CalViva HEALTH | health net

HEDIS® Tip Sheet | Effectiveness of Care Measure

Timeliness of Prenatal Care

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS) rates. This tip sheet outlines key details about prenatal care visits, its codes and guidance for documentation.

Measure

The percentage of deliveries of 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 (MY): Deliveries on or between October 8 of the year prior to the MY and October 7 of the MY.

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.
- Use telehealth visits as appropriate.
- DO NOT send patients to urgent care.

Best practices

PCP offices should do the following for all pregnant patients:

- 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.
- During the third trimester of pregnancy, advise patient to locate a pediatrician for the baby.
- Introduce the recommended infant well-child visits per the American Academy of Pediatrics age guidelines at: 3-5 days after birth, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, and 24 months.

Educate and refer all pregnant Plan members to the appropriate forms, programs and services:

- Refer the member to the CalViva Health Pregnancy Program online.
- Mahmee Doula Care and Wraparound Maternity Support or Department of Health Care Services (DHCS) Medi-Cal enrolled doulas located in the member's service area.[1]
- Women, Infants and Children program (California WIC).[2]
- Community Health Worker services,[3] or
- Enhanced Care Management (ECM) Birth Equity Population of Focus:[4]
  - Black or African American
  - American Indian/Alaska Native

Timeliness of Prenatal Care (cont.)

Documentation

Include one of the following data in the patient's medical record:

- Diagnosis of pregnancy, if exam is done by PCP.
- Date of prenatal visit even if confirming pregnancy only.
- One of the following:
  - Documentation indicating the patient is pregnant, such as:
    - use of a standardized prenatal flow sheet, or
    - last menstrual period, estimated due date 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.
- Phone visits, online assessment and 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 code when billing for services. The table below lists the appropriate codes to use when billing prenatal claims.

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Services	Codes [5]		
	CPT	**CPT Cat II**	**HCPCS**
Prenatal bundles	59400, 59425, 59426, 59510, 59610, 59618		H1005
Prenatal visits – first trimester	99202–99205, 99211–99215, 99241–99245		G0463, T1015
Standalone	99500	0500F–0502F	
OB panel	80055		
Telephone visits value set	98966–98968, 99441–99443		
Online assessments value set	98970–98972, 99421–99423, 99458		

[5] Use a CPT, CPT II or HCPCS code.

Timeliness of Prenatal Care (cont.)

Forms and resources

[1] Doula services

- Mahmee Doula Care and Wraparound Maternity Support
- CalViva Health Medi-Cal Doula Services Documentation of Doula Visit
- DHCS Medi-Cal Doula Services Benefit
- DHCS Medi-Cal Doula Directory
- DHCS Medi-Cal Doula Services Recommendation Form

[2] California WIC

- CDPH Women, Infants & Children Program
- CDPH Women, Infants and Children Program Referral Forms

[3] Community Health Worker services

- CalAIM Resources for Providers:
  - CalViva Health Member Recommendation for Community Health Worker Services
- DHCS Medi-Cal COmmunity Health Worker Services

[4] ECM Birth Equity Population of Focus

- CalAIM Resources for Providers:
  - CalViva Health ECM Program Completion Questionnaire (Eng)
  - CalViva Health ECM Program Completion Questionnaire (Span)
  - CalViva Health ECM Benefit Referral Form - Adult
  - CalViva Health ECM Patient Care Plan Form
- DHCS Enhanced Care Management Fact Sheet
- DHCS ECM Birth Equity Population of Focus FAQs

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