

Policy and Payment

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

- Group prenatal care model that improves birth outcomes including lowering the risk of preterm birth, reducing the incidence of low- birth-weight babies, and increasing breastfeeding rates
- 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

ENHANCED PAYMENT FOR CENTERINGPREGNANCY IN ARIZONA

As of October 1, 2024, the **code 99078 pays an additional reimbursement of \$45 per participant per visit, for up to 10 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 **must be accredited or pending accreditation** by CHI and a Medicaid-enrolled provider.
- Accreditation status of practices and providers will be reviewed annually to maintain the enhanced reimbursement eligibility.
- Documentation must support the actual time the pregnant individual spent in the group session. Federally-Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) shall submit the code with the modifier; however, it is considered “incident to” the medical visit and not eligible for enhanced reimbursement.

It is important to note only CenteringPregnancy is covered in AZ, not CenteringParenting

For a more detailed overview, please review Arizona's [AMPM Policy 410- Maternity Care Services](#) policy.

DOCUMENTATION—BE CLEAR AND CONCISE!

- Document start and end times to the group portion of each visit
- The medical visit should have separate documentation for individualized care
- Be able to validate prove payment through thorough clinical documentation
- Arizona's state policy should be reflected in your documentation
- Include all topics discussed in CHI's guide
- Work with your Centering coordinator and facilitator on documentation and clinical clarity to ensure it tells the what, when, where, who and how

ICD-10

Providers must submit a claim for a group clinical visit for the management of pregnancy using **99078**: Physician education services in a group. **Must use the modifier -TH** (Obstetrical treatment/services, prenatal or postpartum).

The claim must include either:

- Z34.00: Encounter for supervision of normal first pregnancy, unspecified trimester
- Z34.01: Encounter for supervision of normal first pregnancy, first trimester
- Z34.02: Encounter for supervision of normal first pregnancy, second trimester
- Z34.03: Encounter for supervision of normal first pregnancy, third trimester
- Z34.80: Encounter for supervision of other normal pregnancy, unspecified trimester
- Z34.81: Encounter for supervision of other normal pregnancy, first trimester
- Z34.82: Encounter for supervision of other normal pregnancy, second trimester
- Z34.83: Encounter for supervision of other normal pregnancy, third trimester

AND (IF APPLICABLE)

- O09.0: Supervision of pregnancy with history of infertility
- O09.1: Supervision of pregnancy with ectopic pregnancy
- O09.2: Supervision of pregnancy with other poor reproductive or obstetric history
- O09.3: Supervision of pregnancy with insufficient antenatal care
- O09.4: Supervision of pregnancy with grand multiparity
- O09.5: Supervision of pregnancy with elderly primigravida and multigravida
- O09.6: Supervision of pregnancy with young primigravida and multigravida
- O09.7: Supervision of pregnancy with high risk pregnancy due to social problems
- O09.8: Supervision of other high risk pregnancies
- O09.9: Supervision of high risk pregnancy, unspecified
- O09.A: Supervision of pregnancy with history of molar pregnancy

When documenting conditions related to pregnancy, always choose the most specific ICD-10-CM code that accurately reflects the patient's current condition. Z34 codes apply to normal pregnancies, while O codes represent complications or other specific conditions.

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. [See source here.](#)

Have additional questions? Contact us:

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