

Prenatal and Postpartum Care (PPC)

By collaborating, we can improve health outcomes for your patients, our members. This MDwise tip sheet provides best practices and tips that can optimize HEDIS scores and identify opportunities to improve patient care.

What Is the Measure?

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. For these members, the measure assesses the following facets of prenatal and postpartum care:

- **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 seven (7) and 84 days after delivery.

IHCP-Covered Codes to Identify PPC:

Description	Codes
Prenatal Visits	CPT: 98980, 98981, 99202-99205, 99211-99215, 99457, 99458 HCPCS: G0463, T1015 ICD10CM: A pregnancy-related ICD-10 diagnosis code must be included for all prenatal visit codes (ICD-10 code list not included due to volume)
Prenatal Bundle Visit*	CPT: 59400, 59425, 59426, 59510, 59610, 59618
Description	Codes
Postpartum Visit	CPT: 57170, 58300, 59430 ICD10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 Cervical Cytology Test: CPT: 88141-88143, 88147-88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0147-G0148, Q0091
Postpartum Bundle Visit*	CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

* Global maternity "bundle" codes are only covered for members who have third-party liability (TPL) resources, including Medicare and/or commercial insurance, in addition to their Medicaid coverage. Please see IHCP Bulletin BT202343 for further billing guidance.

How to Improve Your Quality Score:

- **When scheduling an initial prenatal visit,** do not delay; it must take place in the first 12 weeks and six (6) 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).
 - 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.
- **When scheduling a post-delivery follow-up visit,** schedule the PP care visit prior to discharge. The PP 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.
- **When documenting the postpartum (PP) visit,** detail PP care, PP check or six (6) 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. The visit must be with an OB/GYN practitioner, midwife, family practitioner or other PCP.
- **Understand the population that you serve.** Be aware of/accommodate cultural and linguistic preferences regarding prenatal care and ask front office staff to prioritize new pregnant and postpartum patients.
- **Educate members** on the importance of prenatal care throughout pregnancy, including the postpartum visit.
- **Telehealth services** can be offered if in-person visits are unnecessary.

