PPC: Prenatal and Postpartum Care

Description

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:

- <u>Timeliness of Prenatal Care</u>. 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.
- <u>Postpartum Care</u>. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Prenatal care documentation tips

- A diagnosis of pregnancy (this must be included for PCP visits). Such as: visit to confirm pregnancy or pregnancy was diagnosed.
- Documentation indicating the member is pregnant or references to the pregnancy, for example:
    - Standardized prenatal flow sheet, LMP, EDD, gestational age, gravidity and parity, notation of positive pregnancy test result, complete OB history, of prenatal risk assessment and counseling.
    - A basic physical obstetrical examination with auscultation for fetal heart tone, pelvic exam, obstetric observations or measurement of fundus height.
- Evidence that a prenatal care procedure was performed, such as:
    - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), OR
    - TORCH antibody panel, OR
    - Rubella antibody test/titer with RH incompatibility (ABO/Rh) blood typing, OR
    - Ultrasound of a pregnant uterus

Postpartum documentation tips

- Notation of PP care, including, but not limited to: "postpartum care," "PP care, "PP check," 6-week check." (This alone will make member compliant)
- Assessment of breasts or breast feeding, weight, BP check and abdomen (breast feeding is acceptable for evaluation of breasts)

- Perineal or cesarean incision/ wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Pelvic exam-a pap test will count toward PP care as a pelvic exam.
- Glucose screening for member with gestational diabetes.
- Documentation of discussion of any of the following topics:
  - Infant care / breastfeeding
  - Resumption of intercourse, birth spacing or family planning
  - Sleep or fatigue
  - Resumption of physical activity
  - Attainment of healthy weight

Measure strategies and tips

- Schedule the patient's first prenatal visit as soon as the patient believes they are pregnant.
- Educate office staff to provide priority scheduling for the initial prenatal care visit.
- Remind patients of the date and time of their follow-up appointment.
- Identify potential barriers to receiving care when pregnancy is confirmed. Discuss ways to overcome these barriers with patients. Consider referring the patient to case management.
- Follow patients closely who have or had a substance abuse or mental health diagnosis and initiate appropriate referrals. Refer to the high-risk pregnancy team or case management.
- For patients who do not show or schedule appointments, attempt to engage in a telephone or video visit to close the gap.
- Counsel patients during their pregnancy about the importance of follow-up care after delivery. Before delivery, a postpartum care plan should be developed, identifying the practitioners who will care for the patient and infant.
- Consider a telehealth visit if the member seems reluctant to schedule an appointment or you suspect they will not keep their in-person appointment.

Measure codes

Prenatal Care Codes

Prenatal bundled services

EHP/USFHP CPT	59400, 59425, 59426, 59510, 59618, 59610
HCPCS	H1005

Standalone prenatal visit codes (considered the easiest way to capture prenatal visits)

CPT	99500, 0500F, 0501F, 0502F
HCPCS	H1000- H1004

A prenatal visit with a pregnancy related diagnosis code

CPT	98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483
HCPCS	G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015**

**T1015 identifies an all-inclusive clinic visit for services rendered at a FQHC

<u>Postpartum Care Codes</u>

Postpartum bundled service

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

Postpartum visit

CPT/CPT II	57170, 58300, 59430, 99501, 0503F
HCPCS	G0101
ICD-10 CM	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

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
LOINC	104866-9, 10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Exclusions

- Non-live births
- Received hospice services anytime during the measurement year
- Deceased during the measurement year

The Dell Children's Health Plan Quality team is here to help you if you have questions regarding codes for this or other measures. For more information about HEDIS® measure performance, contact the Dell quality team at **QualityManagement@ascension.org**.