

HROB Prior Authorization (PA) Forms and Instructions
317:30-5-22.1 Enhanced services for medically high risk pregnancies

Online Submission via the OHCA Secure Provider Portal

- **SoonerCare Member Information**
 - Qualifying high-risk OB diagnosis code(s)

- **Provider Information**
 - Do not use a group identification number. **Please 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).**

- **Treatment Plan**
 - Providers may request up to 3 units (combined) for 76815 + 76816 + 76817 for each fetus;
 - Providers may request up to 5 units (combined) for 59025 + 76818 + 76819 for each fetus.
 - Must enter separate line for each code for each fetus. Use 59 modifier for twins, 59 & 76 modifiers for triplets. **Note:** codes 76815 and 76817 are per pregnant uterus.
 - When requesting codes with modifiers 26 and TC, **both should be requested** and are counted together as one unit;
 - Code H1001 -- State employed physicians are not eligible for reimbursement for this code
 - **Prescribing/ordering providers must be contracted with SoonerCare**

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

****Effective November 1, 2019, OB-GYN or FPOB may request HROB services without MFM consultation/participation for the following specific diagnoses only (see Provider Letter 2019-22).**

Family practice physicians must be contracted with SoonerCare as an FPOB in order to be reimbursed for services. Please contact Provider Enrollment for assistance.

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.

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.)

AMENDMENTS

- Will only be reviewed for PA requests in approved status
- Must be submitted within 180 days of the date of code or unit change
- HC-60 form or PA submission printout - draw line through item to change and write in changes or mark new items and initial
- Fax HC-60 form or amended PA submission printout and supporting clinical documentation using the HCA-13A as the cover sheet, check the amended box and list the PA number in line 3.

**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.**