

# Prenatal Plus Program (PN+): Provider Information

*\*Last reviewed August 2025*



**COLORADO**

Department of Health Care  
Policy & Financing



# Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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# What We Do

The Department of Health Care Policy & Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

# PN+ Program Overview



# Prenatal Plus (PN+) Program

- Prenatal Plus (PN+) is an enhanced perinatal service program for **high-risk, pregnant members of Health First Colorado** (Colorado's Medicaid Program).
- In addition to their obstetric care, eligible members are provided the services of a:
  - care coordinator
  - dietitian
  - behavioral health professional

# Program Goals

- Reducing the incidence of low-birthweight babies
- Decreasing Colorado's infant mortality rate
- Improving maternal behavioral health.

# Program Outcomes

Prenatal Plus, when delivered at full fidelity (Full Plus Package Type), has improved outcomes when compared with the rest of Colorado and Medicaid, including:

- Lower rate of low birth weight
- Lower preterm birth rates
- Higher (but decreasing) NICU Admission Rates
- Lower Infant Mortality rates
- Higher referral rate to WIC

# Participant Eligibility

- Pregnant individuals who are Health First Colorado (Colorado Medicaid) members.
- Individuals who are experiencing ANY of the risk factors according to our [Intake Form](#).



# Eligibility Intake Form

Medicaid member is at risk of poor maternal and/or infant health outcome(s) due to at least one (1) of the following (check all that apply):

- ☐ History of previous low birth weight infant
- ☐ Age 18 or younger at time of conception
- ☐ Age 35 or greater at time of conception
- ☐ Recent or current alcohol use
- ☐ Recent or current illicit drug use
- ☐ Recent or current smoker
- ☐ Pre-pregnancy BMI less than 18.5 kg/m<sup>2</sup>
- ☐ Pre-pregnancy BMI greater than or equal to 30 kg/m<sup>2</sup>
- ☐ Recent delivery (12 months prior)
- ☐ Inadequate prenatal weight gain
- ☐ Education level less than appropriate for age
- ☐ Single parent
- ☐ Cognitive or developmental disability
- ☐ Member does not desire the pregnancy or has unresolved feelings regarding the pregnancy
- ☐ Experienced a pregnancy loss
- ☐ History of or current mental health disorder, including depression
- ☐ History of or current domestic violence
- ☐ History of abuse in childhood
- ☐ Incarcerated within the past year, currently on probation or received a felony conviction within past 25 years
- ☐ Has been homeless within the past 12 months
- ☐ Moved to the U.S. within past 6 months as a refugee or political asylee
- ☐ English spoken as a 2nd language or lives in a household where English is not the primary language

# Eligibility Intake Form cont.

Medicaid member is at risk of poor maternal and/or infant health outcome(s) due to at least two (2) of the following in the last twelve months (check all that apply):

- ☐ The member had the death of someone very close to them
- ☐ Their partner went to jail
- ☐ Someone very close to them has had drug or alcohol problems
- ☐ A close family member was very sick and had to go into the hospital
- ☐ They are/were separated or divorced from their partner
- ☐ They have moved to a new address in the last 12 months
- ☐ Their partner lost his/her job
- ☐ Lost their job
- ☐ They argued with their partner more than usual
- ☐ The partner said he/she didn't want the member to be pregnant
- ☐ The member had a lot of bills that they couldn't pay
- ☐ The member was in a physical fight
- ☐ The member lacks social support

\_\_\_\_\_ Total stress factors in the last 12 months

\*\*End form here if the member does not qualify for the program.

# PN+ Providers



# Provider Eligibility

- Must be a CO Medicaid Provider enrolled as one of the following billing provider types:
  - Clinic, Federally Qualified Health Center, Rural Health Center, Non-Physician Practitioner Group, Physician, Nurse Practitioner, Certified Nurse-Midwife, or Physician's Assistant;
- Provider Participation Agreement
- Manage a Multidisciplinary team
- Retain records of patients

# Benefits for Providers

Despite being an increased risk population, Prenatal Plus members who receive the most intensive package have:

- Lower prematurity rates than all of Colorado
- Have lower low birth weight rates than the rest of Health First Colorado

Many counties and obstetric practices are looking for ways to be reimbursed for co-located physical and behavioral health services—PN+ can provide a mechanism for this as well as a dietitian's services.

# New PN+ Site Applications

The Prenatal Plus application process has been updated and should be submitted on the [Prenatal Plus New Site Application Form](#) link.

Email [hcpf\\_maternalchildhealth@state.co.us](mailto:hcpf_maternalchildhealth@state.co.us) for more program information or how to enroll as an eligible provider.

# New Provider Checklist

- ☐ Meet with HCPF staff for an introduction to the program
- ☐ Read and review the program [billing manual](#)
- ☐ Become a Medicaid enrolled provider (if not already)
- ☐ Establish your local care coordination team
- ☐ Sign and submit a completed site application form through the [Prenatal Plus New Site Application Form](#) submission link.
- ☐ Email [hcpf\\_maternalchildhealth@state.co.us](mailto:hcpf_maternalchildhealth@state.co.us) for more program information or how to enroll as an eligible provider.

# PN+ Care Team

The program provides eligible members with:

- A **registered dietitian**: who can provide pregnant members with nutrition education and Supplemental Nutrition Program for Women, Infants, and Children (WIC) support.
- A **mental health professional**: who can address their psychosocial needs and increase resiliency.
- A **care coordinator**: to provide members with support throughout the pregnancy and advocate for services based on their individual needs.



# PN+ Care Team cont.

1. **Care Coordinator:** The care coordinator(s) shall, at minimum, hold a bachelor's degree in a relevant human/social services discipline or be a registered nurse
2. **Registered Dietitian:** A registered dietitian(s) who is currently registered with the Commission on Dietetic Registration as a registered dietitian, or a dietetic intern(s) in an internship accredited by the American Dietetic Association and supervised by a registered dietitian who has agreed to serve as a preceptor for the dietetic intern;

[Code of Colorado Regulations pages 27-31](#)



# PN+ Care Team (continued)

**3. Mental Health Professional:** A mental health professional(s) who, at minimum, is a master's level professional in the field of social work, marriage and family therapy, professional counseling, or other mental health specialty, or an intern(s) in an accredited mental health internship and supervised by a master's level mental health professional; or the Prenatal Plus Program Provider must have a consistent, documented referral relationship with a mental health provider(s) not part of the multidisciplinary team but participating with the Colorado Medicaid Community Mental Health Services Program.

**4. Colorado Medicaid-enrolled** physician, nurse practitioner, certified nurse midwife, or physician's assistant who is the rendering provider that delegates the provision of Prenatal Plus Program services to the multidisciplinary team.

# PN+ Billing



# PN+ Package Types

Prenatal Plus is delivered in a fee-for-service package model that has four different levels:

- **Partial:** 1-4 member interactions with a provider, starting in third trimester
- **Partial Plus:** 5-9 interactions with a provider, starting in third trimester
- **Full:** 10 interactions with a provider, starting in first or second trimester
- **Full Plus:** 11+ interactions with a provider, starting in first or second trimester

# PN+ Package Types cont.

Package Type	Procedure Code	Required Modifier(s)	Condition(s) Under Which Code Can Be Billed
Partial	H1005	TH and 52	Member enrolls at 28 or more weeks gestation and receives one (1)-four (4) contacts, at least one (1) of which must be a face-to-face contact, <b>or</b> Member enrolls in the first or second trimester (prior to 28 weeks) and receives one (1)-four (4) contacts, at least one (1) of which must be a face-to-face contact, but withdraws from the program before delivery <b>or</b> does not meet the criteria for the other package categories.
Partial Plus	H1005	TH and TF	Member enrolls at 28 or more weeks gestation and receives five (5)-nine (9) contacts, <b>or</b>  Member enrolls in the first or second trimester (prior to 28 weeks) and receives five (5)-nine (9) contacts but withdraws from the program before delivery <b>or</b> does not meet the criteria for the Full package categories. With appropriate documentation, one (1) telephone call can be counted as one (1) contact. Calls to reschedule an appointment or to make an appointment with a member cannot be considered a contact.
Full	H1005	TH	Member enrolls at 27 or fewer weeks gestation, A minimum of one (1) case conference is held, <b>and</b> Member receives a total of 10 contacts over the course of the pregnancy and through the end of the second month following the month in which the member delivered. With appropriate documentation, one (1) telephone call can be counted as a contact. Calls to reschedule an appointment or to make an appointment with a member cannot be considered a contact.
Full Plus	H1005	TH and TG	Member enrolls at 27 or fewer weeks gestation, A minimum of one (1) case conference is held, <b>and</b> Member receives a minimum of 11 contacts over the course of the pregnancy and through the end of the second month following the month in which the member delivered. With appropriate documentation, one (1) telephone call can be counted as a contact. Calls to reschedule an appointment or to make an appointment with a member cannot be considered a contact.

[PN+ Billing Manual](#)

# Billing more than once in a 9 month period

The Colorado interChange System allows for one billing per member in a nine-month period using Prenatal Plus billing codes. However, the following exceptions may be made:

- 1) A member is seen for an initial pregnancy, subsequently has either a **miscarriage or an abortion**, and becomes **pregnant again within a nine-month period**. In this case, the provider may bill for the second pregnancy within the nine-month period.
- 2) A member **receives a Partial or Partial Plus package from one provider, then moves from the area and re-enrolls with a new provider**. In this case, the first provider may bill a Partial or Partial Plus package, and the second provider may bill either a Partial, Partial Plus, Full or Full Plus package depending on the level of services provided (i.e., if all requirements for a Full package have been met, the provider can bill a Full package).

# Billing more than once in a 9 month period cont.

- 3) If a member leaves the program and then re-enrolls with the same provider during the same pregnancy, the provider must request that the claim for the previously billed service package be voided out of the interChange. Billing for the new service package can be done once the criteria for the new package are met. An agency cannot bill the Health First Colorado for two separate packages for the same member during the same pregnancy.



# Questions?

**Reproductive Health Team:**  
[HCPF\\_MaternalChildHealth@state.CO.US](mailto:HCPF_MaternalChildHealth@state.CO.US)

