

Notification of Pregnancy FAQs

1. What is the Notification of Pregnancy (NOP)?

The Notification of Pregnancy (NOP) is a form which has been developed to identify risk factors for pregnant women enrolled in Hoosier Healthwise (HHW) and women enrolled in the Indiana Health Coverage Programs Presumptive Eligibility (PE) Program. An incentive/bonus payment is made to providers that submit an NOP in accordance with published guidelines.

2. What programs reimburse providers for completing and submitting an NOP?

NOP is available only to pregnant women who are enrolled in risk-based managed care (RBMC). If a member is not enrolled with a Hoosier Healthwise managed care organization, the NOP option is not reimbursed.

3. What is a “recognized provider” (a term used in [BT200914](#))?

Providers that are enrolled with the IHCP and meet the type/specialty criteria are considered “recognized providers.” The following provider types/specialties may complete and submit an NOP and are eligible for the incentive payment:

- Family or general practitioner
- Pediatrician
- Internist
- Obstetrician or gynecologist
- Neonatologist
- Certified nurse midwife
- Advanced practice nurse practitioner
- Federally Qualified Health Center (FQHC)
- Medical clinic
- Rural health clinic (RHC)
- Outpatient hospital
- Local health department
- Family planning clinic
- Nurse practitioner clinic

4. How should FQHCs and RHCs bill for an NOP?

The NOP must bill using procedure code 99354 **with modifier** TH. NOPs may be completed and billed only for women enrolled in a risk-based managed care organization.

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5. Can an NOP form be completed for women enrolled in Presumptive Eligibility for Pregnant Women?

Yes. However, recognized providers who complete an NOP for a presumptive eligibility (PE) member must wait until the day following PE determination and enrollment with one of the MCOs to submit the NOP via Web interChange.

The provider should print a blank NOP form and complete the required information gathered from the patient. On the day after the PE determination, the provider may enter the PE member's NOP into Web interChange. Upon successful submission of the NOP for the member, the provider should submit a claim to the member's MCO.

More information about the NOP process can be found at the following Web site:

<http://www.indianamedicaid.com/ihcp/MCE/content/nopInfo.asp>.

NOTE: *The NOP must be submitted in Web interChange within five calendar days of the date of the assessment to qualify for the \$60 incentive/bonus payment.*

6. Who can complete the NOP form?

The recognized provider or designee can complete the NOP. The NOP must be completed by medical personnel during a clinical exam. The NOP is not designed to be completed by an HHW member.

7. Is there an incentive/bonus associated with the completion and submission of an NOP?

Yes. Recognized providers are eligible for reimbursement of \$60 for successful submission of the NOP. To qualify for the bonus/incentive, the NOP must:

- Be submitted via Web interChange within five calendar days of the date of service
- Be submitted at less than 30 weeks' gestation, and
- Not be identified as a duplicate submission for the same member and pregnancy

8. Is an NOP form difficult to complete?

No. Most of the responses are 'Yes' or 'No.' Specific fields on the NOP form are required and must be completed for a successful submission.

The recognized provider may also choose to complete a paper version of the NOP and electronically submit the information through Web interChange after the exam. If providers use a paper copy, they must make certain to answer all sections thoroughly.

Step-by-step instructions can be found in the *IHCP Provider Bulletin* [BT200914](#).

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9. How long does it take to complete the NOP form via Web interChange?

Many of the fields on the NOP require only 'Yes' or 'No' responses. Completion of the NOP via Web interChange should take no more than 10 minutes.

NOTE: *The Web interChange system alerts the user when responses are left blank. If providers are using a paper copy, they must make certain to answer all sections thoroughly.*

10. How can a recognized provider access an NOP form?

First, the recognized provider or designee must verify the member's eligibility using Web interChange. Once eligibility is confirmed, the recognized provider has the option to **Enter NOP** or **Print blank NOP**. To submit an NOP via Web interChange, select **Enter NOP**.

11. How does the recognized provider bill for completing and submitting an NOP form?

NOP can be billed **only** for a woman enrolled in Hoosier Healthwise/risk-based managed care (RBMC) using procedure code 99354 **with modifier** TH and submitted to the MCO of record on the date of service.

Hospitals billing for NOP must also use revenue code 960. Refer to question/answer number 21 for more detail regarding hospital billing for NOPs.

NOTE: *To qualify for the \$60 reimbursement, the NOP must:*

- *Be submitted via Web interChange within five calendar days of the date of service*
- *Be submitted at less than 30 weeks' gestation, and*
- *Not be identified as a duplicate submission for the same member and pregnancy*

12. What if the woman is fee-for-service or in Care Select? Can an NOP form be completed and submitted?

The NOP bonus/incentive payment is available only if the pregnant woman is enrolled in risk-based managed care. NOPs are not reimbursed for women in fee-for-service or *Care Select*.

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13. How do recognized providers know that a submitted NOP form is eligible for reimbursement?

Upon completion of the NOP in Web interChange, the final step is to choose **Review and Submit**. After submitting the NOP, the system prompts the recognized provider to **Print NOP** or **Close**. One of the following messages appears on the final screen:

- The NOP has been successfully submitted. A claim may be submitted in this scenario.
- The NOP submission is greater than five days from the date of service. A claim for this NOP should not be submitted.
- The member is 30 or more weeks pregnant at the date of service. A claim for this NOP should not be submitted.
- This NOP has been determined to be a duplicate submission. A claim for this NOP should not be submitted.

14. What if the member already had an NOP form completed by another provider during the current pregnancy?

The system alerts the provider that an NOP for the same member/pregnancy has already been submitted. The provider may choose to discontinue the process at that time, because no reimbursement will be available.

15. What if the Web interChange system alerts me that the NOP is a duplicate, but it is a new pregnancy?

The recognized provider will be asked to submit a reason that explains why the new NOP is not a duplicate. Reimbursement is available in this scenario.

16. What happens to the NOP form once it has been completed and submitted?

HP sends updated member data to the MCOs each night.

17. What does the MCO do with the information submitted on the NOP?

MCOs use the NOP data to determine the health risk level associated with the member's pregnancy and the need for prenatal care coordination.

18. Can the recognized provider review the NOP form after it has been submitted?

Yes. While logged into Web interChange, the recognized provider may select **NOP Inquiry** to review his or her individual record of submitted NOP forms. The inquiry lists the record of each member's NOP form that has been submitted by the recognized provider.

19. Does the recognized provider need to update an NOP or submit changes that may occur throughout the member's pregnancy?

No. The recognized provider does not need to make updates or changes to the NOP once it has been submitted.

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20. What is the difference between 'Print Blank NOP' and 'Print NOP?'

- **Print Blank NOP** is selected when the recognized provider chooses to complete a paper copy of the NOP during a clinical exam. The NOP must be submitted via Web interChange within five days of the clinical exam to be eligible for reimbursement.
- **Print NOP** appears at the end of the electronic submission process in Web interChange. The recognized provider or provider designee may want to print a completed copy of the NOP for the member and/or the member's medical record.

21. How do hospitals bill completing the NOP?

NOP Billing procedures for UB-04:

- Effective December 1, 2009, hospitals will be able to submit claims for the Notification of Pregnancy. Claims should be submitted, using the UB-04 claim form, to the appropriate managed care organization using the following guidelines for reimbursement. NOPs previously completed by hospitals that have not yet been reimbursed may also be submitted using the date of service when the NOP was completed.

To be eligible for reimbursement of an NOP:

- The NOP must be submitted via Web interChange no more than five calendar days from the date the risk assessment was completed. The NOP cannot be a duplicate of a previously submitted NOP, and the member's gestation must be 29 weeks or less.
- NOP claim forms must be coded with:

Revenue Code 960

CPT code 99354 **and** modifier TH

Note: The revenue code, CPT code, and the modifier must be billed together in order to be reimbursed for the NOP fee when billed on the UB-04 claim. Duplicate NOPs will not be reimbursed.