

Geisinger Health Plan Maternal Health Program

“Right from the Start”

Overview

Healthy Beginnings Plus is an enhanced, comprehensive package of services developed by the Department of Human Services to assist low-income, pregnant women who are eligible for Medical Assistance to have a positive prenatal care experience. It includes, in addition to medical services, a variety of health promotion and counseling services, as well as home and community based services. GHP Family has named this program **Right from the Start**.

To be reimbursed for these enhanced services, providers must be a Department of Human Services (DHS) designated Healthy Beginnings certified provider. To qualify, providers must meet the requirements set forth by DHS and be prepared to deliver services as detailed in this guideline. Providers not wishing to participate in Right from the Start or not yet certified by DHS may continue to serve GHP Family members on a fee for service basis. For information on becoming a Healthy Beginnings certified provider [click here](#).

Please note:

- If a member chooses to no longer participate in the Healthy Beginnings Program, she will not be able to rejoin the program.
- HD, U8, U9, UB, TG, or TF modifiers should only be used on claims to report Healthy Beginnings services.

The program is divided into separate components and each one is separately reimbursable when reported if all applicable criteria are met.

Right from the Start intake package

The Intake Package is intended to initiate the member’s participation in Right from the Start and generally occurs at the time of the member’s first obstetric visit. This package contains the below listed services:

- Confirmation of pregnancy
- Assignment of a Care Coordinator
- Orientation and Enrollment into the Right from the Start Program
- Initiation of the Care Coordination Record
- Problem identification and development of the initial care plan
- Promotion of a Healthy Lifestyle

Providers must report the appropriate HCPCS code (T1001 U9) in addition to the corresponding visit HCPCS code to be reimbursed for the Intake Package.

Note:

- This package can only be billed once per pregnancy.
- The Intake Package may be billed regardless of the trimester in which care is sought. However, it must be completed within the first three visits if care is initiated in the first two trimesters and no later than four weeks prior to delivery if initiated in the 3rd trimester of pregnancy. It should be noted that for the Intake to be considered complete, at least one visit to an obstetric care practitioner must have taken place along with the completion of appropriate laboratory tests.

Providers should also complete the Care Coordination record and maintain a copy in the member's health record. For a copy of the Care Coordination record [click here](#).

Basic maternity services

Each trimester's maternity care package is separately reimbursable if all elements of the respective trimester have been met. Reimbursement for each trimester is increased if the member is identified as meeting high risk maternity criteria. High risk maternity services are defined as services that, in conjunction with a pregnancy diagnosis, require greater frequency and longer visits (e.g. diabetes, kidney issues).

Services not included in the trimester case rate will be reimbursed on a fee for service basis per the provider's fee schedule. These services include such things as laboratory, pathology and radiology services.

If either the provider or the member is not a participant in the program, providers will be reimbursed on a fee for service basis for the visit.

First trimester maternity care package

Basic First Trimester

At a minimum, the first basic trimester services include:

- Obstetric Services to screen for high-risk conditions
- Health Promotion appropriate to the trimester
- Care Coordination
- Nutritious Snack

High-Risk First Trimester

A high-risk pregnancy is defined as a member who is identified with a medical and/or obstetrical condition existing during the first trimester, which puts her at risk of a suboptimal pregnancy outcome. The diagnosis code for the high-risk condition must be included on the claim. In addition to the more intensive level of obstetrical care, the following must also be provided:

- Care Coordination
- Health Promotion appropriate to the trimester
- Nutritious snack

Second trimester maternity care package

Basic Second Trimester

At a minimum, the second basic trimester services include:

- Obstetric Services to screen for high-risk conditions
- Health Promotion appropriate to the trimester
- Care Coordination
- Nutritious Snack

High-Risk Second Trimester

A high-risk pregnancy is defined as a member who is identified with a medical and/or obstetrical condition or an ongoing condition from the first trimester, which puts her at risk of a suboptimal pregnancy outcome. The diagnosis code for the high-risk condition must be included on the claim. In addition to the more intensive level of obstetrical care, the following must also be provided:

- Care Coordination
- Health Promotion appropriate to the trimester
- Nutritious snack

Third trimester maternity care package

Basic Third Trimester

At a minimum, the third basic trimester services include:

- Obstetric Services to screen for high-risk conditions
- Health Promotion appropriate to the trimester
- Care Coordination
- Nutritious Snack
- Delivery
- Postpartum examination (4-8 weeks following delivery)
- Referral of infant for follow-up services

High-Risk Third Trimester

A high-risk pregnancy is defined as a member who is identified with a medical and/or obstetrical condition or an ongoing condition from the first and/or second trimester, which puts her at risk of a suboptimal pregnancy outcome. The diagnosis code for the high-risk condition must be included on the claim. In addition to the more intensive level of obstetrical care, the following must also be provided:

- Care Coordination
- Health Promotion appropriate to the trimester
- Nutritious snack
- Delivery
- Postpartum examination (4-8 weeks following delivery)
- Referral of infant for follow-up services

Outreach bonus

Providers may be eligible for the outreach bonus for members who are recruited into the Right from the Start program during the first trimester and received services through the third trimester by the same provider. The outreach bonus cannot be reported until the member has completed the third trimester package and those services have been reported. The outreach bonus may be reported for either basic or high-risk services. Providers should report the outreach bonus using procedure code **99429 with the HD modifier**.

Billing requirements

1st Trimester Package	Basic (Must provide at least 2 visits)		High Risk			
New Patient	Procedure	Modifier		Procedure	Modifier	
12-17 Years	99384	U8	HD	99384	U9	HD
18-39 Years	99385	U8	HD	99385	U9	HD
40-64 Years	99386	U8	HD	99386	U9	HD

1st Trimester Package	Basic (Must provide at least 2 visits)		High Risk (One per client per pregnancy)			
Established Patient	Procedure	Modifier		Procedure	Modifier	
12-17 Years	99394	U9	HD	99394	TF	HD
18-39 Years	99395	U9	HD	99395	TF	HD
40-64 Years	99396	U9	HD	99396	TF	HD

2nd Trimester Package	Basic (Must provide at least 2 visits)		High Risk (One per client per pregnancy)			
New Patient	Procedure	Modifier		Procedure	Modifier	
12-17 Years	99384	UB	HD	99384	TG	HD
18-39 Years	99385	UB	HD	99385	TG	HD
40-64 Years	99386	UB	HD	99386	TG	HD

2nd Trimester Package	Basic (Must provide at least 2 visits)		High Risk			
Established Patient	Procedure	Modifier		Procedure	Modifier	
12-17 Years	99394	UB	HD	99394	TG	HD
18-39 Years	99395	UB	HD	99395	TG	HD
40-64 Years	99396	UB	HD	99396	TG	HD

2 nd Trimester Package with delivery				
Vaginal Delivery	59400	U7	HD	
Cesarean Delivery	59510	U7	HD	
Vaginal Birth After Cesarean	59610	UB	HD	

3 rd Trimester Package with delivery	Basic (Must provide at least 5 visits)		High Risk (One per pregnancy)		
	Procedure	Modifier	Procedure	Modifier	
Routine	59400	HD	59400	U8	HD
Cesarean Delivery	59510	HD	59510	U8	HD
VBAC	59610	U9 HD	59610	TG	HD

3 rd Trimester Package with early delivery				
Vaginal Delivery	59410	U9	HD	
Cesarean Delivery	59515	U9	HD	

Single Visit Reimbursement (May not be billed with Maternity Care Package Code in same trimester)						
Visits Only	Basic			High Risk		
1 st Trimester	Procedure	Modifier		Procedure	Modifier	
New	99201	U9	HD	99202	U9	HD
Established	99211	U9	HD	99212	U9	HD
Visits Only	Basic			High Risk		
2 nd Trimester	Procedure	Modifier		Procedure	Modifier	
New	99203	U9	HD	99204	U9	HD
Established	99213	U9	HD	99214	U9	HD

Visits Only	Basic			High Risk			
3 rd Trimester	Procedure	Modifier		Procedure	Modifier		
New	99205	U9	HD	99205	TH	HD	21
Established	99215	U9	HD	99215	TH	HD	21

Third Trimester Package- Delivery not performed by designated Healthy Beginnings Plus Provider, but all 3 rd trimester requirements have been completed, including postpartum visit.							
	Basic (excludes delivery)			High Risk (excludes delivery)			
	Procedure	Modifier		Procedure	Modifier		
Ante partum care; 4 to 6 visits	59425	U7	HD	59425	U8	HD	
Ante partum care; 7 or more visits	59426	U7	HD	59426	U8	HD	

Special Codes	Procedure	Mod 1	Mod 2	Notes
Genetic Counseling	99205	TF	HD	Per 15 min Unit; 2 per pregnancy
Outreach Bonus for First Trimester Recruitment	99429	HD		One per client per pregnancy when initiated in 1 st trimester and care continues with HBP Program provider through 2 nd and 3 rd trimester, delivery, and postpartum.
Postpartum obstetric home care (service after office hours in addition to basic service)	99050	HD		45 minute visit; Limit- 2 units per visit and no more than 2 visits per week
Prenatal Home Care	99500	HD		45 minute visit; 1 per day
Obstetrical Home Care	99500	U9	HD	45 minute visit
Post-partum Home Assessment/client education	99501	HD		45 minute visit; Limit- 2 units per visit and no more than 2 visits per week
Postpartum personal Care	99509	HD	SC	45 minute visit; Limit- 2 units per visit and no more than 2 visits per week
Personal Care	99509	HD		45 minute visit; Limit- 2 units per visit and no more than 2 visits per week
Urgent Transportation Only-Car	A0425	U9	HD	For urgent care only. Receipt required 1 unit=1 mile
Mileage, additional allowance for home visits- Healthy Beginnings Plus Providers	A0425	HD		Must be billed with one of the following procedure codes and modifier combinations as follows: 99050 w/ HD; 99500 w/ U9 & HD; 99501 w/ HD; 99509 w/ HD & SC; G0156 w/ U9 & HD; T1028 w/ HD. 1 unit=1 mile
Urgent Transportation Only-Public Carrier	T2003	U9	HD	Receipt required 1 unit=1 mile
Postpartum Home Nursing Visits	G0299	U9	HD	45 minute visit
Postpartum Home Health Aide	G0156	U9	HD	45 minute visit; 1 per day
Home health aide care	G0156	U9	HD	45 minute visit; 1 per day

Smoking (Tobacco) Cessation Counseling	G9016	HD		Per 15 min Unit
Substance abuse problem identification and referral counseling	H0004	U9	HD	Per 15 min Unit (service provided by or under the direction of the social worker in charge of psychosocial services)
General Counseling Support	H0004	U8	HD	Per 15 min Unit (service provided by social worker, psychologist, psychiatrist, or other DHS-approved mental health worker)
Outreach Visit	H1002	HD		3 visits per case finding or follow up
Childbirth Preparation	S9436	HD		1 per Pregnancy and have not previously attended such a program
Childbirth Review	S9437	HD		1 per Pregnancy and has previously attended child birth preparation classes
Parenting Program	S9444	HD		1 per Pregnancy
Prenatal Exercise Series	S9451	HD		1 per Pregnancy
Nutrition Counseling	S9470	U7	HD	Per 15 min Unit (service provided by DHS-approved licensed nutritionist or registered dietician)
Intake Package	T1001	U9	HD	1 per Pregnancy
Home Assessment/Client Education	T1028	HD		45 minute visit; Limit- 2 units per visit and no more than 2 visits per week