Timeliness of Prenatal Care

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

Best practices

PCP offices should do the following:

- 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.

Documentation

Include 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 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.

(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.
- Telephone 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 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				
Telephone visits value set	99441–99443, 98966–98968				
Online assessments values set	98969–98972, 99421–99423, 99444, 99458				

[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.