



Mike DeWine, Governor
Jon Husted, Lt. Governor

Maureen M. Corcoran, Director

Medicaid Advisory Letter (MAL) No. 658

DATE: July 1, 2021

TO: Eligible Medicaid Providers
Chief Executive Officers, Managed Care Plans
Other Interested Parties

FROM: Maureen M. Corcoran, Medicaid Director

SUBJECT: ***Payment for the Completion and Submission of the Report of Pregnancy and the Pregnancy Risk Assessment by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)***

Coverage policy for the Report of Pregnancy (ROP) and the Pregnancy Risk Assessment (PRAF) is set forth in rule 5160-21-04 of the Ohio Administrative Code:

Payment may be made for one report of a pregnancy that is diagnosed in conjunction with an E&M service not associated with a normal obstetrics/gynecology visit, submitted on either form ODM 10257, "Report of Pregnancy (ROP)" (7/2021), or its web-based equivalent located at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/special-programs-and-initiatives/praf/praf>. This payment is separate from the payment for the E&M service (or the encounter or visit of which the E&M service is part).

A pregnancy risk assessment may be used to screen an individual for medical and social factors that may place that individual at risk for preterm birth or other poor pregnancy outcome and to substantiate the individual's need for enhanced pregnancy-related services and other support services. Payment may be made for one such assessment, normally performed at the initial antepartum visit by a practitioner of obstetric services and submitted on either form ODM 10207, "Pregnancy Risk Assessment" (PRAF) (rev. 7/2021), or its web-based equivalent located at <https://medicaid.ohio.gov/wps/portal/gov/medicaid/resources-for-providers/special-programs-and-initiatives/praf/praf>.

Payment for the completion and the submission of the ROP and PRAF is made outside of the prospective payment system (PPS). Completion of these forms should not be reported on claims submitted to Medicaid for FQHC or RHC visits paid under the PPS, nor should they be reported on claims for wraparound payments. Instead, they should be reported separately as covered non-PPS services under the "clinic" provider number (provider type 50) of the FQHC or RHC.

The payment amount for a ROP or PRAF is specified in Appendix DD to rule 5160-1-60 of the Administrative Code.

Additional Information

Information about the services and programs of the Ohio Department of Medicaid may be accessed through the main webpage at <http://www.medicaid.ohio.gov>.

The Medicaid managed care plans (MCPs) may have specific claim submission requirements that differ from the requirements for Medicaid fee-for-service claim submission through the MITS provider portal. Questions about MCP claim submission requirements should be directed to the MCPs.

Questions

Questions pertaining to this MAL may be directed to the Ohio Department of Medicaid.

Provider call center: (800) 686-1516

E-mail address: noninstitutional_policy@medicaid.ohio.gov

Postal mail address: Bureau of Health Plan Policy
Non-Institutional Services
P.O. Box 182709
Columbus, OH 43218-2709