Maryland Medical Assistance Program

OB/GYN/Family Planning Provider Services and Billing Manual

March 2012

STATE OF MARYLAND
DHMH

Maryland Department of Health & Mental Hygiene
Office of Health Services
201 W. Preston Street
Baltimore, Maryland 21201
410-767-6750 or 1-800-456-8900
Web site: http://dhmh.maryland.gov/SitePages/Home.aspx

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INTRODUCTION

A. PURPOSE

The manual provides an overview of Medical Assistance Program administrative guidance and billing instructions to Medicaid providers rendering prenatal, gynecological, and family planning services to women enrolled in Maryland Medicaid's "fee-for-service" and "managed care" programs. **Please note that hospital outpatient departments may have different claim forms than those outlined in this manual. NOTE:** The OB/GYN/Family Planning Provider Services Manual can be accessed from the Department of Health and Mental Hygiene's web site at http://mmcp.dhmh.maryland.gov/SitePages/Providers%20Information.aspx

Providers must follow the instructions in the *Maryland Medical Assistance Physicians' Services Provider Fee Manual*, the *CMS-1500 Billing Instructions* and when contracted with an MCO, the *MCOs Provider Manual.*

B. HIPAA PRIVACY

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (*HIPAA*) of 1996 require the use of standard electronic health transactions by health insurance plans; including private, commercial, Medicaid and Medicare; healthcare clearinghouses and healthcare providers. The primary intent of the law is to allow providers to meet the data needs of every insurer electronically with one billing format using standardized healthcare industry data and code sets. *HCPCS* is the specified code set for procedures and services. Additional information on *HIPAA* can be obtained from the Department's web site at http://dhmh.maryland.gov/hipaa/SitePages/Home.aspx

C. NATIONAL PROVIDER IDENTIFIER (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) included a requirement to adopt standard unique identifiers for health care providers. Providers that conduct any of the HIPAA standard transactions, including electronic claims, eligibility, claim status, or remittance, must use an NPI. The NPI is a 10-digit identifier that will replace all existing provider identifiers. To obtain an NPI, organizational and individual providers can submit an NPI application either online or by mail. To apply online go to: https://nppes.cms.hhs.gov/NPPES or call1-800-465-3203 to request an application by mail. Additional information can be obtained at http://mmcp.dhmh.maryland.gov/SitePages/NPI%20New%20Billing%20Instructions.aspx

Maryland Medicaid is collecting provider NPI numbers. Please send a copy of the CMS NPI notification letter to:

Maryland Medical Assistance - Provider Enrollment
201 W. Preston Street, LL3
Baltimore, MD 21201

A copy of the CMS NPI notification letter may also be faxed to Provider Enrollment at 410-333-5341.

D. BILLING INFORMATION

Fee-for-Service (FFS) Billing

Providers must bill on the CMS-1500. Claims can be submitted in any quantity and at any time within the filing limitation. Claims ***must*** be received within 12 months of the date of service.

The following statutes are in addition to the initial claim submission:

- 12 months from the date of the IMA-81 (Notice of retro-eligibility)
- 120 days from the date of the Medicare EOB
- 60 days from the date of Third Party Liability EOB
- 60 days from the date of Maryland Medicaid Remittance Advice

The Program ***will not*** accept computer-generated reports from the provider's office as proof of timely filing. The ***only*** documentation that will be accepted is a remittance advice, Medicare/Third-party EOB, IMA-81 and/or a returned date stamped claim from the Program.

Paper Claims Submission: Once a claim has been received, it may take 30 business days to process. Invoices are processed on a weekly basis. Payments are issued weekly and mailed to provider's "pay-to-address". All claims should be mailed to the following address:

Maryland Medical Assistance Program
Claims Processing
P.O. Box 1935
Baltimore, MD 21203-1935

Electronic Claims Submission: Providers desiring additional information regarding electronic billing should contact the Electronic Billing Unit at 410-767- 4682.

MCO Billing

MCO members are required to use in network providers for most medical services. MCOs are responsible for some out of network care received by their members. If billing the MCO for services, the provider should follow the MCO billing instructions.

E. THIRD PARTY RECOVERIES

The Medical Assistance Program is the payer of last resort. If a recipient is covered by MA and private insurance, the provider must first bill the recipient's other insurance. There are a few exceptions to this requirement. Prenatal providers are permitted to bill the MCO or MA Program for prenatal care without first billing the recipient's other insurance. The MA Program assumes responsibility for recovering payment from the recipient's other insurance company.

F. OVERVIEW

The Maryland Department of Health and Mental Hygiene (DHMH) is committed to ensuring that all women have access to quality obstetrical, gynecological, and family planning services. Over the past several years, the state has greatly expanded Medicaid eligibility for pregnant women through the **Maryland Children's Health Program (MCHP)** and the **Medical Assistance for Families Program**. Beginning January 1, 2012 Medicaid's Family Planning Program will expand eligibility for family planning services to all women under age 51 who meet eligibility criteria, as a result of Senate Bill 743 - ***Family Planning Works Acts*** which passed during the 2011 legislative session.

Improved communication between local health departments (LHD), managed care organizations (MCO), and private providers are facilitated by the Administrative Care Coordination/Ombudsman Program, which has reduced some of the barriers to care encountered by pregnant women and women seeking family planning services. The strengthening of established public and private sector partnerships will further reduce access to care barriers for these populations.

One of Maryland's goals is to assure that all women have access to high quality prenatal, postpartum, and family planning services regardless of their family income. Your participation in the Medicaid Program is critical to ensuring that all women have access to comprehensive services.

Medicaid, also known as Medical Assistance (MA) is a joint federal and state program authorized under Title XIX of the Social Security Act to provide health and long-term care coverage to low-income individuals and persons in certain categories. DHMH provides Medicaid coverage to individuals determined to be categorically eligible or medically needy.

Medicaid coverage is automatically granted to persons receiving certain other public assistance, such as Supplemental Security Income (SSI), Temporary Cash Assistance (TCA), or Foster Care. Maryland Medicaid also provides similar coverage for moderate to low-income children and pregnant women under the **Maryland Children's Health Program (MCHP), MA for Families, and MCHP Premium Programs** and a limited benefits package for women under the **Family Planning Program**.

Women in need of medical services and treatment may also be eligible for the **Women's Breast and Cervical Cancer Health Program** (see Appendix)**. The Medical Assistance for Families Program** will provide women with the full range of Medicaid services, if they meet certain income requirements and have children. Those in need of primary care, prescription medications, substance abuse treatment, emergency facility and family planning services may be eligible for the **Primary Adult Care Program (PAC).**

Most pregnant women in Medicaid/MCHP receive health care services through Maryland's **HealthChoice Program**. **HealthChoice** is Maryland's statewide mandatory managed care program, which began in 1997. HealthChoice recipients enroll in a managed care organization (MCO) of their choice and select a primary care provider (PCP) to manage their medical care. MCO's participating in the HealthChoice program are responsible for providing the full range of health care services covered by the Medicaid "fee-for-service" program, except for certain Medicaid-covered benefits that are "carved out" and available to enrollees outside the MCO.

The following managed care organizations currently serve Maryland's Medicaid recipients:

- *AMERIGROUP Community Care.*
- *Diamond Plan from Coventry Health Care*
- *Jai Medical Systems*
- *Maryland Physicians Care*
- *MedStar Family Choice*
- *Priority Partners*
- *UnitedHealthcare*

G. PROGRAMS and SERVICES

Under Medicaid's HealthChoice and Acute Care Administration (HCACA), the ***Division of Outreach and Care Coordination,*** comprised of two units, the *Programs Unit and Complaint Resolution Unit (CRU),* manages the following programs and services:

- ❖ Administrative Care Coordination/Ombudsman Program
- ❖ Medicaid Policy for Obstetrical and Family Planning Services
- ❖ Medicaid Family Planning Program
- ❖ Primary Adult Care Program
- ❖ Complaints/Appeals

The *Programs Unit* has a team of nurses who serve as regional consultants to local health departments (LHD), managed care organizations (MCO), and providers. Nurse consultant services include:

- ✓ Distribution of applicable administrative manuals/resources
- ✓ Interpretation of Medicaid health policies and federal/state regulations
- ✓ Staff training on Medicaid standards and procedures
- ✓ Assistance with Medicaid/MCO billing
- ✓ Education of providers about various aspects of MCO and fee-for-service issues

The *Programs Unit* can be reached by calling 410-767-6750 or 1-800-456-8900.

The *Complaint Resolution Unit*, comprised of a team of nurses, is charged with providing a central complaint program to monitor the complaints and grievance process for recipients enrolled in HealthChoice and PAC.

LHD Ombudsman

The HealthChoice Program is required to provide an Ombudsman to assist members who are experiencing a dispute or dissatisfaction with their MCO regarding adverse actions. The local Ombudsman Program operates under the direction of the HealthChoice and Acute Care Administration's *Complaint Resolution Unit (CRU).* Providers are asked to respond promptly to the CRU staff or LHD Ombudsman when contacted for information about a specific issue. The **Enrollee Action Line (1-800-284-4510)** is available for recipients with inquiries or to request assistance with problems with their MCO. Providers may call the **Provider Hotline (1-800-766-8692)** for assistance with resolving problems related to care access on behalf of recipients.

Transportation Services

The Medicaid Program provides transportation grants to each local jurisdiction to assist clients with transportation to Medicaid covered services (see appendix). The MCO may also provide limited transportation assistance.

Interpretation Services

For information regarding interpretation services, contact the MCO for assistance.

H. APPEAL PROCESS

Enrollees or someone on behalf of the enrollee can Appeal to the State to review an Action by the managed care organization (MCO):

- A HealthChoice Enrollee should contact the Department's Enrollee Help Line at: 1-800-284-4510 between 7:30 a.m. and 5:30 p.m.
- A PAC enrollee should contact the Department's Enrollee Help Line at: 1-800-754-0095 between 7:30 a.m. and 5:30 p.m.
- Providers on behalf of recipients should contact the Department's Provider Help Line at: 1-800-766-8692 between 8:00 a.m. and 5 p.m.
- The Help Line will provide information on how to request a Fair Hearing.
- Medical cases involving preservice denial of services/benefits will be referred to the Complaint Resolution Unit, who will attempt to resolve the Action with the MCO in 10 business days. If it cannot be resolved in 10 business days, a notice will be sent that gives the enrollee a choice to request a Fair Hearing or wait until the Complaint Resolution Unit has finished its review of the case. When the review is finished, if the enrollee does not agree with the decision that he/she will receive in writing, another notice will <u>again</u> be sent to the enrollee on how to request a Fair Hearing.

The State's Decision on the Appeal

After all the facts about the MCO appeal have been reviewed by the State, one of the following will occur:

- The State will order the MCO to provide the benefit or service; or
- The State will inform the enrollee and the doctor in writing that the State agrees with the MCO.

What Kind of Decisions Can Be Appealed

Below are examples of decisions made by the State that can be appealed. An enrollee, provider, or representative on behalf of the enrollee can Appeal a decision when the State:

- Agrees with the MCO that a benefit or service that the enrollee is receiving should be denied or reduced;
- Agrees with the MCO that a benefit or service is not medically necessary;
- Agrees with the MCO that a benefit or service is not covered by the MCO.

Fair Hearings

To Appeal one of the State's decisions, a request is made for the State to file a notice with the Office of Administrative Hearings on behalf of the enrollee. This will be the appeal against the State. The MCO may appear as witness for the State at the Fair Hearing.

The Office of Administrative Hearings will set a date for the Hearing based on the type of decision being appealed.

- If the Appeal is about the MCO reducing or not giving the enrollee a benefit or service because it (and the State) thinks there is not a medical need for the benefit or service, the Office of Administrative Hearings will set a hearing date from the date the request is filed with the Office of Administrative Hearings. The Office of Administrative Hearings will make its decision on the case, usually within 30 days of the date of the hearing.
- If the Appeal is about urgent and/or emergent services, the Office of Administrative Hearings may set an expedited hearing date within 3 days from the date the request is filed with the Office of Administrative Hearings. The Office of Administrative Hearings will usually make its decision on the case within 3 days of the date of the hearing.

- For all other appeals, the Office of Administrative Hearings will set a hearing date within 30 days of the date the request is filed with the Office of Administrative Hearings.
- The Office of Administrative Hearings will usually make its decision on the case within 30 days of the date of the hearing.

If a recipient is receiving ongoing services that are being denied or reduced and wishes to continue the services, they must call the HealthChoice Complaint Resolution Line to request the Fair Hearing within 10 days of the notice of denial/reduction of services by the MCO. The services will then be continued throughout the appeal process by the MCO. The recipient may have to pay for the cost of any continued services if the MCO's denial/reduction is upheld at the Fair Hearing.

Section II

MEDICAID ELIGIBILITY

Most women who receive Medicaid are in one of five eligibility categories: **general Medicaid**, **Maryland Children's Health Program (MCHP), MA for Families Program**, **Primary Adult Care Program (PAC)** and **Family Planning Program.** Women are eligible for coverage and health benefits based on eligibility criteria, including qualifying income, based on Federal Poverty Guidelines (FPL), which are subject to change annually.

A. GENERAL MEDICAID

Women whose family income is at or below 45% of the FPL may apply for general Medicaid. Women who receive benefits under general Medicaid will continue to have their eligibility reviewed every six months, irrespective of pregnancy. These women should be encouraged to contact their local department of social services (LDSS) case worker to ensure that their eligibility is not interrupted during pregnancy and full MA coverage, including family planning services, continues beyond the postpartum period.

B. THE MARYLAND CHILDREN'S HEALTH PROGRAM (MCHP)

The Maryland Children's Health Program (MCHP) provides full health benefits for children under the age of 19 and pregnant women. Currently, pregnant women whose family income is at or below 250% of the FPL are eligible for health care coverage through MCHP. To check the income guidelines, go to http://dhmh.maryland.gov/chp/docs/MCHP_Elig_Charts_Eng_and_Span_Rvsd_2011_1.pdf

Refer all uninsured pregnant women to the local health department (LHD) eligibility unit (see appendix*)* the local Department of Social Services (LDSS) or MCHP through the Maternal/Child Health Information Line at 1-800-456-8900. Pregnant women and children can have third party health insurance and still qualify for Medicaid.

Once a pregnant woman is determined eligible for MCHP, she has coverage through the duration of her pregnancy and two months postpartum. Each woman will have a primary care physician. MCHP covers the same services as general Medicaid with the exception of abortions, which, are not covered for pregnant women who enrolled for coverage under MCHP.

Dental services are covered for pregnant women and children. There are no pharmacy co-pays for pregnant women and children in any eligible Medicaid programs.

C. THE MEDICAL ASSISTANCE for FAMILIES PROGRAM

Parents or other family members caring for children with incomes at or below 116% of the Federal Poverty Level (about $25,000 annually for a family of four), depending on family size, may qualify for Medical Assistance for Families. This program includes the full array of MA benefits, such as doctor visits, mental health and substance abuse treatment, hospital stays and prescription drugs. This expansion means that more women now qualify for Medical Assistance. This provides access to well women care and family planning services so that they are healthier prior to pregnancy.

Since many first time mothers will qualify for MA under this program, they should be sure to apply after delivery.
For more information, go to http://dhmh.maryland.gov/ma4families/SitePages/Home.aspx.
Dental services are covered for pregnant women and children. Some MCOs offer limited dental services to adults. There are no pharmacy co-pays for pregnant women or children in any eligible Medicaid programs. There may be co-pays for other eligible individuals. Recipients should check their MCO's handbook for information.

D. THE MEDICAID FAMILY PLANNING PROGRAM (MFPP)

Effective January 1, 2012, the Maryland Medicaid Family Planning Program provides services to women under 51 years of age with income at or below 200% of the federal poverty level (FPL). Women who are not pregnant must submit an application to determine eligibility for the FPP. The FPP covers services related to birth control only. **The program does not cover abortion services or prenatal care.**

E. THE PRIMARY ADULT CARE PROGRAM (PAC)

The Primary Adult Care (PAC) program is for low income individuals over the age of 19 who do not have dependent children and do not have Medicare. PAC services are delivered by participating primary care providers who are enrolled in managed care organizations (MCO). PAC covers pharmacy, primary health care, mental health care, some substance abuse treatment services and emergency room facility costs. PAC covers all family planning methods except sterilization, because inpatient and specialty care is not covered. Pregnancy care is not covered under PAC. Pregnant women are not eligible for PAC and if a woman enrolled in PAC becomes pregnant, she must apply for MCHP.

Women can self-refer to any participating family planning provider as long as the provider agrees to bill the MCO. Additionally, under PAC the MCO must provide routine gynecologic care. PAC covers screening mammograms and pap smears; however, visits to the GYN for diagnostic tests and specialty care are not covered. Call 1-800-284-4510 to get a list of the MCOs that participate in the PAC program.

There may be co-pays for medications. Some MCOs offer limited dental services.

F. EMERGENCY MEDICAL ASSISTANCE for UNDOCUMENTED IMMIGRANTS

Low income undocumented or ineligible immigrants who are Maryland residents may qualify for coverage of "emergency" medical services for hospital inpatient and related services. This emergency coverage includes labor and delivery, but not routine prenatal or postpartum services for the mother. Women seeking coverage for delivery related services under the emergency provision can apply to their local department of social services (LDSS) or health department (LHD) prior to delivery. In lieu of a MA card, these women will receive a letter which will include their MA number and instructions to present the letter to the hospital or health care provider at the time of delivery. Eligibility can also be verified by using the EVS system. Pregnant women who receive temporary coverage for labor and delivery services are ineligible for enrollment into HealthChoice.

When an undocumented or ineligible pregnant woman has not applied prior to delivery, she can apply for retroactive MA coverage for herself and coverage for her newborn after delivery. However, she must then provide a copy of her hospital discharge summary to the LHD or LDSS.

G. NEWBORN ELIGIBILITY and CLAIMS

All newborns born to women who are enrolled in Medicaid at the time of birth are also eligible for Medicaid. Coverage will begin at birth and continue through the infant's first birthday. If a pregnant woman is enrolled in an MCO at the time of delivery, her newborn is automatically enrolled in the same MCO. Women should be encouraged to choose a provider for their newborn by the eighth month of pregnancy. Please encourage her to call her MCO's Member Services Department of her MCO immediately after delivery to inform them of the delivery and the pediatrician's name.

To initiate coverage for the newborn, MA requires that the hospital of birth complete a ***Hospital Report of Newborn (DHMH 1184***) and fax it to the DHMH Recipient Master File Unit at 410-333-7012. Once the form is received, the newborn's temporary Medical Assistance number will be sent to the birth hospital, mother's MCO, and the client's designated eligibility office at either the local health department or local department of social services. The local eligibility unit will then activate the newborn's case in the *Client Automated Resource & Eligibility System* (CARES), which will generate a permanent Medical Assistance number for the newborn.

NOTE: When submitting claims for services rendered to newborns, providers must use the newborn's name and unique medical assistance number. **Do not use the mother's MA#.**

Each managed care organization is required to have a **Newborn Coordinator**. This individual serves as the point of contact for providers who have questions or concerns related to eligibility and the provision of services to newborns within the first 60 days of birth. To reach a Newborn Coordinator, see MCO Contact Information located in the appendix.

Section III

MEDICAID APPLICATION PROCESS

A. CITIZENSHIP AND IDENTITY DOCUMENTATION

Effective July 1, 2006, federal law required verification of citizenship and identity as a condition for Medical Assistance eligibility. The Maryland Department of Health and Mental Hygiene began implementing this new federal law on September 1, 2006. ***New*** recipients must provide documentation to prove citizenship and identity. **NOTE:** Documentation is not required for newborns whose mother was enrolled in MA or MCHP on the date of delivery. Applicants and recipients who have questions about these requirements can call 1-866-676-5880 for additional information and assistance. Further information can also be found at http://dhmh.maryland.gov/SitePages/citizens.aspx by clicking on the link to *Proof of Citizenship and Identity*. Timeliness is critical to the provision of health care to pregnant women and those applying for family planning services. Questions regarding MCHP or the Accelerated Certification of Eligibility (ACE) can be directed to the Maternal-Child Information Line at 1-800-456-8900.

B. MARYLAND CHILDREN'S HEALTH PROGRAM (MCHP)/ MEDICAL ASSISTANCE FOR FAMILIES

Refer all uninsured women to the local health department (LHD) Eligibility Unit (see appendix) or the Maternal-Child Information Line at 1-800-456-8900. Applications are available online at http://dhmh.maryland.gov/ma4families/SitePages/Home.aspx. Note: the same application is used for MCHP and the Medical Assistance for Families Program. Individual circumstances will determine under which program the women qualifies for MA.

- Pregnant women applying for coverage through MCHP are not required to provide written proof of pregnancy. The pregnant woman's declaration that she is pregnant is acceptable. Her expected due date must be on the application.

- A pregnant woman may mail, fax or bring her signed application to the LHD or LDSS in her county of residence.

- Applications from pregnant women are given priority, and in most cases eligibility can be determined through the Accelerated Certification of Eligibility (ACE) within two working days from the receipt of the completed application.

- Most women will be required to enroll in a managed care organization (MCO).

- Women have 21 days from the date eligibility notification and MCO information is mailed from the Department to choose an MCO; if they fail to do so, they will be auto-assigned.

C. ACCELERATED CERTIFICATION OF ELIGIBILITY (ACE)

- The LHD or LDSS is required to process MA applications for pregnant women, except undocumented or ineligible women, within two working days of receipt of a completed application.

- Eligibility requirements include that the pregnant woman must have a social security number and she must declare that she is a U.S. citizen, legal permanent resident or alien lawfully residing in the U.S. in order to qualify for ACE.

- Income is self-declared and if family income appears to be within income limits (up to 250% of the FPL) MA eligibility is granted for 3 months, while a final determination of eligibility is rendered.

- MA coverage begins on the first day of the month in which the application is received by the LHD or the LDSS. If all information is verified, eligibility will continue through pregnancy and two months postpartum. If it is determined she is not eligible for MA, coverage will end after three months.

- Pregnant women certified under ACE will be enrolled in the MCO of their choice.

Section IV

ELIGIBILITY VERIFICATION SYSTEM

A. INTRODUCTION

The Maryland Medicaid Eligibility Verification System (EVS) is a telephone inquiry system that enables health-care providers to quickly and efficiently verify a Medicaid recipient's current eligibility status.

A Medical Assistance card alone does not guarantee that a recipient is currently eligible for Medicaid benefits. You can use EVS to quickly verify a recipient's eligibility status. ***To ensure recipient eligibility for a specific date of service, you must use EVS prior to rendering service***.

EVS is fast and easy to use, and is available 24 hours a day, 7 days a week. EVS requires only seconds to verify eligibility and during each call you can verify as many recipients as you like. EVS is an invaluable tool to Medicaid providers for ensuring accurate and timely eligibility information for claim submissions.

EVS provides you with the capability of verifying past dates of eligibility for services rendered up to one year. Additionally, if the Medical Assistance number is not available, you can use the recipient's Social Security number and name code to obtain the ID number.

For providers enrolled in **eMedicaid, "WebEVS"**, a web-based eligibility system is available. Providers must be enrolled in eMedicaid in order to access "WebEVS". To enroll and access "WebEVS" go to https://encrypt.emdhealthchoice.org/emedicaid and select "Services for Medical Care Providers" and follow the login instructions. If you need information, please visit the website or for provider application support call 410-767-5340. For questions about "WebEVS", please contact Provider Relations at 410-767-5503 or 1-800-445-1159.

B. WHAT YOU NEED

- A touchtone phone
- The EVS access telephone number
- Your Medicaid provider number (NPI after July 30, 2007)
- The recipient Medicaid number and name code or social security number and name code
- Date of service, if other than current date

C. HELPFUL TIPS

- You must press the pound key **once (#)** after entering data requested in each prompt.

- If you make a mistake, press the asterisk (*) key once. EVS disregards the incorrect information and repeats the prompt.

- If you do not enter data within a predetermined time period after a prompt, EVS re-prompts you. If you fail to enter data after the second prompt, EVS will disconnect the call.

- To end the call press the pound key twice (##) at any prompt prior to entering data. The system responds "Have a good day" and disconnects your call.

- EVS provides current information up to the previous business day. **Please listen closely to the entire EVS message before ending the call** so that you don't miss important eligibility information.

- The EVS message will give you the name and phone number of the woman's managed care organization (MCO), if she is enrolled in "HealthChoice". Providers can press "3" and the call will be transferred directly to the MCO's call center to verify primary care physician (PCP) assignment.

- The EVS message for recipients that are eligible for services and are "fee-for-service" (not enrolled in HealthChoice) is "E**ligible for date of service**".

- The EVS message for recipients eligible for services and a member of a MCO is "Recipient is in **HealthChoice" (identifies MCO and phone number**)

- The EVS message for pregnant recipients enrolled in MCHP is "Eligible for date of service. Abortion and infertility treatments are not covered "

- The EVS message for recipients eligible for services and a member of a MCO is **"**Recipient is in **HealthChoice" (identifies MCO and phone number)**

- The EVS message for women enrolled in the Family Planning Program is "Recipient is eligible for family planning services only. Abortion and Infertility services are not covered.**"**

- The EVS message for recipients enrolled in the Primary Adult Care Program under "fee-for-service" (not enrolled in an MCO) will indicate, **"recipient has pharmacy and outpatient mental health coverage only**".

- The EVS message for recipients enrolled in the Primary Adult Care Program (enrolled in an MCO), will indicate, "**recipient has PAC primary care benefit payer**" **(identifies MCO and phone #) and "**Specialty Mental Health and HIV drugs are Fee For Service."

- The EVS message for recipients who are eligible but have other insurance is "**recipient has other insurance (gives policy number and phone number). The insurance company listed should be billed prior to State Medicaid. For further information, call 410-767-1773"**

- If you have questions about the different types of eligibility, call the Maternal-Child Health Information Line at 800-456-8900.

- If you need further assistance with EVS, call Provider Relations Monday – Friday between 8:00 a.m. and 5:00 p.m. at 410-767-5503 or 800-445-1159.

D. HOW TO USE EVS

- Call the EVS access telephone number:
  1-866-710-1447 (State-wide)

- Enter your 9 digit provider number (10 digit NPI after July 30, 2007) and press the pound key once (#)
  Example: 012345678#

- For **current eligibility** enter the 11-digit recipient number and the 2-digit name code (the first two letters of the last name converted into numeric touchtone numbers) and press the pound key once (#).
  Example: *For recipient Mary Stern, you would enter:* ***11223344556*** *(recipient ID number) and* ***78#*** *(7 is for "S" in Stern and 8 is for "T" in Stern)*

  NOTE: Since the characters Q and Z are not available on all touchtone phones, enter the digit **7** for the letter **Q** and digit **9** for the letter **Z**. Use a zero (0) for space if recipient has only one letter in last name. ***Example:*** *Malcolm X; name code =X0*

- EVS will respond with current eligibility information or an error message if incorrect information has been entered.

- For **past eligibility** you can search a recipient's past eligibility status for up to one year. To do a search of past eligibility, enter a date of up to one year using the format ***MMDDCCYY***
  Example: *For recipient Mary Stern, where the date of service was January 1, 1995, you would enter:* ***11223344556*** *(recipient ID#) and* ***78*** *(last name code) and* ***01011995#*** *(service date)*

- EVS will respond with eligibility information for the date of service requested or an error message if incorrect information was entered.

  NOTE: Should you enter the date incorrectly, EVS re-prompts you to re-enter **only the date**; however, at the prompt, you can return to the "ENTER RECIPIENT NUMBER AND NAME CODE" prompt by pressing "9" and the pound key twice (##).

- **If the recipient number is not available:** At the recipient number prompt, press zero (0) and the pound key twice (##). EVS prompts you with the following: "ENTER SOCIAL SECURITY NUMBER AND NAME CODE". Using a recipient's SSN and name code, you may search current eligibility or optionally search past eligibility up to one year. To search past eligibility, follow the name code data entry with the date of service in MMDDCCYY format.
  Example: ***111223334****(SSN) and* ***78#*** *(last name code)*

  NOTE: Social Security Numbers are not on file for all recipients. If you have entered a valid SSN, which is on file, and the recipient is currently eligible for Medical Assistance, EVS will provide you with the current eligibility status and a valid recipient number. You should record this information.

- To repeat the eligibility status, press "1"; to enter the next recipient, press "2"; to end the call, press the pound key twice (##).

- It is important to end the call by pressing the pound key twice (##) to free both your phone line and the EVS line for the next caller.

  If you need further assistance with EVS, call Provider Relations Monday – Friday between 8:00 a.m. and 5:00 p.m. at 410-767-5503 or 800-445-1159.

Section V

PREGNANCY SERVICES

All pregnant women must have access to early prenatal care. When a HealthChoice member suspects she is pregnant she should contact her MCO/PCP. MCOs are responsible for scheduling an appointment for the first prenatal visit and seeing the woman within 10 days of the enrollee's request.

A. PRENATAL SERVICES PRIOR TO MCO ENROLLMENT

SELF-REFERRAL SERVICES (see also ***HealthChoice Self-Referral Manual)***

If a newly enrolled pregnant woman has already established care with an out-of-network provider and that care included a full prenatal examination, risk assessment, and appropriate laboratory tests, the MCO must pay the provider. In the event that an out-of-network provider has provided pre-enrollment care and initiated prenatal care **prior** to the pregnant woman's enrollment in an MCO, the prenatal care **provider may choose** to continue rendering out-of-network prenatal care under these self-referral provisions.

OB Providers can assist in assuring continuity of prenatal care by following the steps outlined below:

- You are encouraged to provide care to pregnant women who are in the Medical Assistance application and MCO selection process.
- If you participate in HealthChoice, let potential HealthChoice members know which MCO(s) your practice participates in and whether you will accept women for out-of-network prenatal care.
- If you participate in one or more MCO(s) and have initiated prenatal care for a pregnant woman who has Medical Assistance, but is not in an MCO, encourage her to select an MCO in which you participate. She should call the enrollment broker at 1-800-977-7388 to choose an MCO.
- You are not required to continue providing prenatal care to a pregnant woman who subsequently enrolls in an MCO in which you do not participate.
- You are encouraged to continue to see these women under the self-referral option.
- If a pregnant woman is auto-assigned to an MCO in which you do not participate, tell her to call the enrollment broker at 1-800-977-7388; she may be able to change MCOs.
- The MCO is responsible for the payment of comprehensive prenatal care for a **normal** pregnancy, including prenatal, intra-partum, and postpartum care at the established Medicaid rate and without preauthorization.
- Some dental services are covered during pregnancy. Please encourage pregnant women at their initial prenatal visit to call the Maryland Healthy Smiles Program at 1-888-696-9596.

Prenatal care providers should follow these guidelines for the provision of **self-referral** pregnancy related services:

- Inform the member's MCO that you plan to continue to provide prenatal care to the member as an out-of-network provider.

- Refer the member to the MCO's OB case management services or special needs coordinator (MCOs are required to have these services for pregnant women). (see appendix).

- Screen the member for substance abuse using a screening instrument that is (1) appropriate for the detection of both alcohol and drug abuse (2) recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, and (3) appropriate for the age of the patient. Refer to the MCO's Behavioral Health Organization, if indicated. (see appendix).

- Complete the ***Maryland Prenatal Risk Assessment Form (*DHMH 4850)** (see appendix) and **promptly** forward the form to the appropriate local health department ACCU Program. (**Prior** to the pregnant woman's enrollment in an MCO, completion of the risk assessment is billed to MA using **billing code H1000)**. Check with your MCO about billing this service for women once enrolled in the MCO.

- Refer the member to the local health department for community resources, including nutritional counseling.

- Providers should document in the medical record that health education and counseling appropriate to the needs of the pregnant woman was provided. The provider may then bill the MCO for an "Enriched" maternity service at each visit using **billing code H1003**. **You may only bill for one unit of "Enriched Maternity Services" per visit.** The *Enriched Maternity Services Record Form* is used to record services rendered (see appendix).

- When consultation or referral for high-risk prenatal care is indicated, make referrals to the member's MCO network providers only.

- Bill the member's MCO for laboratory, radiology, and pharmacy services provided on-site in conjunction with pregnancy related services.

- When it is necessary to refer off-site for laboratory, radiology, and pharmacy services, use only those providers who are in the member's MCO network.

- Prior to the eighth month of pregnancy the prenatal care provider should instruct the pregnant woman to contact her MCO for assistance in choosing a provider for the newborn.

- For all non-pregnancy related medical services, refer pregnant women to their "**in network"** primary care provider (PCP).

B. BILLING/PROCEDURE CODES

Prenatal care providers typically bill MCOs using CPT evaluation and management codes (**99201 – 99205** and **99211 – 99215**) and two Healthy Start codes (**H1000 and H1003**). The most commonly used codes are:

CPT Code	Description
99201	Office visit, new patient, minimal
99202	Office visit, new patient, moderate
99203	Office visit, new patient, extended
99204	Office visit, new patient, comprehensive
99205	Office visit, new patient, complicated
99211	Office visit, established patient, minimal
99212	Office visit, established patient, moderate
99213	Office visit, established patient, extended
99214	Office visit, established patient, comprehensive
99215	Office visit, established patient, complicated
H1000	Prenatal care, at risk assessment (bill once)
H1003	Prenatal care, at risk enhanced service education
59410	Vaginal delivery, including postpartum care
59515	Cesarean delivery, including postpartum care
59430	Postpartum care only

Circumcision

MCOs are responsible for payment of circumcisions performed by an obstetrician who provided delivery services for a woman under the self-referral provision. When billing for newborn circumcisions (CPT **54150** or **54160**) you must use the newborn's name and MA number. Contact the nurse consultant in the Division of Outreach and Care Coordination at (410) 767-6750 or 1-800-456-8900 for additional information.

C. PRENATAL SERVICES AFTER MCO ENROLLMENT

Note: Check with your MCO about their reimbursement policy.

MCO SERVICES

The MCO or its contracted provider has responsibility for assuring the following for pregnant and postpartum women:

- The MCO must provide easy access to prenatal care, including an appointment for the first visit within 10 days of request.

- The MCO must assure access to appropriate levels of care including inpatient, outpatient, and emergency services. This includes providing an adequate network of providers including obstetricians-gynecologists, perinatologists, pediatricians, neonatologists, anesthesiologists, dentists and other health care providers, in order to deal with complex maternal and infant health issues. The provision of appropriate emergency transfer of pregnant women and newborns to tertiary facilities, when necessary, is also required.

- The MCO must assure that the prenatal care provider completes the ***Maryland Prenatal Risk Assessment (DHMH 4850)*** at the first prenatal visit. The provider must fax the risk assessment, within 10 days after completion, to the LHD ACCU Program in the county in which the woman resides. **NOTE:** Completion of the Maryland Prenatal Risk Assessment is required for all Medicaid patients including those enrolled in an MCO. Check with your

MCO(s) about their reimbursement policy for completion of the risk assessment form, as the MCO may consider this service to be part of their fee. If you are uncertain about your MCO's policies or have billing questions, contact the MCO's Provider Relations Department (see appendix).

- The ACCU must refer women identified as high risk, based on the risk assessment screening, to the MCO in which the woman is enrolled, so OB case management services can be offered.

- All pregnant recipients, identified by the Maryland Prenatal Risk Assessment, are referred to their MCO by DHMH for coordination of care.

- The MCO must assure that risk-related education is provided including smoking cessation education; nutrition education; drug and alcohol education; HIV/STI education, and contraceptive options counseling.

- The MCO must refer pregnant women to the WIC Program at 800-242-4942.

- The MCO must provide an appropriate level of self-referred substance abuse services, including comprehensive services, when indicated. These services must include specialized intensive day treatment that allows for children to accompany their mother.

- The MCO must follow ACOG standards for determining frequency of visits, including care beginning in the first trimester with visits every four weeks for the first 28 weeks of pregnancy; every two weeks for the next eight weeks and weekly thereafter until delivery.

- The MCO must link the pregnant woman with a pediatric provider, prior to the eighth month of pregnancy.

- The MCO must ensure coordination of care or access to case management, as appropriate, for high risk pregnancies and disease management. Each MCO has prenatal programs available offering outreach and education to pregnant members, the goals of which are to encourage compliance, manage problems, and reduce negative outcomes. Additional information can be obtained by contacting each MCO's Prenatal Program (see appendix).

- The MCO must provide postpartum care and access to all family planning options, including tubal ligations. A consent form must be signed at least 30 days prior to the sterilization. All providers are required to complete Maryland Medicaid's ***Sterilization Consent Form (DHMH 2989)*** (see appendix).

- Providers should notify the MCO when a pregnant woman is missing appointments or having difficulty adhering to the medical plan of care.

Coverage of Breast Feeding Supports

WIC:

The WIC Program will provide manual breast pumps for nursing moms who are enrolled in the WIC program. WIC recipients may contact their local WIC Program for additional breastfeeding support.

Medicaid and Managed Care Organizations:

Medicaid and all MCOs cover breast pumps based on medical necessity. For pre-authorizations:

MA Fee-for-Service, call 410-767-1739
MCOs, contact the customer service number on back of recipient's MCO card

Other Resources:

The *Maryland Breastfeeding Resource Handbook – 2005* is available online at http://dhmh.maryland.gov/wic/SitePages/breastfeeding-services.aspx

Section VI

MEDICAID FEE-FOR-SERVICE PROCEDURES

A. PRENATAL CARE

Prior to enrollment in the MCO, pregnant women and select populations ineligible for enrollment in HealthChoice, may access care on a "fee-for-service" basis.

PROCEDURES

- The Medicaid Program does not reimburse physicians for "global" maternity care services. Maryland Medicaid does not use CPT codes 59400, 59510 and 59610. Providers must bill deliveries separately from prenatal care. This is discussed in section "B" under Maternity and Postpartum Services.

- The Maryland Medical Assistance Program no longer uses antepartum codes 59425 and 59426. Under the Health Insurance Portability and Accountability Act (HIPAA) Maryland Medicaid is required to use nationally recognized procedure codes. Prenatal care providers should use the appropriate evaluation and management code for each prenatal visit. The evaluation and management codes are as follows:

CPT Code	Description
99201	Office visit, new patient, minimal
99202	Office visit, new patient, moderate
99203	Office visit, new patient, extended
99204	Office visit, new patient, comprehensive
99205	Office visit, new patient, complicated
99211	Office visit, established patient, minimal
99212	Office visit, established patient, moderate
99213	Office visit, established patient, extended
99214	Office visit, established patient, comprehensive
99215	Office visit, established patient, complicated

Indicate the appropriate diagnosis code: **V22** for normal pregnancy or **V23** for high-risk pregnancy on claims submitted related to prenatal care visits.

- Medicaid pays for medically necessary services related to prenatal care such as lab tests, prenatal vitamins and prescription drugs, sonograms, and non-stress tests. Use the appropriate CPT codes for ancillary services.

SERVICES

- ***Maryland Prenatal Risk Assessment***
  Maryland Medicaid pays prenatal care providers for completion of the Maryland Prenatal Risk Assessment Form (MPRA) in addition to the prenatal visit fee. (see appendix). The billing code for this service is **H1000**. **You may only bill for one risk assessment charge per pregnancy.**

- Complete the Maryland Prenatal Risk Assessment Form at the initial prenatal visit. Within 10 days of this initial visit forward the form to the local health department (LHD) ACCU Program in the county where the pregnant woman resides (see appendix). Completion of the risk assessment is important because it assists in identifying women at risk for low birth weight or pre-term delivery. These women are given priority for care coordination services.

*NOTE: It is acceptable to document only the last 4 digits of social security number.

- ***Enriched Maternity Services***
  Medicaid will pay providers an additional fee when "enriched" maternity services are provided at each office visit to an eligible recipient. These services may include:
  *Counseling
  *Health education
  *Nutrition education
  *Care coordination
  *Contraceptive counseling
  *Referrals to services such as WIC, smoking cessation, and alcohol or substance abuse treatment services.

  You may only bill for one unit of enriched maternity services per visit.

All pregnant women with Medicaid can benefit from "enriched" maternity services regardless of risk status. We ask that you provide the scope of service appropriate to the woman's individual level of need. Documentation must be noted in the medical record to support that health education and counseling appropriate to the needs of the pregnant woman was provided in order to bill for this service. We offer a format, *Enriched Maternity Services Record Form* (see appendix) that can be photocopied for use to document these "enriched" maternity services. Providers may bill for an "enriched" maternity service at each visit using billing code **H1003**. For additional information call the Division of Outreach and Care Coordination at 410-767-6750 and ask to speak with a nurse consultant.

An example of a prenatal visit with a new patient:
Evaluation/Management (99202 – 99205)
Prenatal care, at risk assessment (H1000**)**
Prenatal care, at risk enhanced service education (H1003)

An example of a prenatal visit with an established patient:
Evaluation/Management (99211 – 99215)
Prenatal care, at risk enhanced service education (H1003)

- ***Substance Abuse Services***
  Type of Provision: Self-Referral. The purpose of this provision is to remove barriers for pregnant women to access substance abuse treatment services. Providers must be an ADAA-certified substance abuse provider.

  Pregnant women are allowed to self-refer for substance abuse treatment under the voluntary substance abuse treatment initiative. Information is available at:
  http://mmcp.dhmh.maryland.gov/healthchoice/SitePages/Home.aspx

B. INTRAPARTUM AND POSTPARTUM SERVICES

BILLING PROCEDURES

Vaginal Delivery
Maryland Medicaid will reimburse for vaginal delivery, including postpartum care as a separate procedure, CPT code **59410**. When you submit a CMS-1500 for a delivery which includes other procedures on the same date of service, make sure the CPT code for the delivery is listed on the first line of *Block 24* to ensure proper payment. Place a modifier in *column 24D*, for the second or subsequent procedure on the same date of service.

NOTE: Physicians and nurse midwives should bill for vaginal deliveries including postpartum care performed in a home or birthing center using CPT codes **59410** and **59614** with the appropriate place of service, **12** or **25**, indicated in *Block 24B* of the CMS-1500. Providers should bill the unlisted maternity care and delivery code **59899** for supplies used during a vaginal delivery in a home or birthing center. Refer to the *Medical Assistance Physicians Fee Manual and CMS-1500 Billing Instructions* or call Provider Relations at 410-767-5503 or 800-445-1159 for additional billing information.

Cesarean Delivery
Cesarean deliveries must be billed as a separate procedure, using CPT code **59515**. When you submit a CMS-1500 claim for a cesarean birth which includes other procedures on the same date of service, make sure the CPT code for the cesarean is listed on the first line of *Block 24*. Place a modifier in *column 24D* for the second or subsequent procedure.

A tubal ligation performed at the time of a cesarean delivery must be billed separately using procedure code **58611** with a **modifier -51**. The ***Sterilization Consent form (DHMH 2989)*** (see appendix) must be readily available for review upon request.

Postpartum Care
Maryland Medicaid will pay for postpartum care only using CPT code **59430**. Postpartum care includes all the visits after the delivery, in the hospital and the office. Postpartum care is not payable as a separate procedure, unless it is provided by a physician or group other than the one providing the delivery service.

C. GYN SERVICES

Annual gynecologic exams for asymptomatic patients should be billed using preventive medicine codes **99383** – **99387** for new patients or **99393 – 99397** for established patients. Please note the Pap smear is considered part of the office visit, and may only be billed by the laboratory that reads and interprets the test. The appropriate evaluation and management codes to be used for symptomatic patients are **99201 - 99205** for new patients or **99211- 99215** for established patients.

❖ *Women's Breast and Cervical Cancer Health Program (WBCCHP)*

Maryland Medicaid's *Women's Breast and Cervical Cancer Health Program* provides Medical Assistance coverage for women who have been screened through the Breast and Cervical Cancer Program (BCCP) and diagnosed with breast or cervical cancer. In order to qualify for the program, women must:

- Not be eligible for Medicaid or Medicare
- Be between the ages of 40 and 64 years old;

- Be a Maryland resident;
- Be uninsured, or have insurance that does not cover cancer treatment;
- Be in need of treatment

For additional information, you may contact the *Breast and Cervical Cancer Program* at your local health department (see appendix).

❖ ***Hysterectomy Services***

Maryland Medicaid will reimburse for a hysterectomy under the following conditions:

- The physician who obtained authorization to perform the hysterectomy has **informed the individual** and her representative, if any, **orally and in writing**, that the **hysterectomy will render the individual permanently incapable of reproducing**, and

- The **individual** or her representative, if any, **has signed a written acknowledgement of receipt of that information**, or

- The individual was already sterile before the hysterectomy, or

- The individual requires a hysterectomy because of a life threatening emergency and the physician determines that prior informing and acknowledgement are not possible, and

    - The physician who performs the hysterectomy (1) certifies, in writing via the ***Document for Hysterectomy (*DHMH 2990)** (see appendix) that the individual was already sterile at the time of the hysterectomy and states the cause of the sterility, or (2) certifies, in writing, that the hysterectomy was performed under a life-threatening emergency situation in which the physician determines that prior acknowledgement was not possible. The physician must also include a description of the nature of the emergency.

    ➢ **NOTE:** Regulations require the physician who performs the hysterectomy (not a secondary provider such as an assisting surgeon or anesthesiologist) to certify that the woman met one of the specified exemptions.

    Patient consent (signature) is not required on the ***Document for Hysterectomy (DHMH 2990)*** if the patient is over age 55. A copy of the DHMH 2990 must be kept in the patient's medical record and readily available for review upon request. See appendix for hysterectomy procedure codes.

D. HOSPITAL ADMISSIONS

Pre-authorization by Delmarva Foundation, Inc. (DFMC) the Program's Utilization Control Agent (UCA) is required for all elective hospital admissions for recipients covered under Medicaid's fee-for-service program. It is the hospital's responsibility to obtain pre-authorization by calling DFMC at 866-571-3629. Questions concerning hospital services should be directed to 410-767-1722.

E. FAMILY PLANNING SERVICES

All women with Medical Assistance are covered for family planning services and are free to choose the Medicaid family planning provider of their choice. Women enrolled in MCOs are allowed to go to an out-of-network provider for family planning services without a referral from their PCP. While contraceptive management should be a component of primary care, women often prefer to receive their annual pelvic exam and related screenings from an OB/GYN provider or family planning clinic. However, providers need to be aware that problem-oriented visits for GYN care do require approval from the MCO and are not covered for women enrolled in PAC or the Family Planning Program.

We encourage you to retain the women you have delivered, as patients, for contraceptive management. If you are unable to do so, please refer them to a Local Health Department, Planned Parenthood Clinic, or Community Health Cener, also referred to as Federally Qualified Health Center (FQHC) (see appendix). Women can also obtain a list of family planning resources, by calling the Maternal-Child Health Information Line at 1-800-456-8900.

FQHCs are designed to provide primary care to all persons regardless of their insurance or MA status, and regardless of their ability to pay. The FQHC offers a range of services such as treatment of chronic conditions (i.e.: hypertension or diabetes), office visits for sick and well care, basic laboratory tests and x-rays, screenings and referrals to alcohol and drug addiction services, and referrals for mental health care. Providers are encouraged to refer women who have "family planning only" coverage in need of primary health services to one of these health centers.

Self Referral Services (see also *HealthChoice Self-Referral Manual*)

Family planning services provide individuals with the information and means to prevent unplanned pregnancy and maintain reproductive health, including medically necessary and appropriate office visits and the prescribing of contraceptive methods. Federal law permits Medicaid recipients to receive family planning services from any qualified provider. HealthChoice and PAC members may self-refer for family planning services without prior authorization or approval from their PCP, with the exception of permanent sterilization procedures.

NOTE: Women enrolled in PAC are eligible for all family planning options, except permanent sterilization. Abortion services are not covered.

The scope of services covered under the "self-referral" provision is limited to those services required for contraceptive management. The diagnosis code **(V25)** must be indicated on the claim form in order for the MCO to recognize that the preventive medicine or E&M code is related to a family planning service.

Maryland Medicaid Family Planning Program

Beginning January 1, 2012 Maryland Medicaid's Family Planning Program is expanding access to family planning services for all women under age 51 who meet specific eligibility criteria as a result of the "Family Planning Works Acts" passed in 2011. Women submit an application and may receive coverage if they meet age, income (under 200% of federal poverty level – FPL) and other eligibility requirements.

Eligible women who receive pregnancy coverage under the Maryland Children's Health Program will continue to be enrolled, automatically, for one year in the Maryland Medicaid Family Planning Program (FPP), following the end of their pregnancy related eligibility.

Women who are covered under this program will have one year of continuous coverage unless they 1) move out of the State of Maryland; 2) become eligible for coverage in another MA eligibility category; 3) obtain permanent sterilization; 4) report income over the eligibility requirement for the program; 5) contact Maryland Medicaid and ask to be removed from the program; 6) are over 50 years old.

Women obtaining coverage on or after January 1, 2012 must complete a redetermination process annually in order to continue receiving benefits under the FPP. Women can be canceled prior to the end of their eligibility period for any of the reasons indicated above, or if they fail to respond to written requests for redetermination information.

The Family Planning Program does not cover abortion services, prenatal care or hysterectomies. Family Planning recipients who become pregnant are eligible for full Medicaid coverage, but must apply through their LHD or LDSS (see appendix).

Medicaid's Family Planning Program covers services related to birth control only. Diagnostic and treatment services for infertility, gynecological, or HIV-AIDS related conditions or cancer are not covered. Women in need of primary care services should be referred to a FQHC (see appendix). Women may also obtain information by calling the Maternal-Child Health information line at 1-800-456-8900.

Services/Supplies

Maryland Medicaid's Family Planning Program covers services related to birth control only, including but not limited to medically necessary office visits, laboratory tests, all FDA-approved contraceptive devices, methods, and supplies and voluntary permanent sterilizations (See appendix). There are no pharmacy co-pays.

- **Condoms** - Recipients can obtain 12 latex condoms from the pharmacy without a prescription.

- **Oral Contraceptives** - A maximum six-month supply may be dispensed per prescription. **Effective October 15, 2004** prescribers must complete a Food and Drug Administration (FDA) *MedWatch form* and forward a copy to the Maryland Pharmacy Program for review before the Program will reimburse at the "brand" rate for prescriptions dispensed as "brand medically necessary". A copy of the *MedWatch form* can be obtained from the DHMH website at http://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx

- **Emergency Contraception - Plan B (generic: Next Choice)**

Emergency contraception is a second chance to help prevent an unplanned pregnancy following contraceptive failure, unprotected sex, or sexual assault. Plan B was approved by the FDA for prescription use in July 1999. In August 2006, it was approved for over the counter (OTC) use. OTC sales are restricted to individuals age 17 or older. A valid government-issued ID must be presented for age verification. **Individuals age 16 and younger must have a valid prescription.** There is a limit to coverage of one Plan B prescription every three months.

- **Permanent Sterilizations/Tubal Ligations**

1. The individual is at least 21 years old at the time consent is obtained,

2. The individual is not mentally incompetent,

3. The individual is not institutionalized,

4. The individual has voluntarily given informed consent as described in Part I of the ***Sterilization Consent Form*** (***DHMH 2989***) (see appendix) and

5. At least 30 days, but no more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since he or she gave informed consent for the sterilization.

   In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery. Providers must obtain pre-authorization from the MCO for HealthChoice members before any sterilization procedure is performed.

   Sterilization/tubal ligation procedures must be billed on a separate CMS-1500 (CPT codes 58565, 58600-58615, 58670, and 58671). If the procedure was performed on the same date of service as another procedure, a modifier is required in *Block 24D* for the second or subsequent procedure. A copy of the DHMH 2989 - Sterilization Consent Form must be kept in the patient's medical record and readily available for review upon request.

   NOTE: An individual is not eligible for the sterilization procedure until the 32nd day after giving consent (signature date). Women who obtain a tubal ligation are no longer eligible for any services under the family planning program.

F. ORAL PRESCRIPTIONS under MEDICAID

Maryland law allows Maryland Medicaid pharmacists to accept verbal prescriptions from prescribing providers over the phone for Medicaid recipients. All information required by federal and state law must be included on the prescription. **NOTE:** Phone-in prescriptions will not be allowed for Schedule II controlled substances. Any questions should be directed to the Division of Pharmacy Services at 410-767-1455.

State Medicaid Programs must use tamper-resistant prescription pads for written prescriptions with all of the following characteristics:

- one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
- one or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber;
- one or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

For more information, see the Maryland Medical Assistance Program General Provider Transmittal Number 63 at http://mmcp.dhmh.maryland.gov/docs/PT%205-08.pdf

G. PREGNANCY TERMINATION

The Medicaid Program covers pregnancy termination; however there are coverage restrictions, as required by state law. Under fee-for-service, Medicaid will reimburse providers if one of the conditions listed below exists:

(1) A continuation of pregnancy is likely to result in the death of the woman;
(2) The woman is a victim of rape, sexual offense, or incest.

(3) It can be ascertained by the physician within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.

(4) It can be ascertained by the physician within a reasonable degree of medical certainty that termination of the pregnancy is medically necessary because there is a risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.

(5) Continuation of the pregnancy is creating a serious effect on the woman's present mental health and if carried to term a serious effect on the woman's future mental health.

NOTE: Pregnancy terminations are not covered for women found eligible under the **P02, P10, P11, P10N, or P10U coverage groups**, as noted in the EVS.

A copy of the ***Certification of Abortion*** **(DHMH 521)** (see appendix) must be kept in the patient's medical record and readily available for review upon request, for services related to pregnancy termination (except spontaneous abortion or treatment of ectopic pregnancy) or for medical procedures necessary to voluntarily terminate a pregnancy for victims of rape or incest. The following procedure codes should be used when billing Maryland Medicaid for services related to pregnancy termination: 59840-59841; 59850-59852; 59855-59857; and 59866.

❖ *Medical Abortion: Termination of Early Pregnancy with Mifepristone (Mifeprex®)*

The Program covers on a fee-for-service basis, the administration of Mifepristone also known as "RU-486", as a medical termination procedure. CPT code **99199** "unlisted special service or procedure" should be used for billing purposes. The fee for this service is based upon three office or clinic visits over a two-week period for administration of the drug and appropriate follow-up, and the actual cost of the drugs. Physicians may not bill for office visits in addition to procedure code 99199.

"Medical Abortion" must be written on the CMS-1500 below the procedure code in *Block 24D*. Diagnosis code **635 "legally induced abortion"** or **638 "failed attempted abortion"** must be entered on *Line 1 of Block 21*. Coverage is limited to the same medical reasons as for surgical terminations and a completed ***Certification of Abortion*** **(DHMH 521)** must be readily available for review upon request. The date of service on this form and the CMS-1500 is the date that the patient signs the required Patient Agreement and takes orally the 600 mg of mifepristone.

For recipients enrolled in an MCO, the Medicaid Program will provide coverage for:

a. Pregnancy termination procedures
b. Related services provided at a hospital on the day of the procedure or during an inpatient stay, or
c. A pregnancy termination package as may be provided by a freestanding clinic.

The MCO, however, is financially responsible for any related services, not indicated above that may be performed as part of a medical evaluation prior to the actual performance of a pregnancy termination for which the physician who performs the procedure completes a ***Certification for Abortion Form (DHMH 521)***. (see appendix).

ADMINISTRATIVE CARE COORDINATION SERVICES

The Administrative Care Coordination/Ombudsman (ACCU) program serves as a local resource for information and consultation for Medicaid and managed care recipients to enhance their access to Medicaid services and to perform ombudsman functions for Maryland's managed care program, HealthChoice. This grant funds local health department staff whose duties are to assist the Department of Health and Mental Hygiene's central office staff in the proper and efficient day-to-day operation/administration of the Maryland Medicaid Program. To effectively carry out the duties specified within this grant, the LHD must establish and maintain good working relationships with Managed Care Organizations (MCOs) and Medicaid providers.

One of the goals of the program is to improve birth outcomes for Medicaid eligible women and reduce infant mortality by identifying and addressing predictors of poor birth outcomes and poor child health. Early interventions are important to assure that pregnant recipients access timely care. Local health departments provide linkages to care, and care coordination services to "at risk" pregnant, postpartum, and child recipients to ameliorate problems and improve utilization of the health care system, and assist with adherence to the medical plan of care. ACCU staff assists participants to access and utilize the managed care system and other health-related services.

Medical case management is the responsibility of the managed care organizations. The MCO retains full responsibility for the medical management of its HealthChoice enrollees. High-risk obstetrical home care for women with medical conditions/risks is the responsibility of the MCOs. These services, which are frequently ordered for pregnant women in need of hypertension, diabetes, and pre-term labor management, are the responsibility of the MCO.

ACCU staff work closely with medical providers, the MCO, and other health related and social service providers to ensure participants are linked with appropriate resources and to facilitate effective care coordination. The LHD collaborates with the MCO's high risk/special needs coordinator to coordinate services for program participants.

Effective coordination requires partnering among medical providers, managed care organizations, and other health and social services providers.

The ACCU Program focuses on the following results:
1. Healthy mothers;
2. Babies born healthy;
3. Healthy families with access to health care;

Additional information, including how to make referrals, can be obtained by contacting the local health department in your county (see appendix) or Medicaid's Division of Outreach and Care Coordination at 410-767-6750.

MARYLAND PRENATAL RISK ASSESSMENT

REFER TO INSTRUCTIONS ON BACK BEFORE STARTING

Today's Date: ___ / ___ / ___ NPI#-10 digits: _____

DEMOGRAPHIC INFORMATION

Provider Name: _____ Provider Phone Number: ___ - ___ - ____

Client Last Name: _____ First Name: _____ Middle: _____

House Number: _____ Street Name: _____ Apt: _____ City: _____

County (If patient lives in Baltimore City, leave blank): _____ State: _____ Zip Code: _____

Home Phone#: ___ - ___ - ____ Cell Phone#: ___ - ___ - ____ Emergency Phone#: ___ - ___ - ____

SSN: ___ - ___ - ____ DOB: ___ / ___ / ___ Name & Relationship of Emergency Contact: _____

Race:

- ___ African American or Black
- ___ Alaskan Native ___ American Native
- ___ Asian ___ More than 1 Race
- ___ Native Hawaiian or other Pacific Islander
- ___ Unknown ___ White

Educational Level:

Highest grade completed: _____

Currently in school? ___ Yes ___ No

GED? ___ Yes ___ No

Language Barrier? ___ Yes ___ No

Specify Primary Language _____

Hispanic? ___ Yes ___ No

Marital Status: ___ Married ___ Unmarried ___ Unknown

Payment Status (Mark all that apply):

- ___ Private Insurance, Specify: _____
- ___ MA/Health Choice

MA #: _____

Name of MCO (if applicable): _____

- ___ Applied for MA Specify Date: ___ / ___ / ___
- ___ Uninsured
- ___ Unknown

ASSESSMENT INFORMATION

Date of initial prenatal visit: ___ / ___ / ___

Transferred from other source of prenatal care? ___ Yes ___ No

If YES, date care began: ___ / ___ / ___

Other source of prenatal care: _____

Trimester of 1st prenatal visit: ___ 1st ___ 2nd ___ 3rd

LMP: ___ / ___ / ___ Initial EDC: ___ / ___ / ___

OB History:

Complete all that apply	*Check all that apply*
___ # Full-term live births	___ History of pre-term labor
___ # Pre-term live births	___ History of fetal death (> 20 wks)
___ # Prior LBW births	___ History of infant death w/in 1 yr of age
___ # Spontaneous abortions	___ History of multiple gestation
___ # Therapeutic abortions	___ History of infertility treatment
___ # Ectopic pregnancies	___ First Pregnancy
___ # Children now living	

Psychosocial Risks: ***Check all that apply.***

- ___ Current pregnancy unintended
- ___ Less than 1 year since last delivery
- ___ Late registration (more than 20 weeks gestation)
- ___ Disability (mental/physical/developmental), Specify _____
- ___ History of abuse/violence within past 6 months
- ___ Tobacco use, Amount _____
- ___ Alcohol use, Amount _____
- ___ Illegal substances within past 6 months
- ___ Resides in home built prior to 1978, ___ Rent ___ Own
- ___ Homelessness
- ___ Lack of social/emotional support
- ___ Exposure to long-term stress
- ___ Lack of transportation
- ___ Other psychosocial risk (specify in comments box)
- ___ None of the above

COMMENTS ON PSYCHOSOCIAL RISKS:

Medical Risks: ***Check all that apply.***

Current Medical Conditions of this Pregnancy:

- ___ Age ≤ 15
- ___ Age ≥ 45
- ___ BMI < 18.5 or BMI > 30
- ___ Hypertension (> 140/90)
- ___ Anemia (Hgb < 10 or Hct < 30)
- ___ Asthma
- ___ Sickle cell disease
- ___ Diabetes: Insulin dependent ___ Yes ___ No
- ___ Vaginal bleeding (after 12 weeks)
- ___ Genetic risk: specify _____
- ___ Sexually transmitted disease, Specify _____
- ___ Last dental visit over 1 year ago
- ___ Prescription drugs, Specify _____
- ___ History of depression/mental illness, Specify _____

Depression assessment completed? ___ Yes ___ No

- ___ Other medical risk (specify in comments box)
- ___ None of the above

COMMENTS ON MEDICAL RISKS:

Form Completed By: _____

Date Form Completed: ___ / ___ / ___

DHMH 4850 revised 05/28/09

DO NOT WRITE IN THIS SPACE

877850

9005

Maryland Prenatal Risk Assessment Form Instructions

Purpose of Form: Identifies pregnant woman who may benefit from local health department **Administrative Care Coordination (ACCU)** services and serves as the referral mechanism. ACCU services complement medical care and may be provided by public health nurses and social workers through the local health departments. Services may include resource linkage, psychosocial/environmental assessment, reinforcement of the medical plan of care, and other related services.

Form Instructions: On the initial visit the provider/staff will complete the demographic and assessment sections for ALL pregnant women enrolled in Medicaid at registration and those applying for Medicaid.

- Print clearly; use black pen for all sections.
- Press firmly to imprint.
- White-out previous entries on original completely to make corrections.
- If client does not have a social security number, indicate zeroes.
- Indicate the person completing the form.
- Review for completeness and accuracy.

Faxing and Handling Instructions:

- Do not fold, bend, or staple forms. ONLY PUNCH HOLES AT TOP OF FORM IF NECESSARY
- Store forms in a dry area.
- **Fax the MPRAF to the local health department in the client's county of residence.**
- To reorder forms call the local ACCU.

Definitions (selected): Data may come from self-report, medical records, provider observation or other sources.

RISK	DEFINITION OF RISK
Alcohol use	is a "risk-drinker" as determined by a screening tool such as MAST, CAGE, TACE or 4Ps
Current history of abuse/violence	Includes physical, psychological abuse or violence within the client's environment within the past six months.
Exposure to long-term stress	for example: partner-related, financial, safety, emotional
Genetic risk	at risk for a genetic or hereditary condition
Illegal Substances	used illegal substances within the past 6 months (e.g. cocaine, heroin, marijuana, PCP) or is taking methadone/buprenorphine
Lack of social/ emotional support	absence of support from family/friends, isolated
Language barrier	in need of interpreter, e.g. Non-English speaking, auditory processing disability, deaf
Oral hygiene	Last dental visit over 1 year ago
Preterm live birth	history of preterm labor (prior to the 37th gestational week)
Prior LBW birth	low birth weight birth (under 2,500 grams)
Sickle cell disease	documented by medical records
Tobacco use	used any type of tobacco products within the past 6 months

rev 05/09

Client's Local Health Department Addresses

Mailing Address	Phone Number
Allegany County ACCU 12501 Willowbrook Rd S.E. Cumberland, MD 21502	301-759-5094 Fax: 301-777-2401
Anne Arundel County ACCU 1 Harry S. Truman Parkway, Ste 200 Annapolis, MD 21401	410-222-7541 Fax: 410-222-4150
Baltimore HealthCare Access 201 E. Baltimore St, Ste. 1000 Baltimore, Maryland 21202	410-649-0526 Fax: 1-888-657-8712
Baltimore County ACCU 8501 LaSalle Rd., Ste. 103 Towson, MD 21286	410-887-8741 Fax: 410-828-8346
Calvert County ACCU 975 N. Solomons Island Rd, P.O. Box 980 Prince Frederick, MD 20678	410-535-5400 Fax: 410-535-1955
Caroline County ACCU 403 S. 7th St., P.O. Box 10 Denton, MD 21629	410-479-8023 Fax: 410-479-4871
Carroll County ACCU 290 S. Center St, P.O. Box 845 Westminster, MD 21158-0845	410-876-4940 Fax: 410-876-4959
Cecil County ACCU 401 Bow Street Elkton, MD 21921	410-996-5145 Fax: 410-996-5121
Charles County ACCU 4545 Crain Highway, P.O. Box 1050 White Plains, MD 20695	301-609-6803 Fax: 301-934-7048
Dorchester County ACCU 3 Cedar Street Cambridge, MD 21613	410-228-3294 Fax: 410-228-8976
Frederick County ACCU 350 Montevue Lane Frederick, MD 21702	301-600-3348 Fax: 301-600-3302
Garrett County ACCU 1025 Memorial Drive Oakland, MD 21550	301-334-7777 Fax: 301-334-7771
Harford County ACCU 34 N. Philadelphia Blvd Aberdeen, MD 21001	410-273-5626 Fax: 410-272-5467
Howard County ACCU 7180 Columbia Gateway Dr. Columbia, MD 21044	410-313-7323 Fax: 410-313-5838
Kent County ACCU 125 S. Lynchburg Street Chestertown, MD 21620	410-778-7023 Fax: 410-778-7019
Montgomery County ACCU 1335 Piccard Drive, 2nd Floor Rockville, MD 20850	240-777-1616 Fax: 240-777-4645
Prince George's County ACCU 9201 Basil Court, Room 403 Largo, MD 20774	301-883-7231 Fax: 301-883-7572
Queen Anne's County ACCU 206 N. Commerce Street Centreville, MD 21617	443-262-4424 Fax: 443-262-9357
St Mary's County ACCU 21580 Peabody St., P.O. Box 316 Leonardtown, MD 20650-0316	301-475-4951 Fax: 301-475-4110
Somerset County ACCU 7920 Crisfield Highway Westover, MD 21871	443-523-1723 Fax: 410-651-2572
Talbot County ACCU 100 S. Hanson Street Easton, MD 21601	410-819-5600 Fax: 410-819-5691
Washington County ACCU 1302 Pennsylvania Avenue Hagerstown, MD 21742	240-313-3229 Fax: 240-313-3222
Wicomico County ACCU 108 E. Main Street Salisbury, MD 21801	410-543-6942 Fax: 410-543-6568
Worcester County ACCU 9730 Healthway Drive Berlin, MD 21811	410-629-0164 Fax: 410-629-0185

Enriched Maternity Services Record

Name: _____ MA#: _____

Date Risk Assessment Completed: _____

I. Counseling Topics **Dates & Initials of Provider**

1. Benefits and recommended schedule of prenatal care, preventive dental care; and safety measures;					
2. Normal changes and minor discomforts of pregnancy;					
3. Preterm labor education;					
4. Preparation for labor and deliver;					
5. Risks of using alcohol, tobacco, drugs (OTC & Rx), and illegal substance;					
6. Importance of postpartum care and family planning;					
7. Need for arranging pediatric care and use of infant care seat;					
8. Nutrition education to include: a. Relation of proper nutrition to a healthy pregnancy;					
b. Benefits of WIC;					
c. Nutrition requirements during pregnancy and postpartum;					
d. Appropriate weight gain during pregnancy;					
e. Benefits of, and preparation for, breastfeeding;					

II. Care coordination and referral to support and specialty services.

Form Approved: CMB No. 0937-0166
Expiration date: 12/31/2012

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from

_____.
Doctor or Clinic

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a

_____.
Specify Type of Operation

The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____
Date

I, _____, hereby consent of my own free will to be sterilized by _____
Doctor or Clinic

by a method called _____.
Specify Type of Operation

My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department, but only for determining if Federal laws were observed.

I have received a copy of this form.

_____ _____
Signature *Date*

You are requested to supply the following information, but it is not required: *(Ethnicity and Race Designation) (please check)*

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (mark one or more):
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

_____ _____
Interpreter's Signature *Date*

HHS-687 (05/10)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the
Name of Individual

consent form, I explained to him/her the nature of sterilization operation

_____, the fact that it is
Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated will it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

_____ _____
Signature of Person Obtaining Consent *Date*

_____
Facility

_____
Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

_____ on _____
Name of Individual *Date of Sterilization*

I explained to him/her the nature of the sterilization operation

_____, the fact that it is
Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

☐ Premature delivery

Individual's expected date of delivery: _____

☐ Emergency abdominal surgery *(describe circumstances)*:

_____

_____

_____ _____
Physician's Signature *Date*

Forma aprobada OMB No. 0937-0166
Fecha de expiración: 05/02

Ejemplo de forma de consentimiento

AVISO: LA DECISION DE NO HACERSE LA CIUGIA U OPERACION PARA LA ESTERILIZACION QUE USTED PUEDE TOMAR EN CUALQUIER MOMENTO, NO VA A RESULTAR EN LA REVOCACION O EL RHUSO DE BENEFICIOS PROPORCIONADOS POR PROGRAMAS O PROYECTOS PATROCINADOS CON FONDOS FEDERALES

■ CONSENTIMIENTO PARA LA ESTERILIZACION ■

Yo he solicitado y recibido información sobre la esterilización de

_____ . Cuando
(Médico o clínica)

licité la información inicialmente, me dijeron que la decisión de ser terilizado(a) es completamente mía. Me dijeron que podía decidir no r esterilizado(a) y que mi decisión no afectará mi derecho en el futuro ecibir tratamiento o cuidado médico. No voy a perder ningún tipo de sistencia o beneficios de programas patrocinados con fondos federales, es como A.F.D.C. o Medicaid que recibo actualmente o que pudiera ibir en el futuro. ENTIENDO QUE LA ESTERILIZACION ES UNA PERACION QUE SE CONSIDERA PERMANENTE Y CUYOS SULTADOS SON IRREVERSIBLES. HE DECIDIDO QUE NO IERO QUEDAR EMBARAZADA, TENER HIJOS (MUJER) O OCREARLOS (HOMBRE).

Se me ha informado sobre los métodos anticonceptivos temporales ponibles que me podrían proporcionar y que me permitirían quedar barazada o procrear hijos EN EL FUTURO. Yo he rechazado estas ernativas y he elegido ser esterilizado(a).

Entiendo que seré esterilizado(a) por medio de una operación

nocida como _____ . Me han plicado las molestias, riesgos y beneficios asociados con la operación. n respondido satisfactoriamente a todas mis preguntas.

Entiendo que la operación no se realizará hasta que hayan pasado lo menos treinta días desde la fecha en la que firme esta forma.

tiendo que puedo cambiar mi decisión en cualquier momento y que mi cisión de no ser esterilizado(a), en cualquier punto, no resultará en la nción de cualquier beneficio o servicio médico proporcionado a vés de programas patrocinados con fondos del gobierno federal.

Tengo por lo menos 21 años de edad y nací el

_____
(mes, día, año)

Yo, _____ , por medio de la sente doy mi consentimiento (permiso) libremente y por mi

untad para ser esterilizado(a) por _____
(nombre del médico)

avés de un método llamado _____ . Mi nsentimiento se vence 180 días después de la fecha en la que firme e documento.

También doy permiso para que se presente esta forma y otros umentos médicos sobre la operación a:

lepresentantes del Departamento de Salud y Servicios Sociales, o , empleados de programas o proyectos patrocinados por ese partamento, pero sólo para que puedan determinar si se han plido las leyes federales.

he recibido una copia de esta forma.

_____
(firma)

ha: _____
(mes, día, año)

le pide que proporcione la siguiente información pero no es gatoria:

inición de raza y origen étnico (por favor marcar el grupo apropiado)

Indígena americano o indígena de Alaska ☐ Negro (de origen no hispano)
☐ Hispano
Asiático o de las islas del Pacífico ☐ Blanco (de origen no hispano)

■ DECLARACION DEL INTERPRETE ■

i se ha contratado a un intérprete para asistir al individuo que será rilizado:

e traducido la información y los consejos que se han presentado ialmente al individuo que desea ser esterilizado(a) or la persona que btenido esta forma de consentimiento. También le he leído a él/ella rma de consentimiento (permiso) en el idioma _____ y le he explicado su contenido.

ún mi mejor entender, creo que él/ella ha entendido esta explicación.

_____
rprete)

-687-1 (10/00)

■ DECLARACION DE LA PERSONA QUE OBTIENE ESTA FORMA DE CONSENTIMIENTO ■

Antes de que _____ . Firmara
(nombre del individuo)

esta forma de consentimiento (permiso), le expliqué a él/ella los detalles de la operación para la esterilización

_____ , el hecho que la intención del procedimiento es permanente e irresversible, y las molestias, riesgos y beneficios asoiados con este procedimiento.

Le ofrecí información y asistencia al individuo que desea ser esterilizado(a) sobre La alternativa disponible metodos temporades de control de la natalidad. Le expliqué que la esterilización es diferente porque es permanente.

Le expliqué al individuo que desea esterilizarse que puede retirar su consentimiento en cualqier momento y que él/ella no perderá ningún servicio de salud o cualquier otro beneficio proporcionado con el patrocinio de fondos federales.

Según mi mejor entender, creo que el individuo que desea esterilizarse tiene por lo menos 21 años de edad y parece ser mentalmente competente. El/ella ha solicitado con conocimiento de causa y voluntariamente el ser esterilizado(a) y parece entender el procedimiento y las consecuencias del procedimiento.

_____ _____
(Firma de la persona que obtiene este consentimiento) *(Fecha)*

_____
(Establecimiento)

_____
(Dirección)

■ DECLARACION DEL MEDICO ■

Previamente a realizar la operación para la esterilización en

_____ en
(Nombre del individuo que será esterilizado(a))

_____ . Le
Fecha de la operación para la esterilización) expliqué a él/ella el procedimientode la operación para la esterilización

_____ , el hecho
(Especifique el tipo de cirugía)
que la intención del procedimiento es pemanente e irreversible, y las molestias, riesgos y beneficios asociados con el procedimiento.

Le ofrecial individuo que desea ser esterilizado(a) información y asistencia sobre la alternativa disponible de otros métodos temporales de control de la natalidad. Le expliqué que la esterilización es diferente porque es permanente.

Le expliqué al individuo que desea esterilizarse que puede retirar su consentimiento en cualquier memento y que él/ella no perderá ningun servicio de salud o cualquier otro beneficio proporcionado con el patrocinio de fondos federales.

Según mi mejor entender, creo que el individuo que desea esterilizarse tiene por lo menos 21 años de edad y parece ser mentalmente competente. El/ella ha solicitado con conocimiento de causa y voluntariamente el ser esterilizado(a) y parece entender el procedimiento y las consecuencias del procedimiento.

(Instrucciones para el uso de los párrafos finales alternativos: Use el primer párrafo que se presenta a continuación a excepción de los casos de parto prematuro y cirugía abdominal de emergencia durante los cuales se realizó la esterilización antes de los 30 días después de la fecha en la que el individuo firmó esta forma de consentimiento. En esos casos, se debe usar el seguando párrafo a continuación. Tache el párrafo que no use.)

(1) Han transcurrido por lo menos 30 días entre la fecha en la que el individuo firmó esta forma de consentimiento y la fecha en la que se realizó la esterilización.

(2) La operación para la esterilización se realizó menos de 30 días, pero más de 72 horas, después de que el individuo fimó esta forma de consentimiento debido a las siguientes circunstancias (marque la respuesta apropiada y escriba la información requerida):

☐ Parto prematuro
Fecha en la que se esperaba el parto: _____
☐ Cirugía abdominal de emergencia:
(Describa las circunstancias):

_____
(Médico) *(Fecha)* EF

MARYLAND MEDICAL ASSISTANCE PROGRAM

DOCUMENT FOR HYSTERECTOMY

COPY OF THIS FORM MUST BE ATTACHED TO ALL INVOICES FOR HYSTERECTOMIES.

Please Print or Type

ATIENT'S NAME

PHYSICIAN COMPLETING FORM

ATIENT'S ADDRESS

PHYSICIAN'S MEDICAL ASSISTANCE NUMBER

ATIENT'S MEDICAL ASSISTANCE NUMBER

PLACE OF SERVICE

DATE OF SERVICE

ECTION I - To be signed by physician and patient or patient's representative when patient has been informed of the service.

I have performed a hysterectomy on _____ (NAME OF PATIENT). I hereby certify that the following conditions do not apply to this hysterectomy.

1. It was performed solely for the purpose of rendering the individual permanently incapable of reproducing; or
2. If there was more than one purpose to the procedure, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.

I have informed the patient and her representative, if any, orally and in writing, that the hysterectomy will make the patient permanently incapable of reproducing.

DATE

SIGNATURE OF PHYSICIAN

. Receipt of Hysterectomy Information

I, _____ (NAME OF PATIENT) have been informed by

_____ (NAME OF PHYSICIAN), that the hysterectomy to be performed will render me permanently incapable of reproducing.

DATE

SIGNATURE OF PATIENT OR REPRESENTATIVE

ECTION II - To be signed by physician. No patient signature is needed because the individual:

. Was already sterile before the hysterectomy due to _____ (CAUSE OF STERILITY); or

. Required a hysterectomy performed under a life-threatening emergency situation in which prior acknowledgement was not possible. (Describe the nature of the emergency.)

_____

_____

_____

DATE

SIGNATURE OF PHYSICIAN

HMH 2990 (Rev. 10/82)
0/82/10,000)

A5

MARYLAND MEDICAL ASSISTANCE PROGRAM

CERTIFICATION FOR ABORTION

COPY OF THIS FORM MUST BE ATTACHED TO ALL INVOICES FOR ABORTION SERVICES.

ase Print or Type

ENT'S NAME	PHYSICIAN COMPLETING FORM
ENT'S ADDRESS	PHYSICIAN'S MEDICAL ASSISTANCE PROVIDER NUMBER
ENT'S ADDRESS	PLACE OF SERVICE
ENT'S MEDICAL ASSISTANCE NUMBER	DATE OF SERVICE

RT I - Check one of the blocks if applicable and sign the certification.

G. I certify that this abortion is necessary because the life of the mother would be endangered if the fetus were carried to term.

DATE _____ PHYSICIAN'S SIGNATURE _____

I. Attached is a document submitted by an official of a law enforcement agency or public health service where the rape or incest was reported. The document includes the following information:

1. Name and address of victim;
2. Name and address of person making the report (if different from the victim);
3. Date of the rape or incest incident;
4. Date of the report (may not exceed 60 days after the incident);
5. Statement that the report was signed by the person making it;
6. Name and signature of person at law enforcement agency or public health service who took the rape or incest report.

DATE _____ PHYSICIAN'S SIGNATURE _____

RT II - You must check one of the following blocks and sign the certificate, unless you have checked "I" in Part I, above.

R. I certify that this abortion is necessary because, based on my professional judgement, continuation of the pregnancy is likely to result in the death of the woman.

DATE _____ PHYSICIAN'S SIGNATURE _____

S. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, termination of pregnancy is medically necessary because there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.

DATE _____ PHYSICIAN'S SIGNATURE _____

T. I certify that, in my professional judgement, there exists medical evidence that continuation of the pregnancy is creating a serious effect on the woman's present mental health and, if carried to term, there is substantial risk of a serious or long lasting effect on the woman's future mental health.

DATE _____ PHYSICIAN'S SIGNATURE _____

V. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, this abortion is necessary because the fetus is affected by genetic defect or serious deformity or abnormality.

DATE _____ PHYSICIAN'S SIGNATURE _____

W. I certify that this procedure is necessary for a victim of rape, sexual offense, or incest, and the incident has been reported to a law enforcement agency or to a public health or social agency.

DATE _____ PHYSICIAN'S SIGNATURE _____

MH 521 (9/80/25,000)

A6

Local Health Department
Administrative Care Coordination Units (ACCU)

Allegany	12501 Willowbrook Road S.E. Cumberland, MD 21502 Tel. 301- 759-5094 Fax 301-777-2401	**Howard**	7178 Columbia Gateway Drive Columbia, MD 21046 Tel. 410-313-7567 Fax 410-313-5838
Anne Arundel	3 Harry S. Truman Pkwy., HD #8 Annapolis, MD 21401 Tel. 410-222-7541 Fax 410-222-4140	**Kent**	125 S. Lynchburg Street Chestertown, MD 21620 Tel. 410-778-7039 Fax 410-778-7019
Baltimore	6401 York Road Baltimore, MD 21212 Tel. 410-887-4381 Fax 410-828-8346	**Montgomery**	1335 Piccard Drive, 2nd floor Rockville, MD 20850 Tel. 240-777-1616 Fax 240-777-4645
Calvert	975 N. Solomon Islands Road Prince Frederick, MD 20678 Tel. 410-535-5400 Fax 410-535-1955	**Prince Georges'**	9314 Piscataway Road Clinton, MD 20735 Tel. 301-856-9612 Fax 301-856-9628
Caroline	403 S. Seventh Street Denton, MD 21629 Tel. 410-479-8023 Fax 410-479-4871	**Queen Anne's**	206 N. Commerce Street Centerville, MD 21617 Tel. 443-262-4424 Fax 443-262-9357
Carroll	290 S. Center Street Westminster, MD 21158 Tel. 410-876-4940 Fax 410-876-4959	**St. Mary's**	21580 Peabody Street Leonardtown, MD 20650-0316 Tel. 301-475-4951 Fax 301-475-4350
Cecil	401 Bow Street Elkton, MD 21921 Tel. 410-996-5145 Fax 410-996-5121	**Somerset**	7920 Crisfield Highway Westover, MD 21871 Tel. 443-523-1764 Fax 410-651-2572
Charles	4545 Crain Hwy White Plains, MD 20695 Tel. 301-609-6803 Fax 301-934-7048	**Talbot**	100 S. Hanson Street Easton, MD 21601-0480 Tel. 410-819-5631 Fax 410-819-5683
Dorchester	3 Cedar Street Cambridge, MD 21613 Tel. 410-228-3223 Fax 410-228-8976	**Washington**	1302 Pennsylvania Avenue Hagerstown, MD 21742 Tel. 240-313-3290 Fax 240-313-3299
Frederick	350 Montevue Lane Frederick, MD 21702 Tel. 301-600-3341 Fax 301-600-3310	**Wicomico**	108 E. Main Street Salisbury, MD 21801 Tel. 410-543-6942 Fax 410-543-6568
Garrett	1025 Memorial Drive Oakland, MD 21550 Tel. 301-334-7695 Fax 301-334-7771	**Worcester**	9730 Healthway Drive Berlin, MD 21811 Tel. 410-629-0164 Fax 410-629-0185
Harford	34 N. Philadelphia Blvd Aberdeen, MD 21001 Tel. 410-273-5626 Fax 410-272-5467	**Baltimore City**	1 Calvert Plaza #1000, 201 E. Baltimore Street Baltimore, MD 21202 Tel. 410-649-0500 Fax 410-649-3553

Local Health Department Eligibility Units

Allegany
12501 Willowbrook Rd.
Cumberland, MD 21502
Tel. 301-759-5076
Fax 301-777-2097

Anne Arundel
1 Harry S.Truman Pkwy.
Ste 200
Annapolis, MD 21401
Tel. 410-222-4792
Fax 410-222-4391

Baltimore
6401 York Road
Baltimore, MD 21212
Tel. 410-853-3311
Fax 410-853-3239

Calvert
975 N. Solomons Island Rd.
Prince Frederick, MD 20678
Tel. 410-535-5400
Fax 301-855-1353

Caroline
403 S. Seventh Street
Denton, MD 21629
Tel. 410-479-8004
Fax 410-479-0244

Carroll
290 S. Center Street
Westminster, MD 21158
Tel. 410-876-4916
Fax 410-876-4905

Cecil
401 Bow Street
Elkton, MD 21921-5511
Tel. 410-996-5126
Fax 410-996-5124

Charles
4545 Crain Hwy.
White Plains, MD 20695
Tel. 301-609-6868/6869
Fax 301-609-6899

Dorchester
3 Cedar Street
Cambridge, MD 21613
Tel. 410-228-3223
Fax 410-228-8976

Frederick
350 Montevue Lane
Frederick, MD 21702
Tel. 301-600-3124
Fax 301-600-3111

Garrett
1025 Memorial Drive
Oakland, MD 21550
Tel. 301-334-7700
Fax 301-334-7701

Harford
119 S. Hays Street, POB 797
Bel Air, MD 21014
Tel. 443-643-0343
Fax 443-643-0344

Howard
7180 Columbia Gateway Dr.
Columbia, MD 21046
Tel. 410-313-5845
Fax 410-313-5838

Kent
125 S. Lynchburg Street
Chestertown, MD 21620
Tel. 410-778-7023
Fax 410-778-7019

Montgomery
1335 Piccard Drive
Rockville, MD 20850
Tel. 240-777-3120
Fax 240-777-1013

8630 Fenton Street, 10th floor
Silver Spring, MD 20910
Tel. 240-777-3066
Fax 240-777-1307

12900 Middlebrook Rd.
Germantown, MD 20874
Tel. 240-777-3066
Fax 240-777-3563

Prince George's
425 Brightseat Rd., Ste. 101
Landover, MD 20785
Tel. 888-561-4049
Fax 301-324-2809

Queen Anne's
206 N. Commerce Street
Centreville, MD 21617
Tel. 410-758-0720
Fax 443-262-9357

St. Mary's
21580 Peabody Street
P.O. Box 316
Leonardtown, MD 20650-0316
Tel. 301-475-4275
Fax 301-475-4350

Somerset
7920 Crisfield Hwy
Westover, MD 21871
Tel. 443-523-1700
Fax 410-651-2572

Talbot
100 S. Hanson Street
Easton, MD 21601
Tel. 410-819-5670
Fax 410-819-5691

Washington
1302 Pennsylvania Ave.
Hagerstown, MD 21742
Tel. 240-313-3290
Fax 240-313-3334

Wicomico
300 W. Carroll Street
Salisbury, MD 21801
Tel. 410-543-6944
Fax 410-543-6568

Worcester
9730 Healthway Drive
Berlin, MD 21811
Tel. 410-629-0164
Fax 410-629-0185

Baltimore City
201 E. Baltimore Street, 9th floor
Baltimore, MD 21202
Tel. 410-649-0512
Fax 410-649-0533

Local Health Dept. MA Transportation Programs

Allegany
Telephone: 301-759-5004 or 5012
Fax: 301-777-5674

Anne Arundel
Telephone: 410-222-4134 or 7152
Fax: 410-222-4533

Baltimore City
Telephone: 410-396-7433
Fax: 410-889-7560

Baltimore County
Telephone: 410-887-2710
Fax: 410-377-8296

Calvert
Telephone: 410-535-5400 ext. 413
Fax: 410-535-5285

Caroline
Telephone: 410-479-8030
Fax: 410-479-0554

Carroll
Telephone: 410-876-4971
Fax: 410-876-4988

Cecil
Telephone: 410-996-5171
Fax: 410-996-5179

Charles
Telephone: 301-609-6908
Fax: 301-934-4632

Dorchester
Telephone: 410-901-2426
Fax: 410-901-8189

Frederick
Telephone: 301-600-3112 or 3115
Fax: 301-600-3111

Garrett
Telephone: 301-334-7703
Fax: 301-334-7701

Harford
Telephone: 410-877-1045
Fax: 443-643-0344

Howard
Telephone: 410-313-6351
Fax: 410-313-6303 or 6315

Kent
Telephone: 410-778-7023
Fax: 410-778-7019

Montgomery
Telephone: 240-777-5895
Fax: 240-777-5891

Prince George's
Telephone: 301-856-9443
Fax: 301-856-4354

Queen Anne's
Telephone: 410-758-0720 ext 4412
Fax: 410-758-2838

St. Mary's
Telephone: 301-475-4328
Fax: 301-475-4350

Somerset
Telephone: 443-523-1703
Fax: 410-651-5680

Talbot
Telephone: 410-819-5618 or 5609
Fax: 410-819-5691

Washington
Telephone: 240-313-3212 or 3264
Fax: 240-313-3396

Wicomico
Telephone: 410-548-5142
Fax: 410-219-2885

Worcester
Telephone: 410-629-0164
Fax: 410-629-0185

State MA Transportation Program
201 W. Preston St., Room 136
Baltimore, MD 21201
410-767-1739 Fax: 410-333-5052

Local Health Department Women's Breast and Cervical Cancer Programs
1-800-477-9774

COUNTY	**PHONE NUMBER**
Allegany	301-759-5083
Anne Arundel	410-222-6180
Baltimore County	410-877-3456
Calvert	410-286-7992
Caroline	410-479-8080
Carroll	410-876-4422
Cecil	410-996-5155
Charles	301-609-6816
Dorchester	410-228-3223
Frederick	301-600-3362
Garrett	301-334-7692
Harford	443-643-0352
Howard	410-313-4255
Kent	410-778-7970
Montgomery	240-777-1750
Prince George's	301-883-3525
Queen Anne's	443-262-4509
St. Mary's	301-475-4395
Somerset	443-523-1752
Talbot	410-819-5600
Washington	240-313-3235
Wicomico	410-548-5175
Worcester	410-632-1100
Baltimore City	410-350-3560

Maryland Breast and Cervical Cancer Program
1-800-477-9774

MCO CONTACT LIST

MCO	Provider Relations	Claims	Special Needs Coordinator	Newborn Coordinator
AMERIGROUP Community Care 7550 Teague Road, Suite 500 Hanover, MD 21076 410-859-5800 1-800-964-2112	410-981-4004	1-800-454-3730	Lisa Culp 410-981-4060 Fax: 866-920-1867 lculp01@amerigroupcorp.com	410-981-4586 Fax: 877-855-7559
Diamond Plan - Coventry Health Care of Delaware, Inc. 6310 Hillside Court Suite 100 Columbia, MD 21046 866-212-5305	1-800-727-9951 ext. 1523	302-283-6564	Denise DeFoe 410-910-7111 Fax: 410-910-6980 dltolbert@CVTY.COM	410-910-7118 Fax 410-910-6980
MedStar Family Choice, Inc. 8094 Sandpiper Circle, Suite O Baltimore, MD 21236 410-933-3021	410-933-3069	1-800-261-3371	Blaine Willis 410-933-2226 Fax: 410-933-2209 Blaine.Willis@Medstar.Net	800-905-1722, option 5 Fax: 410-933-2264
Jai Medical System, Inc. 5010 York Road Baltimore, MD 21212 410-433-2200	410-433-2200	410-433-2200	Chardae Varner, RN 410-433-5600, option 7 Fax: 410-433-8500 chardae@jaimedical.com	410-433-2200 Fax: 410-433-4615
Maryland Physicians Care 509 Progress Drive Linthicum, MD 21090-2256 1-800-953-8854	410-401-9452	1-800-953-8854	Shannon Jones 410-401-9443 Fax: 860-907-2710 Shannon.Jones@Marylandphysicianscare.com	410-401-9532 Fax: 866-648-1012
Priority Partners Baymeadow Industrial Park 6704 Curtis Court Glen Burnie, MD 21060 410-424-4500	410-424-4634	410-424-4950	Samantha Turner 410-424-4906 Fax: 410-424-4887 SNC@JHHC.COM	410-424-4960 Fax: 410-424-4991
UnitedHealthcare Lyndwood Executive Center 6095 Marshalee Drive, Ste. 200 Elkridge MD 21075 1-800-487-7391 410-379-3400	877-842-3210	877-842-3210	Brenda McQuay 410-379-3434 Fax: 410-540-5977 Brenda_E_McQuay@UHC.Com	410-379-3467 Fax: 866-814-7618

MCO/BHO CONTACTS for

SUBSTANCE ABUSE TREATMENT SERVICES

Managed Care Organization	Authorization/Notification	Special Needs Coordinator
AMERIGROUP Community Care	1- 800-454-3730 Fax: 800-505-1193	Lisa Culp 410-981-4060 Fax: 866-920-1867 lculp01@Amerigroupcorp.Com
Diamond Plan - Coventry Health Care	1-800-454-0740 Fax: 407-831-0211	Denise Defoe 410-910-7111 Fax: 410-910-6980 dltolbert@CVTY.Com
Jai Medical Systems	410-327-5100 Fax: 410-327-0542	Chardae Varner 410-433-5600, option 7 Fax: 410-433-8500 chardae@jaimedical.com
Maryland Physicians Care	1-800-953-8854, option 7 Fax: 1-860-907-2649	Shannon Jones 410-401-9443 : Fax: 860-907-2710 Shannon.Jones@Marylandphysicianscare.com
MedStarFamily Choice	1-800-496-5849 Fax: 800-248-8994	Blaine Willis 410-933-2226 Fax: 410-933-2209 Blaine.Willis@Medstar.Net
Priority Partners	1-800-261-2429, option 3 Fax: 410-424-4891	Samantha Turner 410-424-4906 Fax: 410-424-4887 SNC@JHHC.COM
UnitedHealthcare	1-888-291-2507 Fax: 1-800-248-8994	Brenda McQuay 410-379-3434 Fax: 410-540-5977 Brenda_E_McQuay@UHC.Com

MANAGED CARE ORGANIZATIONS
PRENATAL PROGRAMS

Amerigroup Community Care (1-800-964-2112)

- Levels of Care:
  Initial assessment done to determine risk level
  - Potential or Low Risk: case management. Frequency of contact is based on the needs of the member. Services provided through the postpartum period
  - High Risk: case management. Requires a high level of case management intervention and provided through the postpartum period
- Educational Programs/Materials:
  childbirth classes, Amerigroup baby showers, internet web portal available, online access for educational materials and links, Ameritips (provided in English and Spanish)
- Incentives:
  Taking Care of Baby and Me - designed to encourage early prenatal care, maintain continuous prenatal care throughout pregnancy and ensure timely follow-up OB visit after delivery

Diamond Plan from Coventry Health Care, Inc. (1-800-727-9951, ext. 1730)

- Levels of Care:
  Not at Risk: initial assessment, contact by member when needed
  At Risk: case management, postpartum follow-up
- Educational Programs/Materials:
  childbirth classes, community baby showers, pregnancy educational packet, new mother and postpartum educational packets
- Incentives:
  gift cards for pregnant members who are compliant with prenatal visits and the postpartum visit

Jai Medical Systems (1-888-524-1999)

- Levels of Care:
  Intensive case management for all pregnant members
- Prenatal Programs:
  Moms Very Important Pregnancy (Moms VIP) program

Maryland Physicians Care (1-800-953-8854)

- Levels of Care:
  Low Risk: initial screening by Care Coordinator, referred to High Risk nurse if needed; reassessment every 3 months; postpartum/newborn assessment after delivery
  High Risk: initial assessment by a nurse; monthly contact; reassessment every 3 months; postpartum/newborn assessment after delivery
- Educational Programs/Materials:
  Pregnancy-related classes, smoking cessation
- Incentives:
  Small Miracles Incentive Program; gift cards for an initial case management assessment, follow-up assessment and for the postpartum assessment

MedStar Family Choice (800-905-1722, option 2)

- Levels of Care:
  Low Risk: initial risk assessment, contact by Outreach Department re: participation in the Momma and Me program
  High Risk: case management services, with contact on a monthly basis to ensure appointment compliance and goal adherence
- Educational Programs/Materials:
  Prenatal and childbirth classes; schedule of classes available on the MedStar web site

- Incentives:
  Momma and Me program, for pregnant women less than 28 weeks gestation at the time of enrollment. Rewards pregnant women for appointment compliance, including a dental visit and health education classes

Priority Partners (1-888-500-8786)

- Levels of Care:
  Outreach Prenatal Team: initial screening and care coordination; refers high risk pregnant women to the Partners with Mom Program
  Partners with Mom Program: identifies high risk pregnant women, provides nurse case management services
- Educational Programs/Materials:
  childbirth education classes, education regarding smoking cessation and substance abuse

UnitedHealthcare (1-800-714-3519)

- Levels of Care:
  Low Risk: initial risk assessment and educational materials, pregnant members are contacted at a minimum of once every 3 months
  Moderate Risk: pregnant members are contacted at least monthly, case management for monitoring and intervention
  High Risk: pregnant members are contacted at a minimum bi-weekly by nurse case manager, comprehensive care planning follow-up through eight weeks postpartum
- Educational Programs/Materials:
  Educational material sent to the member at initiation of pregnancy, childbirth education classes
- Incentives:
  Post Partum Rewards Program: gift card for a postpartum visit between the 21st and 56th day after delivery.

Federally Qualified Health Centers

Medical services are available at all listed sites.
♦Dental services available

Baltimore Metropolitan

BALTIMORE MEDICAL SYSTEM, INC.

Annapolis Road

4000 Annapolis Rd.
Suite 105
Baltimore, 21227
410-789-8399

Belair-Edison Family
3120 Erdman Ave.
Baltimore, 21213
410-558-4800

Highlandtown Community Health
3509 Eastern Ave.
Baltimore, 21224
410-558-4900

3701 Eastern Ave.
Baltimore, MD 21224
410-732-0202
***Specialty Care**

Orleans Square
2323 Orleans Street
Baltimore, 21224
410--558-4747

Middlesex Health Center
1245 Eastern Blvd.
Baltimore, 21221
410-558-4700

St. Agnes
900 Caton Ave.
Baltimore, 21229
443-703-3200

CHASE BREXTON HEALTH SERVICES

1001 Cathedral St.
Baltimore, 21201
410-837-2050

♦ DENTAL SERVICES
8507 Liberty Rd.
Randallstown, 21133
410-496-6441
♦ DENTAL SERVICES

5500 Knoll North Drive
Suite 370
Columbia, 21045
410-884-7831

HEALTH CARE for the HOMELESS, INC.
111 Park Avenue
Baltimore, 21201
410-837-5533

9101 Franklin Square Drive
Suite 205
Baltimore, 21237
443-777-2310

520 Upper Chesapeake Dr.
Belair, 21214
443-643-4250

PARK WEST MEDICAL CENTER, INC.
3319 W. Belvedere Ave.
Baltimore, 21215
410-542-7800
♦ DENTAL SERVICES

Men & Family Center
4151 Park Heights Ave.
Baltimore, 21215
443-874-5502

Reisterstown Rd. Plaza
4120 Patterson Ave.
Baltimore, 21215
410-764-2266

Sinai Community Care
5101 Lanier Ave.
Baltimore, 21215
410-601-9300

PEOPLES' COMMUNITY HEALTH CTR, INC.

Anne Arundel Family
5517 Ritchie Hwy.
Brooklyn, 21225
410-467-6040

New Song Family
1300 N. Fulton Ave, Rm.100
Baltimore, 21217
410-467-6040

Open Gates
1111 Washington Blvd.
Baltimore, 21230
410-467-6040

Greenmount Avenue
3028 Greenmount Ave.
Baltimore, 21218
♦ MEDICAL SERVICES

3011 Greenmount Ave.
Baltimore, 21218
♦ DENTAL SERVICES ONLY
410-467-6040

Pioneer (Warfield Condo)
8341 Pioneer Dr.
Severn, 21144
410-467-6040

Yorkwood
5225 York Road
Baltimore, 21212
410-467-6040

Franklintown Rd Clinic
818 Franklintown Rd
Baltimore, MD 21216
410-467-6040

FAMILY HEALTH CENTERS OF BALTIMORE, INC.
631 Cherry Hill Road
Baltimore, 21225
410-354-2000

FAMILY HEALTH CENTERS OF BLATIMORE, INC.

4115 Ritchie Highway
Baltimore, 21225
410-355-0343

315 N. Calvert St.
Baltimore, 21202
410-659-5959

TOTAL HEALTH CARE, INC.

Division St. Center
1501 Division St.
Baltimore, 21217
410-383-8300
♦ DENTAL SERVICES

Family Health Center
1940 W. Baltimore St.
Baltimore, 21223
410-383-8300
*** OB/GYN ONLY**

Frederick Avenue
2449 Frederick Ave.
Baltimore, 21223
410-383-8300

Kirk Avenue Center
2400 Kirk Avenue
Baltimore, 21218
410-383-8300
♦ DENTAL SERVICES

Linden Avenue Center
827 Linden Avenue
Baltimore, 21201
410-383-8300

Men's Health Center
1515 W. North Ave.
Baltimore, 21217
440-383-8300

Mondawmin Center
2401 Liberty Heights Ave.
Suite 111-113
Baltimore, 21215
410-383-8300
Saratoga Center
1501 W. Saratoga St.
Baltimore, 21223
410-383-8300

True Health
922 W. North Ave.
Baltimore, 21217
410-383-8300

OWENSVILLE PRIMARY CARE, INC.
134 Owensville Rd.
West River, 20778
410-867-4700

Washington, DC Suburban Area

COMMUNITY CLINIC, INC.

Gaithersburg
17-E North Summit Ave.
Gaithersburg, 20877
301-216-0880

Silver Spring
8210 Colonial Lane.
Silver Spring, 20910
301-585-1250

Takoma Park
7676 New Hampshire Ave.,
Suite 220B
Takoma Park, 20912
301-431-2972

GREATER BADEN HEALTH SERVICES, INC.

Glenarden
3028 Brightseat Rd. RM 104
Glenarden, 20706
301-772-6905

Greater Baden
13605 Baden Westwood Rd
Brandywine, 20613
301-888-2233
♦ DENTAL SERVICES

Nanjemoy
4375 Port Tobacco Rd
Suite 101
Nanjemoy, 20662
301-246-4031 or
301-753-4630
♦ DENTAL SERVICES

St. Mary's
23140 Moakley St, Suite 4
Leonardtown, 20650
301-997-1029

Suitland
5001 Silver Hill Rd, 2nd Floor
Suitland, 20746
240-492-2500

Walkermill Health Center
1458 Addison Rd., South
Capitol Heights, 20743
301-324-1500

LA CLINICA DEL PUEBLO

2831 15TH Street, NW
Washington, DC 2009
202-462-4788

MARY'S CENTER – MATERNAL & CHILD CARE, INC.

2333 Ontario Road, NW
Washingtion, DC 20009
202-483-8196

508 Kennedy St, NW
Washington, DC 20011
202-545-6600

8709 Flower Ave.
Silver Spring, 20901
240-485-3160

UNITY HEALTH CARE

Anacostia
1328 W Street, SE
Washington, DC 20020
202-832-8818
Brentwood
1201 Brentwood Rd, NE
Washington, DC 20018
202-832-8818

Congress Heights
3720 Martin Luther King
Washington, DC 20032
202-279-1800

East of the River
123 45th Street, NE
Washington, DC 20019
202-388-5202

Good Hope Health Center
1638 Good Hope Rd, SE
Washington, DC 20020
202-610-7280

Hunt Place
4130 Hunt Place, NE
Washington, DC 20019
202-388-8160

Phoenix Health Center
1900 Massachusett Ave, SE
Washington, DC 20003
202-548-4520

Southwest
850 Delaware Ave, SW
Washington, DC 20024
202-548-4520

Stanton Road
3240 Stanton Rd, SE
Washington, DC 20020
202-889-3754

Upper Cardozo
3020 14th Street, N.W.
Washington, DC 20009
202-745-4300

Walker Jones
40 Patterson Street, NE
Washington, DC 20001
202-354-1120

Woodridge
2146 24th Place, NE
Washington, DC 20018
202-281-1180

Eastern Shore

CHASE BREXTON HEALTH SERVICES

300 Talbot Street
Easton, 21601
410-837-2050, ext 1461
1-866-260-0412

CHOPTANK COMMUNITY HEALTH. SYSTEM, INC.

Bay Hundred Center
1013 E. Talbot St., Unit L
St. Michaels, 21663
410-745-0200

CCHS Dental
417 Academy St, Suite A
Cambridge, 21613
410-228-9381
♦ DENTAL SERVICES ONLY

CCHS Women's Center
100 Bramble St., Unit E
Cambridge, 21613
410-228-4023

Denton Center
609 Daffin Lane
Denton, 21629
410-479-2650

Fassett-Magee Center
503-A Muir St.
Cambridge, 21613
410-228-4045

Federalsburg Center
215 Bloomingdale Ave
Federalsburg, 21632
410-754-9021
410-754-7583 (dental)
♦ DENTAL SERVICES

Goldsboro Center
316 Railroad Ave.
Goldsboro, 21636
410-634-2380

Hurlock Center
302 Collins Ave,
Hurlock, 21643
410-943-8763

WEST CECIL HEALTH CTR.
535 Rowlandsville Rd
Conowingo, 21918
410-378-9696

THREE LOWER COUNTIES COMM. SERVICES, INC.

305 Tenth St, Suite 104
Pocomoke, 21851
410-957-1852

12137 Elm St.
Princess Anne, 21853
410-651-1000
♦ DENTAL SERVICES

1104 Healthway Dr.
Salisbury, 21804
410-219-1100

223 Phillip Morris Dr
Salisbury, 21804
410-546-2424
*** OB/GYN ONLY**

560 Riverside Dr.
Suite A204
Salisbury, 21801
410-749-2922

Western Area

TRI-STATE COMM. HEALTH
HEALTH CTR. INC.
CARE CORP.

130 W. High St.
Cumberland, 21502

301-678-7256

621 Kelly Road
Cumberland, MD 21502
301-722-3270

600 Memorial Ave.
3rd Floor, Suite 302
Cumberland, 21502
301-723-3940
*** OB/GYN ONLY**

WALNUT STREET COMMUNITY HEALTH CENTER

24 N. Walnut St.
Hagerstown, 21740
301-745-3777
301-393-3450 (DENTAL)

HYNDMAN HEALTH CENTER
144 Fifth Avenue
Hyndman, PA 15545
814-842-3206
♦ DENTAL SERVICES

WESTERN MARYLAND HEALTH CARE CORPORATION

Mountain Laurel Medical Center
888 Memorial Dr Rm. C
Oakland, 21550
301-533-3300

PRESTON TAYLOR COMMUNITY HEALTH CENTER

Eglon Clinic
Route 24
Eglon, WV 26716
304-735-3155

Mount Stohm Clinic
Route 50
Mt. Stohm, WV 26739
304-693-7616

03/2011

MARYLAND MEDICAL ASSISTANCE PROGRAM

REFERRAL DIRECTORY

Division/Unit	**Concern/Issue**	**Phone Number**
Eligibility Verification System (EVS)	Recipient's Eligibility Status	866-710-1447
HealthChoice Customer Relations	Access and Denial of Service	800-284-4510 (Enrollees) 800-766-8692 (Providers)
HealthChoice Enrollment Broker	Initial Enrollment and "Annual Right To Change"	800-977-7388
Beneficiary Services	"Fee-for-service" Information and Assistance	800-492-5231 410-767-5800
Maryland Children's Health Program	MCHP/MCHP Premium Policy and Eligibility	410-767-3641 (MCHP) 866-269-5576 (Premium)
Valu Options-Maryland	Specialty Mental Health System	800-888-1965
Maternal-Child Health Information Line	MCHP Applications/MCH and Family Planning Services	800-456-8900
Program Policy	Clinics/Dental/Laboratory	410-767-5706
Community Support Services	Durable Equipment/Medical Supplies	410-767-1739
Children's Services	EPSDT/Children's Expanded Services (dental, hearing, speech, vision, OT/PT), Healthy Kids/EPSDT, REM	410-767-1903
HealthChoice Management & Quality Assurance	HealthChoice Network Management/Quality Assurance	410-767-1482
Hospital Services	Hospital/Professional Services	410-767-1722
Outreach and Care Coordination	Prenatal/Family Planning Services; LHD ACCU/Ombudsman Program	410-767-6750
Pharmacy Services	Pharmacy	410-767-1455
Provider Relations	Claims: Billing and Payment Questions	800-445-1159 410-767-5503
	Electronic Billing	410-767-5863
	Lost or Stolen Check/Missing Payment Voucher	410-767-5344
	Recoveries	410-767-1783
	Third Party Liability	410-767-1771
Provider Liaison Unit	Provider Training	410-767-6024
Provider Master File	Enrollment as MA Provider	410-767-5340
WIC Program	Nutrition Information/Resources	800-242-4WIC

FAMILY PLANNING PROGRAM COVERED SERVICES

Procedure Codes

Services are limited to those related to birth control. The following CPT codes must be billed in conjunction with the diagnosis code V25. For current Fee Schedule, see the Medicaid Provider Fee Manual on line at: http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx

CPT Code	Description
Evaluation/Management	
99201	Office visit, new patient, minimal
99202	Office visit, new patient, moderate
99203	Office visit, new patient, extended
99204	Office visit, new patient, comprehensive
99205	Office visit, new patient, complicated
99211	Office visit, established patient, minimal
99212	Office visit, established patient, moderate
99213	Office visit, established patient, extended
99214	Office visit, established patient, comprehensive
99215	Office visit, established patient, complicated
99384	Preventive visit, new patient (age 12-17)
99385	Preventive visit, new patient (age 18-39)
99386	Preventive visit, new patient (age 40-64)
99394	Preventive visit, established patient (age 12-17)
99395	Preventive visit, established patient (age 18-39)
99396	Preventive visit, established patient (age 40-64)
Permanent Sterilization	
58565	Surgical Hysteroscopy with bilateral fallopian tube cannulation To induce occlusion (Essure procedure)
58340	HSG 3-month post procdure
58600	Ligation or transaction of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device (band/clip/falope ring), vaginal or suprapubic approach
58670	Surgical laparoscopy with fulguration of oviducts (with or without transaction)
58671	Surgical laparoscopy with occlusion of oviducts by device (band/clip/falope ring)
Contraception	
57170	Diaphragm fitting with instructions
A4266*	Diaphragm
A4261*	Cervical Cap
58300	Insert intrauterine device
58301	Remove intrauterine device

J7300	IUD Kit (Copper/Paragard)
J7302*	Mirena IUD

NOTE: IUDs can only be billed in conjunction with an insertion code for same date of service

11976	Removal, implantable contraceptive capsules
11981	Insertion, drug implant
11982	Removal, drug implant
11983	Removal with reinsertion, drug implant
J7307*	Implanon

J1055*	Depo-Provera

NOTE: The cost of administering the drug is included in the office visit; a separate medication administration fee cannot be billed.

J7303*	Contraceptive vaginal ring
J7304*	Contraceptive hormone patch

99070*	Other contraceptive product not listed

NOTE: A copy of the invoice for the contraceptive product must accompany the claim when billing CPT codes 99070, A4261, A4266, J7302, J7303, and J7304. Providers should only use A-codes and J-codes for contraceptives supplied during an office visit. With the exception of contraceptives that require insertion by a provider, women can obtain the above contraceptive products at the pharmacy (see section on Family Planning Program Pharmacy coverage).

Laboratory

36415	Venipuncture
81000-81003	Urinalysis - by dipstick or tablet reagent
81005	Urinalysis - qualitative/semi-quantitative
81015	Urinalysis, microscopic only
87086	Urine bacterial culture, quantitative colony count
87088	Urine bacterial culture, with isolation and identification of bacteria
87186	Antibiotic sensitivity – susceptibility studies w/agar plating
82947-82948	Glucose, FBS, quantitative (947) and reagent strip (948)
82951	Glucose Tolerance Test
83020	Hemoglobin Electrophoresis
84156	Total protein, urine
81025	Urine pregnancy test
84702	Quantitative hCG
84703	Qualitative hCG

85004	Blood count w/automated differential
85007	Blood smear, microscopic exam w/manual differential
85014	Blood count - Hematocrit
85018	Blood count - Hemoglobin
85025	CBC, automated, w/automated differential
85027	CBC, automated, w/o differential
85048	Blood count - WBC only

86631	Chlamydia
87110	Chlamydia, culture, any source
87270	Chlamydia, immunofluorescence

87490-87491	Chlamydia, DNA/RNA, direct/amplified
87810	Chlamydia, immunoassay
86592-86593	Syphilis, non-treponemal antibody (RPR, VDRL)
86780	Syphilis, treponema antibody (FTA-ABS)
87590-87592	Gonorrhea, DNA/RNA, direct/amplified/quantification
87850	Neisseria Gonorrhea, immunoassay
86701-86703	HIV antibody
86689	HIV antibody confirmatory test (Western Blot)
86694-86696	Herpes antibodies
87273	Herpes type 2, immunofluorescence
87274	Herpes type 1, immunofluorescence
86704-86707	Hepatitis B antibodies
87340-87341	Hepatitis B surface antigen (HBsAg)
87350	Hepatitis B envelope antigen (HBeAg)
87515-87517	Hepatitis B virus – DNA/RNA, direct/amplified/quantification
86708-86709	Hepatitis A antibodies
86803-86804	Hepatitis C antibodies
87520-87522	Hepatitis C virus – DNA/RNA, direct/amplified/quantification
86762	Rubella antibody
87205	Smear with interpretation
83986	pH test of a body fluid
87210	Smear - wet mount
87480	Candida – DNA/RNA, direct probe
87510	Gardnerella - DNA/RNA, direct/amplified/quantification
87620-87622	HPV – DNA/RNA, direct/amplified/quantification
87660	Trichomonas – DNA/RNA, direct probe

Cytopathology

88141-88143	Cytopathology
88147-88148	Cytopathology
88150	Cytopathology
88152-88154	Cytopathology
88164-88167	Cytopathology
88174-88175	Cytopathology

NOTE: Healthcare providers and clinics should only bill for labs and cytopathology services that are provided within their facility. If lab and/or cytopathology results are obtained from an outside lab, the provider or clinic may not bill Medical Assistance for the test(s); the lab should bill Medical Assistance directly.

Other

90649-SE (VFC stock)	HPV vaccine, quadrivalent, 3 dose schedule administration fee
90650-SE (VFC stock)	HPV vaccine, bivalent, 3 dose schedule administration fee
90649	HPV vaccine, quadrivalent, 3 dose schedule
90650	HPV vaccine, bivalent, 3 dose schedule

**Providers and clinics should bill for the acquisition cost of the vaccine. Administration fees are only paid for vaccines obtained through VFC for individuals under age 19.

Family Planning Program Pharmacy Coverage

The Maryland Medicaid Family Planning Program covers all FDA approved contraceptive devices, methods, and supplies. There are no pharmacy co-pays for contraceptives.

Effective January 1, 2012, when diagnosed as part of a family planning visit, the Maryland Medicaid Family Planning Program will cover treatments for STIs, urinary tract infections and vaginitis, including the following drug classes:

- Antifungals
- Antivirals (for HSV)
- Cephalosporins
- Macrolides
- Miscellaneous beta-Lactams
- Penicillins
- Sulfonamides
- Tetracyclines
- Metronidazole
- Other miscellaneous antibiotics, not otherwise noted above

NOTE: For the non-contraceptive drugs listed above, there are no pharmacy co-pays for women under 21. There is a co-pay of $1-$3 for women 21 and over.

Hysterectomy Services

The following CPT codes should be used when billing Maryland Medicaid for hysterectomy procedures:

Procedure Code	Procedure Code	Procedure Code
51925	58285	58951
58150	58290	58953
58152	58291	58954
58180	58292	59135
58200	58293	59525
58210	58294	
58240	58550	
58260	58552	
58262	58553	
58263	58554	
58267	58570	
58270	58571	
58275	58572	
58280	58573	