

Reimbursement/Billing Policy



Centering Pregnancy

Policy Number: RM037
Last Review: 10/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- Paramount Reimbursement Policies have been developed to assist in administering proper payment under benefit contracts.
- Reimbursement policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.
- Paramount utilizes industry standard coding methodology and claims editing in the development of reimbursement policies. Industry standard resources include, but are not limited to, CMS National Correct Coding Initiative (NCCI), Medically Unlikely Edits (MUEs), Integrated Outpatient Code Editor (I/OCE) Clinical edits, Medical Policies, Reimbursement Policies, and Administrative/Provider Manuals. Paramount will not reimburse services determined to be Incidental, Mutually Exclusive, or Unbundled.
- All health care services, devices, and pharmaceuticals must be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes and modifiers, which most accurately represent the services rendered, unless otherwise directed by the Paramount. All billed codes must be fully supported in the member's legal medical record.
- Paramount utilizes CMS pricing algorithms where appropriate based on, National Physician Fee Schedule Relative Value File (NPFSSRVF) pricing rules, Inpatient Prospective Payment Systems (MS-DRG, LTC, IPF, IRF & IPSNF) and Outpatient Prospective Payment Systems (OPPS, HHA, ASC, ESRD & OPSNF).
- Paramount liability will be determined after coordination of benefits (COB) and third-party liability (TPL) is applied to the claim. Member liability may include, but is not limited to, co-payments, deductibles, and coinsurance. Members' costs depend on member benefits.
- Paramount routinely reviews reimbursement policies. Updates are published on Paramount's website <https://www.paramounthealthcare.com>. The information presented in this reimbursement policy is accurate and current as of the date of publication. Paramount communicates policy updates to providers via Paramount's monthly bulletin.

SCOPE:

☒ Professional
☐ Facility

DESCRIPTION:

Centering Pregnancy is an evidence-based health care delivery model that integrates maternal health care assessment, education, and support. Patients meet with their care provider and other group participants for an extended period of time, at regularly scheduled visits throughout their pregnancies and early postpartum care. Centering promotes patient engagement and community-building and has been shown to significantly improve infant health outcomes. Health outcomes for pregnancies, specifically increased birth weight and gestational age, and the satisfaction expressed by both the women and their providers, support the effectiveness of this model for the delivery of care.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans
Centering Pregnancy (99078-TH) does not require prior authorization when the coverage criteria below is met.

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

RM037-10/01/2024

Paramount strives to provide the best healthcare to its members and will cover Centering Pregnancy with the intent of increasing birth weight, decreasing prematurity, and promoting patient and health care provider satisfaction.

Paramount shall reimburse for group prenatal care via Centering Pregnancy for eligible pregnant members. In order to be reimbursed, the site must be accredited by the Centering Healthcare Institute. Centering Healthcare Institute is a non-profit organization that works closely with healthcare providers from all sectors to transform healthcare delivery and outcomes. Providers must maintain accreditation/ licensure with Centering Healthcare Institute to maintain participation in our centering pregnancy program.

Centering Pregnancy should include the following criteria:

- Group consists of 8 to 12 women with similar due dates.
- Each session meets between ninety (90) minutes to two (2) hours long.
- Women meet in a facilitated discussion to learn skills and develop a support network. The education and discussion must include the centering curriculum materials and cover topics including but not limited to, nutrition, stress management, labor and delivery, breastfeeding, and infant care.
- Group meets for 10 sessions throughout pregnancy and early postpartum.
- A health care practitioner completes health assessments at the group setting. Patients participate as well.

Participating providers will receive reimbursement for providing Centering Pregnancy services when billed:

- CPT code 99078 with TH modifier (allowed up to 10 visits total)

These services pay separately from global maternity benefits and an evaluation and management (E/M) service on the same date of service.

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.

CPT CODES	
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions)
MODIFIER	
TH	Obstetrical treatment/services, prenatal or postpartum

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 03/14/2017

Date	Explanation & Changes
03/14/2017	<ul style="list-style-type: none"> • Policy created to reflect most current clinical evidence per Medical Policy Steering Committee
12/28/2020	<ul style="list-style-type: none"> • Medical policy placed on the new Paramount Medical policy format
03/01/2023	<ul style="list-style-type: none"> • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
06/01/2023	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence. • No changes to policy statement
10/01/2024	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence • Medical Policy PG0397 converted to a Reimbursement Policy RM037 Centering Pregnancy • No changes to policy statement

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies <https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting <https://www.cms.gov/medicare/coding/icd10>

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review