

# Obstetrics Quality Program 2023

Medicaid Value-Based Reimbursement Program

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®).

### **IMPORTANT PROGRAM DETAILS**

## **Quality Measures**

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

#### 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<br>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<br>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:

- o 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 ≥ \$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).



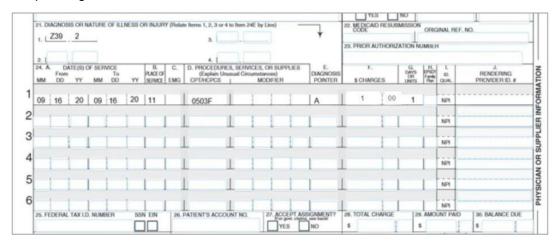
Please note that the initial prenatal visit may be billed and reimbursed separately from a global (bundled) claim.

# **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 ≥ \$1

See example image below:



### **Unbundled Billing**

- Submit claim for postpartum visit only
- o Line 1: Appropriate postpartum visit code (such as CPT 59430) with date of service
- Line 2: CPT II code 0503F with a charge of ≥ \$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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