedure-to-Procedure Edits  
(CCI Edits)**

**2) Medically Unlikely Edits  
(MUE)**



# NCCI PROCEDURE-TO-PROCEDURE EDITS:

**NCCI procedure-to-procedure (CCI) edits that define pairs of Healthcare Common Procedure Coding System (HCPCS) / Current Procedural Terminology (CPT) codes that should not be reported together for a variety of reasons**



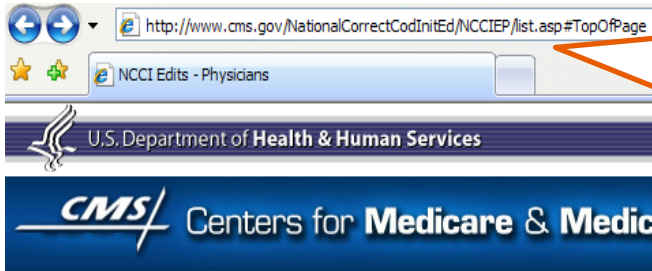
# PROVIDERS AFFECTED

## NCCI PROCEDURE-TO-PROCEDURE EDITS

- **Practitioner Services**
- **Ambulatory Surgical Centers**
- **Outpatient Hospital Services**
  - **Drugs**
  - **Radiology**
  - **Laboratory Services**



# PROVIDERS AFFECTED NCCI PROCEDURE-TO-PROCEDURE EDITS



<http://www.cms.gov/NationalCorrectCodInitEd>

## National Correct Coding Initiatives Edits

- » Overview
- » Hospital Outpatient PPS and Therapy NCCI
- » Medically Unlikely Edits
- » **NCCI Edits - Physicians**
- » NCCI Edits - Hospital Outpatient PPS
- » NCCI Transmittals

## NCCI Edits - Physicians

The list below shows National Correct Coding Initiative Edits for Physicians. To view codes for a particular service type, click the appropriate link in the

### Select From The Following Options:

- Show all items
- Show only (select one or more options):
  - Show only items whose last modified date is within the past
  - Show only items whose Code Range is
  - Show only items containing the following word

There are **13** items in this list.

Sort by:

[View Results in Excel](#)

**Service Type** ▲ ▼

**Code Range** ▲ ▼

[Category III Codes](#)

0001T-9999T

[Anesthesia Services](#)

00100-00000

# PROVIDER AFFECTED NCCI PROCEDURE-TO-PROCEDURE EDITS

## Practitioners

- **Certified Registered Nurse Anesthetists**
- **Children's Developmental Service Agencies**
- **Chiropractors**
- **Community Intervention Services**
- **Critical Access Behavioral Health Agencies**
- **Dialysis Centers**
- **Federally Qualified Health Centers**
- **Independent Laboratories**
- **Independent Outpatient Behavioral Health Therapists**
- **Independent Outpatient Specialized Therapists**
- **Local Education Agencies**
- **Nurse Midwives**
- **Nurse Practitioners**
- **Optometrists**
- **Pharmacies (non-Point-of-Sale)**

***\*\*Please note this list is not All inclusive***



# PROVIDERS AFFECTED NCCI PROCEDURE-TO-PROCEDURE EDITS

## Practitioners

- **Physician Services, such as**
  - Anesthesiology
  - Cardiology
  - Dermatology
  - Full-time Emergency Room Physicians
  - General/Family Practices
  - OB/GYN Practices
  - Osteopathy
  - Orthopedics/Hand Surgery
  - Pathology
  - Radiology
  - Podiatry
- Portable X-ray Services
- Prosthetics and Orthotics Suppliers
- Psychiatrists
- School-Based Health Centers
- Rural Health Clinics

***\*\*Please note this list is not All inclusive***

**\*If necessary please note that you can utilize NCCI-associated Modifiers to bypass NCCI edits, if in accordance with coding guidelines and if applicable to the services rendered.**



# NCCI PROVIDERS AFFECTED NCCI PROCEDURE-TO-PROCEDURE EDITS

**Outpatient Hospital Services**

**Drugs**

**Radiology**

**Laboratory Services**

**\*If necessary please note that you can utilize NCCI associated modifiers to bypass NCCI edits, if in accordance with coding guidelines and if applicable to the services rendered.**



# NCCI MEDICALLY UNLIKELY EDITS

**Medically Unlikely Edits (MUE) these are units-of-service edits. This component defines for each HCPCS/CPT code the number of units of service that is unlikely to be correct.**



# **PROVIDERS AFFECTED NCCI MEDICALLY UNLIKELY EDITS**

- **Practitioner Services**
- **Ambulatory Surgery Centers**
- **Outpatient Hospital Services**
- **Durable Medical Equipment Suppliers**



# PROVIDER AFFECTED NCCI MEDICALLY UNLIKELY EDITS

## Practitioners

- Certified Registered Nurse Anesthetists
- Children's Developmental Service Agencies
- Chiropractors
- Community Intervention Services
- Critical Access Behavioral Health Agencies
- Dialysis Centers
- Federally Qualified Health Centers
- Independent Laboratories
- Independent Outpatient Behavioral Health Therapists
- Independent Outpatient Specialized Therapists
- Local Education Agencies
- Nurse Midwives
- Nurse Practitioners
- Optometrists
- Pharmacies (non-Point-of-Sale)

***\*\*Please note this list is not  
All inclusive***



# PROVIDERS AFFECTED NCCI MEDICALLY UNLIKELY EDITS

## Practitioners

### ○ Physician Services, such as

- Anesthesiology
- Cardiology
- Dermatology
- Full-time Emergency Room Physicians
- General/Family Practices
- OB/GYN Practices
- Osteopathy
- Orthopedics/Hand Surgery
- Pathology
- Radiology
- Podiatry

- Portable X-ray Services
- Prosthetics and Orthotics Suppliers
- Rural Health Clinics
- School-Based Health Centers

***\*\*Please note this list is not  
All inclusive***

**\*If necessary please note that you can utilize NCCI-associated Modifiers to bypass NCCI edits, if in accordance with coding guidelines and if applicable to the services rendered.**



# PROVIDERS AFFECTED NCCI MEDICALLY UNLIKELY EDITS

**Outpatient Hospital Services**

**Drugs**  
**Radiology**  
**Laboratory Services**

**\*If necessary please note that you can utilize NCCI associated modifiers to bypass NCCI edits, if in accordance with coding guidelines and if applicable to the services rendered.**



## WHEN WILL THE CHANGES TAKE PLACE?

**When the edits are implemented in March 2011, CCI and MUE edits will impact claims with dates of service on and after March 31, 2011.**



## WHAT TO LOOK FOR....?

**The CCI and MUE edit explanation of benefits (EOBs) will appear on the provider's Remittance and Status (RA) Report.**



# WHAT TO LOOK FOR...?

- **EOB 9988 – “Payment of procedure code is denied based on CCI editing”**
- **EOB 9953 – “Payment of procedure code is denied based on MUE editing”**



# WHAT TO LOOK FOR...?

- **EOB 9955 - “Claim recouped based on CCI editing”**
- **EOB 9956 – “Detail recouped based on CCI editing”**



# WHAT TO LOOK FOR....?



## North Carolina Medicaid – Remittance and Status Advice

NPI

Provider Number:

Date: 02/15/2011

Page: 3

Name	Service Dates	Days/	Procedure/Accommodation/	Total	Non	Total	Payable	Payable	Other	Paid	Exp
Recipient ID	From To	Units	DrugCode and Description	Billed	Allow	Allowed	Cutback	Charge	DedChg	Amount	Codes
<b>CLAIMS PAYMENT SUMMARY</b>											
<b>EFT NUMBER</b>											
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>		
<b>CLAIMS PAID</b>	<b>PAID CLAIMS AMOUNT</b>	<b>WITHHELD AMOUNT (*)</b>	<b>NET PAY AMOUNT (A-B)</b>	<b>CREDIT AMOUNT</b>	<b>NET 1099 AMOUNT (C-D)</b>	<b>IRS WITHHELD AMOUNT</b>	<b>POS &amp; EDI</b>	<b>OTHER W/H</b>	<b>ADJUSTED NET PAY (C-E-G-H)</b>		
CURRENT	1	138.09	.00	138.09	.00	138.09	.00	.00	.00	138.09	
YTD TOTAL	909	41863.94	.00	41863.94	.00	41863.94	.00	.08	.00	41863.86	
1099 INFORMATION 2011 - THIS INFORMATION IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE											
PROVIDER TAX ID:											
PAYER ID: HP ENTERPRISE SERVICES , LLC, PO BOX 30968 RALEIGH, NC 27622 #											
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO:											
HP											
PO BOX 300009											
RALEIGH, NORTH CAROLINA 27622											
ATTENTION: PROVIDER ENROLLMENT											
CLIA -											
DEA -											
FOR BILLING QUESTIONS/INQUIRIES CALL HP PROVIDER SERVICES 1-800-688-6696 OR AUTOMATED VOICE RESPONSE (AVR) SYSTEM 1-800-723-4337											
AN EXPLANATION AND JUSTIFICATION FOR ALL NCCI EDITS ON A CLAIM AND LINE LEVEL BASIS CAN BE ACCESSED THROUGH THE NORTH CAROLINA ELECTRONIC CLAIMS SUBMISSION/RECIPIENT ELIGIBILITY VERIFICATION WEB TOOL (NCECSWEB TOOL) AT <a href="http://WEBCLAIMS.NCMEDICAID.COM/NCECS">HTTP://WEBCLAIMS.NCMEDICAID.COM/NCECS</a> .											
A DENIAL DUE TO AN NCCI EDIT MAY BE APPEALED BY THE PROVIDER. THE PROVIDER MAY NOT BILL A MEDICAID RECIPIENT FOR AN NCCI DENIAL.											
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED THROUGHOUT THE REPORT											
NCXIX 73 CLAIM PAID COPAYMENT DEDUCTED											
NCXIX 98 FEE ADJUSTED TO MAXIMUM PAYABLE											
NCXIX 9988 PAYMENT OF PROCEDURE CODE IS DENIED BASED ON NCCI EDIT											

# REMITTANCE AND STATUS NCCI ACCESS

**Providers who currently have an NCECSWeb Tool logon ID and password and can view their RA in PDF format will be automatically enrolled for access.**

**If you do not currently have an NCECSWeb Tool logon ID and password, you must complete a *Remittance and Status Reports in PDF Format/NCCI Information Request Form*.**

**<http://www.ncdhhs.gov/dma/provider/forms.htm>**



# RESOURCES & ADDITIONAL INFO

**Additional information is available on the CMS website:**

**<http://www.cms.gov/MedicaidNCCIcoding/>**

**This site is complete with the following information:**

- **General Overview**
- **Medicaid NCCI Coding Policy Manual**
- **Additional Information on Coding Policies and Edits**
- **Federal Appeals Guidelines and Information**
- **FAQs and a How To Manual**



# RESOURCES & ADDITIONAL INFO

**Additional information is available on the DMA website:**

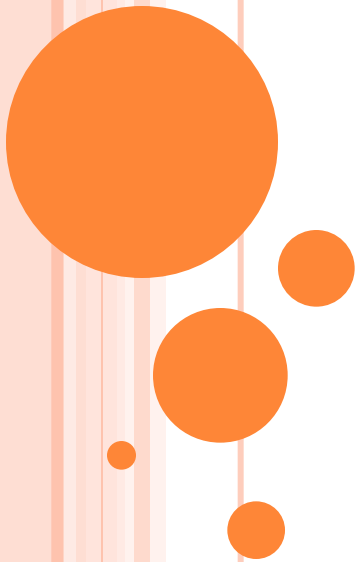
**<http://www.ncdhhs.gov/dma/provider/ncci.htm>**

**This site is complete with the following information:**

- **General Overview**
- **North Carolina Implementation Information**
- **Links to NCCI related Bulletins**
- **Links to CMS website**



# Q&A SESSION



The slide features a decorative left margin with a vertical orange gradient bar, several thin vertical lines, and a cluster of five orange circles of varying sizes. The text 'EPSDT' is centered in the upper half of the slide.

**EPSDT**

**PLEASE REMEMBER TO COMPLETE YOUR  
FEEDBACK FORM!**

