

## 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 (PPC).

### 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)
  - Within 42 days of enrollment
- Postpartum (PP) rate, which is the percentage of deliveries that received postpartum care on or between seven (7) 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 12 weeks and six days 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).
  - The medical record must include a note indicating evidence of prenatal care such as prenatal risk assessment, complete obstetrical history, fetal heart tone, screening tests, etc.
- When scheduling a post-delivery follow-up visit, schedule the PPC visit prior to discharge. The PPC visit must take place on or between seven (7) and 84 days after delivery. Perineal or cesarean incision/wound check is acceptable documentation for postpartum care.

Continued next page

All summaries of the measures contained herein are reproduced with permission from HEDIS Volume 1: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS<sup>®</sup> is a registered trademark of the NCQA. Please see the final page of this document for the full copyright citation.

Florida Blue is an independent licensee of the Blue Cross and Blue Shield Association.  
103624 0124R

## How to Improve Your Score (continued)

- When documenting the visit, detail PPC, PP check, or six-week check. It can be a brief 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

## Acceptable 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 patient 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 uterus showing pregnancy
- Telehealth/virtual visits are acceptable
- Visits that occur on or after the date of delivery cannot be used as evidence of the prenatal visit

Continued next page

## Acceptable Documentation (continued)

**Postpartum Care:** Had a PP visit to an OB/GYN practitioner or midwife, family practitioner, or other PCP on or between seven (7) 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.
  - Documentation of PPC, including but not limited to PPC, PP check, or six-week check; **or** a preprinted PPC 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

### Bundled Services (Global Billing)

To close the gap for prenatal and postpartum care, a claim **must** be submitted using the date of service of the prenatal and postpartum visit.

#### Prenatal Bundled Services

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

**CPTII:** 0500F-0502F (must document the prenatal date of service)

**HCPCS:** H1005

#### Postpartum Bundled Services

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

**CPTII:** 0503F (must document the postpartum date of service)

Continued next page

## Codes for Visit Types (continued)

### Prenatal Care

Any one of the following during the first trimester:

#### Stand-Alone Prenatal Visits

**CPT:** 99500

**CPTII:** 0500F – 0502F

**HCPCS:** H1000 – H1004

### Prenatal Visits/Telehealth Visits/Online Assessments

(All require Pregnancy Diagnosis Codes in addition to the Visit Code)\*

#### Prenatal Visits

**CPT:** 98966-98968, 98969-98972, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99441-99444, 99457-99458, 99483

**HCPCS:** G0071, G0463, G2010, G2012, G2061-G2063, G2250-G2252, T1015

#### \*Pregnancy Diagnosis:

**ICD-10:** O09-O16, O20-O26, O28-O36, O40-O48, O60.00-O60.03, O71, O88, O91, O92, O92.3-O92.6, O92.7, O92.79, O98, O99, O9A, Z03.71-Z03.75, Z03.79 Z32.01, Z34, Z36

### 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

**HCPCS:** G0101

### Hospice

**CPT:** 99377-99378

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

### Telehealth Visits

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

Content reproduced with permission from HEDIS® MY 2024 Volume 1: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. Limited proprietary coding sets are contained in the specifications for convenience, and users should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications. To purchase copies of the publication, including the full measures and specifications, visit [NCQA.org/Publications](https://www.ncqa.org/Publications).