

Obstetrical (OB) Ultrasound Authorization Process Effective 03/01/2019





Objectives

- **Overview of Horizon NJ Health's obstetrical ultrasound services procedure changes**
- **Review appropriate obstetrical codes needed for claims submission**



Presentation Topics

- **Ultrasound General Procedures**
- **Medical Necessity**
- **Handbook and Resources**



Medical Necessity

- **Horizon NJ Health reimburses for services deemed medically necessary.**
- **Our goal is to ensure appropriate utilization of services.**





Routine Ultrasound Covered under the GEMS Authorizations

- **GEMS 1 Authorization:**
 - Covers prenatal care visits, postpartum visit
- **GEMS 2 Authorization:**
 - Up to 3 routine OB Ultrasounds
- **GEMS 3 Authorization:**
 - Up to 10 high risk pregnancy OB Ultrasounds
- **If more OB Ultrasounds are required, precertification will be required**

***GEMS-Getting Early Maternity Services**



Indications for Routine Ultrasound

CPT Code	US Description	Covered by GEMS Authorization
76801	OB Ultrasound < 14 weeks single fetus	GEMS2
76802	OB Ultrasound < 14 weeks additional fetus	GEMS2
76813	OB Ultrasound nuchal measurement 1 gestation	GEMS2
76814	OB Ultrasound nuchal measurement add-on	GEMS2
76805	OB Ultrasound ≥ 14 weeks single fetus	GEMS2
76810	OB Ultrasound ≥ 14 weeks additional fetus	GEMS2
76817	Transvaginal Ultrasound Obstetrical	GEMS2



Horizon NJ Health

GEMS OB Ultrasound Codes for Professional/Physician Claims Reimbursement

GEMS1	GEMS2	GEM3
		59000
76801	76801	76801
76802	76802	76802
76805	76805	76805
76810	76810	76810
76811		76811
76812		76812
76813	76813	76813
76814	76814	76814
76815		76815
76816		76816
76817	76817	76817
76818		76818
76819		76819
76820		76820
76821		76821
76825		76825
76826		76826
76827		76827
76828		76828
76946		76946
93325		93325



GEMS OB Ultrasound codes Facility Claims Reimbursement

GEMS1	GEMS2	GEM3
		59000
	76801	76801
	76802	76802
	76805	76805
	76810	76810
		76811
		76812
	76813	76813
	76814	76814
		76815
		76816
	76817	76817
		76818
		76819
		76820
		76821
		76825
		76826
		76827
		76828
		76946
		93325



Sample GEMS Authorization Letter



Horizon NJ Health
1700 American Blvd.
Pennington, NJ 08534
horizonNJhealth.com

CONFIRMATION NOTICE OF APPROVED ORGANIZATION DETERMINATION

THIS IS NOT A BILL

January 02, 2019

REQUESTING PROVIDER NAME
123 ANYSTREET
ANYTONE, NJ 12345

Dear REQUESTING PROVIDER,

Date of Birth:

Please be advised that the treatment scheduled for Horizon NJ Health member, MEMBER NAME, ID NUMBER is approved according to the specifications below:

Reference Number: 001234567

Name of Requesting Provider: REQUESTING PROVIDER NAME

Name of Servicing Provider: REQUESTING PROVIDER NAME

Diagnosis Code:
Z34.80 - Encntr oth nrml preg,unsp trimester

Type of Authorization: Other Place of Service, GEMS Perinatal, GEMS1, GEMS1

Treatment Date Range: 12/21/2018 - 09/11/2019

Number of Visits/Units Authorized: 99

Modifier:

Type of Authorization: Other Place of Service, GEMS Perinatal, GEMS2, GEMS2

Treatment Date Range: 12/21/2018 - 09/11/2019

Number of Visits/Units Authorized: 3

Modifier:

Type of Authorization: Other Place of Service, GEMS Perinatal, GEMS3, GEMS3

Treatment Date Range: 12/21/2018 - 09/11/2019

Number of Visits/Units Authorized: 10

Modifier:

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Horizon NJ Health
1700 American Blvd.
Pennington, NJ 08534
horizonNJhealth.com

Please note that this letter is not a guarantee of payment. All claims are subject to the patient's eligibility and coverage at the time of service and on the information you submit on the claim. Non-participating provider approval is contingent upon negotiated rate. Please contact Provider Contracting and Strategy Department for any pending rate negotiations at 1-800-682-9091.

Please also note that pursuant to state and federal law that you may not balance bill a Horizon NJ Health beneficiary or a NJ FamilyCare recipient. All claims must be submitted to Horizon NJ Health within 180 days of the date of service to be eligible for payment. Claims should be mailed to the following address:

Horizon NJ Health
Claims Processing Department
PO Box 24078
Newark, NJ 07101-0406

Pursuant to N.J.A.C. 10:49-7.3(d), Medicaid and Family Care members are not responsible for any non-reimbursed care.

If Members have any questions, please contact us at 1-877-765-4325.

If providers have any questions, please contact Provider Services at 1-800-682-9091.

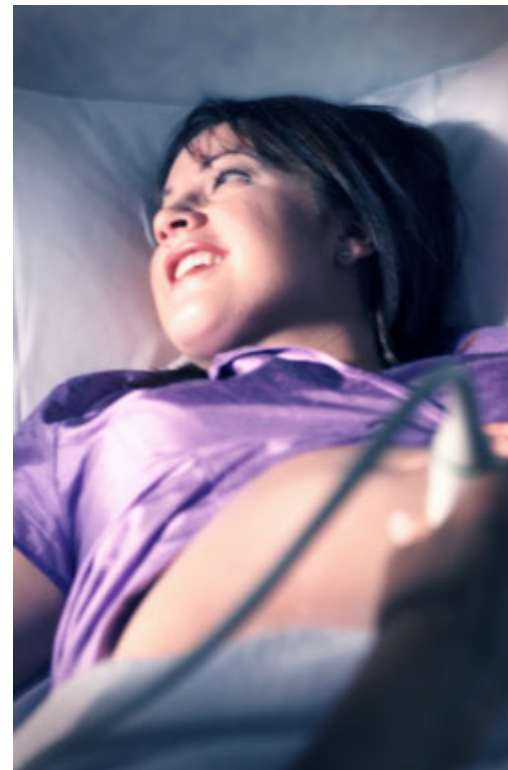
Thank you,
Utilization Management Department

CC:

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Ultrasound Key Points

- **Submit appropriate medical documentation to support a diagnosis for a high risk pregnancy**
- **Even if the patient has been referred by another provider, obtain the necessary medical documentation to support the billing claim**
- **Appropriate CPT® codes must be submitted for diagnoses given**





Resources

- **Additional References**
 - horizonNJhealth.com – Choose the *Providers* tab, then select *Resources*
 - Navinet.net
 - Horizon NJ Health Provider Administrative Manual Section 13.16 - Prenatal Program – Mom’s GEMS

- **Contact Information**
 - Provider Services: 1-800-682-9091



References

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