Utah Department of Health & Human Services

Frequently asked questions (FAQ) related to the Service Based Enhanced (SBE) payments for Labor and Delivery utilization through a Maternity Case Rate (MCR) in the PRISM system.

What is a Service Based Enhancement (SBE) payment?

A SBE is a payment to a managed care entity (MCE) that is in addition to a capitation payment. SBE payments are made in addition to the Per Member Per Month (PMPM) capitation payment. SBE payments are made for services such as delivery charges, known as Maternity Case Rate (MCR) payments in PRISM. In Legacy MMCS, these enhanced payments for labor and delivery were identified by several different names including Delivery Case Rate (DCR), balloon payment, and kick payment. In PRISM, these payments will be identified as Maternity Case Rate (MCR) payments.

When will an MCR payment be paid?

If the MCE submits a valid encounter, the MCR will automatically pay. PRISM applies MCR logic to identify encounters qualified for MCR payment based on the services billed. The MCR is applicable for MCR payments for encounter (including crossover encounter) claims.

When will a MCR payment be recouped?

If the MCE later sends in a void or reversal encounter for the previously paid MCR payment, the payment will be recouped from the MCE. In addition, Utah Medicaid may retroactively review and audit MCR claims and payments. If a discrepancy is discovered, a payment may be recouped. Any MCR recoupments made as a result of a review or audit will be discussed with the MCE prior to recoupment.

How will MCR payments be handled when a member changes their eligibility or plan enrollment near the date of delivery?

This depends on the circumstance of the case:

1. If the Member is admitted to the hospital under FFS and delivers in the following month as an MCE enrollee (while the Member is still admitted under the same hospital stay), then no MCR is generated. FFS is responsible for charges through the date of discharge.

2. If the Member is admitted to the hospital, enrolled with MCE “A” and delivers in the following month under FFS (while the Member is still admitted under the same hospital stay), then the MCR is paid to MCE “A”.

3. If the Member is admitted to the hospital, enrolled with MCO “A” and delivers in the following month under MCE “B” (while the member is still admitted under the same hospital stay), then the MCR is paid to MCE “A”.

What does the Encounter status need to be in order to be considered eligible for a MCR payment?

The MCR encounter logic is applied to encounter records that have passed all edits and have a business status of “Accepted”.

MCEs may send void and adjustment encounter records to be processed in PRISM. The MCR logic is applied to both the void and adjustment records. PRISM will automatically review these transactions and recoup MCR payments as appropriate.

Any adjustments to the MCR payment will be reflected on the 820.

What MCE programs will qualify to receive a MCR payment?

MCR payments are only made for members enrolled with an ACO physical health program. Members enrolled in a UMIC (sometimes identified as IMED), HOME, or CHIP program would not receive an MCR payment, even if a qualifying encounter was submitted. A member can be referred to DWS to have their pregnancy status updated. Once updated, and assigned to an ACO program, the qualifying encounter would cause the MCE to receive the MCR payment.

How is the MCE alerted to an MCR payment being paid?

The MCE would see the MCR payment show up on the next 820 file. There will not be other types of notification or reports generated. Internally, Utah Medicaid staff will receive notifications or errors for encounters that trigger an MCR payment outside of the expected parameters, or if an MCR payment needs to be reviewed.

How will MCR payments be handled for claims submitted prior to PRISM go-live?

MCR payments only apply to encounters, including adjustments and voids, submitted after PRISM go-live, but not for converted encounters from MMCS.

To ensure that MCR payments apply correctly, please watch for MMCS legacy freeze timelines and documentation. When the freeze timeline is known, MCEs will be able to determine which encounters to submit pprior to the freeze, and which encounters to submit once PRISM has gone live.

If an MCE submits encounter data after PRISM go-live, for a Date of Service (DOS) prior to PRISM, the MCE will receive the MCR payment. For example, an MCE

submits a valid encounter on May 1, 2023 for a labor and delivery for a claim DOS on January 1, 2023, the MCR payment would be paid to the MCE.

What encounter edits are in place to either accept, reject or manually review MCR payments?

- Check if the MCR Payment request is for Male Member
- Check if there is any other MCR payment made to an MCO for that Member in the past 9 months from the current admission date.
- Check if the Member is less than 10 years of age or 60 years or over on the date of service.
- Check if the Member is enrolled with the MCE on date of service.
- Check if the MCE is contracted for MCR services on the service date.
- Check if the MCR Miscarriage Pended Payment Indicator is set as “Y” on the encounter claim which is for MCR payment. Pend this payment for Manual Review.
- Check if the regular prospective Capitation payment is made for the member (approved or higher status) to the MCE on the Derived service date.
- Check if there is another MCR Payment already made to MCE for Member in the past before the current admit date or service date for the Member.
- Check if there are any MCR payments received from the same provider for the same member in the +/- 15 days (duplicate criteria). If yes, then Pend the second MCR with this Edit.

What criteria or codes are encounter claims required to have in order for a MCR payment to be made?

MCR payments are determined by reference groups, based on the accepted billing codes (DRG, CPT, Diagnosis or REV codes) in the submitted encounter claims. The specific {{Group Codes}} can be found in the Appendix near the end of this FAQ.

Labor and delivery claim identification – Pay DCR

If one of the DRGs from group {{Group Code - SBEP-6} is on the encounter claim:

OR

One of the CPT codes from group {{Group Code - SBEP-1}} is on the encounter claim:

OR

the Revenue code from group {{Group Code - SBEP-2}} is on the encounter claim:

THEN pay DCR

Miscarriage claim identification – Pay DCR

If one of the DRGs from group {{Group Code - SBEP-7} is on the encounter claim:

OR

One of the CPT codes from group {{Group Code - SBEP-3} is on the encounter claim:

OR

one of the diagnosis codes from group {{Group Code - SBEP-8} is on the encounter claim

THEN pay DCR

Miscarriage claim identification – Pend for Department Review

If one of the DRGs from group {{Group Code – SBEP-7}} is on the encounter claim:

OR

One of the CPT codes from group {{Group Code - SBEP-4} is on the encounter claim:

AND

The encounter claim does not have one of the gestational age diagnosis codes from codes from group {Group Code - SBEP-5}

THEN pend for Department review

What is the process for a Department review of a pended MCR payment?

Medicaid staff will review the submitted encounter claim data, and may request additional documentation from the plan to validate the MCR qualifying event.

What if new DRG, REV, CPT or Diagnosis codes are created or modified which would indicate a qualifying claim for a MCR payment?

PRISM is designed to allow updates and modifications to the code sets. If an MCE discovers a code is missing or should be considered for addition to the MCR edit logic, the MCE may request that additional codes be included by contacting Utah Medicaid.

APPENDIX

CPT codes {Group Code - SBEP-1}

- 59400 ROUTINE OBSTETRIC CARE INCL ANTE/POSTPARTVAG DEL
- 59409 Vaginal delivery only (with or without episiotomy and/or forceps)
- 59410 VAGINAL DELIVERY ONLY;INCLUDING POSTPARTUM CARE
- 59414 Delivery of placenta (separate procedure)
- 59510 ROUTINE OB INC ANTEPARTUM/CESAREAN DEL/POSTPARTUM
- 59514 Cesarean delivery only;
- 59515 Cesarean delivery only; including postpartum care
- 59610 - ROUTINE OB CAREANTEPARTUMVAG DELIVERPOSTPARTUM
- 59612 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
- 59614 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum car
- 59618 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
- 59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
- 59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

Revenue code {Group Code - SBEP-2}

- 0724 Birthing center

CPT Codes {Group Code - SBEP-3}

- 59812 Treatment of incomplete abortion, any trimester, completed surgically
- 59821 Treatment of missed abortion, completed surgically; second trimester
- 59830 Treatment of septic abortion, completed surgically
- 59100 Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
- 59151 Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
- 59140 Surgical treatment of ectopic pregnancy; cervical, with evacuation
- 59150 Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
- 59130 Surgical treatment of ectopic pregnancy; abdominal pregnancy
- 59136 Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
- 59121 Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
- 59135 Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
- 59120 Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach

CPT codes {Group Code - SBEP-4}

- 59820 Treatment of missed abortion, completed surgically; first trimester
- 59840 Induced abortion, by dilation and curettage
- 59841 Induced abortion, by dilation and evacuation
- 59850 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; ● 59851 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission

and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

- 59852 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
- 59855 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
- 59856 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
- 59857 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)

Diagnosis codes {Group Code - SBEP-5}

- Z3A01 Less than 8 weeks gestation of pregnancy
- Z3A08 8 WEEKS GESTATION OF PREGNANCY
- Z3A09 9 WEEKS GESTATION OF PREGNANCY
- Z3A10 10 WEEKS GESTATION OF PREGNANCY
- Z3A11 11 WEEKS GESTATION OF PREGNANCY Z3A12 12 WEEKS GESTATION OF PREGNANCY
- Z3A13 13 WEEKS GESTATION OF PREGNANCY
- Z3A14 14 WEEKS GESTATION OF PREGNANCY
- Z3A15 15 WEEKS GESTATION OF PREGNANCY
- Z3A16 16 WEEKS GESTATION OF PREGNANCY
- Z3A17 17 WEEKS GESTATION OF PREGNANCY
- Z3A18 18 WEEKS GESTATION OF PREGNANCY

- Z3A19 19 WEEKS GESTATION OF PREGNANCY
- Z3A20 20 WEEKS GESTATION OF PREGNANCY
- Z3A21 21 WEEKS GESTATION OF PREGNANCY
- Z3A22 22 WEEKS GESTATION OF PREGNANCY
- Z3A23 23 WEEKS GESTATION OF PREGNANCY
- Z3A24 24 WEEKS GESTATION OF PREGNANCY
- Z3A25 25 WEEKS GESTATION OF PREGNANCY
- Z3A26 26 WEEKS GESTATION OF PREGNANCY
- Z3A27 27 WEEKS GESTATION OF PREGNANCY
- Z3A28 28 WEEKS GESTATION OF PREGNANCY
- Z3A29 29 WEEKS GESTATION OF PREGNANCY
- Z3A30 30 WEEKS GESTATION OF PREGNANCY
- Z3A31 31 WEEKS GESTATION OF PREGNANCY
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- Z3A36 36 WEEKS GESTATION OF PREGNANCY
- Z3A37 37 WEEKS GESTATION OF PREGNANCY
- Z3A38 38 WEEKS GESTATION OF PREGNANCY
- Z3A39 39 WEEKS GESTATION OF PREGNANCY
- Z3A40 40 WEEKS GESTATION OF PREGNANCY
- Z3A41 41 WEEKS GESTATION OF PREGNANCY
- Z3A42 42 WEEKS GESTATION OF PREGNANCY
- Z3A49 GREATER THAN 42 WEEKS GESTATION OF PREGNANCY

DRG codes {Group Code - SBEP-6}

- 765 Cesarean section w CC/MCC
- 766 Cesarean section w/o CC/MCC
- 767 Vaginal delivery with sterilization and/or D&C

- 768 Vaginal delivery with o.r. Proc except steril &/or d&c
- 783 Cesarean Section with Sterilization with MCC
- 784 Cesarean Section with Sterilization with CC
- 785 Cesarean Section with Sterilization without CC/MCC
- 786 Cesarean Section without Sterilization with MCC
- 787 Cesarean Section without Sterilization with CC
- 788 Cesarean Section without Sterilization without CC/MCC
- 796 Vaginal delivery with sterilization/d&c with mcc
- 797 Vaginal delivery with sterilization/d&c with cc
- 798 Vaginal delivery with sterilization/d&c without cc/mcc
- 805 Vaginal delivery without sterilization/d&c with mcc
- 806 Vaginal delivery without sterilization/d&c with cc
- 807 Vaginal delivery without sterilization/d&c without cc/mcc
- 817 Other Antepartum Diagnoses with O.R. Procedure with MCC
- 818 Other Antepartum Diagnoses with O.R. Procedure with CC
- 819 Other Antepartum Diagnoses with O.R. Procedure without CC/MCC

DRG Codes {Group Code - SBEP-7}

- 769 Postpartum and post abortion diagnoses with o.r. Procedure
- 770 Abortion with d&c, aspiration curettage or hysterotomy
- 776 Postpartum and post abortion diagnoses without o.r. Procedure
- 779 Abortion without d&c

Diagnosis codes {Group Code – SBEP-8}

- Z3A22 22 WEEKS GESTATION OF PREGNANCY
- Z3A23 23 WEEKS GESTATION OF PREGNANCY
- Z3A24 24 WEEKS GESTATION OF PREGNANCY
- Z3A25 25 WEEKS GESTATION OF PREGNANCY
- Z3A26 26 WEEKS GESTATION OF PREGNANCY

- Z3A27 27 WEEKS GESTATION OF PREGNANCY
- Z3A28 28 WEEKS GESTATION OF PREGNANCY
- Z3A29 29 WEEKS GESTATION OF PREGNANCY
- Z3A30 30 WEEKS GESTATION OF PREGNANCY
- Z3A31 31 WEEKS GESTATION OF PREGNANCY
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- Z3A40 40 WEEKS GESTATION OF PREGNANCY
- Z3A41 41 WEEKS GESTATION OF PREGNANCY
- Z3A42 42 WEEKS GESTATION OF PREGNANCY
- Z3A49 GREATER THAN 42 WEEKS GESTATION OF PREGNANCY