



Notification of Pregnancy

Goal State

Goal:
Reach every pregnant member to educate, inform, and assist them through their pregnancy journey and through the postpartum period

Solution:
Provider informs MCO of pregnancy when member establishes care

Impact:
Early education and supports improve adherence and outcomes

Submission

Maternity Care Management Notification Form

(This is not an authorization form for hospital admission.)

Fax to: UnitedHealthcare Community Plan.....877-353-6913

Wellpoint.....866-495-5788

Submit electronically in Availity®: BlueCare / TennCareSelect

Member Information

First Name:		Middle initial:	
Last Name:			
Member ID #:		Member's Date of Birth:	
Estimated Date of Delivery (EDD):	Trimester of Pregnancy: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Date of First Visit:	Gravida Para Last Menstrual Period:
Member Address:			
City:	State:	ZIP Code:	
Member's Primary Phone #:		Member's Alternate Phone #:	

Provider Information

First Name:		Middle initial:	
Last Name:			
Provider ID Number:			
Provider Address:			
City:	State:	ZIP Code:	
Provider Practice Phone Number:		Provider Fax Number:	

- The form is the same for all three MCOs
- The form must be submitted to the patient-specific MCO
- MCOs accept the form via:
 - MCO-specific portal OR fax
 - Fax numbers for **United Healthcare** and **Wellpoint** are in the upper righthand corner of the form
 - **BlueCare** providers should submit the form online in Availity®
 - For help using Availity®:
 - Refer to the Maternity Care Management Authorization Form Quick Reference Guide;
 - Call: 423-535-5717 (select option 2); OR
 - Email: eBusiness_marketing@bcbst.com
- Form submission is associated with a (one-time) \$25 incentive received when claim is submitted

There are differences in the coding requirements for each MCO, see next slides for further details



Takeaways

- Complete the form for every patient that establishes care for pregnancy
- Send it to MCO
- File a claim
- Receive incentive benefit of \$25
- Reach out to MCO for additional supports

Maternity Care Management Notification Form

Fax to: UnitedHealthcare Community Plan.....877-353-6913

(This is not an authorization form for hospital admission.)

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Member Information

Submit electronically in Availity: BlueCare / TennCareSelect

First Name:		Middle initial:			
Last Name:					
Member ID #:			Member's Date of Birth:		
Estimated Date of Delivery (EDD):	Trimester of Pregnancy:	Date of First Visit:	Gravida	Para	Last Menstrual Period:
	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd				
Member Address:					
City:		State:		ZIP Code:	
Member's Primary Phone #:			Member's Alternate Phone #:		

Provider Information

First Name:		Middle initial:			
Last Name:					
Provider ID Number:					
Provider Address:					
City:		State:		ZIP Code:	
Provider Practice Phone Number:			Provider Fax Number:		



Complete Maternity Care Management Form

Maternity Care Management Notification Form Fax to: UnitedHealthcare Community Plan.....877-353-6913
(This is not an authorization form for hospital admission.) Wellpoint.....866-495-5788

Member Information Submit electronically in Availity: BlueCare / TennCareSelect

First Name: _____ Middle initial: _____
 Last Name: _____
 Member ID #: _____ Member's Date of Birth: _____
 Estimated Date of Delivery (EDD): _____ Trimester of Pregnancy: _____ Date of First Visit: _____ Gravida: _____ Para: _____ Last Menstrual Period: _____
 1st 2nd 3rd
 Member Address: _____
 City: _____ State: _____ ZIP Code: _____
 Member's Primary Phone #: _____ Member's Alternate Phone #: _____

Provider Information

First Name: _____ Middle initial: _____
 Last Name: _____
 Provider ID Number: _____
 Provider Address: _____
 City: _____ State: _____ ZIP Code: _____
 Provider Practice Phone Number: _____ Provider Fax Number: _____

Provider Reason for Referral – Current Pregnancy
 Please check all that apply.

Obstetrical		Medical		Psychosocial	
History	Current				
<input type="checkbox"/> Preterm labor / delivery	H <input type="checkbox"/> / C <input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	Tobacco / Alcohol use	<input type="checkbox"/>
<input type="checkbox"/> Multiple Gestation	H <input type="checkbox"/> / C <input type="checkbox"/>	Anemia	<input type="checkbox"/>	Tobacco Cessation (Prescription or Referral given)	<input type="checkbox"/>
<input type="checkbox"/> Gestational diabetes	H <input type="checkbox"/> / C <input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Substance abuse: Prescription Opiates, Street drugs, Bath salts, Inocense, etc.	<input type="checkbox"/>
<input type="checkbox"/> Preg Induced Hypertension	H <input type="checkbox"/> / C <input type="checkbox"/>	HIV+ / AIDS	<input type="checkbox"/>	Current Medication Assisted Treatment	<input type="checkbox"/>
<input type="checkbox"/> Cervical or Placental Abnormalities	H <input type="checkbox"/> / C <input type="checkbox"/>	Asthma / Respiratory condition	<input type="checkbox"/>	Last delivery within 1 year of EDD	<input type="checkbox"/>
<input type="checkbox"/> Prior C Section Delivery		Cardiac condition	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
<input type="checkbox"/> Inadequate weight gain / fetal IUGR		Sickle cell / clotting disorders	<input type="checkbox"/>	Homeless / Unstable housing	<input type="checkbox"/>
17-P Candidate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/>	Anxiety / Depression / Mental Health disorder	<input type="checkbox"/>
Prior NAS Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	STD (specify)	<input type="checkbox"/>	Other Obstetrical/Medical/Social Determinant Concerns	
		Periodontal disease	<input type="checkbox"/>		

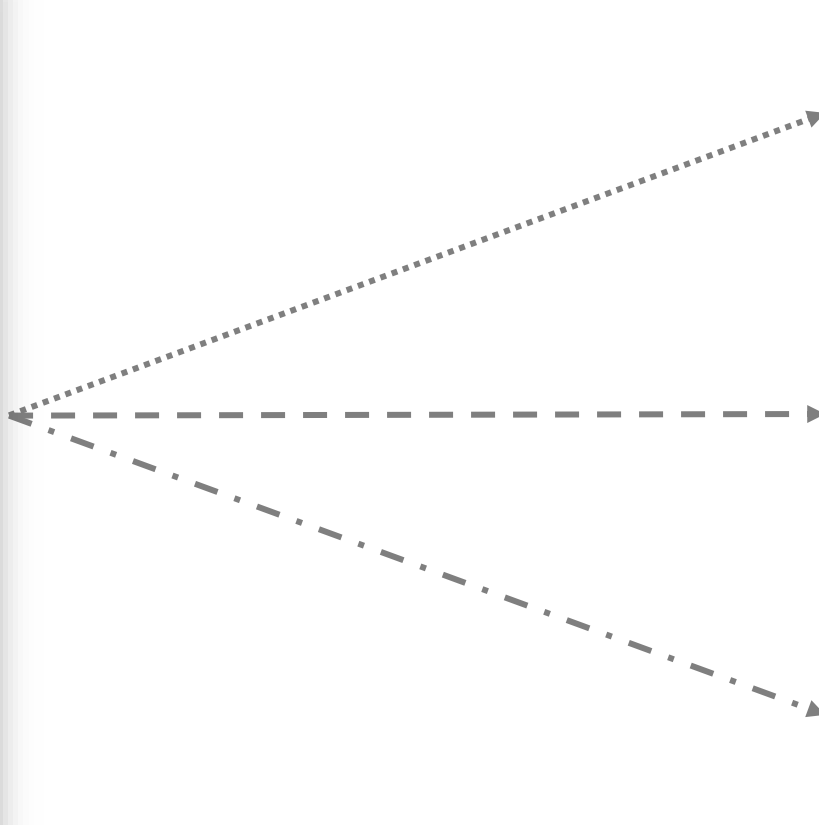
Provider Signature/Stamp: _____ Date: _____

Revised 3/19/2024

BlueCare Tennessee

United Healthcare Community Plan

Wellpoint



Submit Form and Claim

- Submit for via provider portal, email, or fax
 - BlueCare: www.Availity.com
 - UHC: <https://provider.linkhealth.com/#/>
 - Wellpoint:
<https://apps.availity.com/availity/web/public.elegant.login>

- Submit claim to respective MCO




- Receive incentive when claim submitted correctly

➤ E&M
99202-99205,
99211-99215

➤ Category II
code 0500F

\$25
(1/1/2022)

Contact MCOs for Claims Support

	<p>Provider Services at 833-731-2154</p>		
	<p>BlueCare Provider Services 1-800-468-9736</p>	<p>CoverKids Provider Services 1-800-924-7141</p>	<p>TennCareSelect Provider Services 1-800-276-1978</p>
	<p>Aimee Brake, LMSW Vice President, Population Health Office: 615-372-0038 aimee_brake@uhc.com</p>		<p>Tammy Thompson, RN, CCM Manager of HFS and NICU Case Management 952-406-5974 tammythompson@uhc.com</p>

Wellpoint Maternity Care Management Notification Form



How to Fill Out the Form

- Providers submit the Maternity Care Management Form and indicate member's:
 - initial prenatal visit
 - last menstrual period
 - estimated date of delivery
- Complete:
 - all member and provider information sections
 - provider signature and date at the bottom of the form
- An authorization is built and reference number provided to the Provider for claim processing

How to Submit the Claim with Appropriate Codes for Reimbursement

- Wellpoint participating providers can earn a **\$25 administrative fee** when submitted with **Category II code of 0500F**, for every Maternity Notification Form that is completed and returned to the health plan:
 - The administrative fee is payable once per pregnancy for prenatal and postpartum care
 - To ensure accurate reimbursement of the payment opportunity, providers must:
 - Report each Category II code with a billing charge of at least \$[0.01]
 - Report an associated diagnosis code for each Category II code
 - Report an appropriate office E/M visit code

How to Submit the Claim with Appropriate Codes for Reimbursement

Category II Codes:	
0500F	<p>Initial prenatal care visit Report at the first prenatal encounter with health care professionals providing obstetrical care. In a separate field, report the date of the last menstrual period (LMP).</p> <p>Bill with the appropriate evaluation and management code within [30 days] of the visit that confirmed the pregnancy (99202-99205, 99211-99215).</p>
0501F	<p>Prenatal flow sheet documented in the medical record by the first prenatal visit Documentation must include blood pressure, weight, urine protein, uterine size, fetal heart tone, and estimated date of delivery. In a separate field, report the date of the LMP.</p> <p>Note: if you are reporting code 0501F prenatal flow sheet, you do not have to report 0500F initial prenatal care visit.</p>
0502F	<p>Subsequent prenatal care visit (excludes patients seen for a condition unrelated to pregnancy or prenatal care) Bill CPT II with one of the following global codes: 59400, 59510, 59610, 59618</p>
0503F	<p>Postpartum visit To be completed [7-84] days after delivery</p> <p>Bill the visit using category II code 0503F and remember to:</p> <ul style="list-style-type: none"> • Include the postpartum code 59430 which should be billed with zero charges • Include the Delivery Date in form locator 14 or Loop 2300 with Qualifier 431 • Bill the \$75 fee associated with this code
ICD-10 Codes:	
All	Each Category II code must be billed with an appropriate diagnosis code.

Where to Submit the Form

Wellpoint Provider Portal:

<https://provider.wellpoint.com/tennessee-provider/resources/forms>

- Click on Maternal/Child Services (MCS) section for fillable PDF form

Forms can be submitted via:

- Fax: 866-495-5788
- Email: hcmref@wellpoint.com

For questions, contact Provider Services at 1-833-731-2154



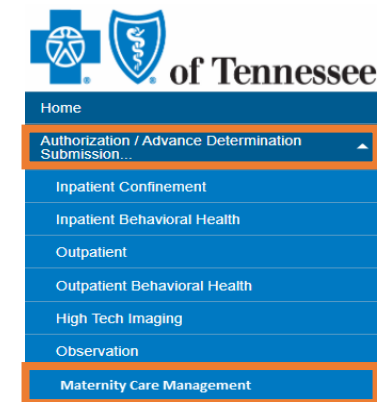


BlueCare Maternity Care Management Form



Where to Find the Form

- BlueCare Maternity Care Management Form (previously known as TennCare Provider Notification Form 834) may be accessed via:
 - **Availity Portal** in **Authorization Submission/Review Tile**: www.availity.com
 - **Digital Resources** on the **BlueCare Provider Website**:
<https://provider.bcbst.com/tools-resources/digital-resources>



How to Fill Out the Form

- The BlueCare Maternity Care Management Form **Quick Reference Guide** provides stepwise instructions for completion and submission. This can be found in the **Resources Tab** in the **Availity Portal**.

The screenshot displays the Availity portal interface. At the top, there is a navigation bar with the Availity logo, user profile information (Tennessee, Help & Training, Faith's Account, Logout), and a search bar. Below the navigation bar, a banner for BlueCross BlueShield of Tennessee is visible. The main content area is titled "Resources" and contains a list of links. The link "Maternity Care Notification Form QRG" is highlighted with a red box. Other links include "Advanced Specialty Benefit Management TransactRX FAQ", "Authorization Review/Submission - BlueCard Authorizations and InterPlan Tool", "Authorization Review/Submission - Chiropractic", "MCG Cite Guideline Transparency", "MCG Cite Guideline Transparency - Quick Reference Guide", and "Medical Policy Manual".

Availity essentials Home Notifications 2 My Favorites Tennessee Help & Training Faith's Account Logout

Patient Registration Claims & Payments Clinical My Providers Payer Spaces More Reporting Keyword Search

Welcome BlueCross BlueShield of Tennessee
Find the tools you need to get the most from your health plan

Start typing to search this payer space... Search

Applications Resources 1 News and Announcements Sort By A-Z

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!

Filter By Category
Changes are applied immediately on selection.
 BlueCare Tennessee (47)
 Commercial (38)
 Dual Special Needs Plan (37)

- Advanced Specialty Benefit Management TransactRX FAQ
- Authorization Review/Submission - BlueCard Authorizations and InterPlan Tool
- Authorization Review/Submission - Chiropractic
- Maternity Care Notification Form QRG**
- MCG Cite Guideline Transparency
Review clinical care guideline information at Milliman.
- MCG Cite Guideline Transparency - Quick Reference Guide
Review helpful tips on utilizing guideline transparency tools.
- Medical Policy Manual

How to Submit the Claim with Appropriate Codes for Reimbursement

Type of Visit	Prenatal	Postpartum
Timeframe for Visit	During the first trimester of pregnancy or within 42 days of the patient's BlueCare Tennessee or CoverKids enrollment	Within seven to 84 days of delivery
Steps to Receive Payment	<p>Bill the visit using category II code 0500F, and please remember to:</p> <ul style="list-style-type: none"> • Include the appropriate Evaluation & Management (E&M) Code (99202-99205 or 99211-99215) confirming pregnancy.* • Include the date of the last menstrual period in form locator 14 or Loop 2300 with Qualifier 484. • Submit your Maternity Care Management Form online through Availity®. <p>Note: You must submit the Maternity Care Management Form within 30 days of the prenatal visit.</p> <ul style="list-style-type: none"> • Bill the \$25 fee associated with 0500F. 	<p>Bill the visit using category II code 0503F, and please remember to:</p> <p>Include the postpartum code 59430. Include the Delivery Date in form locator 14 or Loop 2300 with Qualifier 431. Bill the \$75 fee associated with 0503F.</p> <p>Note: We'll allow for reimbursement of two claims for code 0503F during the 84-day postpartum period.</p>
Reimbursement	\$25 per patient	\$75 per patient/per claim

**In situations where the provider billing 0500F didn't perform a separate visit to confirm the pregnancy and the prenatal profile was started on the first visit, the provider may bill the appropriate E&M codes at \$0.00 charges. This step will show there wasn't a separate visit for confirmation only prior to beginning the prenatal profile and that the provider is simply following the rules for billing the code.*



For Claims support, please contact Provider Services:

BlueCare – 1-800-468-9736

CoverKids – 1-800-924-7141

TennCareSelect – 1-800-276-1978

How to Submit the Form

Availity Portal:

www.availity.com

- BlueCare Maternity Care OB Risk Assessment/TennCare Provider Notification Form 834 is submitted electronically

eBusiness Service Contact Information

Hours: Monday – Thursday, 8 a.m. – 6 p.m.

Friday 9 a.m. – 6 p.m.

Phone: (423) 535-5717, option 2

BlueCare eBusiness Contact Information

eBusiness Marketing Contact Information		
East Tennessee	Middle Tennessee	West Tennessee
Faith Daniel Faith_Daniel@bcbst.com	Faye Mangold Faye_Mangold@bcbst.com	Vivian Williams Vivian_Williams@bcbst.com
eBusiness Service Contact Information		
Hours: Monday—Thursday, 8 a.m. – 6 p.m. Friday, 9 a.m. – 6 p.m. Phone: (423) 535-5717, option 2		

[Digital Resources for Providers | BCBS of Tennessee \(bcbst.com\)](https://www.bcbst.com)



Maternity Care Management Notification Form

Where to Locate the Form

The Maternity Care Management Notification form can be found at [Notification of pregnancy | UHCprovider.com](https://UHCprovider.com/Notification-of-pregnancy). Scroll to the bottom of the page for the option to download the form.

How to Submit the Form

- Complete the form electronically through your **provider Link account**: <https://provider.linkhealth.com/#/>
- **Fax:** 877-353-6913
- **Email:** tnhealthyfirststeps@uhc.com

How to Submit the Claim with Appropriate Codes for Reimbursement

- Providers are offered an **incentive payment of \$25**, when submitted with **Category II code of 0500F**, for every Maternity Notification Form that is completed and returned to the health plan. **The billed charges for 0500F must equal \$10 to receive the full reimbursement.**

Recommended codes to submit with the Category II code of 0500F:

- 99202-99205
- 99211-99215

Contact Information

Aimee Brake, LMSW

Vice President, Population Health

Office: 615-372-0038

aimee_brake@uhc.com

Tammy Thompson, RN, CCM

Manager of HFS and NICU Case Management

952-406-5974

tammythompson@uhc.com

TennCare Checklist

Notify MCO of a Pregnancy

- Fill out the Maternity Care Management Form
- Submit form via portal or fax to respective MCO
- Submit the claim with the right codes to get \$25

Addressing Gaps in Care

- Use validated tool to screen mental health
- Submit claim to get enhanced reimbursement for services
- Connect members to care

MCO Care Management Supports

- Refer members via form
- Call MCO for urgent referrals
- Encourage engagement with Care Management

TennCare Benefits

- Remind the member to update TennCare Connect
- Encourage utilization of benefits
- Educate on oral health and dental care