



2023 OB VBR WEBINAR

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January 17, 2023



IMPACT

The 2023 Obstetrics Quality Program rewards you for quality in day-to-day operations using quality measures defined by the Healthcare Effectiveness Data and Information Set (HEDIS®).



IMPORTANCE

When you participate in the Obstetrics Quality Program, reimbursement will be based on your submission of claims containing qualifying Current Procedural Terminology (CPT®) codes for each target quality measure.

IMPORTANT PROGRAM DETAILS

Quality Measures:

- Timeliness of Prenatal Care
- Postpartum Care
- Postpartum Depression Screening



CareSource® rewards you for excellence. We recognize the outstanding work you're doing to improve your patients' health and quality outcomes every day.

Get started with Value-Based Reimbursement with our Obstetrics Quality Program which rewards you for quality in day-to-day operations. Quality measures are defined by the Healthcare Effectiveness Data and Information Set (HEDIS®).



IMPACT REIMBURSEMENT AND CODING

When you participate in the Obstetrics Quality Program, reimbursement will be based on your submission of claims containing qualifying Current Procedural Terminology (CPT®) codes for each target quality measure. The following services and codes qualify for reimbursement in this program:

HEDIS Measure	Description	Reimbursement
Timeliness of Prenatal Care	CareSource will provide one enhanced payment per service per calendar year for each member who attends their first prenatal visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with CareSource.	\$75
Postpartum Care	CareSource will provide an enhanced payment per service per calendar year for each member who attends a postpartum visit on or between seven and 84 days after delivery.	\$100
Postpartum Depression Screening	CareSource will provide one enhanced payment per screening per calendar year for each member who is screened for clinical depression using a standardized instrument on or between seven and 84 days after delivery.	\$10



Billing Guidelines for Timeliness of Prenatal Care

Submit a claim for the first prenatal visit immediately after the initial contact and include the following:

- Line 1: Appropriate initial prenatal visit code (e.g., 99201- 99205) with date of service.
- Line 2: CPT II code 0500F on the second line with a charge of \geq \$1.
 - CPT II code 0500F is defined as the initial prenatal care visit.
 - Report a first prenatal encounter with health care professional providing obstetrical care.
 - Report date of visit and in a separate field, the date of the last menstrual period (LMP).

Please note that the initial prenatal visit may be billed and reimbursed separately from a global (bundled) claim.



Billing Guidelines for Postpartum Care

Global (Bundled) Billing

- Submit global billing claim as per usual practice.
- Submit a separate claim after the completion of the postpartum visit for the quality incentive.
 - Include date of service
 - Include CPT II code 0503F defined as postpartum care visit
 - Include charge of \geq \$1

See example image below:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please Items 1, 2, 3 or 4 to Item 24E by Lines)										<input type="checkbox"/> YES <input type="checkbox"/> NO									
1. Z39 2										22. MEDICARE SUBMISSION CODE									
3.										ORIGINAL REF. NO.									
2.										23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE										F. \$ CHARGES		G. Days on Limit		H. SPCH/Flare Fee		I. ID		J. RENDERING PROVIDER ID #	
From			To			B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances)		E. DIAGNOSIS POINTER							
MM	DD	YY	MM	DD	YY	SEMI	EMG	CPT/PCS	MODIFIER										
1	09	16	20	09	16	20	11	0503F				A	1	00	1				
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT (For gov. claims, use back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE			
				<input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		\$			



Unbundled Billing o Submit claim for postpartum visit only o
Line 1: Appropriate postpartum visit code (such as CPT
59430) with date of service o Line 2: CPT II code 0503F with a
charge of \geq \$1. CPT II code 0503F is defined as postpartum
care visit.

Billing Guidelines for Postpartum Depression Screening Reimbursement requires
billing the qualifying service CPT code 96160 with the trigger code 99429 and the
modifier YO.



GET ENGAGED TODAY

Getting started with the CareSource Obstetrics Quality VBR Program is the next step toward earning the rewards you deserve.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

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Presented by:

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2023 QE Program

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