

17P State Initiative November 13 2009 Webinar Summary

Medicaid data suggests some patients may not get enough doses of 17P:

Data from Medicaid show that over the past 3 years, there have been many patients (about 150) who have only one paid claim for a 17P injection during their pregnancy, and another 175 patients who have only 2-4 paid claims. Questions raised include:

- Did these patients truly only get 1-4 doses of 17P during their pregnancy? If so, why?
- How many of these patients miscarried or moved, which would explain why they received so few injections?
- Did these patients receive more doses of 17P? If so, why are there no Medicaid claims to show this?
- If these patients received more doses, is the lack of paid Medicaid claims a result of claims being denied or were they never submitted?
- Did these patients receive other doses that were paid for by a different mechanism (e.g., patient paid for 17P herself or received 17P free from NC 17P Project)?

When comparing Medicaid claims data to 17P orders for Medicaid patients placed on www.mombaby.org, there are 188 patients for whom 17P was purchased on the website who do not have any paid claims for 17P with Medicaid.

These questions demonstrate the value of doing data collection for this project, so we have some specific information about how many doses of 17P patients are receiving during their pregnancies.

Billing Medicaid for 17P:

- Health departments must still submit paper claims but a copy of the invoice is no longer required.
- Private OB offices must submit claims electronically.
- The current 17P administration CPT code is 96372. The HCPCS procedure code for 17P is J3490.
- Use the code which was in place at the time the service was provided. For example, if you are resubmitting a claim for administering 17P in 2008, you would use CPT code 90772, which was in effect until January 1, 2009.
- When 17P is given as part of a skilled nurse home visit, you can bill for the nurse visit (T1001) and the 17P (J3490) but not the administration fee.
- The 11-digit NDC number from the invoice that comes with the vial of 17P must be copied onto the claim form. If you have to resubmit a claim, use the NDC number that came with that vial (may be different from the NDC number on your most recent order).

A question was raised about billing for a nurse visit (99211) if the patient is only coming in for a 17P injection. If the patient is only being seen for the injection, only the administration code (96372) and the HCPCS code (J3490) should be billed. On weeks when the patient is receiving other services as well as a 17P injection, bill for the usual codes as well as the 17P administration code and J3490.

A question was raised about billing Medicaid for 17P during the period of presumptive Medicaid eligibility for a patient who will not qualify for pregnancy Medicaid. Because you would use free 17P for that patient during any of the time outside of the period of presumptive Medicaid coverage, it is fine to use the free

drug even during the window of Medicaid coverage, according to Sarah Verbiest of the NC17P Project. I have asked DMA if it is possible to bill Medicaid for 17P and its administration during that period of presumptive eligibility and will share their response when it arrives.

Ordering 17P:

Free 17P for uninsured patients or low-income patients whose private insurance does not cover 17P must be ordered from www.mombaby.org. 17P for Medicaid patients (which the provider must purchase) can be ordered from the website or from another compounding pharmacy. Be sure the pharmacy uses progesterone from a company with a rebate agreement with Medicaid (Gallipot or Medisca). The NDC code reflects which company provided the 17P; claims with NDC codes reflecting a company without a rebate agreement will be rejected. Practices who have used www.mombaby.org to order 17P for Medicaid patients report the process is simple and have been pleased with this service.

Office use only: it is now possible to order a Medicaid vial for office use only from www.mombaby.org, so that you can administer 17P to multiple patients from the same vial. This way, you can purchase one vial at a time, even if you have multiple patients on 17P. Be sure to keep track of how many doses have been used so you know when to reorder, and track the lot number in the patient's chart for each dose administered.

Stock vials: All providers who serve uninsured and Medicaid patients may order a free stock vial of 17P from www.mombaby.org. You may not bill Medicaid for 17P from the free stock vial.

A question was raised about how often you can order a free stock vial from the NC17P Project. There is no limit to how many stock vials can be ordered. So far, no one has abused the system. When a stock vial expires, it is fine to order a new one from www.mombaby.org. The shelf life of 17P is 6 months; a vial should be discarded after it has been open for 10 weeks.

17P Statewide Initiative Toolkit -- the "green notebook"

Some sites already have received their notebook, which contains templates for data collection and other resources for using 17P in your practice. Most of this information is also posted on www.mombaby.org, click on 17P, and then on "Statewide Initiative 2009-2010." If you have not gotten your notebook, Kate will make arrangements to get one to you as soon as you sign up for the project.

Data collection for the statewide initiative:

- To get started with the initiative, each site should complete a "nurse snapshot." This is a 10-20 minute interview to learn how 17P is handled at your practice site. Kate will schedule this interview with each team who signs up for the project. Most will be done by phone due to travel budget limitations.
- The contact person for each site will be asked to distribute and collect the "clinician survey." This is a 10-question survey about providers' 17P knowledge, attitudes and practices.

- Ongoing data collection will take effect December 1, 2009:
 - Monthly: you should submit the number of new OB patients seen, the number screened for 17P eligibility, the number of patients who were eligible for 17P, the number of patients who got a recommendation for 17P, and the number of patients who accepted treatment with 17P. We are also asking you to note the reason for refusal if a patient does not accept a recommendation for 17P.
 - Individual patient: track each dose the patient receives during her pregnancy and submit this form when the patient delivers. All patients who are on 17P as of December 1 should be included; this will require some backtracking to track the doses that were administered prior to December 1.
- All data should be submitted to Kate Berrien by mail, fax or email:

Kate Berrien, BSN, MS, RN

UNC Center for Maternal & Infant Health

CB#7181

Chapel Hill, NC 27599-7181

Fax: 919-843-7866

Email: kberrien@unch.unc.edu