



MARICOPA
HEALTH PLAN

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Maricopa Health Plan

BULLETIN

DATE: 1/3/07

SUBJECT: HEDIS Line Reporting

TO: OB Providers

NO:06-22

Please ensure that this information is communicated with the Pre-Visit Coordinators, Pre-certification staff, Nurses Managers, Clinic Managers and any other appropriate front office personnel.

OB Billing Guidelines

HEDIS Line

As you are already aware, AHCCCS requires the HEDIS line information to be reported on all claims for delivery. For members who receive their first prenatal visit with an OB provider prior to enrolling with Maricopa Health Plan MHP) the HEDIS line should contain the dates of service for the member after enrollment with MHP, not including the Prior Period Coverage period. Please see illustration below. AHCCCS considers 15 weeks as the first trimester.

Example

- First visit on 6/1/06, in first trimester (first 15 weeks)
- Subsequent visits on 7/10/06, 8/10/06, 9/10/06
- Patient enters Prior Period Coverage from 09/01/06 to 09/30/06
- Patient becomes a MHP member on 10/1/06 and sees Provider on 10/10/06
- Last visit is April 10, 2007

The patient has a total of 15 visits, 11 of which are as a MHP member.

- The first visit will be reported as 10/10/06, the first visit after MHP enrollment
- Unit field will be reported as 11, the number of visits during the Dates of Service

From date will be 10/10/06

Units field indicates 11 prenatal visits

A Dates of Service FROM TO MM DD YY MM DD YY						B Place of Servi	C Type of Serv	D Procedure, Service, Supplies (Explain unusual circumstances) CPT/HPCS Modifier	E DX Code	F Charges	G Days or Units	H EPSDT/ Fmly Planning	I EMG	J COB	K Reserved for local Use
10	10	06	04	09	07	11		99211 *	1	0 00	11				
04	10	07	04	10	07	21		59400 *	1	1500 00	1				

Date of Last Visit

* Note: In order to comply with the Health Insurance Portability and Accountability Act (HIPAA) Modifiers T1, T2 and T3 will no longer be required.

Claims submitted after February 1, 2007 with Dates of Service prior to a member's MHP eligibility **will be denied as "Invalid HEDIS"**, and will require resubmission with corrected information

Diagnosis Codes

When submitting a claim for both the prenatal care and the delivery, there should be a diagnosis code, which relates to the prenatal care as well as the actual delivery. Primary ICD-9 Codes which should be used for prenatal services include:

640.0x through 648.9x (where x=3)
651.0x through 659.9x (where x=3)
V22.x
V23.x
V28.x

OB Components

When billing MHP for prenatal and delivery services, it is important to bill us only those components that were rendered while the patient was a MHP member and while the member was a patient of your medical practice.

As an example, if during UFC enrollment services rendered included 4 visits and the delivery, you should not bill MHP for a global package. CPT Code 59425 should be billed with 1 unit for the 4 visits and 59410 for the delivery and postpartum care. Please refer to Section 6, Claims, in your Provider Manual for complete OB billing instructions.

If you have any questions regarding this bulletin, please contact your Provider Relations Representative.

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