



## Participation Guidelines and Billing Instructions

### Pregnancy Presumptive Eligibility

#### Overview

Presumptive eligibility refers to time-limited Medicaid coverage as determined by qualified entities on the basis of preliminary information (i.e., client attestation). Presumptive eligibility allows the pregnant person to apply for continued and full Medicaid coverage while beginning prenatal care immediately. Pregnancy presumptive eligibility is limited to one determination per pregnancy. Following the policy guidelines below, qualified entities (i.e., provider offices) may be certified to enroll pregnant individuals into pregnancy related Medicaid without waiting for the state to make an eligibility determination.

Under pregnancy presumptive eligibility, qualified entities may authorize pregnancy related Medicaid coverage, which will provide ambulatory prenatal services during the month of application and one month after.

#### Policy

Qualified entities must follow federal and state requirements for Medicaid eligibility and performance standards. Requirements may be found in 42 CFR 435.1103 and Nevada Revised Statutes 422.

Nevada Division of Welfare and Supportive Services (DWSS) policies on presumptive eligibility can be found on the DWSS website, [Medical Assistance Manual](#), Section H-100 Prenatal Pregnancy PE.

#### Qualified Entity

Qualified entities (i.e., provider offices) may opt to have their office staff trained to do presumptive eligibility for Medicaid coverage for pregnant individuals. While a provider is a qualified entity, it is the trained and certified office staff who will be completing the preliminary determinations and meeting the program benchmarks.

A provider office may be defined as a qualified entity, as set forth by the Division of Health Care Financing and Policy (DHCFP), if the following are met:

- Provider is enrolled with Nevada Medicaid as defined in the State Plan;
- Provider office provides obstetrical services under their scope; and
- A provider office determines they are capable of making presumptive eligibility determinations.

The following table shows the Nevada Medicaid enrolled provider types (PT) that may request to have their office be a pregnancy presumptive eligibility qualified entity:

Provider Type	Specialty	Title
17	166	Family Planning
17	169	Licensed Birth Centers
17	180	Rural Health Clinics
17	181	Federally Qualified Health Centers (FQHC)
17	182	Urban Indians FQHC
20	062, 124 or 129	Physicians – Obstetrics/Maternal Fetal Medicine specialties
24	--	Advanced Practice Registered Nurses (APRN)
47	--	Indian Health Programs
74	--	Nurse Midwives
77	--	Physician Assistants



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#### Medicaid Provider Contracts

Interested provider offices must sign [Nevada Medicaid Pregnancy Presumptive Eligibility Addendum](#) (henceforth, Addendum), which will be added to their Nevada Medicaid and Check Up Provider Contract. It is the qualified entity that assumes all liability with the performance of their trained and certified office staff as noted in the Addendum.

Currently enrolled Nevada Medicaid providers may email the signed Addendum and the [Pregnancy Presumptive Eligibility Training Sign-Up Sheet](#) to [providerenrollment@dncfp.nv.gov](mailto:providerenrollment@dncfp.nv.gov) to express their interest in adding pregnancy presumptive eligibility determinations to their Nevada Medicaid and Check Up Provider Contract. Upon DHCNP receiving the signed Addendum and Training Sign-Up Sheet, the DWSS will be contacting the qualified entity to schedule training for the identified employee staff. The Presumptive Eligibility Pregnancy course is approximately 12 hours via an online forum.

#### Allowable Services

Medicaid coverage during the presumptive eligibility period is limited to ambulatory prenatal services. The following Nevada Medicaid enrolled PTs may submit claims for services rendered to presumptively eligible pregnant persons:

- PT 12 – Hospital, Outpatient
- PT 20 – Physician, M.D., Osteopath, D.O.
- PT 24 – Advanced Practice Registered Nurses (APRN)
- PT 74 – Nurse Midwives
- PT 77 – Physician Assistant (PA)
- PT 28 – Pharmacy

**Encounter-based providers** may provide and receive reimbursement for the services below using their applicable encounter codes. These encounter-based providers include PT 17 specialty 180 – Rural Health Clinics; PT 17 specialty 181 – Federally Qualified Health Centers; PT 17 specialty 182 – Urban Indians FQHC; and PT 47 – Indian Health Programs.

Prescribed drugs dispensed or administered to presumptive eligible recipients are covered. Pharmacy benefits may take up to 48 hours to go into effect after presumptive eligibility is determined.

The following table includes the list of covered services for the presumptive eligibility period. **Note:** The procedure code descriptions are not detailed. Please visit the Current Procedural Terminology (CPT) book for detailed descriptions.

**Please note:** All procedure codes listed below may not be billable to all provider types listed above.

Antepartum Care			
59000 - 59001	Amniocentesis	59070	Transabdominal amnioinfusion
59012	Cordocentesis	59072	Fetal umbilical cord occlusion
59015	Chorionic villus sampling	59074	Fetal fluid drainage
59020	Fetal contraction stress test	59076	Fetal shunt placement
59025	Fetal non-stress test	59320	Cerclage of cervix
59030	Fetal scalp blood sampling	59325	Cerclage of abdominal
59050 - 59051	Fetal monitoring	59425 - 59426	Antepartum care only
Ultrasound			
76801 - 76802	Ultrasound, Abdominal	76825 - 76828	Ultrasounds, fetal heart
76805	Ultrasound, Abdominal	76830 - 76831	Ultrasound, pelvis/uterus
76810-76821	Ultrasound during pregnancy	76856 - 76857	Ultrasound of pelvis



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Labs			
80055	Obstetric panel	84163	Preg-associated plasma protein
80081	Obstetric panel (incl. HIV testing)	84702 - 84703	Gonadotropin
80305 - 80306	Testing for presence of drug	85013 - 85014	Red blood cell hemoglobin
81000 - 81003	Urinalysis (by dip stick)	85018	Hemoglobin measurement
81005	Urinalysis, qualitative	86318	Detect of infectious agent antibody
81007	Urinalysis, bacteriuria screen	88230	Tissue culture, white blood cell d/o
81015	Urinalysis, microscopic only	88235	Tissue culture, d/o of amniotic fluid
81020	Urinalysis, 2 or 3 glass test	88261 - 88264	Chrom analysis for genetic defects
81025	Urine pregnancy test	88267	Chrom analysis of amniotic fluid
81050	Volume measurement	88269	Chrom analysis of amniotic fluid
81228 - 81229	Genome-wide microarray analysis	88271	Molecular cytogenetics (FISH)
82013	Acetylcholinesterase (enzyme) level	88272 - 88273	Chromosomal in situ hybridization
82105 - 82106	Alpha-fetoprotein level, serum	88274 - 88275	Interphase in situ hybridization
82677	Estriol (hormone) level	88280	Chromosome analysis, karyotypes
82948	Blood glucose (sugar)	88283	Chrom analysis, specialized banding
82950	Blood glucose (sugar)	88285	Chrom analysis, additional cells
83033	Fetal hemoglobin analysis	88289	Chrom analysis, high resolution
83036	Hemoglobin A1C level	88291	Interpret/report of genetic testing
Behavioral Health			
90833	Psychotherapy with evaluation	96160	Patient health risk assessment
90836	Psychotherapy with evaluation	99406 - 99407	Behavior change smoking
90838	Psychotherapy with evaluation	99408 - 99409	Alcohol/substance abuse screen/Inter
90839 - 90840	Psychotherapy for crisis	G0443	Brief alcohol misuse counsel
99401	Preventative medicine counseling	G0444	Depression screen
96127	Brief emotional/behavior assessment	G0445	STD prevention education
96156	Health behavior assessment	H0049	Alcohol/Drug Screening
96158 - 96159	Health behavior intervention		
Evaluation and Management (E&M) Visits			
99202 - 99205	Office/outpatient visit new	99384 - 99386	Initial new patient preventative eval
99211 - 99215	Office/outpatient visit established	99394 - 99396	Est. patient preventative exam
Other			
59812	Treatment of incomplete abortion	59870	Uterine evacuation and curettage
59820 - 59821	Treatment of missed abortion	59871	Removal of cerclage suture
59830	Treatment of septic abortion	98960	Educ/training for self-management
59840 - 59841	Induced abortion	Q3014	Telehealth originating site fee
59866	Multifetal pregnancy reductions	S9445	Patient education, non physician



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#### Non-covered Services

The following services are not covered under pregnancy presumptive eligibility (this list is not all-inclusive):

- Inpatient stays
- Labor and delivery
- Dental
- Vision

**Note:** If an individual becomes Medicaid eligible through pregnancy presumptive eligibility, they are not eligible for hospital presumptive eligibility for a two (2) year time period; although, pregnancy presumptive eligibility is limited to one determination per pregnancy. Hospital presumptive eligibility, as completed by hospitals, may allow coverage of additional Medicaid services not covered by the pregnancy presumptive eligibility.

As a reminder, it is important to navigate pregnant presumptive eligible Medicaid recipients to apply for full Medicaid coverage through DWSS for continued and expanded healthcare coverage.

#### Prior Authorization (PA)

For policies and PA requirements for the allowable services listed above, please refer to the respective [Medicaid Services Manuals](#). To determine whether a PA is required for the services, visit the [Authorization Criteria](#) search function.

#### Billing Requirements or Instructions

No special or different billing requirements are needed when providers submit claims for the allowable services for determined presumptively eligible pregnant individuals.