

# Bright Start<sup>®</sup> Fee Schedule



Procedure Code	Description	Limits
T1001-U09 - \$175.00	<p><b>The Initial Obstetrical Needs Assessment Form (ONAF) must be submitted via the Optum<sup>®</sup> OB Care website three times:</b></p> <ol style="list-style-type: none"> <li>1. Within 48 hours of the initial prenatal visit</li> <li>2. Again at the 28 - 32 week visit, updating all areas as needed and adding dates of prenatal visits to date</li> <li>3. The postpartum visit (within 7 - 84 days of delivery) with all postpartum information and any additional visit dates as needed</li> </ol>	<p>1 per client per pregnancy</p> <p>*www.obcare.optum.com</p> <p><b>Reimbursement will be through the MQEP program</b></p>
99211 - \$60.00 99212 - \$60.00 99213 - \$60.00 99214 - \$60.00 99215 - \$60.00	<p>Prenatal office visit Prenatal office visit Prenatal office visit Prenatal office visit Prenatal office visit</p>	No limit
59409 - \$1,200.00 59514 - \$1,200.00 59612 - \$1,500.00 59620 - \$1,500.00	<p>Vaginal delivery Cesarean delivery only Vaginal delivery only, after previous cesarean delivery Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery</p>	1 per client per pregnancy
59430  99211 - \$60.00 99212 - \$60.00 99213 - \$60.00 99214 - \$60.00 99215 - \$60.00	<p><b>Postpartum Care Only</b></p> <p>Submit the ONAF at the postpartum visit with all postpartum information and any additional visit dates as needed</p> <p>Office visit Office visit Office visit Office visit Office visit</p>	<p>Submit with appropriate postpartum diagnosis code within 7-84 days of delivery</p> <p>Submit within 1 - 20 days of delivery</p> <p><b>Note:</b> E/M established visit codes <b>should not be</b> submitted with a postpartum diagnosis.</p> <p><b>Please use the applicable postpartum visit CPT code, not the standard E/M code.</b></p> <p>Maximum 2 visits</p>

Procedure Code	Description	Limits
S9436 - \$60.00	Comprehensive childbirth education OR	1 per client per pregnancy
S9437 - \$20.00	Childbirth preparation review	1 per client per pregnancy
S9470U7 - \$15.00 per 15-minute unit	Nutritional counseling	No limit
G9016 - \$15.00 per 15-minute unit	Smoking (tobacco) cessation counseling	No limit
<b>A pregnancy related diagnosis is required for the following:</b>		
0500F - \$10.00	Prenatal care visit – report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period (LMP)	Once per pregnancy
0502F - \$10.00	Subsequent prenatal care visit – (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., an upper respiratory infection; patients seen for consultation only, not for continuing care)]	None
0503F - \$10.00	Postpartum care visit – postpartum payable when date of service is between 7-84 days from the date of delivery	Once per pregnancy
3725F - \$10.00	Screening for depression performed	None