ONAF & Obstetrical Care Billing Guide

Obstetrics (OB) Services

- Healthy Beginnings Plus providers in the managed care delivery system should direct coding and payment questions toward the appropriate MCO. Highmark Wholecare's Provider Services Department can be reached at **1-800-392-1147**, Monday-Friday, 7 a.m.-5 p.m.
- See the member prior to 14 weeks gestation and regularly after, as determined by you and your patient.
- All charges for newborns that become enrolled in Highmark Wholecare, other than hospital bills covering the confinement for both mother and baby, are processed under the newborn name and ID number.
- For member transportation barriers and care management needs, please refer the member to MOM Matters at **1-800-392-1147**, Monday-Friday, 8:30 a.m.-4:30 p.m.

OB Provider Incentive Billing and Coding

Electronic Obstetrical Needs Assessment Form (ONAF) Submission:
$200 incentive for a prenatal visit and electronic submission of an ONAF.

FQHC	99429-HD (1st trimester prenatal incentive)	T1001-U9 (initial ONAF)	T1015, E&M (99202-99205, 99211-99215) & modifiers U9 and 25	Pregnancy ICD 10 code
Non-FQHC			E&M (99202-99205, 99211-99215) & modifiers U9 and 25	

Highmark Wholecare Maternity Quality Program
Providers must have a minimum of 20 deliveries in the measurement year in order to qualify to be scored. Payment is based on improvement over the previous year's level, (if 3, 5, or 7 percentage point improvement over 2024 performance is achieved), and peer comparison. FQHCs who provide perinatal care but do not deliver are eligible for the percentage point improvement incentive.

Prenatal Care in the First Trimester
Refer to the Electronic ONAF Submission table or the Prenatal Visit Billing table.

Postpartum Care
Refer to the Postpartum Care Billing table and the Postpartum Home Visits table.

Opt-in and additional information can be found on our Highmark Wholecare provider website.

OB Billing Details (Prenatal, Delivery, and Postpartum)

Prenatal Visit Billing & Tips:

FQHC	T1015, E&M (99202-99205, 99211-99215), U9 modifier (must follow the code in the 1st position), and all other services performed in the visit (use modifier 25 as necessary)	Pregnancy ICD 10 code
Non-FQHC	E&M (99202-99205, 99211-99215), U9 modifier (must follow the code in the 1st position), and all other services performed in the visit (use modifier 25 as necessary)	

- Highmark Wholecare recognizes the need for multiple services on one date of service for pregnant members.
  - Please follow CPT guidelines and modifier 25 use for reimbursement of multiple services.
- Include all encounter diagnosis codes on claims to capture all services rendered.
- Prenatal visits may be completed through telehealth. For telehealth visits, use POS code 02 (in a setting other than the individual's home) or 10 (in the individual's home).

Postpartum Billing & Tips:

- Schedule the postpartum visit at delivery to see the member 7-84 days after delivery.
- Bill for outpatient care 7–84 days after delivery using CPT II code as needed.
- Perform a Pap test at the postpartum visit if the member is due or as indicated.
- Postpartum visits may be completed through telehealth. For telehealth visits, use POS code 02 (in a setting other than the individual's home) or 10 (in the individual's home).

Postpartum Care Billing (not an all-inclusive list):

CPT	ICD 10 diagnosis codes	CPT II
57170, 58300	Z39.2, Z39.1, Z01.411, Z01.419, Z01.42, Z30.430	0503F

OB Billing Details (Prenatal, Delivery, and Postpartum) Cont.

Postpartum Home Visits:
Highmark Wholecare recognizes the importance of optimizing individualized postpartum care in alignment with the "fourth trimester" recommendation of the American College of Obstetricians and Gynecologists (ACOG). Postpartum home visits are covered as follows:

Modifers	Description	Limits
99501	Home-visit for postnatal assessment and follow-up care	4 visits in any 180-day period

Preventive Services

Cervical cancer screening is a Medicaid Healthcare Effectiveness Data and Information Set (HEDIS) measure that evaluates the percentage of women ages 21–64 screened for cervical cancer (excluding women with cervical agenesis or a complete hysterectomy with no residual cervix).

- Women ages 21–64 who had cervical cytology performed every 3 years.
- Women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years or HPV test performed every 5 years. (Reflex testing does not count as co-testing.)

HCPCS	Description	Medicaid
Q0091	Screening Papanicolaou smear (obtaining, preparing, and conveyance of cervical or vaginal smear to laboratory)	Quality/informational code (non compensable)

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Billing

Highmark Wholecare will also reimburse OBs for completing SBIRT screenings for pregnant and postpartum women. The pre-screening for SBIRT shall be billed using procedural code H0049 for a reimbursement of $3.00 per screening up to twice per year.

This would be paid in addition to the office visit and will be reimbursed. If another SBIRT code is used, it will not be reimbursed.

Medicaid	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes
	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention, greater than 30 minutes
	H0049	Brief screening less than 5 minutes: Up to two pre-screens for alcohol and/or substance (other than tobacco) per 12-month period

For more SBIRT billing information and referral resources, please visit our provider website.

For more information on the Maternity PATHway Program for pregnant women with substance use disorder, please visit our Highmark Wholecare website.

Long Acting Reversible Contraceptives (LARC) and Oral Contraceptives

Highmark Wholecare covers all family planning services, including oral contraceptives and long acting reversible contraceptives (LARC), according to the PA Medicaid fee schedule and preferred drug list. LARC placement is covered in both the inpatient and outpatient settings.

Please see the LARC scenario table for further instruction. Covered contraceptives can be found on the PA Preferred Drug List.

Devices and medications designated as non-preferred will require clinical review to determine medical necessity. The CPT codes below include covered procedures and are not all-inclusive.

CPT Code	Device Description
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant

LARC Scenario Examples	CPT	Place of service for CPT	HCPCS	Place of service for HCPCS	Diagnosis code	Comment
LARC placement in the inpatient setting	58300	21	J7296	22	Z30.430	Bill HCPCS with place of service 22
LARC placement in the outpatient setting	58300	22	J7296	22	Z30.430	Bill CPT and HCPCS on same claim with place of service 22

Obstetrical Needs Assessment Form (ONAF)

The ONAF is not a claim. However, it must be received by Highmark Wholecare in order to process the claim for the intake visit. Submit claims on a CMS-1500 form within 180 days to receive payment for the intake package.

Finding the ONAF form: The ONAF Form can be found on our provider website.

Intake Visit: An ONAF must be completed at the Intake Visit. The first visit with an OB patient is considered the intake visit. If a patient becomes a Highmark Wholecare plan member during her pregnancy, her first visit as a member is considered to be her intake visit, regardless of trimester.

Submitting the ONAF: Choose 1 or 2 methods.

1. Secure **Fax: 1-888-225-2360** or
2. Submit via the online obstetrical tool for easier data entry and faster submission. Instructions for setting up and using this tool can be found here on Highmark Wholecare's website.

Submittal Timeliness: The ONAF must be completed in full, signed by the provider, and forwarded within five days of the initial intake visit.