



# Healthy Beginnings Plus HEDIS® Reference Guide

To assist low-income, pregnant women enrolled in Medicaid in Pennsylvania, the Department of Human Services (DHS) developed the Healthy Beginnings Plus program. In the Healthy Beginnings Plus program, services are provided that meet an expectant mother’s psychosocial and obstetrical needs during pregnancy, delivery, and the 7-84 days postpartum period following delivery.

To accurately capture care provided by Health Beginnings Plus providers, bundled and global billing service codes should be submitted that include details of the care provided from the prenatal through the postpartum period of a patient’s pregnancy. Claim submission will require two major steps.

## Step 1: Appropriate Bundled Code

If you provided only prenatal care the following applicable codes can be submitted to reflect the number of prenatal visits the expectant mother had with your office:


CPT Code	Description
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits

If you provided routine care during the prenatal, delivery, and postpartum period the following codes may be submitted\*:

CPT Code	Description
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

If you provided care during delivery and the postpartum period only, the following applicable codes can be submitted\*:

CPT Code	Description
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59515	Cesarean delivery only; including postpartum care
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care

 \*Please note: The postpartum period here is not referring to care occurring during the delivery hospitalization period, but rather to a true postpartum visit that occurs 7-84 days after delivery.

## Step 2: Details of Care Rendered

Prenatal and Postpartum bundled service codes are approved by the NCQA for capture of care in the Prenatal and Postpartum Care (PPC) HEDIS measure.

- Itemize each visit provided during the prenatal and postpartum period on the bundled claim.
- E&M codes corresponding to the visits
- Must include date of each visit
- \$0 charge amount for itemized lines

Examples of acceptable E&M codes are:

CPT Code	Description
99500	Standalone prenatal visit
0500F - 0502F	Standalone prenatal visit
57170; 58300; 59430; 99501; 0503F	Postpartum Visits

HCPCS Code	Description
H1000 - H1004	Standalone prenatal visit

For additional coding tips for prenatal and postpartum care capture, please refer to our [Women's Health Coding Guide](#).

### To be adherent for the PPC measure, members need to meet the following criteria:

- Timely prenatal care in the first trimester (on or before enrollment) or within 42 days of enrollment.
- Postpartum care 7-84 days following delivery.
- Not submitting E&M codes for prenatal and postpartum care can negatively impact HEDIS scores as well as potential Pay for Quality and Value-Based incentives.



## Reimbursement Guidelines

- A global charge should be billed for maternity claims when all maternity-related services, are provided by the same physician or physicians practicing at the same location.
  - If global maternity care is provided, all maternity-related visits and delivery will be reimbursed under the global maternity code.
- Individual E&M codes should be billed to report all maternity-related E&M visits.
  - Prenatal care is considered an integral part of the global reimbursement and will not be paid separately.
- Only the applicable global maternity procedures, and their applicable payment modifiers, should reflect a positive charge amount.
- Individual E&M codes should be billed with a zero-charge amount.
  - Services will not be separately paid but must be separately reportable.
  - All prenatal and postpartum dates of service must be billed.
- All individual E&M codes should be submitted at the same time, and on the same claim, as the global maternity code.
  - After the postpartum visit has occurred. Submitting prior to postpartum care can result in missed care for quality reporting purposes
- Global maternity charges not submitted with the supporting E&M services will be denied.



## Questions on Reimbursement?

We're here to help. Just call Provider Relations at **1-866-638-1232** with any questions.



## Questions on HEDIS or Performance Measures Surrounding Prenatal and Postpartum Care?

Just email [AetnaBetterHealthPAQM@Aetna.com](mailto:AetnaBetterHealthPAQM@Aetna.com) to reach the Aetna Better Health® of Pennsylvania Quality Management Department.

Bundled and global billing is only for providers in the Healthy Beginnings Plus Program. If you are a fee for service provider and would like information on the program, please reach out to DHS by calling **1-800-537-8862** and choosing Option 1, then Option 4, and finally Option 4, or send an email to [RA-FFS\\_HBP@pa.gov](mailto:RA-FFS_HBP@pa.gov).