



Molina Healthcare of Illinois 2023 Provider Incentive Program Healthy Pregnancy

Early Prenatal Care

Pregnant patients should be receiving timely and regular prenatal care with an OB-GYN or other prenatal care practitioner or PCP* in the first trimester of pregnancy.

Prenatal Visit
\$50 for the first qualifying visit

NOTE: To get this bonus, services must be identified through claims. See next section for billing/coding best practices.

Postpartum Care

After delivery, patients should complete a postpartum visit with an OB-GYN practitioner or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery.

Postpartum Visit
\$75 for the first qualifying visit

Codes Needed for Care Provided

Prenatal Care	
Description	Codes
Prenatal Visits- best practice is to use in conjunction with a Pregnancy Diagnosis code	CPT®: 99201-99205, 99211-99215, 99241-99245, 99500, 99483 CPT®II: 0500F, 0501F, 0502F HCPCS: H1000-H1004, T1015, G0463
Prenatal Bundled Services**	CPT®: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005
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
Telehealth Modifier	95, GT – WITH POS 02
Telephone Visits	CPT®: 98966-98968, 99441-99443
Online Assessments (E-visits or Virtual check-in)	CPT®: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
**Please note that global billing or bundling codes must include DOS on claim form.	

Postpartum Care	
Description	Codes
Postpartum Visit	CPT®: 57170, 58300, 59400**, 59410**, 59430, 59510**, 59515, 59610**, 59614**, 59618**, 59622**, 99501 CPT®II: 0503F HCPCS: G0101 ICD-10-CM Diagnosis: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Online Assessments (E-visits or Virtual Check-in)	CPT®: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
Telephone Visits	CPT®: 98966-98968, 99441-99443
Telehealth Modifier	95, GT – WITH POS 02
**Please note that global billing or bundling codes must include DOS on claim form.	

Please refer to full PPC measure and coding guidance:
Molina's Provider Portal: Availity Essentials Provider Portal . Log in, select "Forms" from the menu, and scroll down to the PPC Timeliness of Prenatal Care link. The PDF will open in your browser.

Please refer to full PPC measure and coding guidance:
Molina's Provider Portal: Availity Essentials Provider Portal . Log in, select "Forms" from the menu, and scroll down to the PPC Postpartum Care link. The PDF will open in your browser

What Clinical Notes Should Be Included?

Prenatal Visit

Documentation in the medical record **must** include a note with the date when the prenatal care visit occurred **and** one of one of the following:

- Documentation indicating the woman is pregnant or references to the pregnancy; for example:
 - Documentation in a standardized prenatal flow sheet, or documentation of LMP, EDD or gestational age, 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.
- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. (A standardized prenatal flow sheet may be used.)
- Evidence that a prenatal care procedure was performed, such as:
 - Screening test in the form of an obstetric panel (**must** include **all** of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or TORCH antibody panel alone, or rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or ultrasound of a pregnant uterus.

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

NOTE: To get this bonus, services must be identified through claims. See previous section for billing/coding best practices.

Postpartum Visit

Documentation in the medical record must include a note with the date when the postpartum visit occurred and **one** of the following:

- Pelvic exam.
- Evaluation of weight, BP, breast, and abdomen.
- Notation of postpartum care, including, “PP check,” “PP care,” “six-week check,” or pre-printed “Postpartum Care” form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics: infant care of breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity, and attainment of healthy weight.

NOTE: To get this bonus, services must be identified through claims. See previous section for billing/coding best practices.