Effectiveness of Care Measure

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.