

Provider Coding Incentive: Initial Prenatal Visit

Iowa Total Care is committed to improving maternal and infant health.

Timely prenatal care plays a vital role in the health of mothers and their babies. Pregnant individuals who do not receive early and adequate prenatal care run the risk of complications that may either be undetected or treated too late in pregnancy. This increases the possibility of adverse outcomes for both parent and baby.

Generating better health outcomes and improving HEDIS® scores mean positive results for everyone.

Iowa Total Care is now offering a \$10 provider coding incentive for an initial prenatal visit (*within the first trimester*).

- To receive the incentive, claims must be submitted with the appropriate CPT® Category II code identifying the initial prenatal visit date: CPT® code 0500F (initial prenatal care visit) or CPT® code 0501F (prenatal flow sheet documented in medical record by first prenatal visit).
- This incentive payment is in addition to your current contract rate. Incentive payments are made at the time of claims payment.
- In addition to billing with the appropriate global maternity services, please report the initial prenatal visit with the appropriate CPT® Category II code and date of service for the initial prenatal visit. This can be done on a separate claim on the date of the first prenatal visit or on the same claim as the global maternity billing, based on what works best for your billing system.

CPT® Category II Code	CPT® Category II Code Description	Billable E/M Code or Revenue Code
0500F	<p>Initial prenatal care visit:</p> <ul style="list-style-type: none"> • Report at first prenatal encounter with healthcare professional providing obstetrical care. • Also report date of visit and, in a separate field, the date of the last menstrual period (LMP). 	<p>CPT®: 99201–99205, 99211–99215, 99381–99387, 99391–99397, 59425*, 59426*</p> <p>Revenue Code: 0514</p>
0501F	<p>Prenatal flow sheet documented in medical record by first prenatal visit:</p> <ul style="list-style-type: none"> • At minimum, documentation includes: blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery. • Also report date of visit and, in a separate field, the date of the LMP. • Note: If reporting 0501F (prenatal flow sheet), it is not necessary to report 0500F (initial prenatal care visit). 	<p>CPT®: 99201–99205, 99211–99215, 99381–99387, 99391–99397, 59425*, 59426*</p> <p>Revenue Code: 0514</p>

* For providers that bill the global OB antepartum package CPT® codes 59425 or 59426, CPT® Category II codes 0500F or 0501F will be required in addition to the global codes.



The prenatal care visit must include **one** of the following pieces of documentation indicating the member is pregnant or references to the pregnancy. For example:

- Documentation in a standardized prenatal flow sheet, **or**
- Documentation of LMP, estimated due date, or gestational age, **or**
- A positive pregnancy test result, **or**
- Documentation of gravidity and parity, **or**
- Documentation of complete obstetrical history, **or**
- Documentation of prenatal risk assessment and counseling/education.

Documentation by a registered nurse alone **does not** meet compliance requirements for HEDIS®.