



Department of
Medicaid

MISP-Related Policy Changes Effective 1/1/22

December 15, 2021

Stakeholder Engagement Opportunities for MISP

- Speakers will be stopping at key points during today’s presentation to answer questions and gather feedback
 - » Please use the chat feature to send questions, or raise your hand and the facilitator will call on you to speak
- Remaining time at the end of the slide deck discussion will be dedicated to additional thoughts and questions
- Questions and feedback can be submitted in writing after the discussion today to MISP@medicaid.ohio.gov

Governor DeWine's Children's Initiative

Coordinate and align the state's
children's programming

Advance policy and innovation in
children's programming from birth to
Kindergarten

Provide support services for all children
and their families



MIKE DEWINE
GOVERNOR
STATE OF OHIO

Executive Order 2019-02D

Creating the Governor's Children's Initiative

WHEREAS, Ohio's future depends on its children, yet nearly 1,000 Ohio babies did not live to see their first birthday in 2017; and

WHEREAS, more than half of all Ohio children are born into economically disadvantaged homes, and just 41 percent of children arrive at kindergarten with the essential language, social, and mathematical skills to be successful in school; and

WHEREAS, on the National Assessment of Educational Progress, just 24 percent of Ohio's economically disadvantaged fourth graders read at grade level, which research has shown to be a strong predictor of timely high school graduation and post-graduate success; and

WHEREAS, educational gaps can persist and grow over time, impacting a child's ability to live up to his or her God-given potential; and

WHEREAS, research conducted by the National Forum on Early Childhood Policy and Programs has shown that every dollar invested in high-quality early childhood programming yields up to nine dollars in future return; and

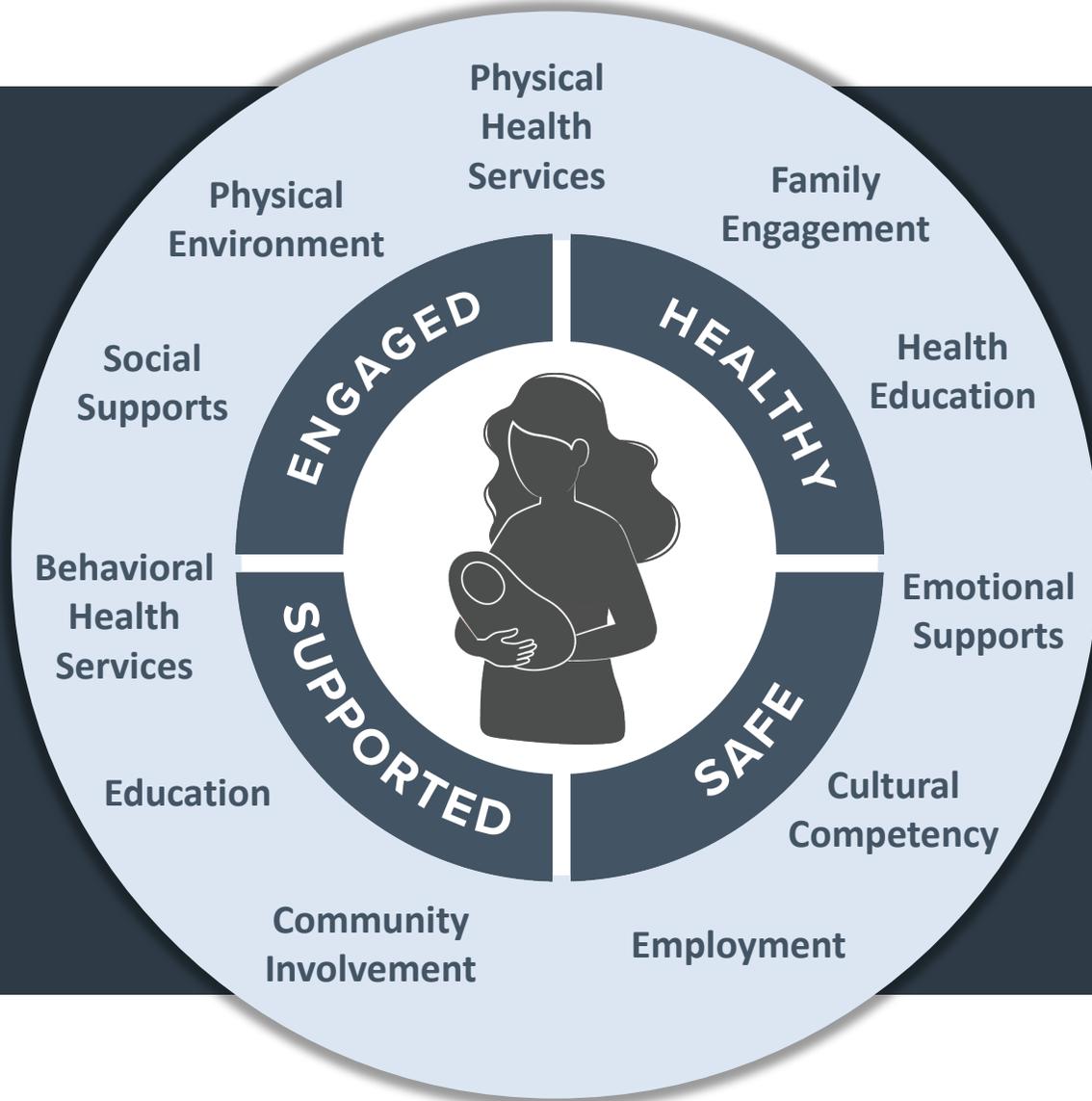
WHEREAS, Ohio's programming impacting children is split across multiple state agencies and lacks coordination and a clear point of accountability; and

WHEREAS, the Opportunity for Every Ohio Kid plan calls for a special position, reporting to the Governor, who works daily to improve the lives of Ohio's children;

NOW THEREFORE, I, Mike DeWine, Governor of the State of Ohio, by virtue of the authority vested in me by the Constitution and laws of this State do hereby order and direct that:

1. The Governor's Children's Initiative ("Initiative") is created in order to elevate the importance of children's programming in Ohio and drive improvements within the many state programs that serve children. The Initiative is charged to:

- a. Improve communication and coordination across all state agencies that provide services to Ohio's children.



Coordinating Policy, Process and Practice

*Integration of community-based services into
the traditional healthcare system*

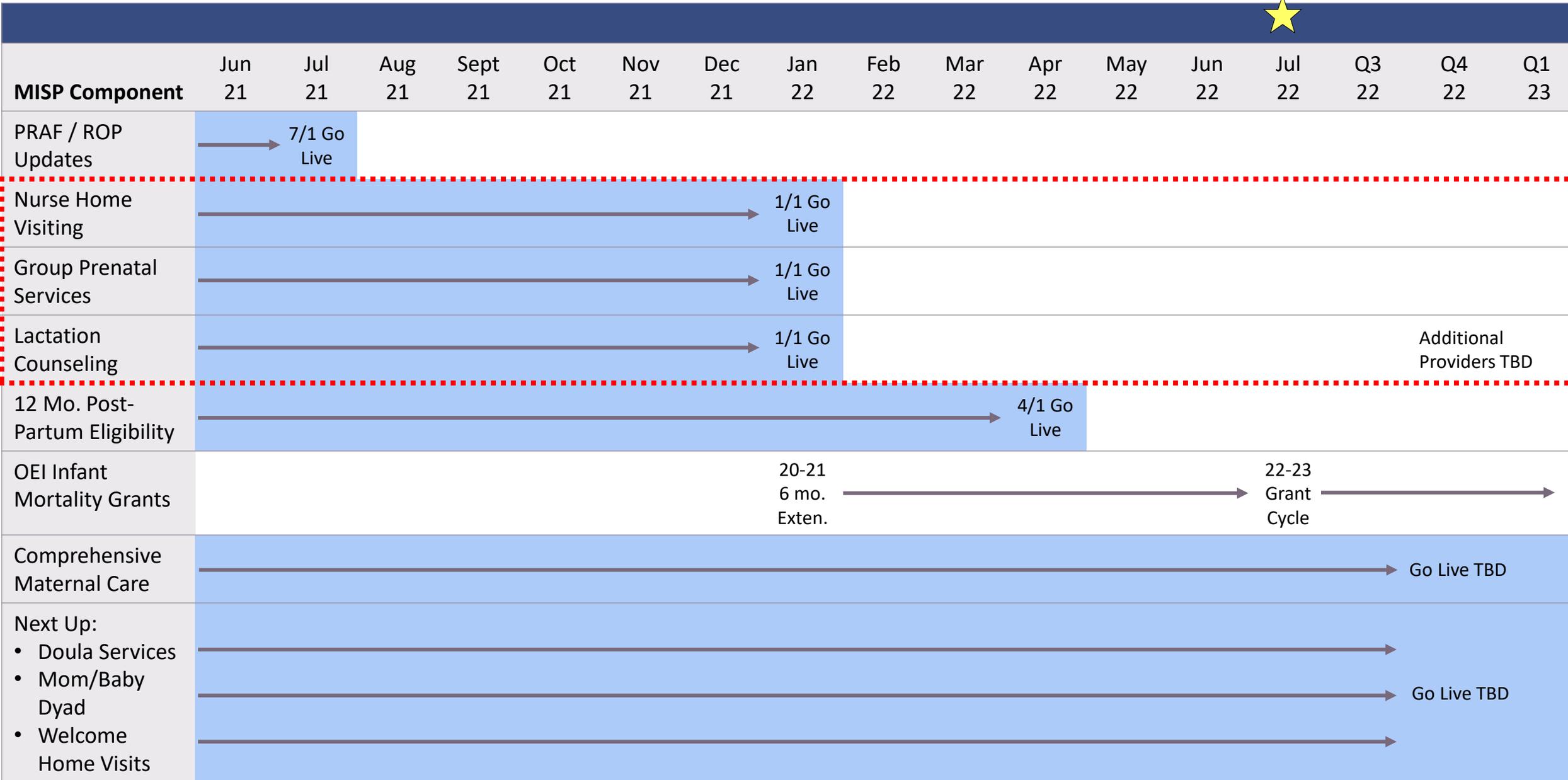
What is the Maternal and Infant Support Program (MISP)?

MISP is the umbrella term for program changes that provide additional support to moms and babies and includes:

- Pregnancy Risk Assessment Form (PRAF) updates and increased reimbursement
- Report of Pregnancy (ROP) creation and reimbursement
- Nurse home visiting
- Group pregnancy services
- Lactation consultants and services, including DME updates
- 12-month postpartum Medicaid coverage
- Continuation of Ohio Equity Institute Infant Mortality Grants with MCOs
- Comprehensive Maternal Care
- Doula services
- Mom / Baby Dyad
- Welcome home visits

MISP Timeline

Next Generation
of Managed Care
Go-Live



Group Pregnancy Education(OAC 5160-21-04)

- Evidence-based group pregnancy education (group prenatal care)
 - » 99078 – Group Health Education
 - Limit of 10 sessions per pregnancy
 - Each session must be one and half hours
 - TH modifier is required
 - May be performed by other qualified medical professionals (e.g. registered nurse) but must be submitted using the supervising practitioners NPI
 - » 99211, 99212, 99213 – Office/Outpatient visit (time specific)
 - Must be submitted on the same claim for the same date of service as 99078
 - TH modifier is required
 - Must be performed by physician, physician assistant, or advanced practice registered nurse
 - » Services performed in an outpatient hospital setting are subject to Enhanced Ambulatory Patient Grouper (EAPG) pricing.
 - » FQHCs/RHCs should submit claims to ODM using their ambulatory health care clinic provider number (provider type 50).

Group Pregnancy Education(OAC 5160-21-04)

- Evidence-informed group education without the care component
 - S9436 Childbirth prep/Lamaze
 - S9437 Childbirth refresher
 - S9444 Baby parenting class
 - S9447 Infant safety class
 - S9452 Prenatal nutrition class (TH modifier is required)
 - S9453 Smoking cessation class
 - S9470 Prenatal nutrition counseling (TH modifier is required)
- » No corresponding E&M code needed
- » Limit of 12 sessions per pregnancy
- » Sessions must be at least one hour
- » May be performed by other qualified medical professionals (e.g. registered nurse, dietitian, etc.) but must be submitted using the supervising practitioners NPI
- » Services performed in an outpatient hospital setting are subject to Enhanced Ambulatory Patient Grouping (EAPG) pricing.
- » FQHCs/RHCs should submit claims to ODM using their ambulatory health care clinic provider number (provider type 50).

Professional Claim Submission for Group Pregnancy Education

Service Type	» Evidence-Informed Group Pregnancy Education	» Evidence-Based Group Prenatal Care and Education
Procedure code	<ul style="list-style-type: none"> » S9436 Childbirth prep/Lamaze - \$48.00 » S9437 Childbirth refresher - \$22.50 » S9444 Baby parenting class - \$22.50 » S9447 Infant safety class - \$22.50 » S9452 Prenatal nutrition class - \$22.50 » S9453 Smoking cessation class - \$22.50 » S9470 Prenatal nutrition counseling - \$26.62 <p style="text-align: center;">(All S codes are billed per session)</p>	<ul style="list-style-type: none"> » 99078 Group pregnancy education - \$45.00 (per session) <p>Must be billed on the same date of service as a prenatal evaluation and management service:</p> <ul style="list-style-type: none"> • 99211 Office o/p visit minimal problem - \$19.73 • 99212 Office o/p visit, 10-19 min - \$49.85 • 99213 Office o/p visit, 20-29 min - \$49.85
Modifier	» TH modifier as appropriate	» Must use a TH modifier for all codes
Rendering Provider (MITS Provider Type)*	<ul style="list-style-type: none"> » Physician (MD/DO) (20) » Physician Assistant (24) » Advanced Practice Registered Nurses: <ul style="list-style-type: none"> • Clinical Nurse Specialist(65) • Certified Nurse Midwife(71) • Certified Nurse Practitioner(72) 	<ul style="list-style-type: none"> » Physician (MD/DO) (20) » Physician Assistant (24) » Advanced Practice Registered Nurses: <ul style="list-style-type: none"> • Clinical Nurse Specialist(65) • Certified Nurse Midwife(71) • Certified Nurse Practitioner(72)

Lactation Consulting Services(OAC 5160-8-42)

- Evaluation and management codes with a TH modifier
 - » 99211 Office o/p visit minimal problem
 - » 99212 Office o/p visit, 10-19 min
 - » 99213 Office o/p visit, 20-29 min
 - » 99214 Office o/p visit, 30-39 min
 - » 99215 Office o/p visit, 40-54 min
 - May be performed by a registered nurse who holds a current IBCLC certification but must be submitted using the supervising practitioners NPI
 - TD modifier should be used to indicate that an RN with IBCLC performed the service
 - Claim must include a lactation-related diagnosis code
- S9443 for outpatient hospital setting billing grouped under EAPG 428 when billed alone
- Services provided by an FQHC or RHC are paid their pre-established per visit payment amount
- Dietitians may provide lactation consulting services in accordance with 5160-8-41

Claim Submission for Lactation Consulting Services

Billing provider type	Providers of Professional Services	Providers of Outpatient Hospital Services
Claim type	» Professional (Submitted via MITS portal or EDI)	» Institutional (Submitted via MITS portal or EDI)
Procedure code	» 99211 Office o/p visit minimal problem - \$19.73 » 99212 Office o/p visit, 10-19 min - \$49.85 » 99213 Office o/p visit, 20-29 min - \$49.85 » 99214 Office o/p visit, 30-39 min - \$66.14 » 99215 Office o/p visit, 40-54 min - \$89.63 Dietitians should use: » 97802 Medical nutrition individual - \$20.58 » 97803 Medical nutrition subsequent - \$17.97 » 97804 Medical nutrition group - \$8.98	» S9443 » Groups to EAPG 428 when billed alone (provider base rate) x (0.4308) x (discount percentage (if applicable))
Modifier	» TH modifier is required » TD modifier as informational only to designate that an RN with IBCLC certification performed this service » AE required for dietitians	» No modifier required
Diagnosis	» Lactation-related diagnosis code is required for E&M codes	» No diagnosis requirements
Rendering Provider (MITS Provider Type)*	» Physician (MD/DO) (20) » Physician Assistant (24) » Advanced Practice Registered Nurses: » Clinical Nurse Specialist (65) » Certified Nurse Midwife (71) » Certified Nurse Practitioner (72) » Dietitians (07)	» Physician (MD/DO) (20) » Physician Assistant (24) » Advanced Practice Registered Nurses: » Clinical Nurse Specialist (65) » Certified Nurse Midwife (71) » Certified Nurse Practitioner (72) » Dietitian (07)

Lactation Pumps and Supplies (OAC 5160-10-25)

- Modified breast pump coverage to cover more supplies, accessories, and frequent replacement
 - » Codes, pricing and limitations will be found on the CPT and HCPCS level II coding changes fee schedule until they can be added to the Durable Medical Equipment, Prostheses, Orthoses, And Supplies (DMEPOS) fee schedule
 - » Rate added for milk storage bags
- Working on making the process of getting breastfeeding resources covered by Medicaid easier and more transparent, in partnership with ODH/WIC, OHA, and the MCOs
 - » MCO member material updates
 - » ODH/WIC recipient communication

Lactation Pumps and Supplies Available from Durable Medical Equipment Suppliers

Code	Description	Rate	Limitations
E0602	Manual breast pump	\$15.00	1 every 2 years
E0603	Personal electric breast pump	\$202.50	1 every 2 years
E0604	Hospital grade electric pump	\$2.25/day	90-day rental
A4281	Replacement Breast pump Tube	\$4.75	1 every 6 months
A4282	Replacement Breast pump Adpt	\$4.61	1 every 6 months
A4283	Replacement Breast pump Cap	\$1.54	1 every 6 months
A4284	Replacement Breast pump Shield	\$8.86	1 every 6 months
A4285	Replacement Breast pump Bottle	\$3.91	1 every 6 months
A4286	Replacement Breast pump Lock Ring	\$2.18	1 every 6 months
A9900	Misc breast pump supplies	By-report	1 every 6 months
K1005	Disposable collection and storage bag for breast milk	\$0.33/bag	100 per month
T2101	Donor human milk	\$4.75/ounce	As medically necessary

Nurse Home Visiting Providers and Services (OAC 5160-21-05)

- ODM created a new provider specialty of Nurse Home Visitor (38/386)
 - » Enrollment began 10/4/2021
- Nurse Home Visitors (NHVs) will need to be certified to provide nurse home visiting services in alignment with ODH's Help Me Grow rules in OAC 3701-8 (specifically, Nurse Family Partnership certification)
- NHVs must affiliate with an ODM billing provider
- ODH will function as a trading partner for NHV services using OCHIDS
 - » Providers will all still need to enroll with ODM/MCOs to receive payment
 - » ODH OCHIDS release scheduled for end of March

Nurse Home Visiting Providers and Services (OAC 5160-21-05)

- H1005 – Prenatal care, enhanced service pack
 - » Risk of pre-term birth, asthma, diabetes, SUD, heart conditions (diagnosis must be on the claim)
 - » Pregnant individuals are eligible for 30 visits per year
 - » Each visit must be at least one hour in length
 - » TH modifier is required on claims for mom
- Must be submitted on a professional claim
- Services provided by an FQHC or RHC are paid their pre-established per visit payment amount

Professional Claim Submission for Nurse Home Visiting Services

Billing provider type	Providers of Professional Services
Claim type	» Professional (Submitted via MITSportal or EDI)
Procedure code	» H1005 - \$164.00
Modifier	» TH modifier is required on claims when the recipient is age 3-99 » No modifier is required on claims when the recipient is age 0-2
Diagnosis	» High risk diagnosis in accordance with OAC 5160-21-05
Rendering Provider (MITS Provider Type)	» Advanced Practice Registered Nurses: » Clinical Nurse Specialist (65/386) » Certified Nurse Midwife (71/386) » Certified Nurse Practitioner (72/386) » Registered Nurses (38/386)
Billing Provider	» Ambulatory Health Care Clinic (50) » Federally Qualified Health Care Clinic (12) » Rural Health Clinic (05) » Professional Medical Group (21)

Next Steps

- Coding and rate changes will be updated to appendix DD of the Medicaid payment rule (5160-1-60) also known as the Medicine, Surgery, Radiology and Imaging, and Additional Procedures fee schedule on 1/1/2022
 - » Lactation pumps and supplies can be found on the CPT and HCPCS Level II code changes fee schedule for January 1, 2022
- Medicaid Transmittal Letters (MTLs) will be published to provide Ohio Medicaid providers coverage and claim submission guidance
- Future work includes adding provider specialty for other licensed provider types and RNs to bill for S9443 when IBCLC certified
- Information including future MISP changes and webinars can be found on our website at medicaid.ohio.gov>Families & Individuals>Programs & Initiatives>Maternal and Infant Support

Questions?