

Bright Start® Fee Schedule



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

Procedure Code	Description	Limits
		Maximum 2 visits
S9436 - \$60.00	Comprehensive childbirth education	1 per client per pregnancy
	OR	
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
A pregnancy related diagnosis is required for the following:		
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