

OB PROVIDER SPECIALTY TRAINING

Thursday, July 30, 2020
12:00pm-2:00pm



OB Benefits and Prior Authorization Process

Family Planning

- A prior authorization for Family Planning Services is not required for TPA members.
- TPA members do not require a prior authorization for Sterilization.

Covered Benefit - I7P Hydroxyprogesterone

- Covered benefit for TPA Members.
- Complete and submit Texas Standard PA Form.
- Criteria needs to be met.
- Approval Criteria:
 - Singleton pregnancy in a woman with a history of spontaneous singleton preterm birth.
 - Dosage and frequency 250 mg intramuscularly once weekly for length of treatment.
 - Begin treatment between 16 weeks, 0 days and 24 weeks, 6 days of gestation.
 - Continue until 36 weeks, 6 days of gestation or delivery, whichever occurs first.
 - Maximum 21 doses.
- Documentation needs to reflect members history of preterm delivery to include: date of birth and gestational age at the time of delivery.
- Current Estimated Date of Delivery and Gestational Age.

Breast Pump Reimbursements for TPA Members

- Breast Pump Reimbursement Process
 - Members can obtain a breast pump through a contracted DME provider or through any retail store.
 - Member Reimbursements are up to \$200 for a non-hospital grade double electric breast pump or up to \$50 for supplies if the member has a device.
 - Must complete *Member Reimbursement Form* and attach Physician RX and receipt.
 - Reimbursement Form can be found at www.preferredadmin.net

Sample of Member Reimbursement Form



MEMBER REIMBURSEMENT FORM

Please complete all information requested. An incomplete form may either delay your reimbursement or may be returned for additional information. Reimbursement is not guaranteed. Claims will be reviewed, subject to limitations, exclusions and other provisions of the Plan benefit. Please note that all reimbursement checks will be made out to the Member.

Date Submitted: _____ Member Name: _____

Member Name: _____ Member ID: _____

Phone Number: _____ Social Security Number: _____

Date of Birth: _____ Date(s) of Service: _____

Provider/Facility Name: _____

Provider/Facility Address: _____

If reimbursement request is for a breast pump, please check here and skip questions 1 and 2 below.

1.) Was this service an emergency? Please briefly describe the incident.

2.) Was this service an elective procedure?

- Please attach a copy of your receipt or claim and an itemized medical statement for services rendered.
- We may contact you or your Provider if additional information is required.

Method of Check Reimbursement

- Check box if you want check mailed:
- Check box if you want to pick up at Preferred Administrators

Signature: _____ Date: _____

Mail or fax form to: Preferred Administrators
P.O. Box 971370
El Paso, TX 79997-1370
Fax# 915-298-7863

If you have any questions, please contact Preferred Administrators at 915-532-3778 ext. 1529.



Contact Information

Jocelyne Martinez, RN, BSN

OB Case Manager

915-298-7198 ext. 1111

Irma Pierson, LVN

OB Case Manager

915-298-7198 ext. 1056



Claim Reminders

Preferred
ADMINISTRATORS

Reminders

- Timely filing deadline
 - **365** days from date of service
- Corrected claim deadline
 - **120** days from date of EOB

OB Global Billing

- Offers a convenient way of billing to providers who render total obstetrical care to a woman during her pregnancy.

(59400, 59510, 59610 & 59618)

OB Global Billing Includes:

- Hospital Admission
- Patient History
- Physical Examination
- Labor Management
- Vaginal or C-Section delivery
- Hospital Discharge
- Post-Partum Visit
- All applicable post-op care

Services not reimbursed separately :

- Antepartum Consultations:
 - Paid to the same provider, for DOS within the from-to period of the global billing or within 270 days prior to the global OB delivery date
- Hospital visits related to OB delivery
- Postpartum consultations related to delivery & paid to same provider of the OB global delivery date

On Call Provider

- Claims should be split
- Provider who performs the antepartum care should submit a claim
- Provider performing the delivery will submit a second claim
- Provider performing postpartum care will submit a separate claim
 - Include modifier indicating provider did not perform delivery

OB Visits Minimum Requirement

- Providers billing for OB global service must render at least a minimum of four antepartum visits.
 - Initial pregnancy visit may be counted as one of the visits
 - If less than four visits are rendered, bill services on a per–visit basis.

Coordination of Benefits (COB)

- Primary Explanation of Benefits (EOB) is required.
- If EOB is not submitted claim will deny

Coordination of Benefits

CPT	Charge	Primary Carrier Allowed Amt.	Primary Carrier Payment	Preferred Adm Allowed Amt.	Primary Carrier Pt. Responsibility
59409	\$3500.00	\$2500.00	\$2000.00	\$3000.00	\$500.00
	\$3500.00	\$2500.00	\$2000.00	\$3000.00	\$500.00

EPF Allowed	\$3000.00
Primary Payment	-\$2000.00
	\$1000.00

Subtract Primary Carrier from Preferred Adm. allowed amount.

	\$500.00
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Pay the Lesser of the two amounts

	\$500.00
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Questions?



Contact Information

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