

Prenatal Care

Measure Description

Percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, or on the enrollment start date or within 42 days of enrollment in the organization.

Documentation Requirements

Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

- A basic physical Ob exam that includes auscultation for fetal heart tone, or pelvic exam with OB observations, or measurement of the fundus height
- Evidence that a prenatal care procedure was performed, such as:
 - Screening test in the form of OB panel or
 - TORCH antibody panel alone or
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing or
 - Ultrasound of a pregnant uterus
- Documentation of LMP, EDD or gestational age in conjunction with either of the following:
 - Prenatal risk assessment and counseling/education
 - Complete obstetrical history

Coding Requirements

Prenatal Bundled Services:

CPT: 59400, 59425, 59426, 59510, 59610, 59618

HCPCS: H1005

Prenatal Ultrasound:

CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828

Prenatal Visits:

CPT: 99201-99205, 99211-99215, 99241-99245, 99483

HCPCS: G0463, T1015

Stand Alone Prenatal Visits:

CPT: 99500

CPT-CATII: 0500F, 0501F, 0502F

HCPCS: H1000, H1001, H1002, H1003, H1004

