



P R O V I D E R B U L L E T I N

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To: Service Providers to Pregnant Women**Subject: Notification of Pregnancy (NOP)****Overview**

As described in [BT200914](#), recognized providers will be eligible for reimbursement of a Notification of Pregnancy (NOP) risk assessment submitted using a new Web interChange function. This bulletin provides additional details about the process and helpful instructions for your office to utilize.

What You Need to Know about Notification of Pregnancy (NOP)

1. The Notification of Pregnancy (NOP) form is a comprehensive risk assessment used by all three Medicaid managed care organizations (MCOs).
2. Prenatal care providers that complete and electronically submit the NOP using Web interChange may be eligible for a \$60 incentive.

Note: NOPs must be submitted using Web interChange to be eligible for the \$60 payment.

3. To be eligible for reimbursement:
 - a. The pregnant woman must be enrolled with an MCO;
 - b. The woman's pregnancy must be less than 30 weeks gestation;
 - c. The NOP must be submitted via Web interChange no more than 5 calendar days from the date the risk assessment was completed.
4. Providers must bill the MCO using billing code 99354 with modifier TH. The date of service on the NOP claim should be the date the provider completed the risk assessment during a visit with the pregnant woman.
5. Only one NOP per member, per pregnancy is eligible for reimbursement.
6. NOPs may be submitted for Presumptively Eligible (PE) pregnant women.
7. The NOP risk assessment includes questions about maternal and obstetrical history, mental health, substance abuse, and social risk factors. The Medicaid MCOs will use this information to identify and address risk factors, and ultimately, to improve birth outcomes.

Federally Qualified Health Centers and Rural Health Clinics

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) will be eligible for payment of the NOP incentive. The payment of NOPs will be excluded from the year-end reconciliation process for FQHCs and RHCs that have managed care contract amendments outlining the requirements for the payment of NOP submission. To be eligible for reimbursement of an NOP:

1. The pregnant woman must be enrolled with an MCO;
2. The woman's pregnancy must be less than 30 weeks gestation;
3. The NOP must be submitted via Web interChange no more than 5 calendar days from the date the risk assessment was completed.
4. NOPs must be coded with CPT code 99354 **and** modifier TH

Note: Duplicate NOPs will not be reimbursed.

Third Party Liability (TPL) and NOPs

Claims for 99354 TH are not subjected to Third Party Liability (TPL). Providers should submit claims for 99354 TH to the member's MCO. **To insure that MCOs are able to quickly reimburse providers for 99354 TH, a pregnancy diagnosis must be included on any claim with 99354 TH.** Claims with a pregnancy diagnosis included on the form will not be subject to TPL.

Web interChange User Permission

To view *NOP Inquiry* on Web interChange, the organization's Web interChange administrator must go to the Group Administration page, click the **Group Maintenance** button, and select the Notification of Pregnancy Inquiry permission box. The administrator can then give 'NOP Inquiry' permission to any of the organization's users.

Group Maintenance - Microsoft Internet Explorer provided by EDS Indiana Title XIX

Close

Group Maintenance

Group Permissions / Association

Parent Group: PROVIDER

Group Name
PROVIDER GROUP NAME

Permissions

- Check/RA Inquiry
- Claim Inquiry
- Claim Submission
- Eligibility Inquiry
- Notification of Pregnancy Inquiry
- Prior Authorization Inquiry
- Prior Authorization Submission
- Profile Maintenance
- Provider Maintenance
- Provider Profile Inquiry
- Provider Profile with Financial

Associate Provider/Managed Care Entity/Trading Partner

- Provider
- Managed Care Entity ID: 999999999
- Trading Partner

Contact Email:

Figure 1 - Group Maintenance Window

NOP Inquiry Search Function

To search on Web interChange for a previously submitted NOP, select NOP Inquiry from the task bar located on the left side of the screen. The NPI/LPI fields will be auto populated with the NPI/LPI associated with the user. The appropriate service location will need to be selected if the NPI is associated with more than one LPI.

Providers may search for a submitted NOP by using the NPI/LPI assigned to the group or billing provider that submitted the NOP. The NPI/LPI used to enter the NOP via member eligibility must be the same NPI/LPI used for the NOP Inquiry function.

The Search Criteria section to the right of the screen provides alternate methods to search for an NOP:

1. All – All NOPs entered under the NPI/LPI
2. Member ID – Member’s Medicaid Identification number (RID)

Note: While the member is on PE, the RID begins with the numbers 550. Once the Hoosier Healthwise application process has been completed, if the woman is approved, the RID begins with 10 and ends with 99.

3. Member Name – Member’s Last Name, First Name, and Date of Birth
4. Member SSN – Member’s Social Security Number
5. NOP ID – NOP identification number assigned at submission

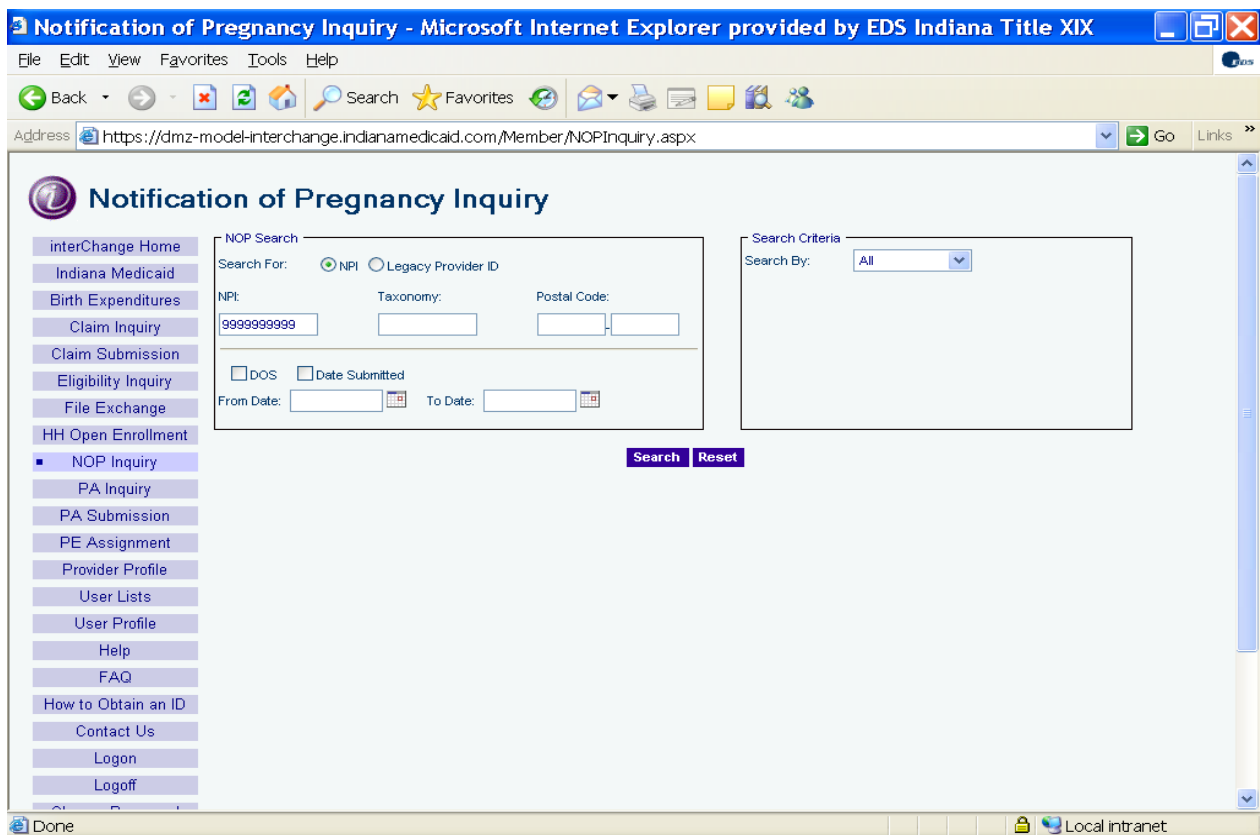


Figure 2 - Notification of Pregnancy Inquiry window

Helpful Hints for the Notification of Pregnancy

1. A Recognized Provider is any Indiana Health Coverage Programs enrolled provider who is a family or general practitioner, pediatrician, internist, obstetrician gynecologist, neonatologist, certified nurse midwife, advanced practice nurse practitioner, federally qualified health center, medical clinic, or rural health clinic. Please see Provider Bulletin [BT200914](#) dated May 21, 2009.
2. A Recognized provider does not need to be a Qualified Provider for Presumptive Eligibility to complete the NOP form.
3. Recognized providers do not need to submit a new NOP for updates or changes once the NOP has initially been submitted.
4. NOP forms cannot be submitted for pregnant women covered by Medicaid fee-for-service.
5. NOP forms for Presumptively Eligible (PE) women cannot be entered via Web interChange until the **day after** PE determination. Providers are encouraged to complete the risk assessment for PE women using a paper NOP form and enter the NOP information in Web interChange the following day. This will ensure that PE women are assessed early in pregnancy and MCOs have the risk factor information.
6. There is no reimbursement for an NOP form that is submitted more than five calendar days from the date of service. Ensure that holidays and weekends are counted in the five calendar days for the submission of the NOP.

For example, the NOP is completed on Thursday, July 2, 2009. Your office is closed to observe Independence Day on Friday July 3, and for the weekend of July 4 and 5. The holiday and weekend count as the first three of the five calendar days. Your office reopens on Monday, so you would have Monday and Tuesday to submit the NOP.

For questions regarding the NOP, please contact the Provider Relations Field Consultant for Presumptive Eligibility and Notification of Pregnancy at 317-488-5363.

Notification of Pregnancy (NOP) Instructions

- Step 1.** A Recognized Provider¹ employee logs on to Web interChange and clicks the Eligibility Inquiry menu option to verify eligibility for Medicaid, including Presumptive Eligibility for Pregnant Women (PE).
- The employee enters the NPI number for the location at which the patient is being seen.
 - The employee performs an eligibility inquiry by entering the patient’s information and the date span including the date the patient is being seen.
- Step 2.** If the patient is currently eligible for Hoosier Healthwise (including Presumptive Eligibility) and is enrolled in a Managed Care Organization (MCO)², two options are available, **Go to NOP** and **Print blank NOP**.
- a. **Print blank NOP** allows the user to print a blank NOP form to be completed by hand. NOPs completed on paper must be entered into Web interChange to be eligible for reimbursement of \$60.
 - b. **Go to NOP** allows the user to access the NOP and enter information in Web interChange. The NOP will be pre-populated with basic information about the patient and provider that is contained in Web interChange.

Table 1: Summary of Fields on the NOP Form

Header Level Information	
• Person completing the form	Section 1 – Maternal Obstetrical History
• Toxicology ordered?	< 12 months between births – answer required
• Date of service (patient visit)	Section 2 – Previous Infant/Findings
• Pre-pregnancy weight	Section 3 – Maternal Medical History
• Current weight	• HIV/AIDS tested – answer required
• Body mass index (BMI)	• ER or hospitalization in last 6 months – required
• Height	Section 4 – List all Current Medications
• Delivery system (MCO)	Section 5 – Psycho-Neurological History
• Race and ethnicity	Section 6 – Substance Abuse/Use History
• Primary language	Section 7 – Tobacco History
• Date last menstrual period	Section 8 – Social Risk Factors
• Number of weeks pregnant	Section 9 – Diagnosis of Pregnancy Risk
• Taking prenatal vitamins?	Section 10 – Referrals
If no conditions apply, the user may also select “If none apply, please check here”	

- c. After completion of the first NOP screen with member information, Web interChange will check for potential duplicate NOPs. If a duplicate is identified, the user must provide a reason explaining why the new NOP is not a duplicate. The three reasons include that the prior pregnancy ended in: member abortion, member preterm delivery, or member miscarriage.
- d. Once all information is entered, the user clicks **Review and Submit**. The system will prompt the user to click **Print NOP** or **Close**. The system will also provide one of the following messages:
 - The NOP has been successfully submitted. [A claim may be submitted for this NOP.]
 - 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 on 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.
- e. Completed NOPs can be printed any time after submission by using the NOP inquiry menu option in Web interChange.

¹ A Recognized Provider is any Indiana Health Coverage Programs enrolled provider who is a family or general practitioner, pediatrician, internist, obstetrician gynecologist, neonatologist, certified nurse midwife, advanced practice nurse practitioner, federally qualified health center, medical clinic, or rural health clinic. Please see Provider Bulletin BT200914 posted May 21, 2009 at www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp

² NOP forms cannot be submitted for pregnant women covered by Medicaid fee-for-service.