



Maternal Health Updates

UPDATED MAY 2024

Action Items

- Notification** of Pregnancy
- Maternity Care Management** Support
- Close gaps with **Mental Health Screening**
- Inform patients on **TennCare Benefits**
- Question and Answer

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 reimbursed 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

Action Items

- Notification** of Pregnancy
- Maternity Care Management** Support
- Close gaps with **Mental Health Screening**
- Inform patients on **TennCare Benefits**
- Question and Answer



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"/>		

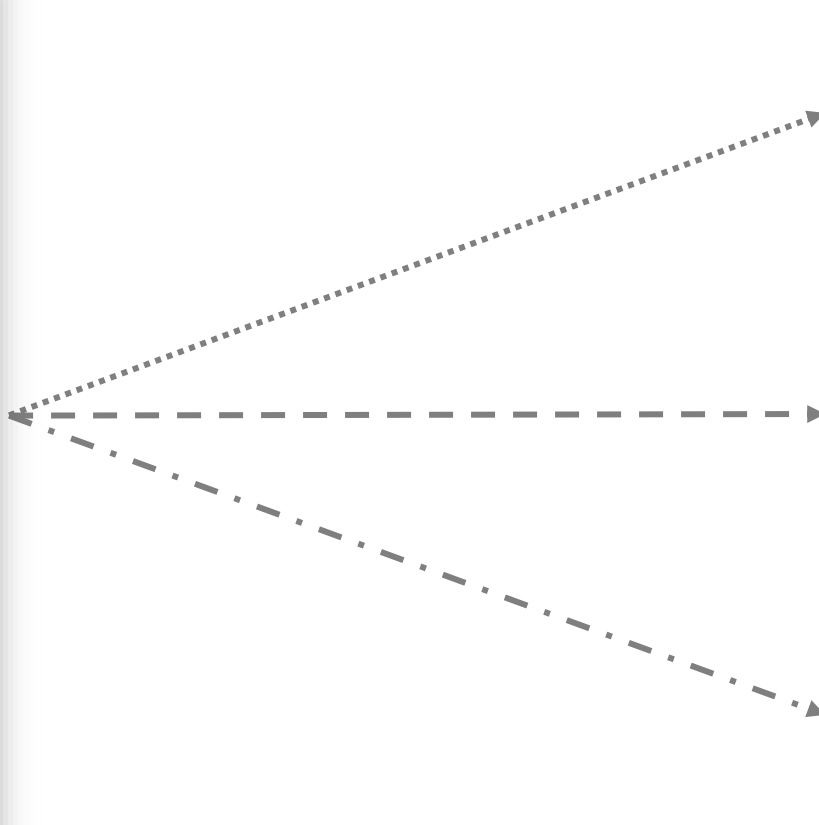
Provider Signature/Stamp: _____ Date: _____

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



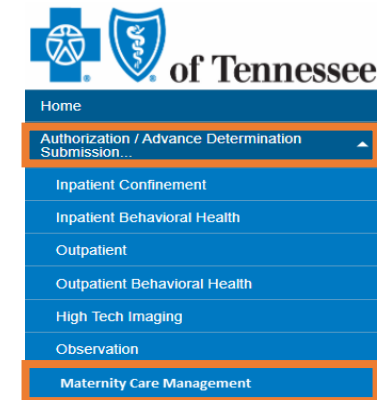


BlueCare Maternity Care Management Form



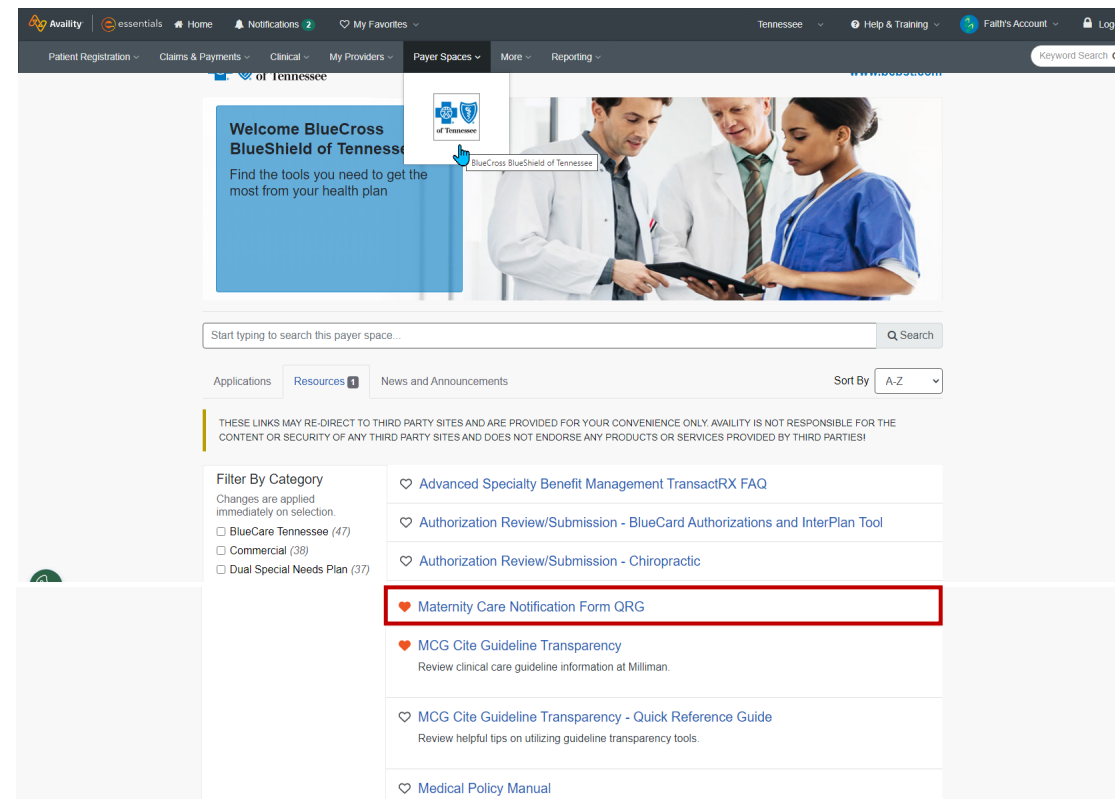
Where to Find the Form

- 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. The top navigation bar includes 'Availity', 'essentials', 'Home', 'Notifications 2', 'My Favorites', 'Tennessee', 'Help & Training', 'Faith's Account', and 'Logout'. The main navigation menu features 'Patient Registration', 'Claims & Payments', 'Clinical', 'My Providers', 'Payer Spaces', 'More', and 'Reporting'. A search bar is located in the top right corner.

The main content area shows a 'Welcome BlueCross BlueShield of Tennessee' banner with the text 'Find the tools you need to get the most from your health plan'. Below the banner is a search bar with the placeholder text 'Start typing to search this payer space...'. The 'Resources' tab is selected, and the 'Sort By' dropdown is set to 'A-Z'.

A disclaimer states: '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!'.

The 'Filter By Category' section shows the following options:

- BlueCare Tennessee (47)
- Commercial (38)
- Dual Special Needs Plan (37)

The list of resources includes:

- Advanced Specialty Benefit Management TransactRX FAQ
- Authorization Review/Submission - BlueCard Authorizations and InterPlan Tool
- Authorization Review/Submission - Chiropractic
- Maternity Care Notification Form QRG** (highlighted with a red box)
- 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

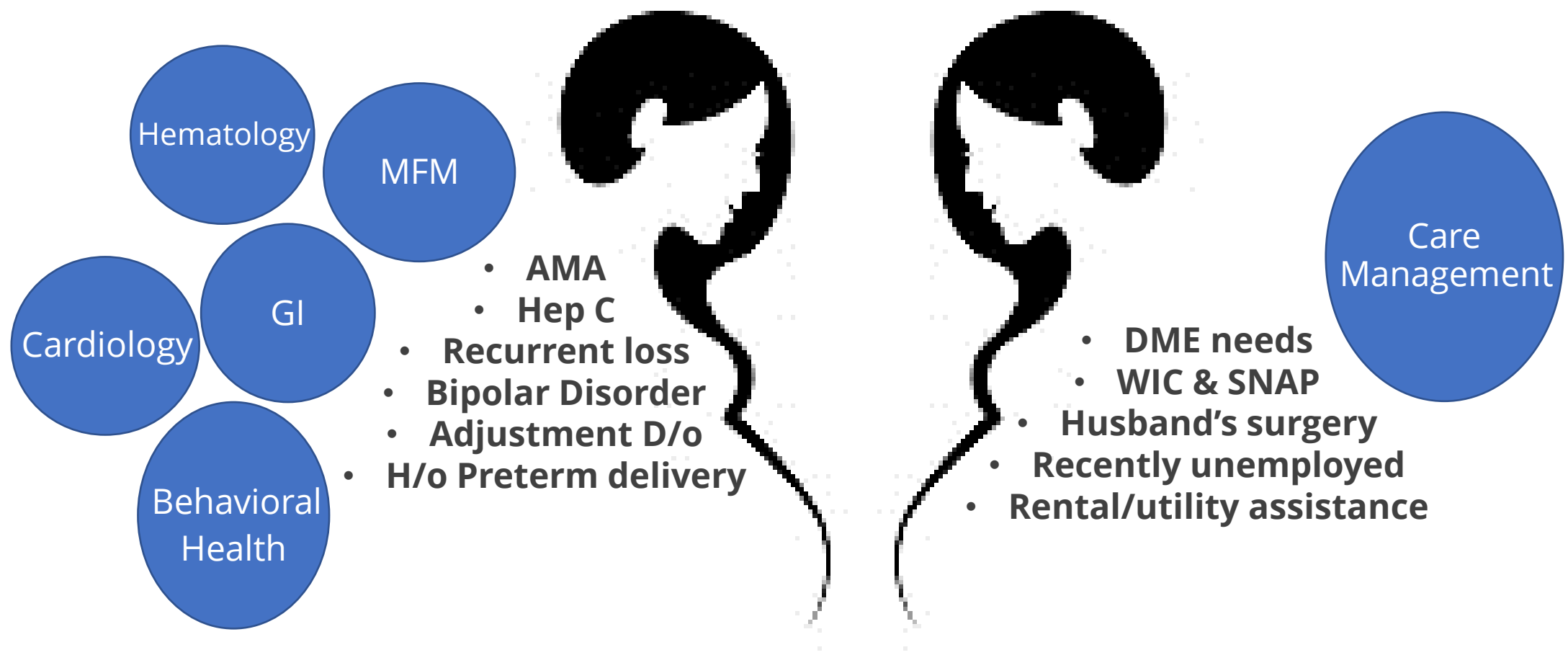
Action Items

- Notification** of Pregnancy
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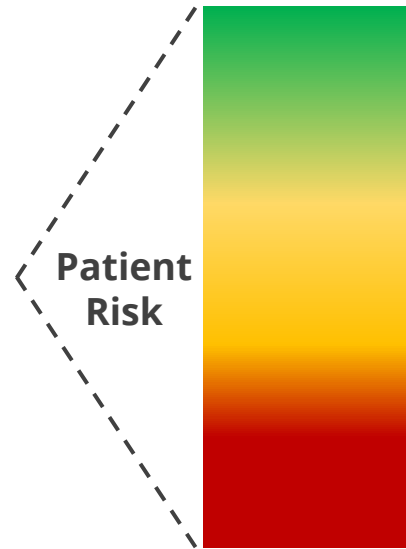
**Maternity Care
Management**

Patient Story #1– 36yo G5P0



Background

- The Maternity Care Management Form provides information on individual patient risk
- This risk information allows Managed Care Organizations to tailor outreach, communication, and service offerings to pregnant and postpartum members
- This tailored outreach, services, and supports constitute Maternity Care Management
- The foundation of Maternity Care Management is the same across all three MCOs, although the care management team structure of implementation of services and supports may vary

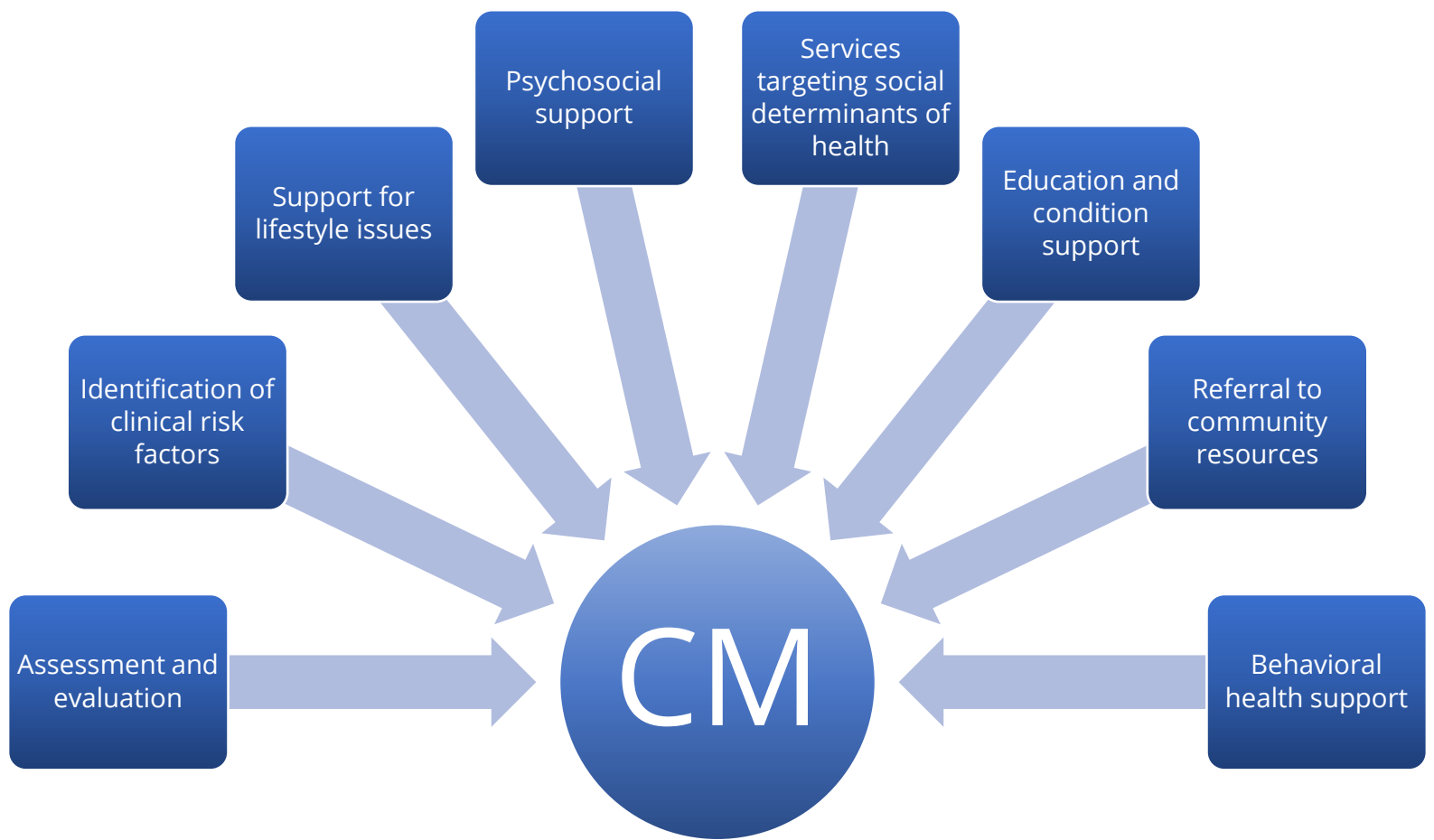


Provider Reason for Referral – Current Pregnancy
Please check all that apply.

Obstetrical		Medical		Psychosocial	
H=history	C=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 Opioids, Street drugs, Bath salts, Incense, 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

What is Care Management?



Impact of Care Management

Resource Use

Length of Stay

Patient Satisfaction

Survival

Unplanned Readmission

Complications

Takeaways

- Routine Referral
 - Utilize same Maternity Care Management form

- Urgent Referral
 - Warm transfer to Care Management team available via phone or email

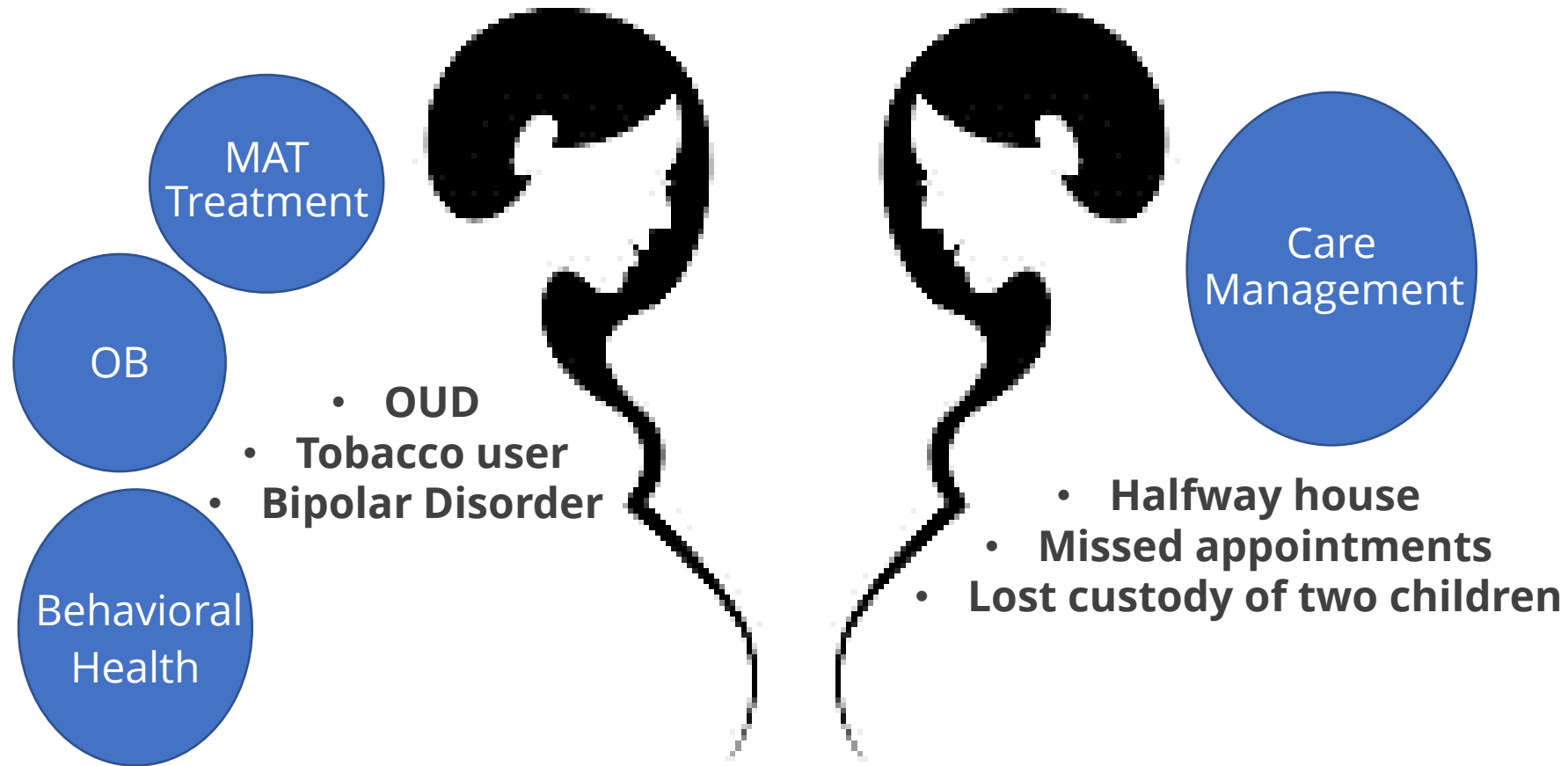
Provider Reason for Referral – Current Pregnancy
Please check all that apply.

Obstetrical		Medical		Psychosocial			
H=history	C=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, Incense, 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



Patient Story #2 – 27yo G3P2



Wellpoint Maternity Care Management



Available Care Management Services

- Specialized & tailored Maternal/Child Case Management and Care Coordination Programs:
 - OB substance use disorder (SUD)/opioid use disorder (OUD)
 - Prior preterm birth
 - Pre-eclampsia/Hypertension
 - Diabetes
 - Coagulation Disorders/Cardiovascular Disorders
 - Obesity
 - Pulmonary Disorders
 - Teen pregnancy
 - NICU
 - NAS/NOW
 - Postpartum Program
 - Lactation Supports
 - Congenital Syphilis Program
 - BH Disorders
- Dedicated Registered Nurses contact the member within three business days and do the following:
 - Assess physical, behavioral, psychosocial, and barriers to care concerns and needs
 - Assist in initiation and ongoing prenatal/postpartum care
 - Communicate via face-to-face visits, texts, phone calls, and mailings
 - Follow up based on member's preference and acuity:
 - Weekly, bi-weekly or monthly
 - Referrals to community agencies and resources for SDOH and gaps in care needs
 - Transportation assistance via TN Carriers and/or Lyft
 - Assistance with breast pumps, long-acting reversible contraceptives (LARC), and home monitoring programs
 - Behavioral/Physical health integrated team approach and hand-off after postpartum period

Supports for Member Engagement in Care Management

- Through the Healthy Rewards Program, **Wellpoint members can earn \$25 for prenatal and \$75 for postpartum visits.**
- Members can enroll in My Healthy Rewards program and receive an incentive card:
 - Members log in to their Healthy Rewards account and let Wellpoint know they have completed the visits at healthyrewards@benefitrewardhub.com
 - Money is loaded to the member's card after confirmation of the visit
 - Members can spend their reward dollars at CVS Pharmacy, Dollar General, Family Dollar, Fred's Super Dollar, Rite Aid and Walmart
 - Members can call the Healthy Rewards helpline at 888-990-8681 (TTY 711) with any questions
 - To earn rewards, members must enroll in the program prior to or within 30 days of the date of service

How to Refer a Member to Care Management

- Providers can refer members to Maternal/Child Case Management/Care Coordination program via:
 - **Fax (MCO Maternity Care Notification form):** 866-495-5788
 - **Phone (Wellpoint Member Services):** 833-731-2147
 - **Email:** hcmref@wellpoint.com
- Members can self-refer using the Concierge Care Maternity digital app
- The referral venues are manned by non-clinical associates who send direct referrals to High-risk OB Case Managers/Care Coordinators



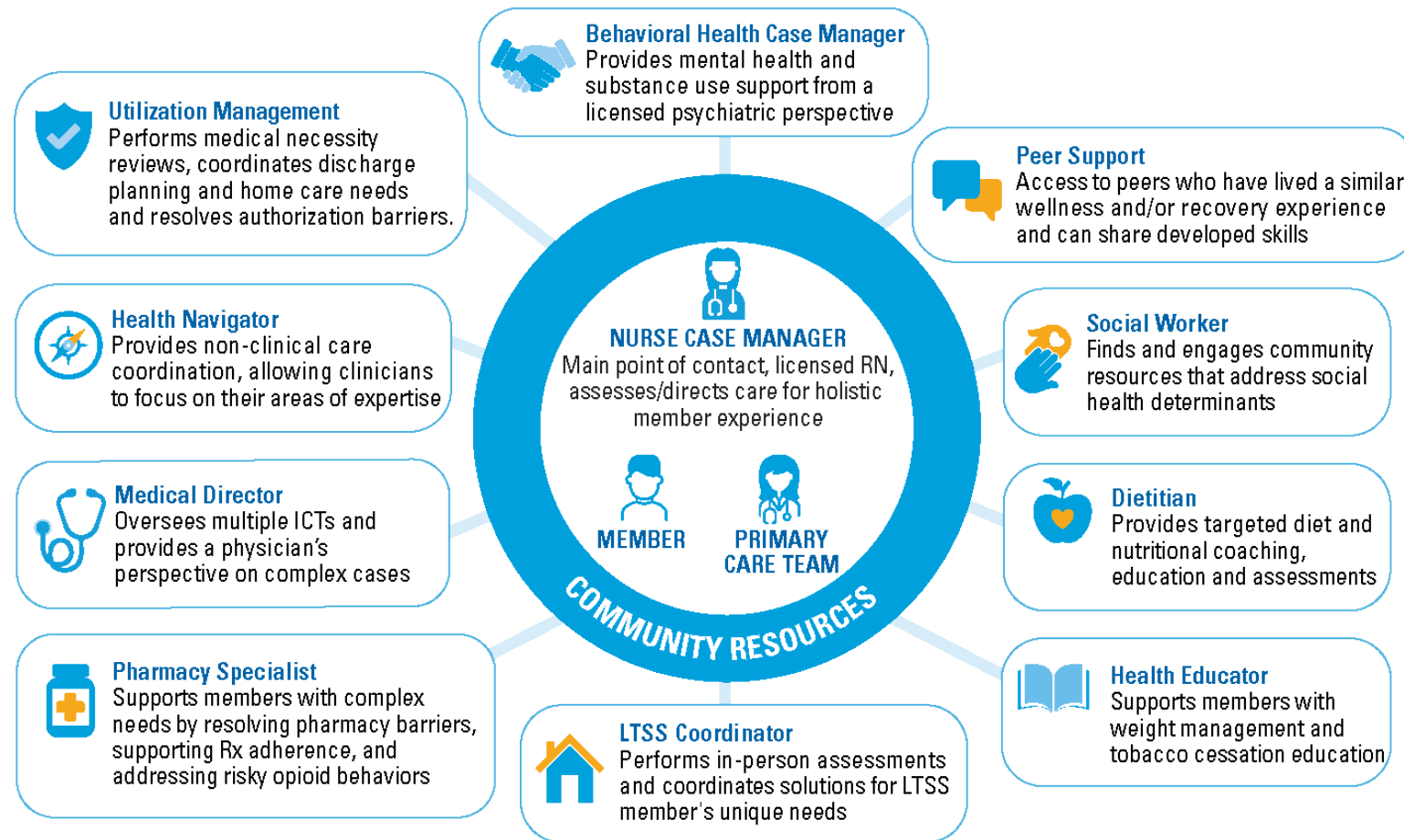
BlueCare Maternity Care Management Services



Available Care Management Services

- All maternity members offered:
 - One-on-one digital care management support from their care team
 - Additional high-risk condition specific support throughout pregnancy and postpartum, including gestational hypertension, gestational diabetes, substance use, tobacco cessation, multiples, complex medical or behavioral needs
- All postpartum members receive:
 - Digital care management support through 6 weeks postpartum
 - Additional supports available for:
 - Infants admitted to the NICU
 - Infants affected by neonatal abstinence syndrome (NAS)

Available Care Management Services



Supports for Member Engagement in Care Management

- BlueCare members can receive various incentives by becoming and staying engaged in the CareTN Maternity Program



EARN UP TO \$150 IN GIFT CARDS!

\$25	For enrolling in the maternity program
\$25	For completing at least 10 check ins
\$25	For completing the maternity program through postpartum
\$25	If you qualify for and complete a smoking/tobacco cessation program
\$25	If you qualify for and enroll in the neonatal intensive care unit caregiver program
\$25	If you complete the neonatal intensive care unit caregiver program

GIFT CARD REQUIREMENTS: Medicaid (TennCareSM) or CoverKids must be your primary insurance. You must be eligible on the date you complete each part of the maternity program. You'll get the gift card(s) within 60 days after you complete each part of the program.

How to Refer a Member to Care Management

- Call: **1-888-416-3025**
- Email: MaternityReferralRequest@bcbst.com
 - Please allow 2 business days for response
- Referrals for one-on-one support from the member's care team:
 - Can be initiated by providers directly by phone
 - Routed by a Health Navigator to the appropriate member of the BlueCare Integrated Care Team (ICT) for additional support including care coordination, social needs and barriers, and medical or behavioral case management
- Maternity Care Management Form

How to Refer a Member to Care Management

- Maternity Care Management Form (previously Provider Notification Form 834) submission:
 - **Availity Portal** : www.availity.com
 - **Digital Resources** on the **BlueCare Provider Website**:
<https://provider.bcbst.com/tools-resources/digital-resources>
 - Use E&M code confirming pregnancy
 - 99202-99205 or 99211-99215
 - Include date of LMP in:
 - Form locator 14 or
 - Loop 2300 with Qualifier 484



Maternity Care Management Services

United
Healthcare®

Available Care Management Services

Healthy First Steps (HFS) partners with providers and their staff to promote member referrals to the program allowing us to optimally support the providers plan of care.

- Our care management team manages all maternity members regardless of risk
- Low risk members are outreached at milestone gestational age markers; High risk members are outreached every 30 days or sooner depending on risk factors
- All engaged, pregnant members are followed through 8 weeks postpartum
- The HFS team is supported by Community Health Workers who assist with engagement and outreach attempts via telephonic outreach or face to face



Supports for Member Engagement in Care Management




- Babyscripts
 - Provides rewards/monetary incentive when the member attends prenatal, postpartum and newborn care appointments. Interactive app also contains in app features such as weight management, notifications, and detailed resources and education on key topics.
- Wellhop
 - Free virtual group prenatal sessions with members who have similar estimated dates of delivery. Member receives a gift card for signing up.

How to Refer a Member to Care Management

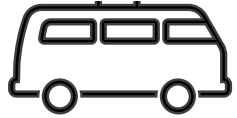
- **Contact the Healthy First Steps Program**
 - Phone: 800-599-5985
 - Email: tnhealthyfirststeps@uhc.com
- **Contact Member Services**
 - Phone: 800-690-1606
- **Maternity Care Management Form**
 - Locate the form: [Notification of pregnancy | UHCprovider.com](#)
 - Fax: 877-353-6913

Completing the **Maternity Care Management Notification** form offers an incentive payment \$25 when filed with a claim, greater than \$10, with category II code **0500F**. Recommend filing with an E&M code.

Contact MCOs for Care Management Support

	<p>Sara Wilson, RN BSN <i>Maternal/Child Program Manager</i> 901-417-0131 Sara.Wilson@wellpoint.com</p>	<p>Stephanie Holaday, RN BSN <i>Maternal/Child Case Management Manager</i> 615-630-0732 Stephanie.Holaday@wellpoint.com</p>
	<p>Call: 1-888-416-3025</p> <p>Email: MaternityReferralRequest@bcbst.com <i>*Please allow 2 business days for response</i></p>	
	<p>Aimee Brake, LMSW <i>Vice President, Population Health</i> Office: 615-372-0038 aimee_brake@uhc.com</p>	<p>Tammy Thompson, RN, CCM <i>Manager of HFS and NICU Case Management</i> 952-406-5974 tammythompson@uhc.com</p>

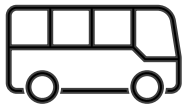
Transportation



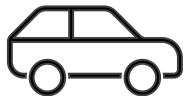
Shared vehicle



Lyft



Bus pass



Mileage reimbursement

- Is a TennCare covered service for all eligible members* going to a TennCare approved/covered non-emergency service
- Is available 24/7/365 – including weekends and holidays
- Must be scheduled 3 days in advance of appointment unless it is considered an urgent trip

* Transportation is a covered service for Medicaid members only

Urgent Transportation

3-day rule for scheduling **does not** apply for the following conditions:

- **Behavioral/Mental Health**
- Chemo/Radiation
- Crisis Stabilization
- Dialysis Clinics
- Facility to Facility Transportation
- Heart/Cardiac Related
- Hospital Discharge
- **Prenatal Care**
- Surgery
- Surgery Follow-up
- Wound Care

Transportation

- Shared ride program – there may be members from other TennCare Managed Care Organizations in the vehicle
- Provides appropriate mode of travel depending on the member's need:
 - Vehicle
 - Verida (for some MCOs)
 - Uber and Lyft
 - Multi-person Van
 - Wheelchair Van
 - Invalid Vehicle (member must lay down during transport but does not need medical attention)
 - Non-emergency ambulance (requires letter of medical necessity)
- Alternative methods: bus passes, mileage reimbursement (may require approval)

Transportation

To get a ride to an appointment, call TN Carriers at 1-866-680-0633 (TTY 711) **at least three days before your appointment; unless you have an urgent ride and need it sooner. The call center will confirm with your provider that you need to be seen.**

[Tennessee Carriers – Urgent Transportation](#)

There are three transportation options available:

1. **Bus Program** (available if you live in Shelby, Davidson, Chattanooga or Knox County)
2. **Community Care Rides**
3. **Mileage Reimbursement** (If a family member or friend can drive you to your appointment, or loan you their car to take to the appointment, TN Carriers may help cover the cost of gas. You must provide proof of a valid driver's license and insurance for the person driving.)

When you call, have **this information** ready:

- Your phone number
- The mailing address where you wish to receive your bus passes
- Your TennCare member ID number (on your member ID card)
- The date, time and location of your appointment
- The name and phone number of your provider

A member who needs transportation for prenatal care would use the same process for scheduling a ride. While Wellpoint always encourages members to give us 72 hours, we recognize the urgency in these appointments and will accept the request under 72 hours and do all we can get them secured.

Community Care Rides:

- Tell them about any special needs you may have (such as a wheelchair, cane or walker)
 - You will need a Certificate of Medical Necessity from your provider for any trips that require a stretcher
- If you have more than one appointment, inform them of all appointments
- Any trips over 75 miles may require preapproval (an OK from us first)
- Please make sure you tell TN Carriers about all children who may be riding with you
- If you wish to bring someone with you to your appointment, you can have someone ride with you. This is sometimes called an escort. Please let TN Carriers know if you'll have an escort riding with you. An escort is someone over the age of 12.
 - If you're going to an appointment and need to take a child with you, he or she won't count as your escort
- **On the day of your ride:**
 - Make sure you're at the pickup location at your pickup time both going to and from your appointment. Please make sure you're looking for your driver to arrive. You may get a call when the driver is on the way, or the driver may honk the horn.
 - If you finish your appointment early, you can call TN Carriers and request an earlier pick up time. The wait for a pickup may be up to 60 minutes.

Mileage Reimbursement Program:

- You will be sent a Mileage Reimbursement Program Trip Log and Claim form upon request or can download one of TCI's website.
 - <https://tenncarriers.com/mileage-reimbursement/>
- Have your provider sign your form, fill it out and send it back
- TN Carriers will reimburse you at \$0.60 per mile. For example, if you drive 30 miles to get to and from your appointment, you'll get \$18 (\$0.60 reimbursement x 30 miles = \$18).

Transportation

- BlueCare Tennessee contracts with Verida as the broker for NEMT services.
- When requesting NEMT, the member needs to call Verida at least three days before their appointment.
 - BlueCare Statewide phone: 1-855-735-4660
 - TennCareSelect phone: 1-866-473-7565
- The member needs to call BlueCare Customer Service at least three days before their appointment to request transportation for the following:
 - Behavioral Health appointment for minor age 15 years or younger without an escort
 - Medical appointment for minor age 17 years or younger without an escort
 - Member requesting more than one escort to their appointment
 - BlueCare: 1-800-468-9698
 - TennCareSelect: 1-800-263-5479
- When scheduling an appointment Verida needs:
 - Member ID number or SSN
 - Member's phone number
 - Pick-up address
 - Provider/pharmacy/facility name, address, phone number
 - Date and time of appointment
 - Special needs (wheelchair – manual or power – need a lift for transport)
- One escort is allowed per member if they require assistance.
- Members are allowed to bring their children on the trip. The member must:
 - Bring a car seat, if needed
 - Provide this information to transportation broker when the trip is scheduled

For prenatal care visits: When a member calls Verida, they will let them know that they need transportation for a prenatal visit, which is considered an urgent trip. Due to the urgent trip status, the three-day rule does not apply. Verida will call the office to verify the appointment. Urgent trips must be scheduled by calling Verida, the member is not able to schedule using the member portal.

Transportation

To get a ride to an appointment, call TN Carriers at 1-866-680-0633 (TTY 711) **at least three days before your appointment; unless you have an urgent ride and need it sooner. The call center will confirm with your provider that you need to be seen.**

[Tennessee Carriers – Urgent Transportation](#)

There are three transportation options available:

1. **Bus Program** (available if you live in Shelby, Davidson, Chattanooga or Knox County)
2. **Community Care Rides**
3. **Mileage Reimbursement** (If a family member or friend can drive you to your appointment, or loan you their car to take to the appointment, TN Carriers may help cover the cost of gas. You must provide proof of a valid driver's license and insurance for the person driving.)

When you call, have **this information** ready:

- Your phone number
- The mailing address where you wish to receive your bus passes
- Your TennCare member ID number (on your member ID card)
- The date, time and location of your appointment
- The name and phone number of your provider

Community Care Rides:

- Tell them about any special needs you may have (such as a wheelchair, cane or walker)
 - You will need a Certificate of Medical Necessity from your provider for any trips that require a stretcher
- If you have more than one appointment, inform them of all appointments
- Any trips over 75 miles may require preapproval (an OK from us first)
- Please make sure you tell TN Carriers about all children who may be riding with you
- If you wish to bring someone with you to your appointment, you can have someone ride with you. This is sometimes called an escort. Please let TN Carriers know if you'll have an escort riding with you. An escort is someone over the age of 12.
 - If you're going to an appointment and need to take a child with you, he or she won't count as your escort
- **On the day of your ride:**
 - Make sure you're at the pickup location at your pickup time both going to and from your appointment. Please make sure you're looking for your driver to arrive. You may get a call when the driver is on the way, or the driver may honk the horn.
 - If you finish your appointment early, you can call TN Carriers and request an earlier pick up time. The wait for a pickup may be up to 60 minutes.

Mileage Reimbursement Program:

- You will be sent a Mileage Reimbursement Program Trip Log and Claim form upon request or can download one on TCI's website.
 - <https://tenncarriers.com/mileage-reimbursement/>
- Have your provider sign your form, fill it out and send it back
- TN Carriers will reimburse you at \$0.60 per mile. For example, if you drive 30 miles to get to and from your appointment, you'll get \$18 (\$0.60 reimbursement x 30 miles = \$18).

Transportation Support

	<p>Tennessee Carriers: 1-866-680-0633 (TTY 711)</p>
	<p>Bill Carmack, Verida Director Tennessee 423-605-0351</p>
	<p>Tennessee Carriers: 1-866-680-0633 (TTY 711)</p>

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

MCO Care Management Supports

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

Addressing Gaps in Care

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

TennCare Benefits

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

Action Items

- Notification** of Pregnancy
- Maternity Care Management** Support
- Close gaps with **Mental Health Screening**
- Inform patients on **TennCare Benefits**
- Question and Answer



**Closing the Mental
Health Gap**

Background

- Perinatal depression is one of the most common complications in pregnancy/postpartum
 - Affects 1 in 7 women

Source: Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol* 2005;106:1071-83.

- Medicaid population has a higher prevalence of perinatal depression yet a greater gap in treatment and treatment initiation is later

Source: DOI: [10.1016/j.whi.2018.08.007](https://doi.org/10.1016/j.whi.2018.08.007)

Number of Women in Postpartum Period with CPT 96127, 96160 or 96161	
Year	N (%)
2019	10,031 (24%)
2020	8,876 (20%)

*All births, all claims, postpartum period defined as 60 days

National Recommendations

- Screen patients at least once in the perinatal period for depression and anxiety using a standardized validated tool
- Complete a full assessment of mood and emotional well-being during the comprehensive visit
- If patient was screened during pregnancy, screening should take place again at comprehensive visit
- U.S. Preventive Services Task Force (USPSTF) recommends that pregnant and postpartum women be assessed to identify whether they are at high risk for depression so they can receive intervention before symptoms arise

Best Practices

- Integration into primary care settings – (OB, Family practice, Pediatrics)
- EHR Integration
- Varied screening intervals (Kaiser Permanente)
 - First prenatal visit
 - 16-week visit
 - 32-week visit
 - Postpartum
- Onsite social worker, case management, behavioral health specialist
- Telehealth and teleconsultation

Use Validated Tools

Edinburgh Perinatal Depression Scale

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____ Address: _____
 Your Date of Birth: _____
 Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I always could <input type="checkbox"/> Not quite so much now <input type="checkbox"/> Definitely not so much now <input type="checkbox"/> Not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual <input type="checkbox"/> No, most of the time I have coped quite well <input type="checkbox"/> No, I have been coping as well as ever |
| <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <input type="checkbox"/> As much as I ever did <input type="checkbox"/> Rather less than I used to <input type="checkbox"/> Definitely less than I used to <input type="checkbox"/> Hardly at all | <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all |
| <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, some of the time <input type="checkbox"/> Not very often <input type="checkbox"/> No, never | <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Not very often <input type="checkbox"/> No, not at all |
| <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> No, not at all <input type="checkbox"/> Hardly ever <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, very often | <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, most of the time <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Only occasionally <input type="checkbox"/> No, never |
| <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, quite a lot <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No, not much <input type="checkbox"/> No, not at all | <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never |

<https://www.tn.gov/content/dam/tn/tennicare/documents/EdinburghPostnatalDepressionScale.pdf>

PHQ-9

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
 (use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
 please refer to accompanying scoring card).

10. If you checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
 Somewhat difficult _____
 Very difficult _____
 Extremely difficult _____

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<https://www.tn.gov/content/dam/tn/tennicare/documents/PHQ9Questionnaire.pdf>

How to Submit the Claim

CPT 96127

Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument.

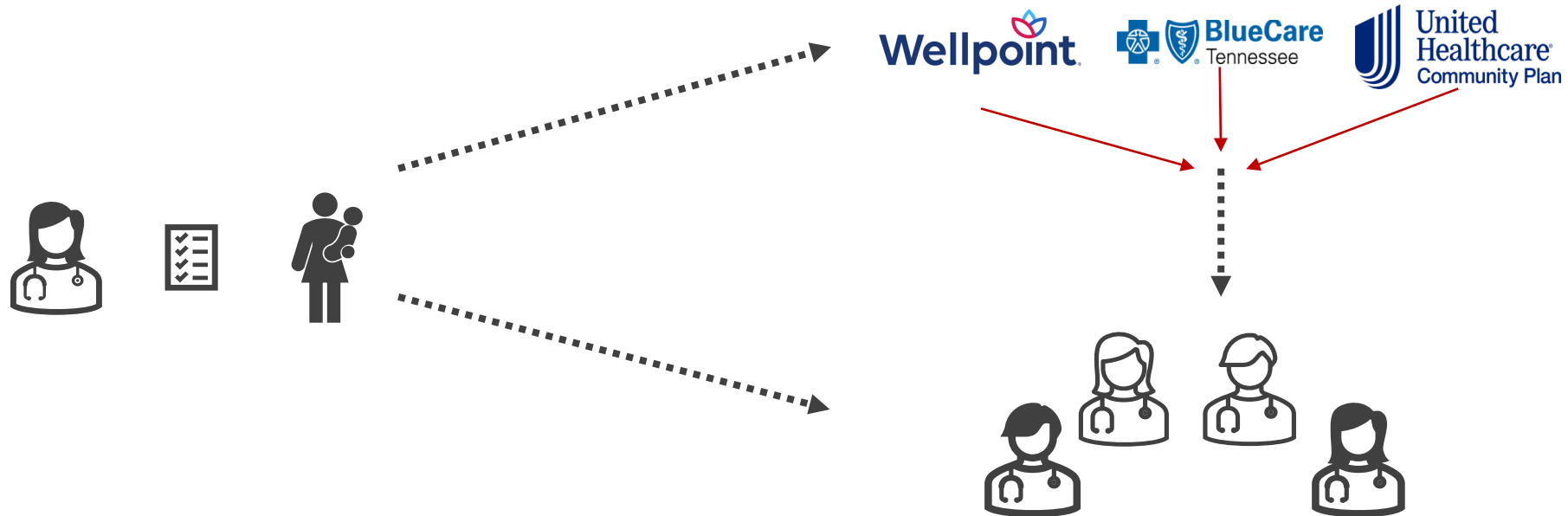
CPT 96160

Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument.

Enhanced
Reimbursement
96160 + TH
modifier

Connect Members to Care

Positive screens can be (1) directly connected with behavioral health providers or (2) referred to MCOs to be linked with a provider



Takeaways

- ❑ Screen every individual with a validated tool
- ❑ Submit claim to receive enhanced reimbursement (96160 + TH modifier)
- ❑ Refer to Maternity Care Management for additional supports



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

Wellpoint Mental Health Screening



Submit a Claim

For coding resources please visit: <https://provider.wellpoint.com/tennessee-provider/home>



Connect Members to Care

If member has a positive mental health screen, what are next steps?

- Providers can refer member to the High-Risk OB (HROB) Case Management (CM) program by using the Maternity Care Notification form located on **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
 - **Phone (Member Services):** 1-833-731-2153

HROB Care Managers consult with BH Care Managers for an integrated approach:

- Assess for physical, behavioral and psychosocial issues and risk factors
- Provide education and advocacy
- Referrals to SDOH agencies, Community Based Organizations and Behavioral Health support
- Continued BH support (if appropriate) after the postpartum period by HROB CM transitioning member to BH Care Management



BlueCare Maternity Care Mental Health Screening



Submit a Claim

For coding resources please visit: [508C BlueCare Tennessee Provider Administration Manual \(bcbst.com\)](#)

Connect Members to Care

Member screens positive:

- Obtain member permission to refer for additional support
- Health Navigation Team sends task to Behavioral Health CM (BHCM) with notes about member's score
- BHCM engages member in BH Case Management Process
- Detailed assessments occur based on member responses
- Appropriate case management services provided to encourage and support member needs

Referrals to BlueCare Care Management for one-on-one support from the member's care team

- Initiated by providers directly by phone or email
 - Phone: 1-888-416-3025
 - Email: MaternityReferralRequest@bcbst.com
- Routed by a Health Navigator to the appropriate member of the BlueCare Integrated Care Team (ICT) for additional support including care coordination, social needs and barriers, and medical or behavioral case management



Mental Health Screening

UnitedHealthcare Community Plan: Tennessee



Submit a Claim

Providers are offered incentive for administration of a mental health risk assessment as part of the member's prenatal or postpartum care. Bill screening services with 96160 + TH modifier.

For full coding resources and detailed information, please refer to the 2023 Care Provider Manual: <https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/TN-TennCare-Care-Provider-Administrative-Manual.pdf>

Connect Members to Care

Referral process

Pregnant Members:

Healthy First Steps (HFS) Care Managers work with pregnant individuals to provide the information, education, and support they need during pregnancy and in the postpartum period.

- Email: tnhealthyfirststeps@uhc.com
- Phone Healthy First Steps: 800-599-5985 or Phone Member Services: 800-690-1606
- Fax (Maternity Care Management Notification Form): 877-353-6913

Non-Pregnant Members:

Behavioral Health Care Coordinators work intensely with individuals (non-pregnant) in the development of a comprehensive plan of care

- Email: care.coordination@optum.com

We also offer Peer Support Specialists for members with a history of, or current SUD or mental health disorder.



TennCare Updates

TennCare Benefit Changes

**Postpartum
period for
Medicaid moms
increased from
60d to 12mo**

**All adult Medicaid
members now
have access to
dental care**

TennCare Updates

All Medicaid enrollees have postpartum coverage for 12mo after delivery

All adult Medicaid members now have access to dental care

The member should update their information on TennCare Connect to indicate they are pregnant

Postpartum Care Incentive

- Providers are offered an **incentive payment** when submitted with **Category II code of 0503F with 59430**, when the member returns for the routine, postpartum visit between 7 and 84 days postpartum.

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

How to Submit the Claim with Appropriate Codes for Reimbursement

- Wellpoint participating providers can earn a **\$10 administrative fee** when submitted with **Category II code of 0503F**:
 - The administrative fee is payable once per pregnancy for 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 with 59430 which should be billed with zero charges

How to Submit the Claim with Appropriate Codes for Reimbursement

Type of Visit	Postpartum
Timeframe for Visit	Within seven to 84 days of delivery
Steps to Receive Payment	<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	\$75 per patient/per claim

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 Claim with Appropriate Codes for Reimbursement

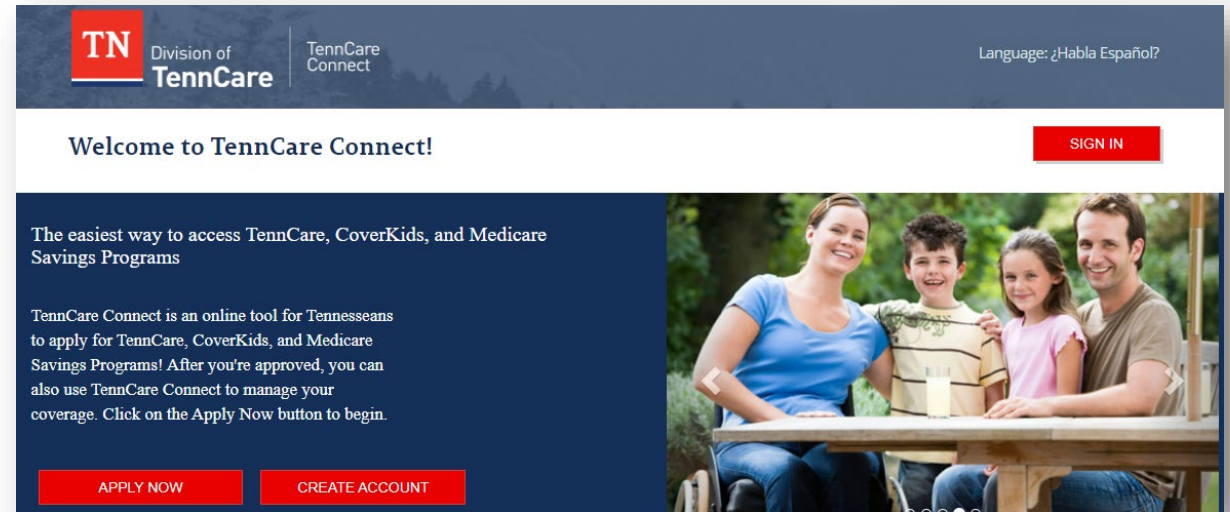
- Providers are offered an **incentive payment**, when submitted with **Category II code of 0503F**. Provider must complete postpartum encounter, up to two encounters, within 84 days of delivery. **The billed charges for 0500F must equal \$10 to receive the full reimbursement.**

Recommended codes to submit with the Category II code of 0503F:

- 59430

Takeaways

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



Welcome Tennessee Members and Dentists

DentaQuest is on a mission to improve the oral health of all. We are working with patients and dental providers across the state to make oral health care more affordable and easier to access with a focus on prevention. We call this all-in approach Preventistry®.

We invite you to explore our resources. Head to our member and dentist sections to find helpful information.



[Member Page](#) »

[Find a Dentist](#) »



[Dentist Page](#) »

[DentaQuest](#)

TennCare-XPEDOSE Partnership

- XpeDose cabinet can be placed free of charge in provider's offices
- Stocked with full array of vLARCs and replenished "automatically"
- Claims are processed in real time to allow same day dispensing and insertion



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
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- 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



Thank you!

