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Prenatal and Postpartum Care Provider Toolkit 2025

Developed by: Molina Healthcare of Nebraska Quality Improvement

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA. The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS. The adjusted measure specification may be used only for internal quality improvement purposes.

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Overview

Thank you for being part of the Molina Healthcare network of providers.

Why Prenatal and Postpartum Care Matters

While many pregnancies are uncomplicated, timely and adequate prenatal care plays a critical role in preventing poor birth outcomes. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend one appointment every four weeks until the seventh month, one appointment every two weeks until the eighth month, and then weekly thereafter for individuals with an uncomplicated pregnancy, and a postpartum visit approximately 4–6 weeks after delivery. Appropriate perinatal services, combined with education and support, are essential to ensuring healthy outcomes for both parent and baby before, during, and after pregnancy.

This Prenatal and Postpartum Care (PPC) Toolkit was created to provide you with essential information on the PPC HEDIS® measure. Inside, you will find Healthcare Effectiveness Data and Information Set (HEDIS®) guides and tips specifically tailored to prenatal and postpartum care.

Developed by the National Committee for Quality Assurance (NCQA), HEDIS® is one of the most widely used sets of performance measures in managed care. More than 90% of U.S. health plans use HEDIS® to evaluate performance across key dimensions of care and service. HEDIS® measures cover a wide range of health topics, including prenatal and postpartum care, breast cancer screening, asthma medication use, comprehensive diabetes care, immunization status, and well-child visits.

HEDIS® is important because it enables us to:

- Assess the quality of care delivered to our members
- Identify opportunities for targeted improvement
- Provide consumers with information to compare health plans based on access, care quality, and service satisfaction

Because HEDIS® specifications can be complex, this toolkit offers simplified guides in addition to the technical specifications, with clearly defined criteria for meeting measure requirements.

In this toolkit, you will find:

- A detailed description of PPC measure guidelines and criteria
- Guidance on global/bundled billing for pregnancy care episodes
- Appropriate coding to meet HEDIS® measure requirements
- Instructions for notifying Molina of new pregnancies
- Documentation requirements for PPC medical records

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- Guidance on submitting PPC information through supplemental data feeds

Quality Program Impact

In addition to being reported annually to NCQA for Medicaid and Marketplace, the PPC measure also impacts:

1. NCQA Health Plan Ratings
2. Marketplace QRS Ratings
3. Nebraska Medicaid Premium Withhold

Telehealth Updates

In July 2020, NCQA released updated specifications expanding the use of telehealth for applicable HEDIS® measures in response to the COVID-19 pandemic. This toolkit incorporates those updated telehealth allowances specific to the Prenatal and Postpartum Care (PPC) measure, as outlined in the Molina Provider Manual.

NCQA Definitions for Telehealth

- **Synchronous Telehealth**
 - Defined as real-time, interactive audio and video telecommunications.
 - When a measure specification does not specifically address telehealth, synchronous telehealth is included because these visits are billed with standard CPT and HCPCS codes, often accompanied by a telehealth modifier and/or place-of-service (POS) code.
 - The CPT or HCPCS code within the value set is sufficient to meet criteria, regardless of whether a telehealth modifier or POS code is present.
 - A measure specification will explicitly state when synchronous telehealth is not eligible for use.
- **Telephone Visits**
 - Considered a separate modality.
 - Eligible when explicitly referenced by a measure specification through the Telephone Visits Value Set.
- **Asynchronous Telehealth**
 - Also referred to as an e-visit or virtual check-in.
 - Not “real-time,” but requires two-way interaction between the member and the provider.
 - Examples include patient portals, secure text messaging, or email.
 - Eligible when explicitly referenced by a measure specification through the Online Assessments Value Set.

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Global Billing

Billing for obstetric (OB) care services can be complex, particularly when global or bundled billing is involved. Bundled maternity care services are designed to encourage providers to coordinate care efficiently, improve health outcomes, and reduce overall costs. Because pregnancy and delivery are considered an *episode of care*, the bundled payment model is appropriate, as each pregnancy includes the same key components of care:

- Prenatal care
- Delivery
- Postpartum care

There are three main categories of bundled billing codes:

1. Codes that include only one component of pregnancy care (e.g., prenatal visits).
2. Codes that include two components (e.g., delivery and postpartum care).
3. Codes that are inclusive of all three components: prenatal, delivery, and postpartum care.

As it relates to HEDIS® measure compliance, the administrative coding specifications for the Prenatal and Postpartum Care (PPC) measures are complex. The guidelines recognize both bundled codes and stand-alone visit codes, the latter reflecting prenatal or postpartum visits as distinct services.

All bundled and global billing codes may be used for the PPC measure. However, to ensure they are captured for numerator compliance, the **specific dates of prenatal and postpartum care** rendered within the required measurement timeframe must be documented on the claim form. Without these dates, bundled codes alone do not provide sufficient information to meet measure criteria.

For more information and details on specific codes used, contact your Molina **Quality Provider Engagement Representative** via email at MHN_Quality@MolinaHealthCare.Com

Global or bundled billing codes alone do not provide the specific date information required to meet compliance for this measure. When completing a claim form, bundled codes may be used only if the form clearly indicates the date the prenatal care was initiated or the date the postpartum care was rendered, as appropriate.

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Early Notification of Pregnancy

To ensure members receive the full range of pregnancy-related services and resources offered by Molina, we ask that you notify us as soon as you confirm that a Molina member is pregnant. Providers may submit CPT II Code 500F and CPT II Code 503F to Molina with a \$0 bill charge to:

1. Indicate that a member is pregnant.
2. Identify if a member has a high-risk pregnancy, as determined during the first prenatal visit.

Coding Guidance

- Prenatal and postpartum visits should be reported using the CPT® codes listed below.
- Modifier codes may be used to indicate a high-risk pregnancy.
- These CPT® codes also support HEDIS® compliance for the *Timeliness of Prenatal Care* measure.

Code	Type	Description
0500F	CPT®	Initial prenatal care visit (report at first prenatal encounter; include visit date and date of last menstrual period [LMP])
0503F	CPT®	Postpartum care visit (report at postpartum follow-up encounter)
TG	Modifier	Complex/high-tech level of care
TH	Modifier	Obstetrical treatment/services, prenatal or postpartum

Bundled codes may still be used at delivery for full maternal care i.e. Prenatal, Delivery, and Postpartum. However, early identification provides significant benefits, allowing members to access additional resources offered by Molina, including:

- High-risk pregnancy support
- Case management services
- Appointment scheduling assistance
- Reminders to attend regular checkups
- Information on how members can earn rewards for completing their visits

Supplemental Data Sources (SDS) Provider Tips

Purpose

To provide guidance on how to properly include data for *PPC – Timeliness of Prenatal Care* and *PPC – Postpartum Care* in Supplemental Data Source (SDS) files uploaded to Molina's Secure File Transfer Protocol (SFTP) site.

Important

Please review your SDS file layout to ensure the following fields are included:

- Member identifiers
- Rendering PCP NPI
- Date of service
- ICD-10 diagnosis code
- CPT® code

If any of these fields are missing, or if you are unsure of your file layout, please contact your Quality Provider Engagement Representative before implementing any changes.

Including PPC – Timeliness of Prenatal Care Data in Supplemental Data Source Files

Data for prenatal care visits are required for compliance with the *PPC – Timeliness of Prenatal Care (TOPC)* measure. To meet compliance, a member's record must include all three of the following components:

1. The practitioner must be an OB/GYN, another qualified prenatal care practitioner, or a PCP.
2. A qualifying CPT®, CPT® II, or ICD-10 code.
3. The date when the prenatal care visit occurred.

If you do not have an SFTP set up with Molina, and would like to learn more, please reach out to Quality Improvement at MHN_Quality@MolinaHealthCare.Com.

Miscellaneous Resources

Member Medicaid Rewards

Molina offers rewards to Medicaid members who complete their prenatal and postpartum care. For more information, please visit: [Benefits and Services | Medicaid](#)

High-Risk Pregnancy Support

Molina Healthcare provides high-risk pregnancy support in alignment with established clinical guidelines to ensure safe and effective care for both the mother and baby. In particular, our approach incorporates the American Society of Addiction Medicine (ASAM) guidelines for the use

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of medications in the treatment of opioid addiction, ensuring that pregnant members with substance use disorders receive evidence-based treatment. Additionally, we follow the Centers for Disease Control and Prevention (CDC) guidelines for prescribing opioids for chronic pain, promoting safe pain management practices during pregnancy. By adhering to these recognized standards, Molina Healthcare aims to optimize maternal and fetal outcomes while addressing the unique needs of high-risk pregnancies. [Clinical Practice Guidelines | Medicaid](#)

Some of these resources are applicable to both pregnant and non-pregnant members.

Providers may refer members to Molina's High-Risk OB Case Management Program by submitting the **Pregnancy Notification Form** located on the Provider Forms page under **Women's Health Services**: [Provider Forms | Medicaid](#)

Member Support

Members may contact Molina Member Services at (844) 782-2018 (TTY: 711), Monday–Friday, 8 a.m.–6 p.m. CT for more information about Care/Case Management services.

Providers may also refer members to Nebraska's Department of Health and Human Services Prenatal Plus Program (PPP). For more information and the Intake Assessment Form please visit: [Prenatal Plus Program](#)

Reporting

Our Quality Improvement team is available to provide additional information regarding Prenatal and Postpartum Care (PPC) measures. Please contact your **Quality Provider Engagement Representative** via email at MHN_Quality@MolinaHealthCare.Com with any data requests or questions. We are committed to supporting you in improving compliance and performance on this measure.

Appendix: Nebraska State Medicaid Billing Guide

For detailed billing information, please refer to the **Nebraska State Health Care Professional Services Billing Guide**. This guide includes a dedicated section on **billing for Global Obstetrical Care**: [Provider claims & Billing Guide](#)