

HEDIS® Provider Guide:

Measure Description

Prenatal care visit in the first trimester or within 42 days of enrollment, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these:

- Basic physical obstetrical exam that includes auscultation for fetal health tone, **or** pelvic exam with obstetric observations, **or** measurement of fundus height (a standardized prenatal flow sheet may be used).
- Obstetric panel
- Ultrasound of the pregnant uterus
- Pregnancy-related diagnosis code
- TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus and Herpes simplex testing)
- Rubella antibody test/titer with a Rh incompatibility (ABO/RH) blood typing (e.g., a prenatal visit with rubella and ABO, a prenatal visit with rubella and Rh, or a prenatal visit with rubella and ABO/Rh).
- Documented LMP, EDD or gestational age with either a completed obstetric history or prenatal risk assessment and counseling/education.

(*) For visits to a PCP, a diagnosis of pregnancy must be present along with any of the above.

Using Correct Billing Codes

Please note that global billing or bundled codes do not provide specific date information to count towards this measure.

Codes to Identify Prenatal Services

Description	Codes
Prenatal Care Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99483,99500 HCPCS: G0463, T1015, H1000, H1001, H1002, H1003, H1004 CPT II: 0500F, 0501F, 0502F
Obstetric Panel	CPT: 80055, 80081
Prenatal Ultrasound	CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 ICD-10: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
ABO	CPT (ABO): 86900
TORCH	CPT (Toxoplasma): 86777, 86778 CPT (Rubella): 86762 CPT (Cytomegalovirus): 86644 CPT (Herpes Simplex): 86694, 86695, 86696
Pregnancy Diagnosis (for PCP, use these codes and one of the codes above)	ICD-10: O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z34, Z36

How to Improve HEDIS® Scores

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is within the first trimester or within 42 days of enrollment.
- Have a direct referral process to OB/GYN practitioners in place.
- Use the prenatal calendar tools to ensure the visit is within the correct time frame.