



GATEWAY HEALTH PLAN[®]

Family Planning/Obstetrical Quick Tips

Pennsylvania Medicaid

Family Planning Billing

- When billing for family planning visits use national standard codes 99201 to 99214, 99384 to 99396 and 99401 ***ONLY***. The FP modifier must follow the code in the first position on the claim form. If a claim is submitted using the MA Local code, the claim will be denied (D5, Invalid Procedure Code). You will need to resubmit on paper a “corrected claim” within 90 days from the date of the initial denial to our claims office in Albany.
- Local family planning X and Z codes should be billed using the national standard codes on MA Bulletin #08-05-09. Except as referenced above any claims submitted with either a different pricing or informational modifier will be denied (D4, Invalid Modifier).
- When billing for contraceptives and family planning drugs for Gateway members use the appropriate J code. When a valid J code is not available bill with an unspecified J code along with the NDC code and the number of units administered.

Obstetrics Billing

- **Prenatal visits are reimbursed on a per visit basis.** All prenatal visits and dates of service must be included on the HCFA 1500 form and identified with Evaluation and Management code (99201 – 99215) ***ONLY***. The U9 pricing modifier must follow the code in the first position on the claim form. Please do not use the State’s pricing or informational modifiers on any other Healthy Beginning codes for submission to Gateway. Delivery charges must be identified with CPT codes.
- All charges for newborns that become enrolled in Gateway, other than hospital bills covering the confinement for both mom and baby, are processed under the newborn name and newborn Gateway ID number.
- In directing a member’s care, a referral to a hospital for diagnostic services or ER care may be instituted by the OB/GYN. Referrals may be issued either on a paper form or via the DIVA Telephone Referral System.
- If an OB/GYN provider determines that assessment or treatment by another specialist is necessary, the OB/GYN is required to contact the member’s PCP to request a referral to a specialist. The OB/GYN cannot refer a member directly to another specialist. **(See exceptions below.)**
- Referrals are NOT needed to a participating perinatologist or for lab work completed at a member’s designated lab. The designated lab is noted on the member’s Gateway ID card.

Outreach Bonus

- **As of July 1, 2008** Gateway will reimburse providers a bonus payment of \$200 plus your contracted percentage increase for initial prenatal visits rendered within the first trimester. Please bill as indicated below to receive the bonus payment:
- The initial prenatal visit **MUST** be rendered within the first trimester and the **Obstetrical Needs Assessment Form (ONAF)** must be completed during the visit and faxed to Gateway's Mom MattersSM department within 2-5 business days of the visit.
- Procedure codes 99429-HD (First Trimester Outreach) and T1001-U9 (Initial Risk Assessment) must be reported together on the same claim form to allow the bonus payment.
- **The bonus payment will not be paid if both codes/modifiers referenced above are not reported on the same claim.** The ONAF is not a claim form; however, the ONAF must be received by Gateway and documented in our claims system prior to receipt of the claim to allow the appropriate bonus and intake visit payment.
- If the member's first prenatal visit doesn't occur within the first trimester then code 99429-HD should not be billed. However, the first visit with an obstetrical patient is considered to be the intake visit. If a patient becomes a Gateway member during the course of her pregnancy, her first visit as a Gateway member is considered to be her intake visit. At the intake visit, an ONAF must be completed and a claim submitted with code T1001-U9 for reimbursement.

Obstetrical Needs Assessment Form (ONAF)

- The first visit with an obstetrical patient is considered the intake visit, or if a patient becomes a Gateway member during the course of her pregnancy, her first visit as a Gateway member is considered to be her intake visit.
- At the intake visit, an Obstetrical Needs Assessment Form (ONAF) must be completed. A copy of the ONAF must be faxed to Gateway's MOM MattersSM Department within 2-5 days of the intake visit and at least 30 days prior to delivery. The fax number can be found on the front page of the ONAF.
- The ONAF is not a claim, however, the ONAF must be received by Gateway in order to process the claim for the intake visit. Submit claims on a CMS-1500 within 180 days to receive payment for the intake package