

EXHIBIT B-1 PROTOCOLS FOR OB/GYN PHYSICIANS

The following Protocols shall be applicable for OB/GYN Physicians in addition to those indicated in Exhibit B, Protocols for Referral Physicians.

1 SERVICES

1.1 Covered Services that OB/GYN Physicians may additionally render include but are not limited to:

- 1.1.1 County's OB/GYN Physicians shall provide services to pregnant Members in accordance with the most recent Standards of American College of Obstetrics and Gynecologists (ACOG) standards or currently approved guidelines as the minimal basis for services provided to pregnant women. Authority may provide to OB/GYN Physicians standardized risk assessment tools that have been approved by DHS to obtain required information.
- 1.1.2 County's OB/GYN Physicians are required to offer all pregnant Members at the initiation of pregnancy-related services a medical/obstetrical risk assessment, nutritional assessment, psycho-social assessment and health education assessment. Additionally, at each trimester and at the postpartum visit, OB/GYN Physicians are encouraged to evaluate the Member's risk status. County's OB/GYN Physicians should; (i) prioritize any identified risks to ameliorate or remedy the condition or problem; (ii) document in the medical record all services provided; and (iii) indicate if the Member refuses to cooperate in meeting any of the above stated activities.
- 1.1.3 County must also develop policies and procedures for: (i) appropriate referrals of Members with high risk pregnancies to specialists; (ii) genetic screening and referral; and (iii) admission to an appropriate hospital for delivery.
- 1.1.4 County must, when applicable to the services rendered, submit the Sterilization Form required for use by State Medi-Cal as set forth in the EDS manual and the Provider Manual.

1.2 OB/GYN Physician Visits

The first prenatal visit for a pregnant Member shall be available within two weeks upon request of the Member.

If Member is seeking Sensitive Services, OB/GYN Physician shall ensure both confidentiality and ready access to the Member, including minor Members.

1.3 Hospital Services for Members Requiring OB/GYN Services

Inpatient delivery services are reimbursable without prior authorization up to a maximum of two consecutive days, regardless of the type of delivery, beginning the day the mother is admitted to the hospital, if delivery occurs within that two day period. Referral Physician shall comply with *Welfare and Institutions Code*, § 14132.42.

2 BILLING FOR OB SERVICES

County should generally follow the guidelines for billing globally and on a per visit basis as indicated in the EDS manual for OB Services. Office visits shall normally be considered a capitated service.

When a County OB/GYN Physician renders delivery services in a Hospital, County shall submit a Claim to Authority, including the ICD-9 CM codes denoting birth status referenced in the Provider Manual, and Authority will reimburse County under its PMG provider number.

County shall submit an Encounter for the post-partum visit using HCPCS Code Z1038, or other appropriate CPT Codes, and said service shall be considered a Non-Case Managed Service. Submission of the properly completed Encounter shall constitute reporting of the post-partum visit and no additional reporting form will be required from the OB/GYN Physician.

3 ADDITIONAL REFERENCES

County should consult the Authority's Provider Manual or the Medical Services - Obstetrics EDS manual for additional information. Sections in the latter pertinent to OB/GYN services include, but are not limited to:

- CPSP
- Family Planning
- Genetic Disease Screening
- HCPCS, Level III List
- Hysterectomy
- Minor Consent Program
- Non Physician Medical Practitioners
- Pathology: Cytopathology
- Pregnancy: *All subsections*
- Sterilization