NORTH CAROLINA'S CENTERINGPREGNANCY

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 NORTH CAROLINA

As of July 1, 2023, the **code 99078 pays a one time reimbursement of $250 on or after the fifth CenteringPregnancy session. This additional reimbursement includes federally qualified health centers (FQHCs).** Clinics may bill retroactively up until a year after the date of service.

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

For a more detailed overview, please review North Carolina's **Maternity Coverage and Service Reimbursement Updates** policy.

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**

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 validate payment through thorough clinical documentation
- ➜ North Carolina's state policy should be reflected in your documentation
- ➜ 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. 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.

CPT CODES

99078: Physician education services in a group. **Must use the modifier -TH** (Obstetrical treatment/ services, prenatal or postpartum) and be submitted for the same date of service as claims by the same providers for an established patient visit:

- ➜ 99212: The provider sees an established patient for an office visit or other outpatient visit involving E/M, 10–19 minutes
- ➜ 99213: The provider sees an established patient for an office visit or other outpatient visit involving E/M, 20–29 minutes
- ➜ 99214: The provider sees an established patient for an office visit or other outpatient visit involving E/M, 30–39 minutes
- ➜ 99215: The provider sees an established patient for an office visit or other outpatient visit involving E/M, 40–49 minutes

One of these individual care codes must be billed in addition to the CenteringPregnancy group care code using modifier -TH.

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? Please contact us at **billingcodingsupport@centeringhealthcare.org**.

LAST UPDATED: 08.28.25