



Timeliness of Prenatal Care (TOPC)

CALL TO ACTION: Send in your Obstetrical Needs Assessment Forms (ONAF) within seven calendar days of the prenatal visit to receive a \$100 incentive.

The HEDIS measure, TOPC, is defined as the percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization. First trimester is defined as 280–176 days prior to delivery (or estimated delivery date [EDD]).

A prenatal care visit can be with an OB/GYN, other prenatal care practitioner, or PCP and either in-person or telephonic. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of **one** of the following:

- Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of LMP, EDD, GA, a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment, or 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
- Evidence that a prenatal care procedure was performed (OB panel, ultrasound, etc.).

Service	Code
Telephone Service Codes (RN-Led) CPT	98966
	98967
	98968
Stand Alone Prenatal Visit CPT II	0500F

CPT codes 98966–98968 were created specifically for non-physician professionals (like RNs) to bill for telephone conversations lasting 5–30 minutes that involve medical decision-making.

Limitations:

- **Established Patients Only:** These codes often require the patient to be established with the practice.
- **Do not use 99211:** A nurse visit requires face-to-face interaction and cannot be used for a phone call.