

PROVIDER BULLETIN No. 10-05

March 22, 2010

TO: All Medicaid Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Margaret Booth, Physical Health Services Unit Manager

RE: Frequently Asked Questions Regarding Billing for Services Provided to
Pregnant Women Previously Covered Under the Unborn

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL
AND BILLING STAFF.

The Department of Health and Human Services sent a notice to all pregnant women whose eligibility had been based on the unborn child informing them that the unborn child is no longer eligible for Medicaid benefits effective March 1, 2010 (Please see Provider Bulletin 10-01). As of March 1, 2010, you may not bill for any services to the unborn or to the pregnant woman under the unborn's Medicaid number.

Please see the following 'Question and Answer' section for answers to most common questions/concerns. If you have further questions or concerns about this information, please contact Margaret Brockman at (402) 471-9368 regarding physician reimbursement or Margaret Booth at (402) 471-9380 regarding hospital reimbursement.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

1. Our office has been seeing a woman who was eligible under her unborn for prenatal visits. Will we be reimbursed for these services?

Yes, for services rendered before March 1, 2010 you will be reimbursed. You must bill just for the services actually rendered. For instance if the pregnant woman was seen for antepartum care only, you would bill using either CPT 59425 or 59426 depending on the number of visits.

2. What happens if we provide services before March 1, 2010 but do not bill until after that date?

You have one year from the date of service to submit a claim for a Medicaid eligible client.

3. How will we know if a woman is no longer eligible under the unborn? How and when will we be notified?

The provider has the responsibility to verify the client's eligibility for Medicaid. See <http://www.dhhs.ne.gov/med/eligibility.htm> for information about the various options for verifying eligibility.

4. How do you bill for the delivery, i.e. those not due until October?

If the pregnant woman is determined to be eligible in her own right, you would bill no differently than for any other Medicaid eligible client. If she is not eligible in her own right, you may not bill Medicaid for services.

5. I have heard that there is coverage for labor and delivery as an emergency medical condition. Is this true?

In order to receive coverage for any service, the person must meet Medicaid eligibility requirements. Coverage of an emergency medical condition is available to illegal aliens if they meet all Medicaid eligibility requirements other than the citizenship requirement.

6. I have heard that emergency services are covered for illegal aliens but not for other persons who are here legally.

Emergency services are covered for persons who are here legally if they meet all Medicaid eligibility requirements.

7. When will we file a claim for the illegal alien? When will they have a number?

Illegal aliens must apply for Medicaid emergency services through the Department of Health and Human Services. The application process often begins while the individual is still in the hospital. Eligibility must be approved prior to billing Medicaid for the service. They will have a number once eligibility has been determined.

8. How will women who lost their Medicaid eligibility be covered?

If they are Medicaid eligible in their own right they will continue to be covered. If they are not Medicaid eligible then payment for services is the responsibility of the client.

9. Have a patient who will be delivering soon and has lost Medicaid coverage due to being over income. We were planning on billing using the global billing, but will have to split the bill—will Medicaid still pay?

You can only bill for the services that were actually rendered while the woman was Medicaid eligible. So if you only saw the pregnant woman for prenatal care then you can only bill for the prenatal visits.

10. What about patients who came in through presumptive and they are still pending? Some are pending from November and they probably will not qualify now. Will Medicaid still pay claims from November until now?

The woman's presumptive eligibility continues through the day on which the local office makes a determination on the woman's continued eligibility.

11. If a patient is eligible after delivery, can we back bill the 3 months previous?

The client would have to be determined as eligible for the previous months. The medical effective date for an eligible patient can be determined up to three months before the request for Medicaid, as long as the patient was eligible during the time period.

12. We have a patient who came to us with presumptive coverage and now has lost coverage. She also just lost her job. Can she go back through presumptive again since she's almost ready to deliver?

Only one period of presumptive eligibility is covered. Presumptive eligibility is available to pregnant women for ambulatory prenatal care only. If a pregnant woman's circumstances have changed, she may reapply for Medicaid eligibility.

13. We have a high risk pregnant mom who is not here legally. The unborn has issues/diagnosis that are not related to the mom—why can't that be covered since the unborn will be a citizen?

An illegal alien who meets Medicaid eligibility requirements other than citizenship, may receive Medicaid benefits necessary to treat an emergency medical condition including prenatal emergencies. Please see Provider Bulletin 10-01 at <http://www.dhhs.ne.gov/med/pb/>

14. How do we know when a woman comes in on presumptive if she will really qualify or not?

The woman's presumptive eligibility continues through the day on which the local office makes a determination on the woman's continued eligibility.

15. Who decides what an "emergency medical condition" is for aliens?

Please See Provider Bulletin 10-04 at <http://www.dhhs.ne.gov/med/pb/>

16. What will the new rates be for emergency deliveries to cover the undocumented women? Will that change with any new rate change July 1?

There are not separate payment rates for illegal aliens.

17. Are there any other services that would be considered an emergency other than delivery-i.e.-ultrasound to rule out a possible complication?

Please see Provider Bulletin 10-04 at <http://www.dhhs.ne.gov/med/pb/>

18. If the mom is not eligible under her own right, when can mom apply for her newborn coverage? Can she apply before birth? Also, if the mom IS eligible same question applies, when can mom apply for her newborn?

A US citizen or eligible alien can apply as soon as she verifies her pregnancy. An ineligible pregnant alien cannot apply until after the birth or if she has acute complications during pregnancy.

19. If the mom is not eligible in her own right can we bill for mom's labor and delivery under the newborn's Medicaid ID number?

No you can't bill labor and delivery under the newborn. Only services rendered for the eligible newborn can be billed under the newborn's ID number. Labor and delivery services for illegal aliens are billed under the mother's number.

20. What services are covered for the woman who is deemed presumptively eligible? Only ambulatory prenatal care related to the pregnancy is covered for the woman who is deemed presumptively eligible.