GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
These procedures have been clearly defined by the Ohio Department of Medicaid (ODM). Refer to the detailed descriptions for these procedures for documentation guidelines. These are supplemental obstetrical prenatal care services in which the state of Ohio has defined for providers are additional services with specific guidelines.

H1000 Prenatal Risk Assessment
1. The "Pregnancy Risk Assessment Communication form (PRAF)," ODM 10207 (3/2017), is a checklist of medical and social factors which is used as a guideline to determine when a patient is at risk of a preterm birth or poor pregnancy outcome.
2. The PRAF must be completed on each obstetrical patient during the initial antepartum visit in order to bill for the prenatal at-risk assessment code. A copy of the PRAF should be placed in the patient’s record to serve as documentation that the service was provided.
3. Providers must submit a copy of the PRAF, page 1 to Paramount as notification of pregnancy and NOT a candidate for Progesterone.
4. Providers must submit a copy of the PRAF, page 1 to Paramount as notification of pregnancy and need for care management.
5. To notify for Progesterone candidacy, providers must submit a copy of the PRAF, pages 1 and 2 to Paramount, Contracted Home Health Agency and Specialty Pharmacy.
6. When significant risk factors that were not noted on the original PRAF are identified during the course of the pregnancy, providers are encouraged to complete and send another PRAF noting UPDATE and all patient identifiers.

H1001 Antepartum Management
1. A provider may be reimbursed for high-risk patient monitoring now known as antepartum management provided on a weekly basis to a patient who has been determined by the provider to be at-risk of a preterm birth.
2. "High-risk patient monitoring"/antepartum management is a service which includes counseling and educational services associated with identifying and reducing the risks of a preterm labor, telephone or face-to-face contact with the patient a minimum of three times a week to identify signs of preterm labor and accessibility of the provider to the patient in the event the patient begins to show signs of preterm labor.
3. High-risk patient monitoring/antepartum management must be provided by a health care professional who is qualified to identify the signs of preterm labor and is employed by or under contract with an eligible provider of physician services.

H1002 Care Coordination
A provider may be reimbursed a monthly care coordination fee (once every four weeks) if the provider furnishes all the following services, as appropriate, to the patient:
1. Performs a social/psycho social assessment identifying factors which may affect the patient’s ability to follow prescribed care and necessary social services.
2. Develops a written individual care plan which includes a timetable for the delivery of medical services as prescribed by the physician or nurse midwife and any recommended social services.
3. Assists the physician and patient in the scheduling and coordination of services identified in the care plan; Reviews the care plan at least once every four weeks and updates the plan to reflect any revisions; Provides a copy of the care plan to the patient;
4. Makes necessary referrals for nonmedical services, including but not limited to:
   • County department of job and family services for needed transportation, casework, or social services (e.g., food, clothing, shelter, etc.); and
   • Special supplemental food program for women, infants, and children (WIC); and
• Other social service agencies as needed (e.g., child support, children services, mental health, drug and alcohol);
5. Makes telephone contact or provides a written reminder for the patient prior to all appointments;
6. Telephones the patient or sends a written notice of any missed appointments and makes arrangements with the patient to reschedule the appointment. Requests assistance from the at-risk pregnancy coordinator at the patient’s residential county department of job and family services when the patient is noncompliant in keeping appointments (e.g., misses back-to-back appointments).

H1003 Individual Counseling and Education
When the counseling and educational services exceed those normally provided during a prenatal visit, focus primarily on the specific needs of the individual, and involve an individual face-to-face encounter of approximately fifteen minutes or more, the provider may be paid for an individual counseling and education service in addition to the antepartum visit.

POLICY
These services (H1000-H1003) do not require prior authorization for Advantage.
These services (H1000-H1003) are non-covered for HMO, PPO, Individual Marketplace, & Elite.

Advantage
Providers can only submit the H-codes for Advantage members as these codes were created for state reporting. Chart reviews are performed by the U/CM department when services exceed the established limits.

These procedures are not to be reported unless documentation is available showing that this is separate and distinct from the routine antepartum evaluation and management, and it meets the definitions and guidelines set by the State of Ohio. The documentation must support each of these services prior to any consideration for additional reimbursement:
- Procedure H1000 must include a correctly completed PRAF, ODM 10207 (3/2017)
- Procedure H1001 must have charted interventions with pre-term labor discussions and interventions of a minimum three times a week
- Procedure H1002 must provide an updated care plan with each of the items in the description documented
- Procedure H1003 must include separate chart entry to support additional time spent that is greater than or equal to 15 minutes (not part of the routine antepartum services)

Providers are encouraged to complete the risk assessment PRAF, ODM 10207 (3/2017) with the initial assessment as part of the evaluation and management service.

HMO, PPO, Individual Marketplace, Elite
These services are non-covered.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>HCPCS CODES</th>
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<tbody>
<tr>
<td>H1000 Prenatal care, at-risk assessment</td>
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<tr>
<td>H1001 Prenatal care, at-risk enhanced service; antepartum management</td>
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<tr>
<td>H1002 Prenatal care, at-risk enhanced service; care coordination</td>
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<tr>
<td>H1003 Prenatal care, at-risk enhanced service; education</td>
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REVISION HISTORY EXPLANATION
01/20/06: Determined to remove member liability when the service is submitted by a provider.
01/01/08: No change
03/01/09: No change
02/01/10: Updated verbiage
08/12/14: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.