

Collaborating for the Best Quality: Prenatal and Postpartum Care Resource Guide

This guide is for office managers and lead receptionists in the professional practices or facilities of providers participating in Blue Shield of California's **Full PPO Network**, effective January 1, 2017. The network provides services for Blue Cross and Blue Shield Federal Employee Program® (FEP) members.

This guide contains information about what you can do to be a HEDIS® prenatal and postpartum care quality star, as well as other key information you can use as a handy reference when your office or facility provides services to expectant or new mothers.

We have received positive feedback from network providers about how helpful these educational support tools have been in proactively answering questions about how to document and use procedure codes to help you avoid extensive chart reviews and complete the required documentation for your patients' medical records.

We recommend that you and your office staff visit the *News & Education* pages at **blueshieldca.com/provider** where you can download additional electronic copies of this resource guide. If you have questions about this guide, please send an email to the Blue Shield Provider Education and Communications team at **BSCPro01@blueshieldca.com**.

We value the daily contributions you make in serving the healthcare needs of our members. If you don't find what you need online, please call our Provider Customer Service Department at **(800) 541-6652**.

Collaborating for the best quality prenatal and postpartum care



What can I do to be a HEDIS PPC quality star?

Blue Shield wants to make it easier for our contracted physician groups to save time from chart audits and make the most out of billing codes.



- ✓ Use the correct diagnosis and procedure codes on timely submission of claims for each service given.
- ✓ Ensure that ALL components are documented in the medical record and signed by the provider, with her/his credentials and the date.
- ✓ Be certain that medical record entries reflect the services billed.
- ✓ Ask front office staff to prioritize newly pregnant patients and ensure a prompt appointment within the first trimester or 42 days of enrollment and within 21 to 56 days from delivery to lower the risk of premature labor.
- ✓ Call patients 48 hours before their appointment to remind them and promptly call to reschedule patients if they miss an appointment.
- ✓ Document deliveries NOT resulting in a live birth – proper coding or documentation will assist in excluding members from the HEDIS® sample.

What claims codes do I use to avoid extensive chart reviews?

Health plans are required to report the timeliness of your patients' care. Using these quality specific codes to support HEDIS quality tracking will help to alleviate the need for submitting required medical records to the health plan for evidence of care during annual HEDIS audits.

Prenatal care in the first trimester

When submitting the global billing, include the actual date of the first visit for prenatal care. **Use CPT® Category II code 0500F** (initial prenatal care visit) **or 0501F** (prenatal flow sheet documented in medical record by first prenatal visit). **Claims need to be submitted with a \$0.01 dollar amount.**



Primary care provider (PCP) visits must include a diagnosis of pregnancy.

Postpartum care on or between 21 and 56 days after delivery

When submitting the global billing, include the actual date the postpartum service was rendered. **Use CPT Category II code 0503F** (indicating a postpartum visit) **and ICD-10 code Z39.2** (routine postpartum follow-up).

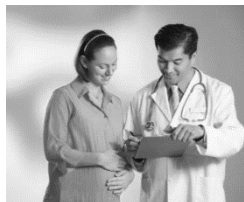


A C-section incision check is not a postpartum visit. The member must return for the full postpartum checkup 21 to 56 days after delivery.

What is the required documentation for the medical record?

The benefits of accurate HEDIS clinical documentation result in:

- A decrease in claim denials
- A decrease in health plan information requests
- An increase in coder productivity



Accurate clinical documentation of patient encounters is the foundation for appropriate reimbursement and quality reporting.

Each HEDIS measure has criteria that is required for your patient's chart to be considered valid toward HEDIS measurement. To help ensure your office visits meet HEDIS measures, please document the following criteria as applicable.

Prenatal documentation

Documentation for prenatal visits must include a diagnosis of pregnancy, the visit date AND evidence of one of the following within the first trimester or within 42 days of enrollment:

Diagnosis

- Obstetrical exam (auscultation for fetal heart tone)
- Pelvic exam (obstetrical observations)
- Measurement of fundus height (prenatal flow sheet)

Prenatal care procedure

- Screening test/obstetric panel
- TORCH antibody panel
- Rubella antibody test/titer with an Rh incompatibility blood typing (ABO/Rh)
- Ultrasound/Echocardiography of a pregnant uterus
- LMP or EDD documentation with prenatal risk assessment and counseling/education OR complete obstetrical history

Documentation of a prenatal visit must be by an OB/GYN, other prenatal care practitioner or PCP.

Postpartum documentation

Documentation for postpartum visits must include the delivery date with live birth(s) notation, the visit date AND evidence of one of the following between 21 and 56 days after delivery:

- Pelvic exam
- Examination of breasts and notation of breast feeding, abdomen evaluation, weight and blood pressure
- Notation of "postpartum" or "six-week check" visit OR preprinted postpartum care form



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