Effectiveness of Care Measure

Health Net® COMMUNITY SOLUTIONS   L.A. Care HEALTH PLAN   Anthem BlueCross   blue california Promise Health Plan   MOLINA HEALTHCARE

Timeliness of Prenatal Care

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates.

Measure	The percentage of deliveries or live births with a prenatal care visit in the first trimester: • on or before the enrollment start date, or • within 42 days of enrollment into the health plan. Timing of the measurement year: Deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.
Scheduling – access to care	Ensure appointment availability for patients who think they may be pregnant. • Schedule within one week of calling the primary care physician (PCP) or OB/GYN office. • Offer flexible appointment times or telehealth visits as appropriate. • DO NOT send patients to urgent care.

Best practices	PCP offices should do the following:
	• Schedule a prenatal visit with the provider before the patient leaves the office.
	• Send the patient for follow-up within 30 days if initial depression screening is positive.
	• Ask patients if they are vaping or smoking and refer them to the free resources at California Smokers Helpline.
	   – 1-800-NO-BUTTS English
	   – 1-800-45-NO-FUME Spanish
	   – 1-800-838-8917 Mandarin & Cantonese
	   – 1-800-556-5564 Korean
	   – 1-800-778-8440 Vietnamese
	• Document the OB/GYN practitioner's name and the date of the first prenatal visit in the patient's chart.
	• Request delivery summary from hospitals in preparation for postpartum appointment.
	• Have your patients call their health plan to coordinate their transportation.
	   – Health Net (ModivCare, formerly LogistiCare): 1-855-253-6863
	   – L.A. Care (Call the Car): 1-888-839-9909 (TTY 711)
	   – Anthem (ModivCare, formerly LogistiCare): 1-877-931-4755
	   – Blue Shield Promise (Member Services): 1-800-605-2556
	   – Molina Healthcare (Secure Transportation): 1-844-292-2688

Documentation	Include the following data in the patient's medical record:
	• Diagnosis of pregnancy, if exam is done by a PCP.
	• Date of prenatal visit even if confirming pregnancy only.
	• One of the following:
	   – Documentation indicating the woman is pregnant, such as:
	      » use of a standardized prenatal flow sheet, or
	      » last menstrual period (LMP), estimated due date (EDD) or gestational age, or
	      » a positive pregnancy test, or
	      » gravidity and parity, or
	      » a complete OB history, or prenatal risk assessment and counseling/education.
	   – A basic physical OB exam that uses a standardized prenatal flow sheet.
	   – Evidence that a prenatal care procedure was done, such as:
	      » a complete OB panel,
	      » TORCH antibody panel alone,
	      » a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
	      » an ultrasound of a pregnant uterus.

Billing

Prenatal visit – When the practitioner is an OB/GYN, other prenatal care practitioner or PCP, any of the following meet the criteria for a prenatal visit:

- Bundled service – Date of service for the timely prenatal visit must be indicated on the claim.
- Prenatal care visit – OB/GYN only.
- Prenatal care visit – PCPs must include pregnancy-related diagnosis code.

National Provider Identifier (NPI) – The individual NPI must be used. Do not use the clinic NPI.

Coding

A primary diagnosis of pregnancy must be included with the procedure codes when billing for services.

The table below lists the appropriate codes to use when billing prenatal claims.

Services		Codes[1]				
	Modifiers	CPT	CPT Cat II	HCPCS	UB revenue	ICD-10 diagnosis[2]
Prenatal visits – first trimester		99201–99205, 99211–99215, 99241–99245		G0463, T1015	0514	
Prenatal bundled		59400, 59425, 59426, 59510, 59610, 59618				009.x, Z34.x
Standalone		99500	0500F–0502F			
Telehealth services	95, GT, 02	99441–99443, 98966–98968, 99444, 99212–99215				

[1]Use a CPT, CPT II or HCPCS code, or the UB revenue code.

[2]ICD-10 – Due to numerous code options, all have not been documented. Refer to the current American Academy of Professional Coders (AAPC) ICD-10 code book.