



Coding Last Menstrual Period (LMP) on Claims of Pregnant Women

Use of Field 14 on CMS 1500

How the provider can impact providing accurate data via claims for women who are pregnant, can affect payment and can aid in measurement of preventive, antepartum and postpartum services.

HEDIS rates are used to measure the performance of health plans and their providers on important preventive, antepartum and postpartum services. Two key measures LMP can impact:

- Timeliness of Prenatal Care - visit during the first trimester or within first 42 days of enrollment.
- Frequency of Ongoing Prenatal Care – expected number of prenatal visits

In the case of premature deliveries without the LMP the member may show as not having timely prenatal care, when in fact the member did receive care.

In Chapter 8 of the IHCP manual LMP is referred to in three separate areas.

- **DATE OF CURRENT ILLNESS** (First symptom date) **OR INJURY** (Accident date) **OR PREGNANCY** (LMP date) – Enter the date of the last menstrual period (LMP) for pregnancy-related services in MMDDYY format. **Required for payment for pregnancy-related services.**
- **Recommendation pregnancy would override the current illness or accident, thus if a member is pregnant and reports to the office LMP must be included in Box 14 and additional guidelines must be met for payment considerations.**
- To encourage comprehensive, timely, and appropriate antepartum care, providers must indicate the date of last menstrual period (LMP) in field 14 on the CMS-1500 (or Last Menstrual Period Date, Data Element 1251 on the 837P), enter the appropriate diagnosis codes in field 21 of the CMS-1500, and refer to the date of LMP in field 24E on the CMS-1500 for these pregnancy-related services.

Pregnancy Services Billing Considerations

- Providers must indicate the LMP in a MM/DD/YY format in field 14 for paper claim filing and in a CCYYMMDD format in the Last Menstrual Period Date, Data Element 1251 for electronic claim filing. The IHCP does not process for payment any claims for pregnancy-related services submitted without an LMP. Providers must enter the charged amount for each antepartum visit and for each postpartum visit in field 24F of the CMS-1500.
- Providers must indicate a pregnancy-related diagnosis code as the primary diagnosis when billing for pregnancy-related services. The IHCP limits payment for pregnancy-related services to the following ICD-9-CM diagnoses subject to PA restrictions and in accordance with Indiana Administrative Code. The primary diagnosis codes are V22.0 through V25.2 and V60.0 through V62.9. Providers must indicate the pregnancy-related diagnosis code in field 24E of the CMS-1500. Enter the pregnancy indicator **P** in field 24H on the CMS-1500.
- Diagnoses to identify supervision of a high-risk pregnancy for medical reasons are listed in the Medically High-Risk Diagnoses subsection in this chapter.