



North Carolina Obstetrical & Gynecological Society

P.O. Box 27167 • Raleigh, NC 27611

Tel: 919-833-3836 • ncobgyn@ncmedsoc.org

August 2020

NCOGS News

Legislative Update

Rob Lamme / Lobbyist



The North Carolina Ob/Gyn Society has been engaged in a wide range of legislative issues in response to the COVID-19 pandemic as well as other health policy issues addressed during this year's session of the North Carolina General Assembly.

Some of the major issues the Society and its members have been involved in include:

Covid-19 Response – The Society has directly engaged leadership at the NC Department of Health and Human Services on strategies to maintain safe access to care for patients, while also reducing demand for providers and facilities needed for COVID-19 response. These efforts include development of procedures and policies for safely accommodating pregnant women in healthcare facilities as well as changes in Medicaid reimbursement. For example, at the NCOGS' request NC DHHS approved Medicaid reimbursement for home blood pressure monitors to reduce the need for patients to make in-patient visits to medical facilities. The NCOGS also directly engaged the North Carolina Midwifery Joint Committee on its effort to fashion temporary emergency rules to alleviate potential provider shortages as a result of the pandemic. The Society has provided NC DHHS leadership with a list of recommendations to maintain and expand safe access to care for pregnant women as the pandemic continues. In partnership with the NC Medical Society and other healthcare stakeholders, the NCOGS supported state investment of federal COVID-19 relief funding to expand access to personal protection equipment (PPE) for the state's healthcare providers as well as liability protections for providers caring for COVID-19 patients and/or in settings impacted by the virus. Finally, the NCOGS is also collaborating with two nonprofits - Upstream North Carolina and SHIFT NC – to provide the NC DHHS with a list of recommendations for maintaining and expanding access to women's health services as the COVID-19 pandemic continues.

Medicaid Expansion and Managed Care – Expansion of publicly funded access to healthcare for the estimated half million uninsured residents remains a top Society priority. As part of this effort, the Society supported efforts to expand healthcare for those impacted by COVID-19 in the legislature's pandemic response and continues to support broad expansion of Medicaid coverage. In addition, the NCOGS advocated for adoption of [Senate Bill 808](#), legislation to fund the transition of the state's Medicaid program to a managed care plan. This measure was approved and sets a target date of July 1, 2021 to begin managing the first group of Medicaid patients in the new managed care model.

Birth Center Licensure – In 2019 the NC Ob/Gyn Society [endorsed legislation](#) to require state licensure for free standing birth centers in North Carolina. The legislation was introduced following the deaths of three infants, over a seven month period in 2018, at Baby+Co, a free-standing birth center in Wake County. Baby+Co closed its three North Carolina birth centers in 2019. [The bill](#) was approved overwhelmingly by the state House of Representatives in 2019 and was eligible for consideration by the Senate during the 2020

session. While the birth center bill was combined with several other health policy bills in a multi-issue conference report during the 2020 session, disagreements over other parts of the package bill prevented its final approval.

Physician Supervision – In 2019, a proposal to end physician supervision of nurses in North Carolina was introduced but did not advance last year and was not brought up for debate in the 2020 session. This issue will be back on the table in 2021 and Society leaders are engaged in discussions about revisions to the supervision, particularly as related to nurse midwifery in the state.

GOPAC Needs You



Don't forget to make your contribution to our political action committee – **GOPAC**. Our PAC enables the NCOGS to support those candidates who support our women's health priorities.

Please **contribute TODAY** by going to: <https://www2.ncmedsoc.org/pages/obgyn/gopac>. **Thank you for your support!**

Medicaid News

The NC Division of Health Benefits recently issued notification of a coverage policy for Bilateral Salpingectomy as of August 15, 2020. The notice is below.



[Clinical Policy 1E-3, Sterilization Procedures Revised Effective Aug. 15, 2020](#)

Clinical Policy 1E-3, Sterilization Procedures, has been revised and will post Aug. 15, 2020 on the [NC Medicaid website](#).

1. Sterilization Consent form Abbreviation Modification for Bilateral Postpartum Sterilization

Effective Aug. 15, 2020, the abbreviation for Bilateral postpartum sterilization will change from BPS to BPPS for use on the sterilization consent form. Consent forms signed prior to the Aug. 15, 2020 effective date with the abbreviation "BPS" for Bilateral Postpartum Sterilization will be accepted for 180 days from the Aug. 15 effective date.

2. Revenue Codes

The table of revenue codes in Clinical Policy 1E-3, Sterilization Procedures has been updated to remove revenue codes associated with the non-covered Essure procedure and add revenue codes associated with sterilization procedures covered in policy.

3. Essure CPT Codes and Associated Guidelines

- Effective Aug. 15, 2020, Essure CPT code 58565 (Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants) will be removed from Clinical Policy 1E-3, Sterilization Procedures. This code was made non-covered by NC Medicaid effective Dec. 31, 2018.
- Effective Aug. 15, 2020, CPT code 58340 (catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography) will be removed from Clinical Policy 1E-3, Sterilization Procedures. This code was made non-covered by NC Medicaid effective May 1, 2019.
- Effective Aug. 15, 2020, Essure related CPT codes 58579 (Unlisted hysteroscopy procedure, uterus) and 74740 (Hysterosalpingography, radiological supervision and interpretation) will be removed from policy as Essure sterilization procedure is no longer a covered service by NC Medicaid. CPT code 74740 will be made non-covered by NC Medicaid effective Aug. 1, 2020.
- Effective Aug. 15, 2020, the definition of Hysteroscopic Procedure and all guidelines associated with the Essure procedure will be removed from Clinical Policy 1E-3, Sterilization Procedures.

4. Prophylactic Bilateral Salpingectomy

Effective Aug. 15, 2020, prophylactic salpingectomy procedures will be covered for North Carolina Medicaid beneficiaries as a sterilization procedure. Studies suggest that total removal of the tubes at the time of

sterilization could result in a lower risk of developing ovarian cancer. The following CPT codes will be added to Clinical Policy 1E-3, Sterilization Procedures in Attachment A.

CPT codes

- 58661 - Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
- 58700 - Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)

Diagnosis code for elective prophylactic salpingectomy

Z30.2 - Encounter for sterilization

In addition, the following associated abbreviations and acceptable written wording for use on the sterilization consent form have been added to Clinical Policy 1E-3, Sterilization Procedures in Attachment B.

Abbreviation

PBS – Prophylactic bilateral salpingectomy

Acceptable written wording

Prophylactic bilateral salpingectomy

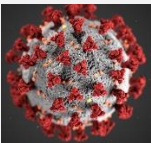
Providers are encouraged to review [Clinical Policy 1E-3, Sterilization Procedures](#) for general language and formatting updates and guidance on billing and completing the sterilization consent form prior to performing a Prophylactic bilateral salpingectomy.

Meet your 2020-2021 NCOGS Leadership



<i>President</i>	C. Richard Kirsch, MD Thomasville, NC
<i>President-Elect</i>	Velma V. Taormina, MD Durham, NC
<i>Secretary-Treasurer</i>	Thor O. Svendsen, MD Charlotte, NC
<i>Immediate Past President</i>	Elizabeth Livingston, MD Durham, MD
<i>Past President</i>	M. Katherine Menard, MD Chapel Hill, NC
<i>Annual Meeting Chair</i>	Amy Bryant, MD Chapel Hill, MD
<i>Member at Large</i>	Katie Borders, MD Shelby, NC
<i>Member at Large</i>	Kerianne Crockett, MD Greenville, NC
<i>ACOG Section Chair</i>	Robin Matthews, MD Clyde, NC

COVID-19 Resources & News



Links to Resources

[NC DHHS COVID-19 Dashboard](#)

[COVID-19 Testing Dates/Sites in North Carolina](#)

[ACOG](#)

[North Carolina Medical Society](#)

[Free PPE from the NCMS for Independent Practices](#)

[North Carolina Medical Board](#)

[American Medical Association](#)

[COVID-19 Real Time Tracker](#)

[CARES Act Provider Relief](#) – The latest phase of funding is now available through August 28th

Pregnancy & COVID-19

[“A Systematic Review of Treatment and Outcomes of Pregnant Women with COVID-19”](#)

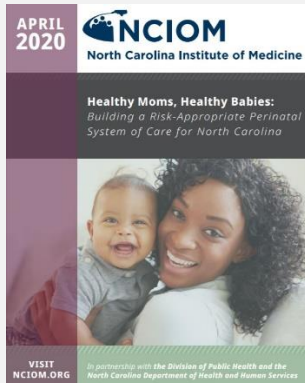
[“A pregnant woman with COVID-19 was dying . . .”](#)

[“She was pregnant with twins during Covid . . .”](#)

[“Will Covid-19 vaccines be safe for children and pregnant women?”](#)

[“Will Covid-19 vaccines be safe for children and pregnant women?”](#)

“Health Moms, Healthy Babies” – NCIOM Report



In 2018, the North Carolina General Assembly enacted the House Bill 741, which directed the NC Department of Health and Human Services (DHHS) to “study and analyze North Carolina’s ability to provide women with timely and equitable access to high-quality, risk-appropriate maternal and neonatal care.” This legislation was supported by the NCOGS. In response to the directive, the NC Institute of Medicine partnered with DHHS and the NC Division of Public Health and convened a Task Force on Developing a Perinatal System of Care. The work of the Task Force culminated in report recently published by the NCIOM - [Health Moms, Healthy Babies: Building a Risk-Appropriate Perinatal System of Care for North Carolina](#).

Task Force participants included NCOGS members:

Kate Menard, MD / Co-Chair

James DeVente, MD

P. Lindsay Stevenson, MD

The recommendations in the report include the following.

DEVELOPING A RISK-APPROPRIATE REGIONAL PERINATAL SYSTEM OF CARE

Adopt National Maternal and Infant Risk-Appropriate Level of Care Standards

Form Multi-Disciplinary Assessment Teams to Utilize CDC LOCATE Tool

Require External Verification of Birthing Facilities’ Maternal and Neonatal Level of Care Designations

Re-establish North Carolina’s Perinatal and Neonatal Outreach Coordinator Program

Support Outpatient Risk-Appropriate Perinatal System of Care

PRECONCEPTION AND PRENATAL CARE

Expand Access to Health Care Services

Expand Access to Comprehensive Prenatal Care for Women Ineligible for Medicaid

Extend Coverage for Group Prenatal Care and Doula Support

Increase the Utilization and Completion Percentages of Childbirth Education Classes

Full Practice Authority for Certified Nurse-Midwives

Standardize Screening and Treatment for Perinatal Mental Health and Substance Use

Expand Perinatal Access to Mental Health Services

QUALITY IMPROVEMENT NEEDED TO ACHIEVE A RISK- APPROPRIATE PERINATAL SYSTEM OF CARE

Collect and Report Data on Maternal and Infant Outcomes by Race and Ethnicity
Engage Insurers in Quality Improvement Efforts that Address Racial and Ethnic Disparities in Care
Engage Birthing Facilities in Quality Improvement Efforts to Address Racial and Ethnic Disparities in Care
Engage Patient and Family Advisory Councils
Align Perinatal Care Regional Maps with Medicaid Transformation Maps

POSTPARTUM SERVICES AND SUPPORTS

Develop Parent Navigator Programs in Birthing Facilities

SUPPORT FOR PREGNANT WOMEN, INFANTS, AND THEIR FAMILIES

Use Community Health Workers to Support Pregnant Women in Their Communities.
Implement Family-Friendly Workplace Policies North Carolina employers

New CDC campaign calls attention to warning signs of pregnancy-related deaths



The CDC just launched the "[Hear Her](#)" campaign to reduce the number of pregnancy-related deaths in the U.S. Around 700 pregnant women — the majority of whom are Black, Native American, and Latinx — die in the U.S. every year from pregnancy-related complications. The new campaign is focused on helping pregnant and postpartum women and their families recognize warning signs of complications, including persistent or worsening headaches and severe nausea. Hear Her also includes resources for health care providers, including a warning signs education program. “Women know their bodies and can often tell when something is not right,” Wanda Barfield, director of CDC’s division of reproductive health, said in a statement. “We hope Hear Her will help people recognize maternal warning signs and quickly get the care women need.”

2020 Elections – Voting by Mail

As a result of the COVID-19 pandemic, concerns have emerged over this year’s Election Day and individuals’ ability to vote. In response to the public health issues raised, the NC State Board of Elections has developed an FAQ document to provide guidance on voting by mail. The resource is available at the [link](#) below. Please share this information with your colleagues and patients.



Vote -by-mail FAQs:

http://s3.amazonaws.com/dl.ncsbe.gov/Outreach/Absentee/FAQs_Absentee_Voting_2020_FINAL.pdf

Thank you for your support of the NC Ob/Gyn Society