

## Prenatal and Postpartum Care (PPC)

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for prenatal and postpartum care.

### What is the measure?

The measure examines two rates:

- Prenatal care which is the percentage of deliveries that received a prenatal care visit during any of these timeframes:
  - In the first trimester
  - Visits that occur on or before the enrollment start date (during the pregnancy) meet criteria
  - Within 42 days of enrollment
- Postpartum (PP) rate, which is the percentage of deliveries that received postpartum care on or between seven and 84 days after delivery.

### Eligible Population

- Members who delivered (a live birth) on or between October 8 of the year prior to the measurement year and October 7 of the measurement year
- Members who delivered in any setting
- Members who had two separate deliveries (different dates of service) between October 8 of the year prior to the measurement year and October 7 of the measurement year are counted twice.
- Women who had multiple live births during one pregnancy are to be counted only once.

### How to Improve Your Score

- When scheduling an initial prenatal visit, do not delay; it must take place in the first 13 weeks of pregnancy with an OB/GYN, PCP or other prenatal care practitioner.
- When documenting a prenatal visit:
  - Include diagnosis of pregnancy, last menstrual period (LMP), or estimated due date (EDD)
  - Must notate evidence of prenatal care such as prenatal risk assessment, complete obstetrical history, fetal heart tone, screening tests, etc.
- When scheduling an after-delivery follow-up visit, schedule the PP care visit prior to discharge. The PP visit must take place on or between seven and 84 days after delivery. Perineal or cesarean incision/wound check is acceptable documentation for postpartum care.
- When documenting the PP visit, notate PP care, PP check, or 6-week check. It can be a simple note, documenting pelvic exam, evaluation of weight, blood pressure, breasts, and abdomen. Breastfeeding notation is acceptable for the breast evaluation. Visit must be with OB/GYN practitioner or midwife, family practitioner or other PCP.

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## HEDIS Measure: Prenatal and Postpartum Care (PPC) (continued)

### Acceptable Forms of Documentation

**Prenatal Care:** Had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment with Florida Blue.

- Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visit 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 visit occurred and evidence of **one of the following**:
    - Documentation indicating the woman is pregnant or reference to the pregnancy, including any of these examples:
      - Documentation in a standardized prenatal flow sheet
      - Documentation of LMP, EDD or gestational age
      - A positive pregnancy test result
      - Documentation of gravidity and parity
      - Documentation of complete obstetrical history
      - Documentation of prenatal risk assessment and counseling/education
    - A basic physical obstetrical exam that includes **one of the following**:
      - Auscultation for fetal heart tone
      - Pelvic exam with obstetric observations
      - Measurement of fundus height (a standardized prenatal flow sheet may be used)
    - Evidence that a prenatal care procedure was performed such as **one of the following**:
      - Screening test in the form of an obstetric panel, which must include **all** the following:
        - hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing
      - TORCH antibody panel alone (toxoplasma, rubella, cytomegalovirus, herpes simplex)
      - Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
      - Ultrasound of a pregnant uterus
- Telehealth/virtual visits are acceptable
- Visits that occur on or after the date of delivery cannot be used as evidence of the prenatal visit

**Postpartum Care:** Had a PP visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between **seven and 84** days following delivery of live birth.

- Documentation in the medical record must include a note indicating the date when a PP visit occurred and **one of the following**:
  - Pelvic exam: A Pap test is acceptable as evidence of a pelvic exam for PP care rate.
  - Evaluation of weight, blood pressure, breasts, and abdomen. A notation of *breastfeeding* is acceptable for the *evaluation of breasts* component.

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## HEDIS Measure: Prenatal and Postpartum Care (PPC) (continued)

### Acceptable Forms of Documentation

- Notation of PP care, including but not limited to PP care, PP check, or 6-week check; **or** a preprinted PP care form in which information was documented during the visit
  - Perineal or cesarean incision/wound check
  - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
  - Glucose screening for women with gestational diabetes
  - Documentation of any of the following: resumption of intercourse; sleep/fatigue; resumption of physical activity and attainment of healthy weight; infant care or breastfeeding; birth spacing or family planning
- Telehealth/virtual visits are acceptable.

### Exclusions

- Deliveries resulting in non-live births; fetal demise between October 8 of the prior year to October 7 of measurement year
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

### Codes for Visit Types

#### Prenatal Care

Any one of the following during the first trimester:

##### Prenatal Bundles Services

**CPT:** 59400, 59425-59426, 59510, 59610, 59618  
**HCPCS:** H1005

##### Stand-Alone Prenatal Visits

**CPT:** 99500  
**CPTII:** 0500F-0502F  
**HCPCS:** H1000-H1004

#### Prenatal Visits

**CPT:** 99201-99205, 99211-99215, 99241-99245, 99483  
**HCPCS:** G0463, T1015

#### Pregnancy Diagnosis:

**ICD-10:** Z32.01, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93

#### Telephone Visits

**CPT:** 98966-98968, 99441-99443

#### Online Assessments

**CPT:** 98969- 98972, 99421- 99423, 99444, 99457-99458  
**HCPCS:** G0071, G2010, G2012, G2061-G2063, G2251-G2252

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## HEDIS MEASURE: Prenatal and Postpartum Care (PPC) *(continued)*

### Codes for Visit Types *(continued)*

#### Postpartum Care

Any one of the following:

##### Cervical Cytology

**CPT:** 88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175

**HCPCS:** G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091

##### Postpartum Visit

**CPT:** 57170, 58300, 59430, 99501,

**CPT II:** 0503F

**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1-Z39.2

**HCPCS:** G0101

##### Postpartum Bundled Services

**CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

##### Hospice

**CPT:** 99377-99378

**HCPCS:** G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046

##### Telephone Visits

**CPT:** 98966-98968, 99441-99443

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