

Medicaid Billing Tips

- You may order 17P via the www.mombaby.org website or directly from a compounding pharmacy with which you already have a relationship. If you work with a local compounding pharmacy, be sure they purchase their progesterone from a vendor who has a rebate agreement with Medicaid. Currently, Gallipot and Medisca are the two companies with such an agreement for this product.
- Your facility will be billed by the compounding pharmacy for each vial of 17P you order. Triangle Compounding, the pharmacy which fulfills orders placed through the website www.mombaby.org, charges \$15 for a single dose vial, \$60 for a 5-dose vial or \$90 for a 10-dose vial.
- Medicaid covers weekly 17P intramuscular injections for use in pregnant women with a history of a preterm delivery before 37 weeks gestation.
- Medicaid will reimburse you for each dose administered at \$20 per dose. The drug may not be billed until it has been administered. You may also bill the administration fee for the injection.
- To obtain Medicaid reimbursement, a health care provider must administer each dose of 17P.
- Private providers may file electronic claims for 17P, while local Health Departments must file for 17P reimbursement using a paper claim form.
- You do not need to attach a copy of the invoice to your claim. Instead, copy the NDC code number found on the invoice for the bulk powder used onto the electronic or paper claim form. The NDC number must be in the 11-digit format. The NDC units must be reported. For a 250 mg dose, the NDC units would be billed as "GM0.25" and the HCPCS units would be billed as J3490 – 1 unit. Only claims with rebatable NDCs will be reimbursed.
- Medicaid allows billing for doses given to multiple patients from the same vial. By sharing one vial among several Medicaid patients, you can help prevent wastage of drug and loss of funds for your clinic. Review your clinic's multi-dose vial policy when using a multi-dose vial of 17P.
- Pay attention to coding.
 - Use ICD9-9-CM diagnosis code V23.41 (history of preterm labor).
 - Use HCPCS procedure code J3490. Other CPT or HCPCS codes should not be used for 17P.
 - Providers should bill their usual and customary charges, including CPT code 96473, for 17P administration. Note: The appropriate code for

administration of 17P for dates of service prior to January 1, 2009 was CPT code 90772.

- Use HCPCS procedure code T1001 when billing for a Maternal Care Skilled Nurse Home Visit.

- Be sure that the provider on your claim form is associated with your clinic. Some sites put the name of the referring provider on the claim form, instead of the name of the provider who is responsible for the patient's care in their clinic. This error is more common among clinics providing weekly 17P injections to patients who were prescribed 17P at a high-risk maternity clinic.

- According to "Clinical Policy 1M-6 Maternal Care Skilled Nurse Home Visit," maternal care skilled nurse home visits are reimbursed up to two visits per month. Claims for additional visits will be considered for reimbursement only when conditions of coverage are met and documentation supports medical necessity. Providers can bill for the MCSNHV or for the administration code (96473) but not for both. Providers should refer to the DMA website and Medicaid bulletins for the latest information on Medicaid billing. The website is <http://www.ncdhhs.gov/dma/>.

- To remain up-to-date on Medicaid billing changes and policy consult the Division of Medical Assistance website at <http://www.ncdhhs.gov/dma/> and review DMA's monthly bulletins. Also, sign up for the 17P Project listserv by emailing cmih@med.unc.edu to receive updates from the 17P project.