

## HROB Prior Authorization Overview

### 317:30-5-22.1 Enhanced services for medically high-risk pregnancies

High Risk OB services are considered for members with a qualifying high-risk OB diagnosis. High Risk OB services are provided by SoonerCare contracted Maternal Fetal Medicine specialist (MFM) and may also be provided by SoonerCare contracted Obstetrician-Gynecologist (OB-GYN) and Family Practice Obstetrician (FPOB) with limitations. The obstetricians and family practice physicians must be Board eligible/Board certified. Additionally, the family practice physician must have completed an Accreditation Council for Graduate Medical Education (ACGME) approved residency which included appropriate obstetric training and must be credentialed by the hospital at which they provide obstetrical services in order to perform such services. Members may have up to **3 units (combined) for 76815 + 76816 + 76817 for each fetus** and may have up to **5 units (combined) for 59025 + 76818 + and 76819 for each fetus**. Code H1001 is not reimbursable to State employed physicians)

#### Online Submission via the OHCA Secure Provider Portal

- **SoonerCare Member ID number** – member name and date of birth will auto populate
- **Diagnosis** - Qualifying high-risk OB diagnosis code(s) (do not enter decimals)
- **Provider Information**
  - Do not use a group identification number.
  - **MUST** use the specific provider ID number for the prescribing/ordering provider: Maternal Fetal Medicine specialist (MFM), Obstetrician-Gynecologist (OB-GYN) or Family Practice Obstetrician\*\* (FPOB).
  - Prescribing/ordering providers **must** be contracted with SoonerCare
- **\*Prior Authorization Code/Unit Requests – In order to streamline the PA/Claims process Group codes have been created. You will submit your PA request using the appropriate Group Code below (modifiers not required) and you will continue to file your claims using the appropriate CPT code and modifiers.**
  - Single Fetus – allowed billing modifiers TC and 26
    - request MA001 (76815 + 76816 + 76817) may request up to 3 units
    - request MA002 (59025 + 76818 + 76819) may request up to 5 units
  - Twins – allowed billing modifiers 59, TC and 26
    - request MA003 (76815 + 76816 + 76817) may request up to 6 units
    - request MA004 (59025 + 76818 + 76819) may request up to 10 units
  - Triplets – allowed billing modifiers 59, 76, TC and 26
    - Request MA005 (76815 + 76816 + 76817) may request up to 9 units
    - Request MA006 (59025 + 76818 + 76819) may request up to 15 units

#### DOCUMENTATION REQUIRED (Must be uploaded via the OHCA Secure Provider Portal)

- Comprehensive history & physical and assessment of mother including current vitals (weight, height, blood pressure measurements, current medications, prior pregnancy history with dates/outcomes, etc.)
- Ultrasound, lab or other diagnostic results supporting diagnosis

- Clinical documentation should include assessment and treatment recommendations and must be signed (electronic signature accepted) by a Board Eligible/Board Certified Maternal Fetal Medicine specialist, Board Eligible/Board Certified Obstetrician-Gynecologist, or Board Eligible/Board Certified Family Practice Physician\*\* with completion of Accreditation Council for Graduate Medical Education approved residency and credentialed by hospital where services will be performed
- PA requests with diagnosis codes which are not qualifying HROB codes will require additional review by Physician/Consultant
- PA requests submitted by an OB-GYN or FPOB without MFM consultation/participation with diagnosis other than those listed below\*\* will be denied

The obstetricians and family practice physicians must be Board eligible/Board certified. The family practice physician must have completed an Accreditation Council for Graduate Medical Education (ACGME) approved residency which included appropriate obstetric training and must be credentialed by the hospital at which they provide obstetrical services in order to perform such services. Additionally, the family practice physician must be contracted with SoonerCare as an FPOB in order to be reimbursed for services.

**Obstetricians and family practice physicians may request HROB services for the following specific diagnoses only:**

- Di/Di twins
  - ICD-10: O30.041-O30.043
- Gestational diabetes mellitus
  - ICD-10: O24.410, O24.414, O24.419
- Chronic Hypertension
  - ICD-10: O10.011-O10.03; O10.111-O10.113; O10.211-O10.213; O10.311-O10.313; O10.911-O10.913; O13.1-O13.3
- Placenta Previa and low-lying placenta
  - ICD-10: O44.01-O44.03
- Size not equal to dates
  - ICD-10: O36.591-O36.593; O36.61-O36.63
- Mild preeclampsia
  - ICD-10: O14.02-O14.03
- BMI =>40
  - ICD-10: O99.211-O99-213; E66.01, E66.09, E66.1-E66.2, Z68.41-Z68.45, Z68.54

(This list of ICD10 diagnosis codes is provided as a courtesy. It is the provider's responsibility to use the appropriate diagnosis code. Providers should consult their coding resources for clarification of diagnosis codes.)

**PRIOR AUTHORIZATION SUBMISSION DOES NOT GUARANTEE APPROVAL**  
**Additional Documentation may be required. Supplier generated forms and Physician letters of medical necessity are not a substitute for the comprehensive medical record.**