

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202312 FEBRUARY 21, 2023

IHCP updates Notification of Pregnancy billing guidelines

The Indiana Health Coverage Programs (IHCP) announces updates to billing instructions for Notifications of Pregnancy (NOPs). The updates are effective for claims with dates of service (DOS) on or after **Jan. 1, 2023**. Coverage applies to members enrolled with a managed care entity (MCE), including Healthy Indiana Plan (HIP), Hoosier Care Connect or Hoosier Healthwise members, as well as presumptively eligible pregnant women enrolled with an MCE.

Within managed care programs, the IHCP uses the NOP form to improve the identification of health-risk factors of expectant mothers as early as the first trimester of pregnancy. NOPs can be completed at any time during the managed care member's pregnancy, preferably during the initial visit, to document and monitor pregnancy conditions. If a managed care member's normal pregnancy becomes high-risk, providers should use the NOP to document the change. For more information about high-risk pregnancy, see the [Obstetrical and Gynecological Services](#) module.

Recognized providers may receive reimbursement for one NOP per managed care member per pregnancy, when all the following requirements are met:

- The NOP must be submitted via the IHCP Provider Healthcare Portal no more than five calendar days from the date of the office visit on which the NOP is based.
- The member's pregnancy must be less than 30 weeks gestation at the time of the office visit on which the NOP is based.
- The member must be enrolled with a managed care entity (MCE)

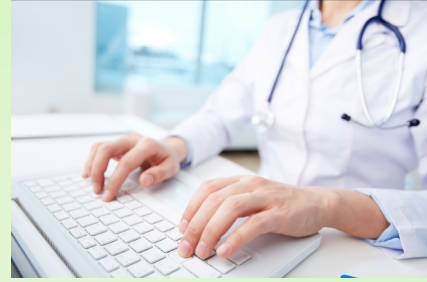
For DOS on or after **Jan. 1, 2023**, providers must bill NOP claims using procedure code G9997 with modifier TH:

- G9997 – *Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter*
- TH – *Obstetrical treatment/services, prenatal or postpartum*

The date of service on the NOP claim should be the date the provider completed the risk assessment during a visit with the pregnant woman.



NOP claims should be submitted to the appropriate managed care entity (MCE). Recognized providers can submit claims for NOP reimbursement using the professional claim (*CMS-1500* claim form or the 837P electronic transaction). Hospitals can submit claims for NOP reimbursement using the institutional claim (*UB-04* claim form or the 837I electronic transaction). NOP claims from hospitals must be coded with revenue code 940 – *Other Therapeutic Services*, in addition to procedure code G9997 with modifier TH.



This information will be reflected in the next regular update to the Outpatient Fee Schedule and Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

*Note: The NOP does not qualify for wrap payment for federally qualified health centers (FQHCs) and rural health clinics (RHCs). Current logic does not count the NOP in the sum of all payers. However, FQHCs and RHCs may experience **underpayments** in their wrap payments until system changes can be made to the logic replacing the discontinued code with the new NOP billing code, G9997 TH. Gainwell will reprocess those claims with DOS on or after Jan. 1, 2023, for wrap payments to pay correctly. **To avoid underpayment of wrap payments, FQHCs and RHCs are asked to temporarily submit the NOP on a separate claim without the encounter code T1015 until system changes can be completed. A publication will follow with instructions for the FQHCs and the RHCs when changes are completed.***

Additional information about the NOP, including submission guidelines, is available at the following links:

- [NOP Training Presentation](#)
- [Sample NOP Form](#) (Note: The actual NOP form must be accessed through the IHCP [Provider Healthcare Portal](#) and submitted electronically.)
- [Obstetrical and Gynecological Services](#) provider reference module

QUESTIONS?

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