

Washington Apple Health (Medicaid)

Childbirth Education Billing Guide

October 1, 2016

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.



About this guide*

This publication takes effect October 1, 2016, and supersedes earlier guides to this program.

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Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
<u>Billing and Claim Forms</u>	Effective October 1, 2016, all claims must be filed electronically. See blue box notification.	Policy change to improve efficiency in processing claims

How can I get agency provider documents?

To access provider alerts, go to the agency's [provider alerts](#) web page.

To access provider documents, go to the agency's [provider billing guides and fee schedules](#) web page.

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* This publication is a billing instruction.

Table of Contents

Important Changes to Apple Health Effective April 1, 2016..... 4

- New MCO enrollment policy – earlier enrollment4
- How does this policy affect providers? 5
- Behavioral Health Organization (BHO)5
- Fully Integrated Managed Care (FIMC)5
- Apple Health Core Connections (AHCC).....6
- AHCC complex mental health and substance use disorder services 6
- Contact Information for Southwest Washington7

Resources Available 8

Definitions..... 9

About the Program 6

- What is the purpose of childbirth education (CBE)?6
- Freedom of choice/consent for services.....6

Client Eligibility 7

- How can I verify a patient’s eligibility?7
- Are clients covered for CBE if they are enrolled in an agency-managed care organization?.....8

Provider Requirements 9

- What are the provider requirements for CBE?9
- What records must be kept specific to the CBE program?9
- CBE curriculum checklist11
- What qualifications must a person have to deliver CBE?.....12

Coverage 13

- What are the general requirements for receiving payments for providing CBE?.....14
- Where do I find the fee schedule?.....14

Billing and Claim Forms 15

- What are the general billing requirements?15
- What if a person becomes pregnant soon after a previous pregnancy?15
- How do I complete the CMS-1500 Claim Form?16

Alert! This Table of Contents is automated. Click on a page number to go directly to the page.



Important Changes to Apple Health Effective April 1, 2016

**These changes are important to all providers
because they may affect who will pay for services.**

Providers serving any Apple Health client should always check eligibility and confirm plan enrollment by asking to see the client's Services Card and/or using the ProviderOne Managed Care Benefit Information Inquiry functionality (HIPAA transaction 270). The response (HIPAA transaction 271) will provide the current managed care organization (MCO), fee-for-service, and Behavioral Health Organization (BHO) information. See the Southwest Washington Provider Fact Sheet on the agency's [Early Adopter Region Resources](#) web page.

New MCO enrollment policy – earlier enrollment

Beginning April 1, 2016, Washington Apple Health (Medicaid) implemented a new managed care enrollment policy placing clients into an agency-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. This policy eliminates a person being placed temporarily in fee-for-service while they are waiting to be enrolled in an MCO or reconnected with a prior MCO.

- New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health Managed Care.
- Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Clients currently in fee-for-service or currently enrolled in an MCO are not affected by this change. Clients in fee-for-service who have a change in the program they are eligible for may be enrolled into Apple Health Managed Care depending on the program. In those cases, this enrollment policy will apply.

How does this policy affect providers?

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's [Get Help Enrolling](#) page.
- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's new policies.

Behavioral Health Organization (BHO)

The Department of Social and Health Services (DSHS) manages the contracts for behavioral health (mental health and substance use disorder (SUD)) services for nine of the Regional Service Areas (RSA) in the state, excluding Clark and Skamania counties in the Southwest Washington (SW WA) Region. BHOs will replace the Regional Support Networks (RSNs). Inpatient mental health services continue to be provided as described in the inpatient section of the [Mental Health Billing](#) guide. BHOs use the [Access to Care Standards \(ACS\)](#) for mental health conditions and [American Society of Addiction Medicine \(ASAM\)](#) criteria for SUD conditions to determine client's appropriateness for this level of care.

Fully Integrated Managed Care (FIMC)

Clark and Skamania Counties, also known as SW WA region, is the first region in Washington State to implement the FIMC system. This means that physical health services, all levels of mental health services, and drug and alcohol treatment are coordinated through one managed care plan. Neither the RSN nor the BHO will provide behavioral health services in these counties.

Clients must choose to enroll in either Community Health Plan of Washington (CHPW) or Molina Healthcare of Washington (MHW). If they do not choose, they are auto-enrolled into one of the two plans. Each plan is responsible for providing integrated services that include inpatient and outpatient behavioral health services, including all SUD services, inpatient mental health and all levels of outpatient mental health services, as well as providing its own provider credentialing, prior authorization requirements and billing requirements.

Beacon Health Options provides mental health crisis services to the entire population in Southwest Washington. This includes inpatient mental health services that fall under the Involuntary Treatment Act for individuals who are not eligible for or enrolled in Medicaid, and short-term substance use disorder (SUD) crisis services in the SW WA region. Within their available funding, Beacon has the discretion to provide outpatient or voluntary inpatient mental health services for individuals who are not eligible for Medicaid. Beacon Health Options is also

responsible for managing voluntary psychiatric inpatient hospital admissions for non-Medicaid clients.

In the SW WA region some clients are not enrolled in CHPW or Molina for FIMC, but will remain in Apple Health fee-for-service managed by the agency. These clients include:

- Dual eligible – Medicare/Medicaid
- American Indian/Alaska Native (AI/AN)
- Medically needy
- Clients who have met their spenddown
- Noncitizen pregnant women
- Individuals in Institutions for Mental Diseases (IMD)
- Long-term care residents who are currently in fee-for-service
- Clients who have coverage with another carrier

Since there is no BHO (RSN) in these counties, Medicaid fee-for-service clients receive complex behavioral health services through the Behavioral Health Services Only (BHSO) program managed by MHW and CHPW in SW WA region. These clients choose from CHPW or MHW for behavioral health services offered with the BHSO or will be auto-enrolled into one of the two plans. A [BHSO fact sheet](#) is available online.

Apple Health Core Connections (AHCC)

Coordinated Care of Washington (CCW) will provide all physical health care (medical) benefits, lower-intensity outpatient mental health benefits, and care coordination for all Washington State foster care enrollees. These clients include:

- Children and youth under the age of 21 who are in foster care
- Children and youth under the age of 21 who are receiving adoption support
- Young adults age 18 to 26 years old who age out of foster care on or after their 18th birthday

American Indian/Alaska Native (AI/AN) children will not be auto-enrolled, but may opt into CCW. All other eligible clients will be auto-enrolled.

AHCC complex mental health and substance use disorder services

AHCC clients who live in Skamania or Clark County receive complex behavioral health benefits through the Behavioral Health Services Only (BHSO) program in the SW WA region. These clients will choose between CHPW or MHW for behavioral health services, or they will be auto-enrolled into one of the two plans. CHPW and MHW will use the BHO Access to Care Standards

to support determining appropriate level of care, and whether the services should be provided by the BHSO program or CCW.

AHCC clients who live outside Skamania or Clark County will receive complex mental health and substance use disorder services from the BHO and managed by DSHS.

Contact Information for Southwest Washington

Beginning on April 1, 2016, there will not be an RSN/BHO in Clark and Skamania counties. Providers and clients must call the agency-contracted MCO for questions, or call Beacon Health Options for questions related to an individual who is not eligible for or enrolled in Medicaid.

If a provider does not know which MCO a client is enrolled in, this information can be located by looking up the patient assignment in ProviderOne.

To contact Molina, Community Health Plan of Washington, or Beacon Health Options, please call:

 MOLINA HEALTHCARE	Molina Healthcare of Washington, Inc. 1-800-869-7165
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 COMMUNITY HEALTH PLAN of Washington	Community Health Plan of Washington 1-866-418-1009
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Beacon Health Options	Beacon Health Options 1-855-228-6502
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Resources Available

Note: This section contains important contact information relevant to childbirth education. For more information, see the agency's [ProviderOne Resources](#) web page.

Topic	Contact Information
Getting a provider application packet or general questions about the program	Health Care Authority First Steps Program Manager 360-725-1293

Definitions

[Refer to WAC [182-533-0315](#)]

This section defines terms and abbreviations, including acronyms, used in this Medicaid Billing Guide.

Childbirth Education (CBE) - A series of educational group sessions offered with at least eight hours of instruction, led by an approved instructor, to prepare a pregnant woman and her support person(s) for an upcoming childbirth.

Client – A pregnant woman who has been determined eligible to receive medical or health care services under Medicaid.

First Steps -The program created under the 1989 Maternity Care Access Act (Chapter 74.09 RCW).

Infant Case Management (ICM) – Established as a component of the First Steps program to provide a parent(s) with information and assistance in accessing needed medical, social, educational, and other services to improve the welfare of infants.

Maternity Support Services (MSS) - A component of the First Steps program that provides enhanced services to women during the maternity cycle and their newborn infants. MSS includes screening, assessment, basic health messages, education, counseling, case management, care coordination and other interventions delivered by an MSS interdisciplinary team.

About the Program

What is the purpose of childbirth education (CBE)?

[Refer to WAC [182-533-0390\(1\)](#)]

The purpose of CBE is to help prepare the client and her support person(s) to:

- Manage the physiological, emotional, and psychological changes experienced during and after pregnancy.
- Develop self-advocacy skills.
- Increase knowledge about and access to local community resources.
- Improve parenting skills.
- Improve the likelihood of positive birth outcomes.

Freedom of choice/consent for services

CBE clients have the right to choose their own agency-approved CBE provider even if they are enrolled in a managed care plan.

Client Eligibility

How can I verify a patient's eligibility?

[Refer to WAC [182-533-0390\(3\)](#)]

To be eligible for childbirth education classes, clients must be:

- Pregnant.
- Covered by a benefit package (BP) that covers CBE.

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's BP covers the applicable service. This helps prevent delivering a service the agency will not pay for. Verifying eligibility is a two-step process:

Step 1. Verify the patient's eligibility for Washington Apple Health. For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current [ProviderOne Billing and Resource Guide](#).

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. Verify service coverage under the Washington Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Washington Apple Health client's BP, see the agency's [Program Benefit Packages and Scope of Services](#) web page.

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
Washington Healthplanfinder
PO Box 946
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

A CBE client is not required to be enrolled and/or participate in Maternity Support Services (MSS)/Infant Case Management (ICM) to qualify for CBE classes.

Are clients covered for CBE if they are enrolled in an agency-managed care organization?

Yes. Clients enrolled in agency-contracted managed care plans are eligible for childbirth education (CBE) outside of their plan. The agency reimburses for CBE through its fee-for-service system and the providers bill the agency directly. To verify eligibility when the client is enrolled in a Medicaid agency-contracted managed care plan, view the managed care enrollment on the client benefit inquiry screen of ProviderOne.

Provider Requirements

What are the provider requirements for CBE?

[Refer to WAC [182-533-0390\(4\)](#)]

CBE classes may only be provided by Agency-approved CBE providers as outlined within these billing instructions.

The approved CBE provider must:

- Follow other requirements described in WAC [182-533-0390](#).
- Meet staff qualifications described within these billing instructions.
- Include all required CBE topics on the [CBE Curriculum Checklist](#).
- Deliver CBE classes in a series of group sessions.
- Allow all clients to choose any approved CBE organization, regardless of where she receives prenatal, post pregnancy, or pediatric medical care.
- Periodically view the First Steps website for updates and information regarding the program.
- Bill the agency according to these billing instructions.

What records must be kept specific to the CBE program?

[Refer to WAC [182-533-0390\(5\)](#)]

Providers must:

- Make charts and records available to the agency, its contractors, and the US Department of Health and Human Services, upon their request, *for at least six years from the date of service* or more if required by federal or state law or regulation (see WAC [182-502-0020](#)).

- Maintain:
 - ✓ An original signed copy of each client's freedom of choice/consent for services form;
 - ✓ A client sign-in sheet for each class; and
 - ✓ Documentation of names and ProviderOne Client ID numbers of eligible CBE clients attending and the dates they participated in each CBE class.

CBE curriculum checklist

Pregnancy Topics

- Prenatal Care
- Appropriate pregnancy exercises and their benefits
- Ways of coping with common discomforts of pregnancy
- Danger signs in pregnancy and what to do
- Environmental hazards (including but not limited to alcohol use; tobacco use, secondhand smoke exposure, mercury, toxoplasmosis, and listeriosis)
- Nutritional needs of mother and fetus
- Sexuality during pregnancy, (including safe sex education)
- Preparing to breastfeed
- Planning for a future pregnancy

Labor and Birth Topics

- Informed consent and decision making
- The value and role of labor support persons (Doula, partner, friend, relative)
- Signs and symptoms of true vs. false labor
- Warning signs and what to do
- Coping skills for each stage and phase of labor
- Pain management techniques and options
- Ways to minimize and/or work with labor complications
- Medical procedures and interventions
- Analgesia and anesthesia options
- Types of deliveries (benefits and drawbacks of each)
- Unexpected outcomes and what to do
- Hospital routines, including a tour of a hospital/birthing center

Newborn Topics

- Newborn procedures (standard in Washington State) (APGAR test, metabolic screening, newborn eye prophylaxis, Vitamin K injection)
- Practices to discuss ahead of time with health care provider: such as cutting the cord, circumcision, bonding with baby immediately after birth, breastfeeding/lactation consultation
- Safe sleeping position (on the back), car seat safety, and well-child care.

Family Adjustment Topics

- Physical and emotional changes
- Sexuality after pregnancy (including safe sex education)
- Protection from secondhand smoke exposure
- Signs of postpartum blues vs. postpartum depression vs. postpartum psychosis
- Potential stresses within family and how to access local supportive resources
- Breastfeeding (nutritional needs of mother, lactation consultation resources)

What qualifications must a person have to deliver CBE?

CBE classes must be provided only by a qualified person who meets the requirements outlined in this billing guide. To qualify as a CBE provider, the person must:

- Have a certification or credentials from a training organization that meets the Childbirth Educator training standards set by the [International Childbirth Education Association \(ICEA\)](#).
- Have a current Core Provider Agreement and National Provider Identifier (NPI).

Note: Only a person who meets the conditions outlined above is considered qualified to provide and bill for CBE classes provided to eligible clients. If the agency discovers payment was made for classes provided by a nonqualified person, an overpayment will be established and monies will be recuperated.

Coverage

What is covered?

[Refer to WAC [182-533-0390\(6\)](#)]

The agency covers one series of CBE classes per client per pregnancy. The education must be delivered in a series of group sessions with a minimum of eight hours of instruction.

A client must attend at least one CBE session for the provider to be paid.

What is not covered?

Under the Childbirth Education program, the agency does not cover CBE that is provided during a one-to-one home or office visit.

For information regarding one-to-one home or office visits, refer to the current Agency [Maternity Support Services/Infant Case Management Billing Guide](#).

Payment

What are the general requirements for receiving payments for providing CBE?

[Refer to WAC [182-533-0390\(7\)](#)]

The agency pays for covered classes provided to eligible clients on a fee-for-service basis.

The CBE provider must accept the agency's maximum allowable fee as final and complete payment for classes provided to a client.

The agency's maximum allowable fee includes all classes, core materials, publications, and educational materials provided throughout the class series. Clients must receive the same materials that are offered to other attendees.

Where do I find the fee schedule?

You can view the agency Childbirth Education [Fee Schedule](#)

Billing and Claim Forms

Effective for claims billed on and after October 1, 2016

All claims must be submitted electronically to the agency, except under limited circumstances.

For more information about this policy change, see [Paperless Billing at HCA](#).

This billing guide still contains information about billing paper claims.

This information will be updated effective January 1, 2017.

What are the general billing requirements?

Providers must follow the agency's [ProviderOne Billing and Resource Guide](#). These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- How to bill for clients eligible for both Medicare and Medicaid.
- How to handle third-party liability claims.
- What standards to use for record keeping.

What if a person becomes pregnant soon after a previous pregnancy?

If a person becomes pregnant soon after a previous pregnancy, enter the new "Due Date" in field **19** on the CMS-1500 Claim Form. This "resets" the claims processing clock for the new pregnancy.

How do I complete the CMS-1500 Claim Form?

The following CMS-1500 Claim Form instructions relate to Childbirth Education:

Field No.	Name	Entry
24B	Place of Service	Enter Place of Service. For example: code 99 (other); 11 (office)
24D	Procedures, Services, or Supplies	Enter HCPCS code S9436 with modifier HD (S9436-HD).
24E	Diagnosis Code	Enter diagnosis code Z32.2
24F	\$ Charges	Enter your usual and customary charge.

Submit claims with Agency-designated CBE taxonomy 174400000X, which must be actively associated to appropriate provider NPI in the ProviderOne provider subsystem for the date(s) of service.

Note: Refer to the agency's [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 Claim Form.