

NETWORK Notification

Notice Date: May 17, 2021

To: Indiana Medicaid Providers

From: CareSource

Subject: Reminder when Billing Antepartum Care

Summary

This notification is a reminder when billing antepartum care for pregnant members, to include the correct modifier and corresponding diagnosis code, per trimester. Please reference the following Indiana Health Coverage Programs (IHCP) Provider Code Tables for billing guidance:

Prenatal and Preventive Pediatric Diagnosis Codes That Bypass Cost Avoidance (http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Prenatal_and_Preventive_Pediatric_Care_Codes.pdf)

Obstetrical and Gynecological Services Code

(http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Obstetrical_and_Gynecological_Services_Codes.pdf)

Within the "Obstetrical and Gynecological Service Codes" pay special attention to Table 3, "ICD-10 Diagnosis Codes for Normal, Low-Risk Pregnancy" and Table 4, "ICD-10 Diagnosis Codes for High-Risk Pregnancy. "Please keep in mind if a member does not have primary insurance coverage the Prenatal and Preventive Pediatric Care Diagnosis Codes that bypass cost avoidance should not be used.

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