Prenatal and Postpartum Care (PPC)

HEDIS Tip Sheet MY 2024

WellSense HEALTH PLAN

Measure definition

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year

Plans(s)	Quality Program(s)	Collection and Reporting
Marketplace Medicaid	CMS Quality Rating System NCQA Accreditation NCQA Health Plan Ratings	Administrative and Hybrid: Claim/Encounter Data and Medical Record Review

There are two components to this measure:

- Timeliness of Prenatal Care – The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- Postpartum Care – The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Best practices for quality of care

- Schedule prenatal care visits starting any time during the period that begins 280 days prior to delivery and ends 42 days after their enrollment start date.
- Schedule postpartum visit within 7 to 84 days from delivery.
- Council members during their pregnancy about the importance of follow-up care after delivery.
- Ensure that there is a practice workflow that includes scheduling member postpartum appointments before discharge from the hospital.
- Follow members closely who have or had a substance abuse or mental health diagnosis and initiate appropriate referrals.
- For members who miss appointments, offer telephone or telehealth visits.

Quality score improvement tips

- Acceptable provider types to render prenatal and postpartum services include PCPs, OB/GYNs and Prenatal Care Providers (CNM, NP and PA).
    - Prenatal intake visits or postpartum visits with a RN will not meet compliance. It must be with an acceptable provider type.
- Services provided during a telephone visit, e-visit or telehealth will meet the criteria for prenatal and postpartum compliance.
- When documenting a prenatal visit:
    - Include diagnosis of pregnancy, last menstrual period (LMP), gestational age, or estimated due date (EDD). Medical records must include a note indicating evidence of prenatal care such as prenatal risk assessment, complete obstetrical history, fetal heart tone, screening tests, etc.

    - A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).
    - Evidence that a prenatal care procedure was performed, such as an obstetric panel, or TORCH antibody panel alone, or rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or ultrasound/echography of a pregnant uterus.
    - If your practice's electronic medical record (EMR) system allows macros that auto-populate CPT II Codes when submitting a claim for diagnostic tests (e.g. pregnancy, urine test, and ultrasound), please add 0500F (prenatal) when individual E/M codes are used.
- When documenting a postpartum visit:
    - Document the date of service the postpartum visit occurred and at least one of the following:
        - Pelvic exam.
        - Evaluation of weight, BP, breasts, and abdomen (notation of breastfeeding is acceptable for the "evaluation of breasts" component).
        - Notation of postpartum care, including but not limited to "postpartum care," "PP check," or "6-week check." A preprinted postpartum care form in which information was documented during the visit.
        - Perineal or cesarean incision/wound check.
        - Screen for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
        - Glucose screening for members with gestational diabetes.
        - Documentation of any of the following: infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity or attainment of healthy weight.

Exclusions

- Members in hospice or using hospice service any time during the measurement year.
- Members who died any time during the measurement year.
- Noting the timeframe of October 8 of the year prior to the measurement year through October 7 of the measurement year, exclude:
    - Pregnancy that did not result in live birth.
    - Member that was not pregnant.
    - Delivery that was not in date parameters.

Numerator Codes

There is a large list of approved NCQA codes used to identify services included in this measure. The following are the approved codes. For more information, please refer to the American Academy of Professional Coders (AAPC). CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season.

CODES	DESCRIPTIONS
Prenatal Visits	
Stand Alone Prenatal Visits	
CPT/CPT II	99500, 0500F – 05002F
HCPCS	H1000 – H1004
Office Visit with a pregnancy related diagnosis code	
CPT	98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99457, 99458, 99483
HCPCS	G0463, T1015, G0071, G2010, G2012, G2250, G2251, G2252
Prenatal bundled service – Only used if the claim indicates when prenatal care was initiated	
CPT	59400, 59425, 59426, 59510, 59610, 59618
HCPCS	H1005
Postpartum Visits	
CPT/CPT II	57170, 58300, 59430, 99501, 0503F
HCPCS	G0101
ICD 10	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Postpartum bundled services - codes may be used only if the claim indicates when PP care was rendered	
CPT	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Bundled Maternity Services	
When submitting a claim for bundled maternity services, it is important to also submit claims for the pregnancy diagnosis office visit and postpartum visit with appropriate CPT Category II codes.	
Prenatal Care	When submitting claim for initial pregnancy diagnosis visit (e.g. urine test, ultrasound), always include CPT II 0500F as a no charge line item.
Postpartum Care	Postpartum Care: When submitting claims for first office postpartum visit, always include CPT II code 0503F as a no charge line item.
Cervical Cytology	
CPT	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174-88175
HCPCS	G0123, G0124, G0141, G0143, G0145, G0147-48, P3000, P3001, Q0091

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.