## WHAT IS CENTERING?

➜ An **evidence-based, patient-centered framework** for providing healthcare in a group format through CenteringPregnancy®, CenteringParenting® and CenteringHealthcare®

➜ Clinical intervention **implemented by healthcare providers** that use healthcare visits as the touchpoint for **engaging** patients in their own care and **connecting** them to other patients and support services

➜ **Replaces individual appointments** with group appointments, however, individual appointments can always be used to supplement group appointments

➜ Defined by a standard set of guiding principles referred to as the **Essential Elements** of Centering and adheres to quality and practice standards established by **Centering Healthcare Institute (CHI)**

## CENTERINGPREGNANCY

➜ Evidence-based group prenatal care model for low-risk pregnancies

➜ Facilitators support a group of eight to ten individuals of similar gestational age through a curriculum of ten 90 to 120-minute interactive group perinatal care visits. These sessions cover:

  • Medical and non-medical aspects of pregnancy: Nutrition, common discomforts, stress management, labor and birth, breastfeeding and infant care

*\* Don't forget to bill for your individual care using codes 99212 and 99213 in addition to CenteringPregnancy.*

## CPT CODES

➜ 99078: Physician education services in a group. We recommend using the modifier -TH

Face-to-face for individual care:

➜ 99212: The provider sees an established patient for an office visit or other outpatient visit involving E/M, 10–19 minutes

**OR**

➜ 99213: The provider sees an established patient for an office visit or other outpatient visit involving E/M, 20–29 minutes

*\* These individual care codes can be billed in addition to the CenteringPregnancy group care code.*

## Enhanced Payment for CenteringPregnancy in Maryland

As of January 1, 2023, the **code 99078 pays an additional $50 per participant per visit, for up to ten group prenatal care visits.** There are several steps that eligible practices need to take before they can bill for the enhanced payment:

• To be eligible for additional reimbursement, a practice (enrolled as a group practice type) must be accredited or pending accreditation by CHI and a Medicaid-enrolled provider. For more information about how to enroll through Maryland Medicaid's online Electronic Provider Revalidation and Enrollment Portal (ePREP), visit Maryland's Medicaid Provider Enrollment website

• Both the group and each rendering provider will need to submit supplemental applications in ePREP to add this new service. Groups must update their ePREP account to reflect their CHI accredited or pending accreditation status (the practice name and accredited or pending accreditation name should match)

• To update, a group should initiate a supplemental application in ePREP and attach their CHI approval letter attesting their status, as well as the CenteringPregnancy Addendum

• Each rendering provider will also need to submit a supplemental addendum with the group's accreditation attached. This will enable the group to add the code 99078 using modifier -TH to up to ten CenteringPregnancy perinatal visit claims for patients who aree nrolled in and receive CenteringPregnancy care

• Accreditation status of practices and providers will be reviewed annually to maintain the enhanced reimbursement eligibility

**Starting in January 2024, it is a requirement for your site to be accredited or pending accreditation for reimbursement.**

*\* It is important to note only CenteringPregnancy is covered in MD, not CenteringParenting*

*\*\* Modifier -TH: Obstetrical treatment/services, prenatal or postpartum*

*\*\*\*Enhanced payment does not cover Federally Qualified Health Centers (FQHCs)*

## DOCUMENTATION—BE CLEAR AND CONCISE!

→ Document start and end times to the group portion of each visit

→ Include all topics discussed in CHI's guide

→ The medical visit should have separate documentation for individualized care

→ Be able to prove payment through thorough clinical documentation

→ Your documentation should follow Maryland Medicaid's billing policy

→ Work with your Centering coordinator and facilitator on documentation and clinical clarity to ensure it tells the what, when, where, who and how

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## SOCIAL DETERMINANTS OF HEALTH (SDOH)

Conditions in the environment in which people are born, live, learn, work, play, worship and age which affect a wide range of health functions, quality-of-life outcomes and risks.

→ To improve health outcomes and health equity, we must pay more attention to SDOH

→ Value-based care models that incentivize prevention and promote improved outcomes for individuals and populations offer an opportunity to consider approaches and partnerships that address health-related factors upstream from the clinical encounter

*AHIMA's policy statement*

## ICD-10 CM Z CODES

- Z55: Problems related to education and literacy

- Z56: Problems related to employment and unemployment

- Z57: Occupational exposure to risk factors

- Z58: Problems related to physical environment

- Z59: Problems related to housing and economic circumstances

- Z60: Problems related to social environment

- Z62: Problems related to upbringing

- Z63: Other problems related to primary support group, including family circumstances

- Z64: Problems related to certain psychosocial circumstances

- Z65: Problems related to other psychosocial circumstances

*\*Z code categories are used to document SDOH and the information can be used to identify community and population needs and address health disparities, utilize data to update and create new policies, and support quality improvement and social needs interventions to bring the needed care to prenatal patients. (Source: https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf)*

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### Have Additional Questions? Contact Us

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