



# NETWORK *Notification*

**Notice Date:** February 23, 2024  
**To:** Ohio Medicaid Providers  
**From:** CareSource  
**Subject:** Report of Pregnancy (ROP) Form  
**Effective Date:** January 1, 2024

---

## Summary

A timely electronic ROP ensures that pregnant individuals are eligible for Medicaid services as early as possible, throughout the pregnancy and the immediate post-partum period.

## Impact

Provider Benefits and purpose of submitting an electronic ROP:

- A payment may be made for one report of a pregnancy that is diagnosed in conjunction with an Evaluation & Management service not associated with a normal obstetrics and gynecology (OB-GYN) visit. It may be submitted on either form ODM 10257, "Report of Pregnancy (ROP)" (07/2021), or its web-based equivalent. This payment is separate from payment for the E/M service (or the encounter or visit which the E/M service is part).
- Serves as pregnancy notification to managed care plans and initiation of timely health care and connection to added resources. These include Care Management, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Evidenced-Based Home Visiting.
- Maintains a pregnant individual's Medicaid eligibility without disruption in coverage, which provides payment to providers in a timely manner.

## Importance

### Payment for Completing the ROP:

After completing the ROP, submit a claim based on the following guidelines:

Code + Modifier	Description	Fee Schedule Amount*
HCPCS T1023	ROP Electronic Submission	\$30

## Submitting the ROP using NurtureOhio is Easy!

1. Establish an Ohio ID account to access the Provider Network Management System (PNM).
2. With PNM access, register within the NurtureOhio site.
3. Open the [NurtureOhio website](#) to access the ROP.
4. If you need assistance, please email the Ohio Department of Medicaid (ODM) at [MomsandBabies@Medicaid.ohio.gov](mailto:MomsandBabies@Medicaid.ohio.gov).

**Questions?**

For additional questions, please contact The Women's and Children's Team at CareSource at [ePRAFProviderSupport@caresource.com](mailto:ePRAFProviderSupport@caresource.com).

OH-MED-P-2616304