

2024

# OB P4P

## Pay for Performance (P4P) Program Technical Guide



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Published: April 5, 2024



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## Introducing the IEHP OB Pay-for-Performance (P4P) Program

Inland Empire Health Plan (IEHP) is pleased to announce the OB Pay-for-Performance (P4P) Program for IEHP's OB Providers. The OB P4P Program provides an opportunity for OB Providers to earn a financial reward for improving the quality of maternity care for IEHP's pregnant and postpartum Members.

The OB P4P Program includes performance-based incentives for the provision of specific prenatal and postpartum services. Payments will be administered for select services performed by eligible Providers to IEHP Members who meet the program criteria. This technical guide is designed to support OB/GYN practices to earn financial incentives for quality performance.

Thank you for your continued partnership in providing quality health care to IEHP Members. IEHP will regularly assess this performance-based incentive program and make updates consistent with our aim to improve the quality of care and health outcomes for our Members.

Any questions related to this program can be sent to IEHP's Provider Relations at (909) 890-2054 or to IEHP's Quality Department at [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org).

## Provider Eligibility and Participation

IEHP Providers credentialed to provide obstetrical and/or gynecological services are eligible to participate in the P4P Program. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not eligible to participate in the IEHP OB P4P Program.

## Eligible Members

The population for this P4P program includes IEHP's Medi-Cal and Covered California Members who are pregnant. Note that the Member must be active with IEHP on the date the services are performed (DOS).

## Minimum Data Requirements

- **Claims:** Claims data is foundational to performance measurement and is essential in the 2024 OB P4P Program. Complete, timely and accurate claims should be submitted through normal reporting channels for obstetrical/gynecological services rendered to IEHP Members. Please use the appropriate codes listed in Appendix 1 to meet P4P service requirements.
- **Immunizations:** To maximize performance in immunization-based services, IEHP strongly encourages all Providers to report all immunizations via the California Immunization Registry (CAIR2). For more information on how to register for CAIR2, please visit <http://cairweb.org>. IEHP is working closely with CAIR2 in establishing a data sharing arrangement to be used in OB P4P reporting.
- **Validation:** P4P data is subject to retrospective data validation and must pass all quality assurance checks. Recoupment of incentive payments may occur if retrospective review of submitted claims fail medical record validation.

## P4P Services

There are nine maternity care services, including postpartum care services, for which OB/GYN Providers are eligible to receive a financial incentive. IEHP identified these as plan-wide areas of opportunity to improve the care and outcomes of Members receiving pregnancy-related health care services.

Services are listed below, in alphabetical order, and technical specifications and details for each P4P service are included in the Appendix.

1. Initial Prenatal Visit
2. Flu Immunization
3. Manifest MedEx (MX) Connectivity
4. Perinatal Chlamydia Screening
5. Perinatal Depression Screening
6. Postpartum Blood Pressure Screening\*
7. Postpartum Diabetes Screening\*
8. Postpartum Visit
9. Tdap Vaccine

*\*Postpartum Blood Pressure Screening and Postpartum Diabetes Screening are condition-specific and only apply to certain subpopulations of women for whom such a screening is indicated. See the Appendix for details.*

## Quality Incentive Payments

Eligible Providers will receive payment for each targeted service provided to an IEHP Member who meets the criteria to be included in the IEHP OB P4P Program. Table 1 below indicates the amount a Provider will receive per service delivered to a qualifying Member. The pregnancy-related services that were selected for inclusion in the OB P4P Program are spread across the full pregnancy term (e.g., chlamydia screening generally occurs at the first prenatal visit; Tdap is indicated in the third trimester).

TABLE 1: PAYMENT PER P4P SERVICE	
P4P Service	Financial Incentive
1. Initial Prenatal Visit	\$ 90
2. Flu Immunization	\$75
3. Manifest MedEx (MX) Connectivity	\$5,000
4. Perinatal Chlamydia Screening	\$ 75
5. Perinatal Depression Screening	\$ 75
6. Postpartum Blood Pressure Screening	\$50
7. Postpartum Diabetes Screening	\$ 75
8. Postpartum Visit	\$ 75
9. Tdap Vaccine	\$ 90

IEHP recognizes that some of the included pregnancy-related services are dependent on Member engagement and therefore may require more time spent between Member and Provider for education and to address the Member's questions or concerns. IEHP also acknowledges that some services require more administrative time to report. For those reasons, IEHP will provide a higher financial incentive payment for completion of the initial prenatal visit and administration of the Tdap vaccine, as indicated in the table above.

The OB P4P incentive for a given P4P service is available only once per calendar year per Member, even if a Member has more than one pregnancy in a calendar year. Reminder: the Member's OB Provider receives their contractually agreed upon payment for services rendered for that Member for each pregnancy and the OB P4P incentive is provided only as an incentive according to the terms of the OB P4P Program.

Members must be active with IEHP on the date the service was completed (DOS).



## Payment Timeline

IEHP will issue incentive payments to qualified Providers following the schedule below:

2024 OB P4P PROGRAM - PAYMENT SCHEDULE		
Date of Service:	Claim Received:	Payment Date:
1/1/2024 - 1/31/2024	2/15/24	3/20/24
1/1/2024 - 2/29/2024	3/15/24	4/20/24
1/1/2024 - 3/31/2024	4/15/24	5/20/24
1/1/2024 - 4/30/2024	5/15/24	6/20/24
1/1/2024 - 5/31/2024	6/15/24	7/20/24
1/1/2024 - 6/30/2024	7/15/24	8/20/24
1/1/2024 - 7/31/2024	8/15/24	9/20/24
1/1/2024 - 8/31/2024	9/15/24	10/20/24
1/1/2024 - 9/30/2024	10/15/24	11/20/24
1/1/2024 - 10/31/2024	11/15/24	12/20/24
1/1/2024 - 11/30/2024	12/15/24	1/20/25
1/1/2024 - 12/31/2024	1/15/25	2/20/25
1/1/2024 - 12/31/2024	2/15/25	3/20/25
1/1/2024 - 12/31/2024	3/15/25	4/20/2025*

\* For Providers eligible to receive the Manifest MedEx (MX) measure incentive, there will be a one-time lump sum payment of \$5,000 distributed to the qualifying Provider in the 4/20/25 OB P4P payment.

## ✓ Getting Help

Any questions related to this program can be sent to IEHP's Provider Relations at (909) 890-2054 or to IEHP's Quality Department at [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org).

## ✓ Program Terms and Conditions

- **Good Standing:** A Provider currently contracted with Plan for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code Sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan's sole determination, to continue to work together with Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a Provider is not in good standing based on relevant quality, payment, or other business concerns.
- Participation in the IEHP OB P4P Program, as well as acceptance of incentive payments, does not in any way modify or supersede any terms or conditions of any agreement between IEHP and Providers or Independent Physician Associations (IPAs), whether that agreement is entered into, prior to or subsequent to, the date of this communication.
- There is no guarantee of future funding for, or payment under, any IEHP Provider incentive program. The IEHP OB P4P Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP's sole discretion.
- Criteria for calculating incentive payments are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the IEHP OB P4P Program, participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP OB P4P Program.
- The determination of IEHP regarding performance scoring and payments under the IEHP OB P4P Program is final.
- As a condition of receiving payment under the IEHP OB P4P Program, Providers must be credentialed and contracted with IEHP or one of IEHP's contracted IPAs.
- Providers will not charge IEHP for medical records for HEDIS, Risk Adjustment, and other health plan operational activities.





# Appendix 1: Service Specifications and Codes

## 1. Initial Prenatal Visit (\$90)

**Service Description:** IEHP seeks to ensure that pregnant Members receive timely prenatal care. IEHP will provide an incentive payment for completion of an initial prenatal visit prior to 15 weeks of gestation.

- Provider must bill one code for the initial prenatal visit from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2024 - 12/31/2024

### Initial Prenatal Visit Code

Service	Code Type	Code	Code Description
Initial Prenatal Visit	CPT	0500F	Initial prenatal care visit

## 2. Flu Immunization (\$ 75)

**Service Description:** IEHP seeks to ensure pregnant Members receive a Flu vaccination on or between July 1 of the year prior to the measurement year (2023) and the delivery date.

- Provider must bill one code for the Flu vaccine from the table below for the service to be eligible for an incentive payment.
- One per Member per Flu season.
- Effective for dates of services 7/1/2023 - 12/31/2024

Service	Code Type	Code	Code Description
Flu Vaccine	CPT	90630	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, Preservative Free, For Intradermal Use
Flu Vaccine	CPT	90653	Influenza Vaccine, Inactivated (Iiv), Subunit, Adjuvanted, For Intramuscular Use

Service	Code Type	Code	Code Description
Flu Vaccine	CPT	90654	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative-Free, For Intradermal Use
Flu Vaccine	CPT	90656	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90658	Influenza Virus Vaccine, Trivalent (Iiv3), Split Virus, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90660	Influenza Virus Vaccine, Trivalent, Live (Laiv3), For Intranasal Use
Flu Vaccine	CPT	90661	Influenza Virus Vaccine, Trivalent (Cciiv3), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90662	Influenza Virus Vaccine (Iiv), Split Virus, Preservative Free, Enhanced Immunogenicity Via Increased Antigen Content, For Intramuscular Use
Flu Vaccine	CPT	90672	Influenza Virus Vaccine, Quadrivalent, Live (Laiv4), For Intranasal Use
Flu Vaccine	CPT	90673	Influenza Virus Vaccine, Trivalent (Riv3), Derived From Recombinant Dna, Hemagglutinin (Ha) Protein Only, Preservative And Antibiotic Free, For Intramuscular Use
Flu Vaccine	CPT	90674	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, Subunit, Preservative And Antibiotic Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
Flu Vaccine	CPT	90686	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, Preservative Free, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90688	Influenza Virus Vaccine, Quadrivalent (Iiv4), Split Virus, 0.5 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90689	Influenza Virus Vaccine Quadrivalent (Iiv4), Inactivated, Adjuvanted, Preservative Free, 0.25 Ml Dosage, For Intramuscular Use
Flu Vaccine	CPT	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
Flu Vaccine	CPT	90756	Influenza Virus Vaccine, Quadrivalent (Cciiv4), Derived From Cell Cultures, for intramuscular use

### 3. Manifest MedEx (MX) Connectivity (\$5,000)

**Service Description:** Participating Providers are encouraged to connect their Electronic Health Record (EHR) systems to the regional Health Information Exchange (Manifest MedEx).

**Goal:** Increase OB/GYN connections to Manifest MedEx (MX) with an aim to improve patient care and coordination.

#### 2024 OB P4P Manifest MedEx Connectivity - Incentive

Goal	Description	Payment*
Get Connected	<ol style="list-style-type: none"> <li>1. Sign participation agreement with Manifest MedEx by June 1, 2024</li> <li>2. Establish data connection with Manifest MedEx with routine reporting of CCDAs* by December 31, 2024 <ul style="list-style-type: none"> <li>• Pass Primary Source Verification (PSV)</li> </ul> </li> </ol>	\$5,000
Improve Data Quality — Behavioral Health Data Elements	Monitor ability to report Behavioral Health data elements: <ul style="list-style-type: none"> <li>- Depression Screening, results and follow up - PHQ-9 assessments and results, member, date of service</li> </ul>	Monitor Only

\*CCDA: Consolidated Clinical Document Architecture; Payment: For Providers eligible to receive the Manifest MedEx (MX) measure incentive, there will be a one-time lump sum payment of \$5,000 distributed to the qualifying Provider in the 4/20/25 OB P4P payment. Provider must document all data elements in the Electronic Medical Record (EMR). Documents scanned into the chart will not count as compliant for this measure.

#### Two Milestones will need to be met to fulfill the Manifest MedEx connection:

1. Sign a participation agreement with MX by June 1, 2024.
2. Establish data with MX with routine reporting of CCDAs by December 31, 2024.
  - Pass Primary Source Verification (PSV).
    - Providers must pass primary source verification (PSV) with MX.
    - Once PSV is completed, active data sharing must be confirmed by MX.

As part of the PSV process Providers will be required to pass the following elements in order to meet the data quality requirement of this measure.

All EHR printouts must meet “Golden Rule” and considered a ‘Robust’ case. Any documentation missing this information is considered incomplete and will fail PSV for this measure.

#### Golden Rule:

- Patient Name
- Facility Name
- Target Date of Service (DOS)
- Date of Birth
- Provider Name
- Time of Service (TOS) — If applicable

**Robust Case:**

- Patient Race / Ethnicity
- Problem List containing all PX codes and/or Description
- Procedures Codes and/or Description
- Vitals
- Labs (when applicable)
- Immunizations

MANIFEST MEDEX CONNECTED ELECTRONIC HEALTH RECORDS (EHRs)*			
AdvancedMD	DeVero	Harris Flex	Netsmart myInsight
Allscripts	DrChrono	iKnowMed Gen2	NextGen Healthcare
Amazing Charts	eClinicalWorks	InSync	Office Ally
Aprima	eMDs	Kareo	Office Practicum
AthenaHealth	Epic	McKesson	Practice Fusion
Avatar	GE Centricity	MatrixCare	Practice Partner
Cerner	Greenway Health - Intergy	MEDITECH	Prime Clinical
CPSI-Evident-Thrive	Greenway Health - Primesuite	Modernizing Medicine	Prognosis

\*other EHR connections may be added

**NOTE:** For the 2024 performance year, the first 150 Providers to sign a participation agreement with MX will be eligible to participate in the Manifest MedEx Connectivity measure.

## 4. Perinatal Chlamydia Screening (\$75)

**Service Description:** IEHP seeks to ensure pregnant Members undergo a chlamydia screening during pregnancy.

- Provider must bill one code for the perinatal chlamydia screening from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2024 - 12/31/2024

### Perinatal Chlamydia Screening Code

Service	Code Type	Code	Code Description
Perinatal Chlamydia Screening	CPT	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique

## 5. Perinatal Depression Screening (\$75)

**Service Description:** IEHP seeks to ensure that pregnant Members are screened for depression during pregnancy.

- Provider must bill one code for the perinatal depression screening from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2024 - 12/31/2024

### Perinatal Depression Screening Codes

Service	Code Type	Code	Code Description
Perinatal Depression Screening (Negative for Depressive Symptoms Result)	CPT	3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool
Perinatal Depression Screening (Mild Depressive Symptoms Result)	CPT	3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool
Perinatal Depression Screening (Major Depressive Symptoms Result)	CPT	3090F	Major depressive disorder, severe without psychotic features
Perinatal Depression Screening (Major Depressive Symptoms with Psychotic Features Result)	CPT	3091F	Major depressive disorder, severe with psychotic features

## 6. Postpartum Blood Pressure Screening (\$50)

**Service Description:** IEHP seeks to ensure that pregnant Members diagnosed with hypertension during pregnancy receive a blood pressure screening within 10 days after birth. This screening will apply to any IEHP Member who is pregnant **AND** diagnosed with hypertension during pregnancy. The blood pressure screening must be completed in an outpatient setting.

It is important to note that there are three code tables below: Systolic Blood Pressure Level Codes, Diastolic Blood Pressure Level Codes and Qualifying Blood Pressure Diagnosis Codes. **In order to qualify for the P4P financial incentive, a code must be selected and submitted from each table and submitted on the same CMS-1500 form.**

- Providers must submit **three codes** to be eligible for an incentive payment for this service:
  - One code billed for the appropriate hypertension diagnosis for the Member,
  - One code billed for systolic blood pressure level, **AND**
  - One code billed for diastolic blood pressure level.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2024 - 12/31/2024

### Blood Pressure Diagnosis Codes

Code Type	Code	Code Description
ICD10CM	O10.011	Pre-existing essential hypertension complicating pregnancy, <i>first trimester</i>
ICD10CM	O10.012	Pre-existing essential hypertension complicating pregnancy, <i>second trimester</i>
ICD10CM	O10.013	Pre-existing essential hypertension complicating pregnancy, <i>third trimester</i>
ICD10CM	O10.019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester
ICD10CM	O10.411	Pre-existing secondary hypertension complicating pregnancy, <i>first trimester</i>
ICD10CM	O10.412	Pre-existing secondary hypertension complicating pregnancy, <i>second trimester</i>
ICD10CM	O10.413	Pre-existing secondary hypertension complicating pregnancy, <i>third trimester</i>
ICD10CM	O10.419	Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
ICD10CM	O11.1	Pre-existing hypertension with pre-eclampsia, <i>first trimester</i>
ICD10CM	O11.2	Pre-existing hypertension with pre-eclampsia, <i>second trimester</i>
ICD10CM	O11.3	Pre-existing hypertension with pre-eclampsia, <i>third trimester</i>
ICD10CM	O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester

Code Type	Code	Code Description
ICD9CM	O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, <i>first trimester</i>
ICD9CM	O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, <i>second trimester</i>
ICD9CM	O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, <i>third trimester</i>
ICD9CM	O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
ICD9CM	O14.00	Mild to moderate pre-eclampsia, unspecified trimester
ICD9CM	O14.02	Mild to moderate pre-eclampsia, <i>second trimester</i>
ICD9CM	O14.03	Mild to moderate pre-eclampsia, <i>third trimester</i>
ICD9CM	O14.10	Severe pre-eclampsia, unspecified trimester
ICD9CM	O14.12	Severe pre-eclampsia, <i>second trimester</i>
ICD9CM	O14.13	Severe pre-eclampsia, <i>third trimester</i>
ICD9CM	O14.20	HELLP syndrome (HELLP), unspecified trimester
ICD9CM	O14.22	HELLP syndrome (HELLP), <i>second trimester</i>
ICD9CM	O14.23	HELLP syndrome (HELLP), <i>third trimester</i>
ICD9CM	O14.90	Unspecified pre-eclampsia, unspecified trimester
ICD9CM	O14.92	Unspecified pre-eclampsia, <i>second trimester</i>
ICD9CM	O14.93	Unspecified pre-eclampsia, <i>third trimester</i>
ICD9CM	O15.00	Eclampsia complicating pregnancy, unspecified trimester
ICD9CM	O15.02	Eclampsia complicating pregnancy, <i>second trimester</i>
ICD9CM	O15.03	Eclampsia complicating pregnancy, <i>third trimester</i>
ICD9CM	O15.9	Eclampsia, unspecified as to time period <i>Eclampsia NOS</i>
ICD9CM	O16.9	Unspecified maternal hypertension, unspecified trimester

AND

## Systolic Blood Pressure Level Codes

Service	Code Type	Code	Code Description
Postpartum Blood Pressure Screening (Systolic)	CPT	3074F	Systolic blood pressure less than 130 mm Hg
Postpartum Blood Pressure Screening (Systolic)	CPT	3075F	Systolic blood pressure 130 - 139 mm Hg
Postpartum Blood Pressure Screening (Systolic)	CPT	3077F	Systolic blood pressure greater than or equal to 140 mm Hg

AND

## Diastolic Blood Pressure Level Codes

Service	Code Type	Code	Code Description
Postpartum Blood Pressure Screening (Diastolic)	CPT	3078F	Most recent diastolic blood pressure less than 80 mm Hg
Postpartum Blood Pressure Screening (Diastolic)	CPT	3079F	Most recent diastolic blood pressure 80 - 89 mm Hg
Postpartum Blood Pressure Screening (Diastolic)	CPT	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg



## 7. Postpartum Diabetes Screening (\$75)

**Service Description:** IEHP seeks to ensure that pregnant Members diagnosed with gestational diabetes during pregnancy receive a diabetes screening on or between 42 - 84 days after birth. This screening will apply to any IEHP Member who is pregnant **AND** diagnosed with gestational diabetes during pregnancy.

It is important to note that there are two code tables below: Gestational Diabetes Diagnosis Codes and Diabetes Screening Code. **In order to qualify for the P4P financial incentive, a code must be selected and submitted from each table and submitted on the same CMS-1500 form.**

- Providers must submit **two codes** to be eligible for an incentive payment for this service:
  - One code billed for diabetes screening **AND**
  - One code billed for gestational diabetes diagnosis.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2024 - 12/31/2024

### Gestational Diabetes Diagnosis Codes

Code Type	Code	Code Description
ICD10CM	O24.410	Gestational diabetes mellitus in pregnancy, <i>diet controlled</i>
ICD10CM	O24.414	Gestational diabetes mellitus in pregnancy, <i>insulin controlled</i>
ICD10CM	O24.415	Gestational diabetes mellitus in pregnancy, <i>controlled by oral hypoglycemic drugs</i>
ICD10CM	O24.419	Gestational diabetes mellitus in pregnancy, unspecified control

**AND**

### Diabetes Screening Code

Code Type	Code	Code Description
CPT	82951	Glucose; tolerance test (GTT), 3 specimens

## 8. Postpartum Visit (\$75)

**Service Description:** IEHP seeks to ensure that pregnant Members receive a postpartum visit on or between 7 - 84 days after delivery.

- Provider must bill one code for the postpartum visit from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Effective for dates of services 1/1/2024 - 12/31/2024

### Postpartum Visit Code

Service	Code Type	Code	Code Description
Postpartum Visit	CPT	59430	Postpartum care

## 9. Tdap Vaccine (\$90)

**Service Description:** IEHP seeks to ensure that pregnant Members receive a Tdap vaccination during pregnancy (recommended between 27 - 36 weeks of gestation).

- Provider must bill one code for the Tdap vaccine from the below table for the service to be eligible for an incentive payment.
- Maximum incentive is one per Member per year.
- Only one (1) unit of the Tdap vaccination procedure code may be billed per Member.
- Effective for dates of services 1/1/2024 - 12/31/2024

### Tdap Vaccine Code

Service	Code Type	Code	Code Description
Tdap Vaccine	CPT	90715 (1 unit)	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)





**PROVIDER RELATIONS TEAM**  
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