

Timeliness of Prenatal Care

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

What is measured?

Prenatal care is part of the Prenatal and Postpartum Care (PPC) HEDIS measure.

The percentage of deliveries or live births that had a prenatal care visit in the first trimester:

- On or before the health plan enrollment date, or
- Within 42 days of enrollment into the health plan

PPC measure timing

Deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.

Scheduling

Ensure appointment availability for patients who think they may be pregnant:

- Schedule within one week of the patient calling or the first available appointment.
- Offer flexible appointment times.
- Offer telehealth when appropriate.

Best practices

PCP offices should do the following:

- Refer patient to an OB/GYN for continued prenatal care.
- Note the OB/GYN practitioner's name and date of first prenatal visit in the patient's chart.
- Assist patients with transportation if needed. AmeriHealth Caritas Louisiana provides free transportation to members. Call **1-888-913-0364** to schedule.
- Visit the American College of Obstetricians and Gynecologists (ACOG) website at www.acog.org for more information on best practices.

Documentation

Enter the date of the prenatal visit in the patient's chart, and document one of the following:

- Diagnosis of pregnancy, if the exam was done by a PCP.
- Date of prenatal visit, even if confirming pregnancy only.
- One of the following:
 - Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of last menstrual period, estimated date of delivery, gestational age, a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment, or counseling/education).
 - A basic physical obstetrical examination that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height.
 - Evidence of a prenatal care procedure (e.g., OB panel, ultrasound)

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 — the 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 a pregnancy-related diagnosis code.



Coding

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

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

Services	Codes ¹		
	CPT	CPT Cat II	HCPCS
Stand-alone prenatal visits	99500	0500F, 0501F, 0502F	H1000-H1004
Bundled prenatal visits	59400, 59425, 59426, 05510, 59610, 59618 (Dates of service are required to validate that the visits occurred within the measure time frame.)		H1005
Prenatal visit (with diagnosis of pregnancy)	99201-99205, 99211-99215, 99241-99245, 99483		G0463, T1015
Telephone visit (with diagnosis of pregnancy)	98966-98968, 99411-99443		
Online assessment (with diagnosis of pregnancy)	99869-98972, 99421-99444, 99457, 99458		G0071, G2010, G2012, G2061-G2063, G2250-F2252

¹Use a CPT, CPT II or HCPCS code.