

- Networking Sessions.....1
- Use of Progesterone to Reduce Preterm Birth.....2
- Do You Have HBP Claims that are Not Paying?.....3

SUMMER 2009

Healthy Beginnings Plus *Special Delivery Newsletter*



Welcome to Special Delivery, the official newsletter for the Healthy Beginnings Plus (HBP) Program. Barbara Bardole and Toni Trout are currently the program coordinators. If you have any questions or concerns about the program, please call 717-772-6127 or email us at bbardole@state.pa.us or c-ttrout@state.pa.us.

Updates to your site application and staff changes can be mailed to:
Healthy Beginnings Plus Program Coordinator
BFFSP Division of Quality Management
49 Beech Drive
1st floor Cherrywood Building #33
Harrisburg, Pa. 17110-3591

Updates to your site may be faxed to the attention of Toni Trout or Barbara Bardole at 717-772-6179.

Networking Sessions

The HBP Program Coordinators, Daniel Weber, M.D., OBGYN Medical Director, and a claims billing specialist have attended networking sessions hosted by participating HBP provider sites throughout the state.

The networking session consisted of an introduction and program overview, a clinical update by Dr. Weber, and a question and answer session.

If your organization is interested in hosting a networking session, please utilize the information above to contact the program coordinators.



THANK YOU!

The HBP staff wishes to thank our providers for cooperating in updating the HBP provider files. Please remember to send updates on an ongoing basis so we are able to ensure the accuracy of these files.

We appreciate your patience and cooperation as we strive to make this program a positive experience for both the provider and the recipient.

Use of Progesterone to Reduce Preterm Birth

The preterm delivery rate in the USA continues to rise, despite comprehensive efforts to address this major health care concern. Preliminary CDC statistics for 2006 demonstrate a preterm delivery rate of 12.8%, representing nearly 500,000 births prior to 37 weeks gestation. This reflects a 21% increase in preterm delivery since 1990.

The National Institute of Child Health and Human Development (NICHD) published a randomized controlled trial in 2003 that demonstrated a 33% reduction in preterm births when 17 alpha-hydroxyprogesterone (17P) was given weekly to women with a history of prior preterm delivery (1). A four-year follow-up published in 2007 did not find evidence of adverse health outcomes of surviving children (2). Recent studies have evaluated the efficacy of a variety of forms and doses of progesterone in settings such as twin pregnancy or shortened cervix. In October, 2008, The American College of Obstetricians and Gynecologists (ACOG) published an updated Committee Opinion addressing the use of progesterone to reduce preterm delivery (3).

The key points include the following:

1. Progesterone supplementation for the prevention of recurrent preterm birth should be offered to women with a singleton pregnancy and a prior spontaneous preterm birth due to spontaneous preterm labor or premature rupture of membranes.
2. Current evidence does not support the routine use of progesterone in women with multiple gestations.

References:

1. Meis PJ, Klebanoff M, Thom E, Dombrowski MP, Sibai B, Moawad AH, et al. Prevention of recurrent preterm delivery by 17 alpha-hydroxyprogesterone caproate. National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network [published erratum appears in N Engl J Med 2003; 349:1299]. N Engl J Med 2003;348:2379-85
2. Northen AT, Norman GS, Anderson K, Moseley L, Divito M, Cotroneo M, et al. Follow-up of children exposed in utero to 17 alpha-hydroxyprogesterone caproate compared with placebo. National Institute of Child Health and Human Development (NICHD) Maternal-Fetal Medicine Units (MFMU) Network Obstet Gynecol 2007;110:865-72
3. ACOG Committee Opinion, Number 419, October 2008.



3. Progesterone supplementation for asymptomatic women with an incidentally identified very short cervical length (less than 15 mm) may be considered; however, routine cervical length screening is not recommended.

If your office would like to initiate this treatment, please follow the appropriate steps below:

- a.) Contact the Department of Public Welfare Pharmacy Division at 1-800-558-4477, option 1, Fax number 717-346-8171
- b.) Documentation of a previous premature delivery (OB records) with a script for this medication needs to be faxed to the number provided above. A Prior Authorization (PA) number will be entered for a pharmacy program exception.

STAY TUNED!

Watch the mail for a letter introducing the revised HBP **Annual Report** form. You will be able to access this form as well as other HBP forms from the new webpage.

We continue to complete our review of the HBP Provider Manual update.

Please feel free to photocopy and share this newsletter with your HBP administrative and billing staff. We suggest retaining this original copy as a permanent reference source in your HBP Program Provider Manual.

Do You Have HBP Claims that are Not Paying?

Check your information on the claim and the edits you hit.

**EDIT 4519 –
'MOD HD REQUIRES
HEALTHY
BEGINNINGS
ENROLLMENT'**

Your site must be a HBP enrolled site. Remember that enrolling in Medical Assistance and enrolling in the Healthy Beginnings Plus Program are **not** the same. An application is required for all sites and can be obtained by contacting Toni Trout, program coordinator, at 717-772-6127. Relocations may be done as an update to the site application (i.e. site moves to larger building and the billing provider's MAID number did not change).

It is vital that you update the application to your HBP site with any changes including, but not limited to:

- Doctors, Physicians Assistants, Certified Registered Nurse Practitioners, or Certified Nurse Midwives entering or leaving the program as maternity care providers;
- Care Coordinators entering or leaving the HBP site;
- Exceeding the 75:1 recipient to care coordinator case ratio;
- Dietitians, Social Workers, Psychology Services; and
- Subcontractors such as Home Health Agencies or any of the above providers you subcontract with for services.

If the appropriate indicators are not on the maternity providers' file, billing for services from these providers will not pay correctly and Edit 4519 - 'MOD HD REQUIRES HEALTHY BEGINNINGS ENROLLMENT' will post.

Many providers are not utilizing the local to national procedure code crosswalk. HBP providers may view the local to national procedure code crosswalk in MA Bulletin 01-05-03, et al. which may be found at: <http://www.dpw.state.pa.us/omap/provinf/mabull/010503.asp>

Ensure you provide accurate data on the claim. The following information should be included on all claims:

- Pregnancy indicator must be present, this means flip the pregnancy indicator to "Y" for electronic claims or add Visit Code "09" in block 24h of the paper claim to indicate pregnancy. This must be done for all HBP services.
- Use all applicable modifiers as indicated in the local to national procedure code crosswalk. All procedure codes have the informational modifier HD and may include additional informational and pricing modifiers as listed in the crosswalk. Please list the pricing modifiers first, if applicable.



Indicate Third Party Liability (TPL) information on all Medicare Claims

- Bill any visits for recipients who are eligible for Medicare to Medicare and indicate payments received from Medicare on the billing claim for the first and second trimester HBP procedure codes. Be sure to use attachment code 05, *CMS-1500 Medicare Attachment*. This attachment must accompany the paper claim. If the Medicare claim is denied for any reason, use attachment code 09, Medicare denial on file.
- Bill Medicare Part B following the delivery of the child and indicate payment to the third trimester package using attachment code 05, *CMS-1500 Medicare Attachment*. This attachment must accompany the paper claim. (If second trimester delivery, indicate payment to the second trimester early delivery fee)
- Follow the same process for ancillary services billable to Medicare and use appropriate attachment codes