

Fax Information

Date of first fax _____ 28-32 weeks fax date _____
Postpartum fax date _____ Fax number _____

Obstetrical Needs Assessment Form (ONAF)

Member name (first, middle initial, last) _____

Date of birth _____ Member ID _____

Home phone _____ Cell phone _____

Hospital for delivery _____

Gestational age at first visit (in weeks) _____

Date of 1st prenatal visit _____ Estimated due date _____ Gravida _____ Para _____ Live births _____ TAB _____

Date of last PAP _____ Date of last chlamydia screen _____ Depression screen? _____ Dental visit past 6 months? _____ WIC _____
Yes No Yes No Yes No

Past OB Complications		Current Risks	Trimester			Active Diagnosis	Trimester		
			1st	2nd	3rd		1st	2nd	3rd
	Gestational diabetes	2nd/3rd trimester bleeding				Anemia Hb<10			
	Incompetent cervix	Abnormal placenta				Asthma			
	IUGR	English not primary language				Autoimmune disorders			
	Preeclampsia/Eclampsia	Language preference				Behavioral health diagnosis (specify)			
	Premature ROM	Gestational diabetes				Currently prescribed medication			
	Preterm delivery wks	Missed prenatal care visit				Blood disorder (specify)			
	Preterm labor <32 wks	Multiple gestation				Cardiac disease (specify)			
	Previous C-section	Perinatal depression				Depression			
	Previous fetal demise	Periodontal disease				Diabetes			
	Recurrent 2nd trimester loss	Poor weight gain				Eating disorder (specify)			
Prenatal Visit Dates		Preeclampsia/Eclampsia				Hepatitis (specify)			
		Premature ROM				High blood pressure			
		Preterm dilation of cervix (<1.5 cm) or Preterm labor, <32 wks				HIV			
		Previous delivery within 1 year				Intellectual/developmental disability			
		Health-Related Social Needs	Trimester			Obesity			
			1st	2nd	3rd	Opioid use disorder			
		Domestic violence				Renal disease (specify)			
		Economic instability				RH Factor incompatibility			
		English not primary language				Seizure disorder			
		Language preference				Sickle cell disease			
		Food insecurity				Substance use disorder (specify)			
		Housing insecurity				STI (specify)			
		Lack of support system				Tobacco use (current)			
		Literacy concerns				Cessation services offered			
		Transportation				Thyroid disease (specify)			
		Other social issues (specify)				Other medical issues			

Postpartum Visit

Date of postpartum visit				Postpartum depression present	Postpartum contraception discussed	Community referrals made
Feeding method	Breast	Bottle	Both	Quit tobacco during pregnancy Remains tobacco free		
Method of delivery	Vaginal	C-section	VBAC	Delivery date	Weeks of gestation at delivery	

Instructions for Completing the Obstetrical Needs Assessment Form (ONAF)

This form is used to help identify risk factors early in the pregnancy and engage patients in care management. The ONAF is not a claim.



Note: The ONAF must be received by Highmark Health Options and documented in the claims system prior to receipt of the claim to allow the appropriate bonus and intake visit payment.

Intake Visit

Use this form as the initial notification of a member's pregnancy. The ONAF must be completed during the intake visit and faxed to Highmark Health Options immediately and filed in the patient's medical record. Prompt submission from your office allows us to enroll the member in our Maternity Outreach Management Program as early as possible.

Fax this form to 1-855-501-3903. The updated form can be faxed after follow-up visits (see below).

To complete the form:

- 1** Fill in the **demographics section** in its entirety for each submission.
- 2** Fill in the **clinical section** in its entirety for each submission by checking the trimester in which the risk or medical condition was noted.
 - Checked boxes indicate the condition was identified in that trimester.
 - Unchecked boxes indicate the risk was not identified.
- 3** Fill in the dates of all visits, including the postpartum visit.

Note: The form does not need to be filled out by a physician.

Contact us if you have questions about this form.
Call **1-844-325-6251** or email
hho-epsdt@highmark.com.

Follow-up Visits

Also use the form to document follow-up prenatal visits. You do not need to complete the top part of the form each time. Simply add details or risk factors to the original form and fax it to us.

Provider Incentive Payment for Intake Visit

Providers can earn an incentive payment for completing the ONAF. Two incentive payments are offered:

- Outreach bonus: **\$100** for an intake visit with completed form during the first trimester (99429-HD).
Note: Procedure codes for first trimester outreach (99429-HD) and initial risk assessment (T1001-U9) must be reported together on the same claim form to allow the bonus payment. The appropriate evaluation and management codes (99202-99215) and HD pricing modifier, in the first position, must also be included on the claim form. The bonus payment will not be paid if both codes and modifiers referenced above are not reported on the same claim.
- Intake visit: **\$50** for an intake visit with completed form (T1001-HD).
Note: If the patient's first prenatal visit does not occur within the first trimester, code 99429-HD should not be billed. At the intake visit, an ONAF must be completed and faxed to Highmark Health Options, and a claim submitted with code T1001-HD for reimbursement. The appropriate evaluation and management code and pricing modifier should also be included on the claim form.

This incentive information also appears in the Provider Manual.