PART II

POLICIES AND PROCEDURES
for
CHILDBIRTH EDUCATION PROGRAM



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION of MEDICAL ASSISTANCE PLANS

Version Date: October 1, 2024

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Policy Revision Record
from 2024 to Current[1]

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added **D**=Deleted **M**=Modified	(Revision required by Regulation, Legislation, etc.)
10/1/2024	Appendices I, J, L	Removed and consolidated to Appendix J	M	N/A
10/1/2024	Appendix K	Renamed to Appendix I	M	N/A

[1] The revisions outlined in this Table are from July 1, 2024, to current. For revisions prior to July 1, 2024, please see prior versions of the policy.

Overview

The Childbirth Education Program is designed to educate the pregnant woman about the birth experience and provide her with the tools to prepare for a healthier pregnancy, birth and postpartum period.

The Childbirth Education Program comprises two components – one that focuses on pregnancy related issues and another that focuses on the newborn. In total, the program covers a member's participation in eight classes. The pregnancy component covers a series of six classes designed to provide information on pregnancy, proper prenatal care, what to expect during labor and delivery, and information on breastfeeding. There are two classes in the newborn component, and they are designed to provide information on newborn feeding, infant nutrition and basic newborn care.

This program is the Medicaid Division's only non-hospital-based Childbirth Education program. Hospitals are separately enrolled to provide hospital-based childbirth education classes but must follow the requirements of this manual except in billing (See 1002 B). Members may select either hospital or non-hospital-based classes, but not both during the same pregnancy. Members may take individual classes or the entire series. The same class may only be taken once every twelve months.

601. Special Conditions

Providers enrolling in the Childbirth Education Program must meet the following special conditions:

601.1. A Childbirth Education Program provider may be an individual or group entity qualified to provide childbirth education classes. The provider must be enrolled as a Medicaid provider under this program in order to bill for service delivery. Every Childbirth Education Program provider must be or utilize a Childbirth Education Program instructor to deliver the Childbirth Education services. The Childbirth Education Program instructor must have a current certification from one of the associations listed in 601.2 below.

601.2. Every Childbirth Education instructor providing services in the Childbirth Education Program must be certified as a childbirth educator by one of the following associations:

601.2.1. International Childbirth Education Association (ICEA)

601.2.2. Lamaze International

601.2.3. American Academy of Husband-Coached Childbirth (The Bradley Method)

601.2.4. Prepared Childbirth Educators, Inc.

601.2.5. Childbirth and Postpartum Professional Association (CAPPA) World Headquarters

601.3. Documentation verifying the current, required certification from one of the organizations listed in 601.2 must be submitted with the enrollment application. Approved Childbirth Education instructors must maintain their certification. The Childbirth Education Program provider must have documentation of each of their instructor's certification as a childbirth educator. A Certification of Instructor Qualifications statement must be on file at the Division for each of the instructors affiliated with a Childbirth Education Program. This statement can be found in Appendix C.

601.4. Each Childbirth Education instructor must have recent work experience in labor and delivery or at least one (1) year of work experience providing childbirth education classes. Recent work experience is defined as experience in labor and delivery within the last five (5) years.

601.5. Physicians and certified nurse midwives are exempt from the certification and work requirements.

601.6. Childbirth Education Program providers must maintain current evidence of credentials for each of their Childbirth Education instructors. This information should be kept on site and available for audit purposes.

601.7. The Childbirth Education Program provider agrees to bill the Division for only those classes that were taught by their certified Childbirth Education Instructor(s) and agrees to bill the Division their “Usual and Customary Fee “for each class provided. “Usual and Customary” is defined as the fee charged to private-paying patients for the same service during the same period of time.

601.8. Instructors of the Childbirth Education Program must develop and maintain a copy of their written curriculum that addresses the topics contained in Chapter 900 of this manual. Instructors also must develop and maintain a curriculum that addresses the unique needs of the teenager.

601.9. The Childbirth Education Program provider must maintain, on file, an attendance record for each class conducted by the instructor. A copy of the mandatory attendance record is located in Appendix D.

601.10. Classes must be conducted in non-residential offices or locations within the state of Georgia that are classroom equipped.

601.11. The Childbirth Education Program provider further agrees to furnish the Division, its authorized representatives, or contractual agents with such information as the Division may request from time-to-time regarding "usual and customary" fees.

601.12. The Childbirth Education Program provider agrees to notify the Division's Provider Enrollment unit in writing should any change in enrollment status occur such as: new address or telephone number; additional service locations; change in payee; and voluntary termination from the program. Each notice of change must include the date on which the change(s) is to become effective.

Chapter 700: Special Eligibility Conditions

In addition to all conditions of Medicaid eligibility, members participating in Childbirth Preparation classes (the first six (6) classes in the series) must be pregnant women.

Members participating in Newborn Care or Newborn Feeding classes (the last two (2) classes in the series) must be pregnant or postpartum women. The postpartum period is defined as thirty (30) days after the mother's date of hospital discharge following the newborn's delivery.

Chapter 800: Prior Approval

801. Prior Approval

The services covered under this program do not require prior approval.

Chapter 900: Scope of Services

901. General

The instruction provided in the Childbirth Education Program is divided into two (2) components. The first component is a series of six (6) classes designed to prepare the pregnant woman for labor, delivery, and breastfeeding. The second component is comprised of two (2) classes: one class provides information on newborn feeding and the other provides information on newborn care.

901.1. Childbirth Education classes must be conducted by a professional who meets the conditions of participation stipulated in Chapter 600 of this manual.

901.2. Although it is the goal of the program for the member to receive the complete series of classes, it may not be convenient for her to participate in each and every class. However, once the Childbirth Education Program provider is selected by the member, that provider must provide all of the instructions for that member.

901.3. At a minimum, each class should last one (1) hour in order to allow sufficient time to cover the topics and respond to questions. Childbirth Education classes must be conducted in a group setting with a minimum of three (3) and a maximum of ten (10) pregnant women. The class participants should be encouraged and allowed to invite a partner to participate in the classes with them. The maximum number of participants does not include the partner.

902. Covered Services

902.1. General

Childbirth Education instructors should have a curriculum that, at a minimum, must include the topics listed in Section 902.2. Instructors are encouraged to utilize a separate curriculum that focuses on the needs of the pregnant teenager and conduct separate classes for teens, so that the unique needs of this population can be met. Teens may be served in regular classes as long as their unique needs are addressed.

902.2. Childbirth Preparation Classes

Topics discussed during the six (6) Childbirth preparation classes should include but are not limited to:

902.2.1. General Nutrition

902.2.2. Relaxation and Breathing Techniques

902.2.3. Signs of Labor

902.2.4. Stages of Labor

902.2.5. Comfort Measures for labor and birth

902.2.6. Positions for labor

902.2.7. Vaginal birth and Cesarean section birth

902.2.8. Breathing and Positions for Pushing

902.2.9. Postpartum contraception including immediate postpartum long acting reversible contraceptives (LARCs)

902.2.10. Reproductive Life Plans

902.2.11. Benefits of Breastfeeding

902.2.12. Breastfeeding techniques

902.2.13. Postpartum complications

902.2.13.1. signs, symptoms, and when to call the doctor

902.2.14. Postpartum depression

902.2.14.1. signs, symptoms, and when to call the doctor

Topics discussed during the two (2) Newborn classes (feeding and basic care) should include but are not limited to:

902.2.15. Infant Nutrition

902.2.16. Benefits of Breastfeeding

902.2.17. Breastfeeding techniques

902.2.18. Bottle-feeding

902.2.19. Bottle propping

902.2.20. Burping

902.2.21. Introduction of solid foods

902.2.22. When to call the pediatrician

902.2.22.1. Diarrhea

902.2.22.2. Symptoms of illness, i.e., fever, rash, colic

902.2.23. Temperature taking

902.2.24. Umbilical cord care

902.2.25. Infant safety, including car seats

902.2.26. Care of infant clothing, sleep positioning and the prevention of Sudden Infant Death Syndrome (SIDS)

902.2.27. Developmental milestones

902.2.28. Diapering and bathing

902.2.29. Well child visits including immunizations

902.3. All Childbirth preparation classes must be completed before delivery. The Newborn Care and Feeding classes may be completed before delivery but must be completed no later than the thirtieth (30th) day after the mother's date of hospital discharge following the delivery.

903. Access

903.1. Childbirth Education classes should be held in community settings where the target population resides, works, or receives prenatal care. Locations could include health departments, schools, churches, community centers, public housing, hospitals, and doctors' offices. Classes also should be held during times that are convenient to the target population.

903.2. In order to meet the needs of the pregnant woman, the provider must be flexible in scheduling. A maximum of two classes may be provided to the pregnant woman each week. They may be offered on the same day.

904. Documentation

The Childbirth Education Program provider must maintain locked files that contain:

904.1. A current general curriculum.

904.2. A curriculum designed to meet the needs of teenage mothers.

904.3. Attendance records must be kept for each class and must include:

904.3.1. Provider's name, Medicaid provider number, and address

904.3.2. Class number and topic of the class

904.3.3. Class size and location

904.3.4. Date and time each class begins and ends

904.3.5. Member name, Medicaid number, and signature

904.3.6. Instructor's name and signature

905. Utilization Review

Periodic utilization review of services provided to Childbirth Education Program participants will be performed by the Division. Details regarding Utilization Review can be found in the Part I Policies and Procedures for Medicaid/PeachCare for Kids Manual (Chapter 400).

906. Service Limits

906.1. Members cannot receive non-hospital-based childbirth education classes and hospital-based childbirth education classes during the same pregnancy.

906.2. Once the member selects a Childbirth Education Program provider, classes must be presented by that provider during the member's current pregnancy.

906.3. A maximum of two (2) classes can be billed per week.

907. Non-Covered Services

The services listed below are non-covered in the Childbirth Education Program. This list is representative of non-covered services; however, it is not meant to be exhaustive.

907.1. Classes provided in the member's or provider's home.

907.2. Classes conducted by individuals who do not meet the requirements contained in Chapter 600 of this manual.

907.3. Classes normally provided free of charge.

907.4. Classes provided that were not in compliance with the provisions of this manual.

907.5. Classes in the series of six childbirth preparation classes that were not completed before delivery.

907.6. Newborn Care or Newborn Feeding classes that were not completed by the thirtieth (30th) day following the mother's date of hospital discharge following the delivery.

907.7. Classes provided to persons who are not pregnant or postpartum Medicaid eligible women.

Chapter 1000: Basis For Reimbursement

1001. General

Reimbursement for services will be contingent on the Childbirth Education Program provider's enrollment in the Medicaid program, the patient's eligibility at the time services are rendered, and compliance with all other applicable policies and procedures.

1002. Reimbursement Methodology

1002.1. Non-Hospital Based

Childbirth Education classes will be reimbursed on a fee-for-service basis billed using the CMS-1500 form electronically. Specific billing instructions can be found in the billing section of the Part I Policies and Procedures for Medicaid/PeachCare for Kids Manual. Childbirth Education Program providers must bill their usual and customary charge established for childbirth education classes. The Division will pay the lower of the provider's usual and customary charge or the maximum allowable payment for the procedure rendered.

The maximum allowable payment for Childbirth Preparation classes will be
$9.45 per member per class. The partner's attendance in classes is not reimbursable.

The maximum allowable payment for the Newborn Care and Newborn Feeding classes will be $9.45 per member per class.

Reimbursement is limited to one provider per pregnancy.

In order to be reimbursed, the Childbirth Preparation components must be completed prior to delivery and claims for these classes must include the appropriate ICD-10 diagnosis codes.

Effective October 1, 2015, ICD-10 Codes Z34.80 – Z34.83, Z34.90 – Z34.93
or Z33.1 are to be used, as appropriate, for the diagnosis codes associated with childbirth education services.

The Newborn Care and Newborn Feeding classes must be completed by the thirtieth (30th) day after the mother's date of hospital discharge following the delivery. Claims for classes provided before delivery must include an ICD-10 diagnosis code. Effective October 1, 2015, ICD-10 Codes Z34.80 – Z34.83, Z34.90 – Z34.93 or Z33.1 must be used as appropriate.

Claims for classes provided after delivery must include the ICD-10 diagnosis code Z39.2. You must use the ICD-10 codes on and after October 1, 2015. (See Appendix A)

1002.2. Hospital Based

Childbirth Education classes will be reimbursed on an outpatient basis using revenue code 942 on the UB-04 form. See Appendix G for additional information and instructions on completion of the UB-04.

Appendix A
Procedure Codes

A. NON-HOSPITAL BASED PROCEDURE CODES

Class	HIPAA Proc Code	Diagnosis Codes	HIPAA Proc Code Description	Required Modifier	Rate
Class One	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	Preventive Medicine Counseling, Group; 60 Min	None	$9.45
Class Two	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Class Three	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Class Four	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Class Five	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Class Six	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1	"	None	$9.45
Newborn Feeding	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1 , Z39.2	"	HD	$9.45
Newborn Care	99412	Z34.80 –Z34.83, Z34.90-Z34.93 Z33.1, Z39.2	"	HD	$9.45

B. HOSPITAL-BASED PROCEDURE CODES

This service is reimbursed under revenue code 942 on the UB-04. Please refer to **Part II, Policies and Procedures for Hospitals**, Section 906(f).

Appendix B
Childbirth Education Associations

American Academy of Husband-Coached Childbirth (The Bradley Method)
P.O. Box 5224
Sherman Oaks, California 91413-5224 1-800-4-A-Birth
(818) 788-6662
www.bradleybirth.com

Lamaze International
2025 M Street, NW Suite 800
Washington, D.C. 20036-3309
1-800-368-4404
202-367-1128
www.lamaze.org

International Childbirth Education Association (ICEA)
110 Horizon Drive, Ste. 210
Raleigh, NC 27615
919-674-4183
www.icea.org

Prepared Childbirth Educators, Inc
219 Central Avenue
Hatboro, PA 19040
888-344-9972
www.childbirtheducation.org

Childbirth and Postpartum Professional Association (CAPPA) World Headquarters
PO Box 547
Flowery Branch, GA 30542 770-965-9777
www.cappa.net/

Appendix C
Childbirth Education Program

A. CERTIFICATION OF INSTRUCTOR QUALIFICATIONS STATEMENT

The Childbirth Education instructor must be a Georgia licensed registered nurse, certified nurse practitioner, certified nurse-midwife or physician. Please complete the following and attach additional documentation where necessary.

i. Attach a copy of the current certification as a childbirth educator from one of the associations listed in 601.2. The certification must be signed, dated, and written on the applicable association's letterhead.

ii. On the back of this form, please list the experience the instructor has in providing childbirth education/labor and delivery experience. Include the dates, specific duties, and names of employers with location information.

NOTE:

If you are a physician or certified nurse-midwife, please check below and only complete the bottom portion of this form. Certified nurse-midwives must attach a copy of their certification from the American College of Nurse-Midwives to this form.

Licensed Certified Nurse Midwife _____ Licensed Physician _____

Name _____ Telephone (_____) _____

Address _____
(Street)

_____
(City) *(County)* *(State)*

Signature: _____ Date: _____

Mail to:
Member and Provider Correspondence
GHP
P.O. Box 105200
Tucker, GA 30085-5200

Appendix D
Childbirth Education Program Attendance Record

Provider Name: _____Provider Medicaid Number: _____

Address: _____
(Street, City, State, County)

Class # and Topic: _____Begin Time_____End Time _____

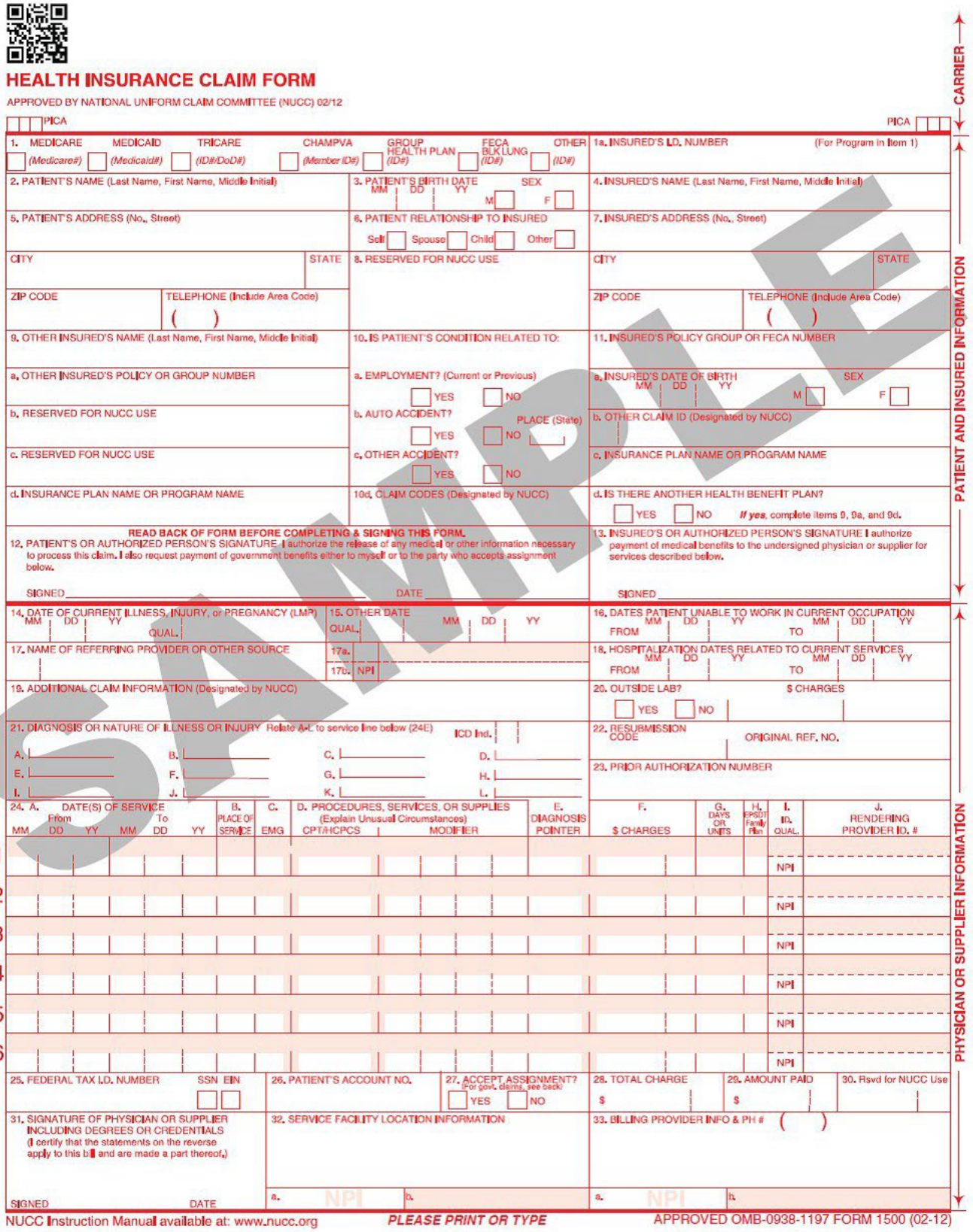
Date_____ Class Size_____ Location:_____

Name of Member	*Signature of Member*	*Medicaid Number*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

*Instructor's Name:*_____

*Instructor's Signature:*_____ *Date:*_____

Appendix E
Childbirth Education Claim Form Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

CMS 1500 Field Locator Instructions

The following table outlines the revised changes on the above CMS 1500 claim form version 02/12:

FLD Location	NEW Change
Header	Replaced 1500 rectangular symbol with black and white two-dimensional QR Code (Quick Response Code)
Header	Added "(NUCC)" after "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE."
Header	Replaced "08/05" with "02/12"
Item Number 1	Changed "TRICARE CHAMPUS" to "TRICARE" and changed" (Sponsor's SSN)" to "(ID#/DoD#)."
Item Number 1	Changed "(SSN or ID)" to "(ID#)" under "GROUP HEALTH PLAN"
Item Number 1	Changed "(SSN)" to "(ID#)" under "FECA BLK LUNG."
Item Number 1	Changed "(ID)" to "(ID#)" under "OTHER.'
Item Number 8	Deleted "PATIENT STATUS" and content of field. Changed title to "**RESERVED FOR NUCC USE**."
Item Number 9b	Deleted "OTHER INSURED's DATE OF BIRTH, SEX." Changed title to "**RESERVED FOR NUCC USE**."
Item Number 9c	Deleted "EMPLOYER'S NAME OR SCHOOL." Changed title to "**RESERVED FOR NUCC USE**."
Item Number 10d	Changed title from "RESERVED FOR LOCAL USE" to "CLAIM CODES (Designated by NUCC)."
Item Number 11b	Deleted "EMPLOYER'S NAME OR SCHOOL." **Changed title to "OTHER CLAIM ID** (Designated by NUCC)". Added dotted line in the left-hand side of the field to accommodate a 2-byte qualifier
Item Number 11d	Changed "If yes, return to and complete Item 9 a-d" to "If yes, complete items 9, 9a, and 9d." (Is there another Health Benefit Plan?)

FLD Location	NEW Change
Item Number 14	Changed title to "DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)." Removed the arrow and text in the right-hand side of the field. Added "QUAL." with a dotted line to accommodate a 3-byte qualifier." **FOR DCH/GAINWELL TECHNOLOGIES: Use Qualifiers: 431 (onset of current illness); 484 (LMP).**
Item Number 15	Changed title from 'IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE" to "OTHER DATE." Added "QUALIFIER." with two dotted lines to accommodate a 3-byte qualifier: 454 (Initial Treatment); 304 (Latest Visit or Consultation); 453 (Acute Manifestation of a Chronic Condition); 439 (Accident); 455 (Last X-ray); 471 (Prescription); 090 (Report Start [Assumed Care Date); 091 (Report End [Relinquished Care Date); 444 (First Visit or Consultation).
Item Number 17	Added a dotted line in the left-hand side of the field to accommodate a 2-byte qualifier – **Used by Medicare** for identifiers for provider roles: Ordering, Referring and Supervising. **FOR DCH/GAINWELL TECHNOLOGIES:** Use the following Ordering Provider, Referring, Supervising Qualifiers (**effective 4/01/2014**): **Ordering = DK; Referring = DN or Supervising = DQ.**
Item Number 19	Changed title from "RESERVED FOR LOCAL USE" to "ADDITIONAL CLAIM INFORMATION (Designated by NUCC)." **FOR DCH/GAINWELL TECHNOLOGIES:** Remove the Health Check logic from field 19 and add it in **field 24H.**
Item Number 21	Changed instruction after title (Diagnosis or Nature of Illness or Injury) from "(Relate Items 1, 2, 3 or 4 to Item 24E by Line)" to "Relate A-L to service line below (24E)."
Item Number 21	Removed arrow pointing to 24E (Diagnosis Pointer).
Item Number 21	Added "ICD Indicator." and two dotted lines in the upper right-hand corner of the field to accommodate a 1-byte indicator. Use the highest level of code specificity in FLD Locator 21. ICD -10 diagnoses (CM) codes = value 0.

FLD Location	NEW Change
Item Number 21	Added 8 additional lines for diagnosis codes. Evenly space the diagnosis code lines within the field.
Item Number 21	Changed labels of the diagnosis code lines to alpha characters (A-L).
Item Number 21	Removed the period within the diagnosis code lines
Item Number 22	Changed title from "MEDICAID RESUBMISSION" to "RESUBMISSION." The submission codes are: 7 (Replacement of prior claim) 8 (Void/cancel of prior claim)
Item Numbers 24A – 24 G (Supplemental Information)	The supplemental information is to be placed in the shaded section of 24A through 24G as defined in each Item Number. **FOR DCH/GAINWELL TECHNOLOGIES**: Item numbers **24A** & **24G** are used to capture Hemophilia drug units. **24H** (EPSDT/Family Planning).
Item Number 30	Deleted "BALANCED DUE." Changed title to "**RESERVED FOR NUCC USE**."
Footer	Changed "APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)" to "APPROVED OMB-0938-1197 FORM 1500 (02/12)."

Appendix F
Gainwell Technologies

A. Member and Provider Correspondence

i. P.O. Box 105200 Tucker, GA 30085-5200

B. Electronic Data Interchange (EDI)

i. 1.877.261.8785 (Toll free)

1. Asynchronous
2. Web portal
3. Physical media
4. Network Data Mover (NDM)
5. Systems Network Architecture (SNA)
6. Transmission Control Protocol / Internet Protocol (TCP/IP)

C. Provider Inquiry Numbers:

i. 1-800-766-4456 (Toll free)

The web contact address is: https://www.mmis.georgia.gov

Appendix G
Hospital Billing Tips

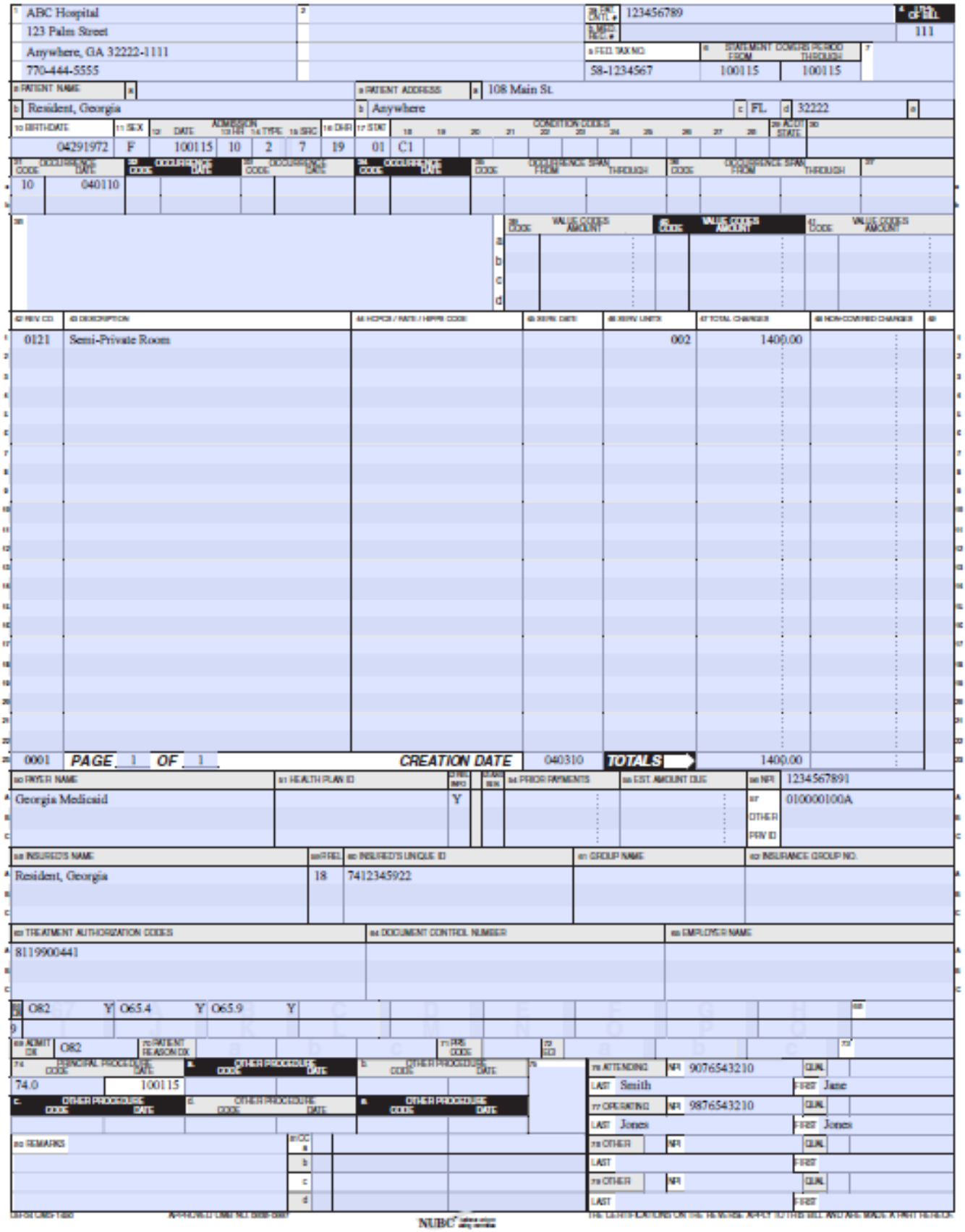
Hospitals that provide Childbirth Education classes reimbursable by Medicaid must follow all the requirements in this manual. Billing is done on a UB-04 claim form, and an example is shown on the following page. Only one UB-04 may be submitted and should reflect all the classes attended.

In Field 6, the first date class was attended should be entered for the "From" date. The last date class was attended should be entered for the "Through" date.

It is not required that the expectant mother attend all eight classes for Medicaid reimbursement. However, you should keep in mind that you can only bill one time. You may want to wait to bill after delivery. The last two classes (Newborn Feeding and Newborn Care) can be taken after the birth of the baby. If the last two classes are provided after delivery, you will not be reimbursed if you have already filed. Patients should be encouraged to attend all eight classes. For patients who complete all eight classes before delivery, you may submit your claim after the last class.

In Field 42, you should enter the Revenue Code of 942.

Hospitals must establish a fee for each of the classes. This must be the same fee charged to non- Medicaid patients, and the hospital must have supporting evidence of this. In Field 43, the description of the revenue code is entered. The date of the last class is entered in Field 45. In Field 46 you must enter the total number of classes attended, and you must enter the total charges in Field 47.
All other customary fields must also be completed.



1 ABC Hospital 123 Palm Street Anywhere, GA 32222-1111 770-444-5555		3a PAT. CNTL # 123456789	4 TYPE OF BILL 111
		5 FED. TAX NO. 58-1234567	6 STATEMENT COVERS PERIOD FROM 100115 THROUGH 100115
8a PATIENT NAME	a	8b PATIENT ADDRESS a 108 Main St.	
b Resident, Georgia		b Anywhere	c FL d 32222

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
04291972	F	100115	10	2	7	19	01	C1												

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 10	040110													
b														

38

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0121	Semi-Private Room			002	1400.00		
2							
3							
4							
5							
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21							
22							
23	0001 PAGE 1 OF 1		CREATION DATE 040310	TOTALS	1400.00		

50 PAYER NAME	51 HEALTH PLAN ID	CTRL INFO	STATE BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567891
A Georgia Medicaid		Y				57 OTHER PRV ID	010000100A
B							
C							

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A Resident, Georgia	18	7412345922		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A 8119900441		
B		
C		

A	067	Y	O65.4	Y	O65.9	Y				69
B										
C										

69 ADMIT DX	O82	70 PATIENT REASON DX				71 PPS CODE	72 ECI			73
A										
B										
C										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
A 74.0	100115					
B						
C						

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE
A					
B					
C					

80 REMARKS	81 CC a		76 ATTENDING	NPI 9076543210	QUAL	
A	b		LAST Smith		FIRST Jane	
B	c		77 OPERATING	NPI 9876543210	QUAL	
C	d		LAST Jones		FIRST Jones	
			78 OTHER	NPI	QUAL	
			LAST		FIRST	
			79 OTHER	NPI	QUAL	
			LAST		FIRST	

FORM CMS-1450 APPROVED OMB NO. 0938-0997 NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

Appendix H
General Claims Submission Policy for Ordering, Prescribing, or Referring (Opr) Providers

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the providers' definitions in sections 1861-r and 1842(b) (18) C. Therefore, claims for services that are ordered, prescribed, or referred must indicate who the ordering, prescribing, or referring (OPR) practitioner is. The department will utilize an enrolled OPR provider identification number for this purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the participating, i.e., rendering, provider. If the NPI of the OPR Provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, **the claim cannot be paid**.

Effective 4/1/2014, DCH will begin editing claims submitted through the web, EDI and on CMS- 1500 forms for the presence of an ordering, referring or prescribing provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing and referring information will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

For the current CMS-1500 claim form:
Enter qualifiers to indicate if the claim has an ordering, referring, or prescribing provider to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ).

For claims entered via the web:
Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.

For claims transmitted via EDI:
The 837 D, I, and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information.

Appendix I
ICD-10 Overview

Please refer to Appendix J of the Part I Policies and Procedures For Medicaid/PeachCare For Kids manual for detailed information pertaining to ICD-10.

Appendix J
Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation

A. Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation

For information on the Georgia Families, Georgia Families 360, or Non-Emergency Medical Transportation program, please access the overview document at the following link:

i. Georgia Families Overview:
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

ii. Georga Families 360 Overview:
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

iii. Non-Emergency Medical Transportation Overview:
https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx