New F Codes
Capturing Prenatal & Postpartum Care Services

BACKGROUND

Timely and adequate prenatal and postpartum care is important for ensuring the long-term health and well-being of pregnant people and their infants. Access to these services is a top priority for the Centers for Medicare & Medicaid Services (CMS) and North Carolina Medicaid.[1] Currently, NC Medicaid is performing below the national average for Medicaid health maintenance organizations on the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS)® *Prenatal and Postpartum Care* (PPC) quality measure (NQF #1517). NC Medicaid believes that data quality is the main driver of this low performance.

THE PROBLEM

As indicated in Figures 1 and 2, NC Medicaid has historically performed below the national average for Medicaid Health Maintenance Organizations (HMOs) on the NCQA HEDIS® *Prenatal and Postpartum Care* (PPC) quality measure (NQF #1517).[2] This measure is divided into two sub measures:

1. *Timeliness of Prenatal Care*: Percent of deliveries that received at least one prenatal care visit in the first trimester.

2. *Postpartum Care:* Percent of deliveries that had a postpartum visit on or between seven and 84 days after delivery.
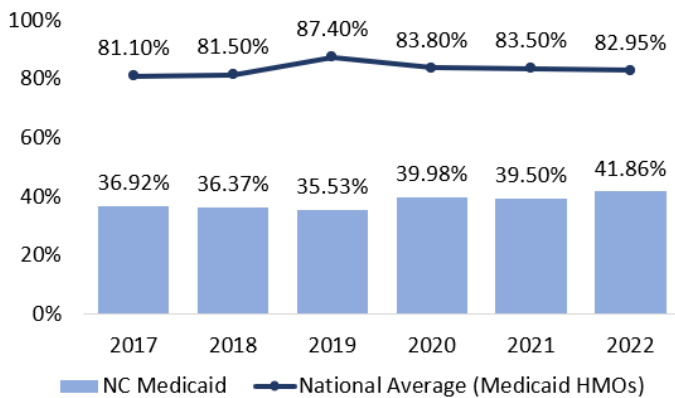

Figure 1. Comparison of *Prenatal and Postpartum Care: Timeliness of Prenatal Care* rates between the national average (Medicaid HMO) and NC Medicaid from 2017-2022.
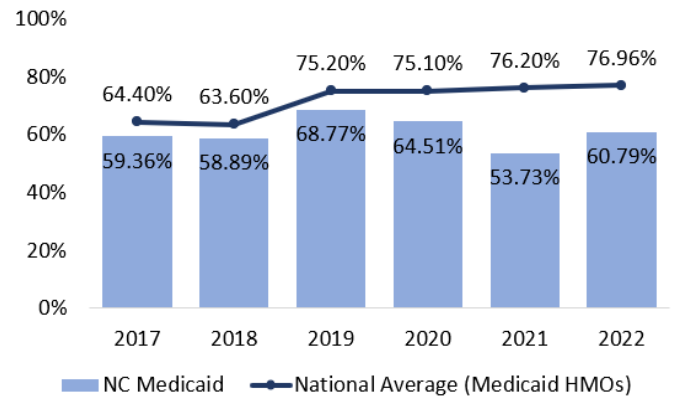

Figure 2. Comparison of *Prenatal and Postpartum Care: Postpartum Care* rates between the national average (Medicaid HMO) and NC Medicaid from 2017-2022.

POTENTIAL CONTRIBUTORS TO DATA QUALITY CHALLENGES

Prenatal and postpartum related services are often documented using global billing codes (see Table 1).[3] Global billing codes for perinatal services are not billed for up to 84 days after the end of pregnancy. This means the first instance of prenatal care and subsequent postpartum care are often not adequately captured in claims and encounters data.

Table 1: Prenatal and Postpartum Care Global Billing Codes

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

POTENTIAL SOLUTION

NC Medicaid wants to improve data collection to ensure a complete and more accurate picture of prenatal and postpartum care delivery. Two new, non-paid, F codes have been added to NC Medicaid's clinical policy (revision of NC Medicaid Obstetrical Services Clinical Coverage Policy No: 1E-5). The two F codes include **0500F** for Initial Prenatal Visits and **0503F** for Postpartum Care Visits (see Table 2). Both codes are defined in the NCQA HEDIS® value sets and are meant to support more accurate and complete data collection around prenatal and postpartum care delivery in North Carolina.

Table 2: F Codes for Capturing Prenatal and Postpartum Care Added to NC Medicaid's Clinical Policy

CPT Code	Type	Description	Physician/NPP/LHD Services Guidelines
0500F	Individual	Initial Prenatal Care Visit*	Code reported to identify initiation of prenatal care. Report at first prenatal encounter with an obstetrical provider or other prenatal care practitioner. Report date of visit and in a separate field the date of the last menstrual period (LMP).
0503F	Individual	Postpartum Care Visit	Code reported to identify the comprehensive postpartum care visit. Postpartum visit can be to an obstetrical provider or other postpartum care practitioner, or primary care provider (PCP). Do not include postpartum care provided in an acute inpatient setting or other urgent/emergency room setting.

*NOTE: Primary care providers who do not perform prenatal care should not submit claims for 0500F.

Global Billing Codes

0500F — Prenatal Encounter

Delivery

0503F — Postpartum Care Visit

NEXT STEPS FOR PRACTICES

Practices that provide prenatal and postpartum care should bill the new F codes (0503F and 0500F) for their respective services, in addition to using global billing codes after delivery. Some private and commercial insurers already require these codes, so providers should check with their billing team to review relevant protocol. These F codes are required by NC Medicaid's clinical policy and apply to all delivery claims (not just those that are globally billed).

NC Medicaid urges providers to begin using the new codes as soon as possible. After **July 1, 2025**, Medicaid claims for delivery will deny if 0500F is not in the patient's history. This change will apply to both NC Medicaid Managed Care and NC Medicaid Direct claims.

More information can be found in the NC Medicaid Obstetrical Services Clinical Coverage Policy No: 1E-5. You can also review the provider bulletin Changes to the 1E-5 Obstetrical Services Policy Effective April 1, 2024.

If you have any questions, please contact: lynn.a.hodges@dhhs.nc.gov.

FOOTNOTES

1. The PPC measure is included in both the Medicaid Adult and Child Core Measure Sets.

2. For more information on this measure, see the NCQA Prenatal and Postpartum Care webpage.

3. Global billing allows multiple services provided by a single entity to be billed using a single code. A global obstetric code may include antepartum care, labor and delivery, and postpartum care, and is billed at the end of the pregnancy.