





Effectiveness of Care Measure

Timeliness of Prenatal Care



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

<p>Measure</p> 	<p>The percentage of deliveries or live births with a prenatal care visit in the first trimester:</p> <ul style="list-style-type: none"> • on or before the enrollment start date, or • within 42 days of enrollment into the health plan. <p>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.</p>
<p>Scheduling – access to care</p> 	<p>Ensure appointment availability for patients who think they may be pregnant.</p> <ul style="list-style-type: none"> • Schedule within one week of calling the primary care physician (PCP) or OB/GYN office. • Offer flexible appointment times. • DO NOT send patients to urgent care.
<p>Best practices</p> 	<p>PCP offices should do the following:</p> <ul style="list-style-type: none"> • Refer the patient to an OB/GYN for continued prenatal care. • Schedule a visit with the OB/GYN before the patient leaves the office. • Note the OB/GYN practitioner’s name and the date of the first prenatal visit in the patient’s chart. • If the OB practitioner is in the same office (clinic setting), walk the patient to the OB scheduler to set up the first prenatal visit. • Help patients arrange transportation if needed. Call Logisticare at 1-855-253-6863.
<p>Documentation</p> 	<p>Include the following data in the patient’s medical record:</p> <ul style="list-style-type: none"> • Diagnosis of pregnancy, if exam is done by PCP. • Date of prenatal visit even if confirming pregnancy only. • One of the following: <ul style="list-style-type: none"> – A basic physical OB exam that uses a standardized prenatal flow sheet. – Evidence that a prenatal care procedure was done, such as: <ul style="list-style-type: none"> » 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. – Documentation of last menstrual period (LMP), estimated due date (EDD) or gestational age and either of the following: <ul style="list-style-type: none"> » Prenatal risk assessment and counseling/education. » Complete OB history.



(continued)

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				
	CPT	CPT Cat II	HCPCS	UB revenue	ICD-10 diagnosis ²
Prenatal bundles	59400, 59425, 59426, 59510, 59610, 59618				
Prenatal visits – first trimester	99201-99205, 99211-99215, 99241-99245		G0463, T1015	0514	
Standalone	99500	0500F-0502F			
OB panel	80055				
Prenatal ultrasound	76801, 76805, 76811, 76813, 76815-76821, 73825-16828				BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, FY4GZZZ
Toxoplasma antibody	86777, 86778				
Rubella antibody	86762				
Cytomegalovirus antibody	86644				
Herpes simplex antibody	86694-86696				
ABO	86900				
Rh	86901				

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

²ICD-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.