

## OB Services

- Healthy Beginnings Plus providers in the managed care delivery system should direct coding and payment questions toward the appropriate MCO. Highmark Wholecare’s Provider Services Department can be reached at **1-800-392-1147, Mon. – Fri. between 7 a.m. and 5 p.m.**
- See the member prior to 14 weeks gestation and regularly after, as determined by you and your patient.
- All charges for newborns that become enrolled in Highmark Wholecare, other than hospital bills covering the confinement for both mother and baby, are processed under the newborn name and ID number.
- For member transportation barriers and care management needs, please refer the member to MOM Matters at **1-800-392-1147 Mon. – Fri. 8:30 a.m. – 4:30 p.m.**

## OB Provider Incentive Billing & Coding

**Electronic ONAF Submission:** \$200 incentive for a prenatal visit and electronic submission of an ONAF.

FQHC	99429-HD (1st trimester prenatal incentive)	T1001-U9 (initial ONAF)	T1015, E&M (99202-99205, 99211-99215) & modifiers U9 and 25	Pregnancy ICD 10 code
Non-FQHC			E&M (99202-99205, 99211-99215) & modifiers U9 and 25	

### Highmark Wholecare Maternity Quality Program

Providers must have a minimum of 20 deliveries in the measurement year in order to qualify to be scored. Payment is based on improvement over the previous year’s level, (if 3, 5, or 7 percentage point improvement over 2021 performance is achieved), and/or peer comparison.

### Prenatal Care in the First Trimester

Refer to the Electronic ONAF Submission table or the Prenatal Visit Billing table.

### Postpartum Care

Refer to the Postpartum Care Billing table and the Postpartum Home Visits table.

Opt-in and additional information, can be found at

<https://highmarkwholecare.com/Provider/Practitioner-Excellence-Program>

## OB Billing Details (Prenatal, Delivery and Postpartum)

### Prenatal Visit Billing:

FQHC	T1015, E&M (99202-99205, 99211-99215), U9 modifier (must follow the code in the 1st position), & all other services performed in the visit (use modifier 25 as necessary)	Pregnancy ICD 10 code
Non-FQHC	E&M (99202-99205, 99211-99215), U9 modifier (must follow the code in the 1st position), & all other services performed in the visit (use modifier 25 as necessary)	

- Highmark Wholecare recognizes the need for multiple services on one date of service for pregnant member.
  - Please follow CPT guidelines and modifier 25 use for reimbursement of multiple services
- Include all encounter diagnosis codes on claims to capture all services rendered.

### Prenatal Visit Telehealth Billing:

Highmark Wholecare allows members to complete prenatal visits through telehealth. Current fee schedules will be honored upon the completion of any prenatal visit. In addition to following the Prenatal Visit Billing Table, the below modifiers and POS codes must be added.

	Modifiers	POS
FQHC/Non-FQHCs	U9 (must be in first position), 95 (telehealth), 25 (if needed)	02

### Delivery & Postpartum Billing & Tips

- Recommended delivery CPT codes: 59514 or 59409 (non-bundled codes).
- Bill for outpatient postpartum care separately 7–84 days after delivery.
- Schedule the postpartum visit at delivery to see the member 7-84 days after delivery.
- Perform a pap smear at the postpartum visit if the member is due or as indicated

### Postpartum Care Billing (not an all-inclusive list):

CPT	ICD 10 diagnosis codes	CPT II
58300, 59430	Z39.2, Z39.1, Z01.411, Z01.419, Z01.42, Z30.430	0503F

## OB Billing Details (Prenatal, Delivery and Postpartum) Cont.

### Postpartum Care Telehealth Billing:

Highmark Wholecare allows members to complete postpartum visits through telehealth. Current fee schedules will be honored upon the completion of any postpartum visit. In addition to following the Postpartum Care Billing Table, the below modifiers and POS codes must be added.

Modifiers	POS
95 (telehealth)	02

### Postpartum Home Visits:

Highmark Wholecare recognizes the importance of optimizing individualized postpartum care in alignment with the “fourth trimester” recommendation of the American College of Obstetricians and Gynecologists (ACOG). Postpartum home visits are covered as follows:

Modifiers	Description	Limits
99501	Home-visit for postnatal assessment and follow-up care	4 visits in any 180-day period

## Preventive Services

Cervical cancer screening is a Medicaid HEDIS measure that evaluates the percentage of women 21–64 years of age screened for cervical cancer (excluding women with cervical agenesis or a complete hysterectomy with no residual cervix).

- Women 21–64 years of age who had cervical cytology performed every 3 years.
- Women 30–64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years or HPV test performed every 5 years. (Reflex testing does not count as co-testing).

HCPCS	Description	Medicaid	Medicare
Q0091	Screening Papanicolaou smear (obtaining, preparing and conveyance of cervical or vaginal smear to laboratory)	Quality/informational code (non compensable)	Compensable code

## Screening, Brief Intervention and Referral to Treatment (SBIRT) Billing

Highmark Wholecare will also reimburse OBs for completing SBIRT screenings for pregnant and postpartum women. The pre-screening for SBIRT shall be billed using procedural code H0049 for a reimbursement of \$3.00 per screening up to twice per year.

This would be paid in addition to the office visit and will be reimbursed. If another SBIRT code is used, it will not be reimbursed.

Insurance Type	Code	Description
Medicare/ Medicaid	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention, greater than 30 minutes
	H0049	Brief screening less than 5 minutes: Up to two pre-screens for alcohol and/or substance (other than tobacco) per 12-month period
Medicare	G0442	Annual Alcohol Screening 15 minutes
	G0443	Prevention: Up to four 15-minutes, brief face to face behavioral counseling interventions per year for individuals, including pregnant women who screen positive from alcohol misuse. No coinsurance or deductible for patient

For more SBIRT billing information and referral resources, please visit [https://highmarkwholecare.com/Portals/8/provider\\_forms/SBIRT\\_BillingGuide.pdf](https://highmarkwholecare.com/Portals/8/provider_forms/SBIRT_BillingGuide.pdf)

## Long Acting Reversible Contraceptives (LARC) and Oral Contraceptives

Highmark Wholecare covers all family planning services, including oral contraceptives and long acting reversible contraceptives (LARC), according to the PA Medicaid fee schedule and preferred drug list. LARC placement is covered in both the inpatient and outpatient settings.

Please see the LARC scenario table below for further instruction. Covered contraceptives can be found on the PA Preferred Drug List: <https://papdl.com/preferred-drug-list>

Devices and medications designated as non-preferred will require clinical review to determine medical necessity. The CPT codes below include covered procedures and are not all-inclusive.

CPT Code:	Device Description
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant

LARC Scenario Examples	CPT	Place of service for CPT	HCPCS	Place of service for HCPCS	Diagnosis code	Comment
LARC placement in the inpatient setting	58300	21	J7296	22	Z30.430	Bill HCPCS with place of service 22
LARC placement in the outpatient setting	58300	22	J7296	22	Z30.430	Bill CPT and HCPCS on same claim with place of service 22

## Obstetrical Needs Assessment Form (ONAF)

**The ONAF is not a claim.** However, it must be received by Highmark Wholecare in order to process the claim for the intake visit. Submit claims on a CMS-1500 form within 180 days to receive payment for the intake package.

**Finding the ONAF form:** The ONAF can be found on [HighmarkWholecare.com](https://highmarkwholecare.com). Navigate to the “Provider” section > choose “Medicaid Resources”> “Medicaid Provider Forms and Reference Materials”> “Obstetrical Needs Assessment Form”

**Intake Visit:** an ONAF must be completed at the Intake Visit. The 1st visit with an OB patient is considered the intake visit. If a patient becomes a Highmark Wholecare plan member during her pregnancy, her first visit as a member is considered to be her intake visit, regardless of trimester.

**Submitting the ONAF:** choose 1 or 2 methods

1. Secure Fax: 1-888-225-2360 or
2. Submit via the online obstetrical tool for easier data entry and faster submission. Instructions for setting up and using this tool can be found here on Highmark Wholecare’s website using this link: [https://highmarkwholecare.com/Portals/8/provider\\_forms/obcare-user-guide.pdf](https://highmarkwholecare.com/Portals/8/provider_forms/obcare-user-guide.pdf).

**Submittal Timeliness:** The ONAF must be completed in full, signed by the provider, and forwarded within 5 days of the initial intake visit.