

# How to Bill for Completion of the Healthy Start Prenatal Risk Screen

## Medicaid

According to the Medicaid Provider Reimbursement Handbook, the Healthy Start Prenatal Risk Screening must be offered to all pregnant women at the first prenatal visit. The prenatal visit that includes completion of the Healthy Start Prenatal Risk Screening is reimbursed once per pregnancy. If the patient refuses to complete the screening, the Provider must document the refusal in the recipient's medical record. You must keep a copy of the Prenatal Risk Screening in the patient's medical record. **Note:** *Medicaid reimbursement is only provided if the patient consents to Healthy Start screening. If the patient declines screening, you may not bill Medicaid for this procedure.*

## Other Insurance Companies

Providers should check with their other contracted insurance carriers to identify their billing and reimbursement process for completion of the Healthy Start Prenatal Risk Screening.

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## Medicaid Reimbursement Codes

Reimbursement for the Healthy Start prenatal risk screen is provided once per pregnancy. *Do not submit the Healthy Start Prenatal Risk Screening form with the CMS-1500 claim form.*

Medicaid Code	Type of Antepartum Visit	Age 21(+)	Age <21
H100	Without Healthy Start prenatal risk screen or declined Healthy Start prenatal risk screen	\$52	\$54.08
H1001	With a completed Healthy Start prenatal risk screen consenting YES (after first trimester)	\$104	\$104
H1001 TG	With completed Healthy Start prenatal risk screen performed within <u>first trimester</u> and consent YES	\$156	\$162.24

**The information listed in this table is subject to change. Please check the Medicaid Provider Reimbursement Handbook for more information.**