

Prenatal and Postpartum Care (PPC)



This measure applies to the percentage of deliveries of live births between **October 8 of the year prior to the measurement year and October 7 of the measurement year**. 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 between 7 and 84 days after delivery

Prenatal Care

Timeliness of Prenatal Care

A prenatal visit during the first trimester, with an OB/GYN, other prenatal care practitioner, or primary care provider, meets the criteria for a prenatal visit if:

- The visit occurs on or before the enrollment start date, or within 42 days of enrollment depending on the enrollment date and the gaps in enrollment during the pregnancy.
- The intent is that a prenatal visit is with a PCP, OB/GYN, or other prenatal care practitioner.
 - A bundled service where the organization can identify the date when prenatal care was initiated
 - A visit for prenatal care
 - A prenatal visit with a pregnancy-related diagnosis code
 - Ancillary services (lab/ultrasound) may be delivered by an ancillary provider.
 - Non-ancillary services (fetal heart tone (FHT)/prenatal risk assessment) MUST be delivered by the required provider type.
- The intent is to assess whether prenatal and preventive care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.
- Do not count as prenatal visits:
 - Visits that occur on the date of delivery
 - A Pap test
- For visits to a PCP, a diagnosis of pregnancy must be present.

Prenatal Care Visit Codes

Prenatal visits should be billed with an appropriate pregnancy diagnosis code.

Prenatal Bundled Services	Standalone Prenatal Visits	Prenatal Visits
CPT® Codes 59400, 59425, 59426, 59510, 59610, 59618 HCPCS Codes H1005	CPT® Codes 99500 HCPCS Codes H1000-H1004 CPT® II Codes 0500F-0502F	CPT® Codes 98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457, 99458, 99483 HCPCS Codes G0071, G2010, G2012, G2250-G2252

Prenatal Care Documentation

Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

A basic physical obstetrical examination that includes at least 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:

- 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)
- TORCH antibody panel
- A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
- Ultrasound of a pregnant uterus

Documentation of LMP, EDD, or gestational age in conjunction with either of the following:

- Prenatal risk assessment and counseling/education
- Complete obstetrical history

Prenatal and Postpartum Care (PPC)



Postpartum Care

A postpartum visit to a PCP, OB/GYN or other prenatal care practitioner between 7 and 84 days after delivery, as documented through either administrative data or medical record review, between October 8 of the previous year and October 7 of the measurement year .

Any of the following meet criteria

- Postpartum visits to an OB/GYN, or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery.
- Cervical Cytology
- Bundled services where the organization can identify the date when postpartum care was rendered

- Do not include postpartum care provided in an acute inpatient setting.
- Postpartum visits must have occurred during the required timeframe for deliveries between October 8 of the previous year and October 7 of the measurement year.

Postpartum Care Visit Codes

Postpartum Bundled Services	Cervical Cytology Lab Test
CPT® Codes 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	CPT® Codes 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
Postpartum Care	HCPCS Codes G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001
CPT® Codes 57170, 58300, 59430, 99501	LOINC® Codes 10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
HCPCS Codes G0101	Exclude services provided in acute inpatient setting
CPT® II Codes 0503F	CPT® Codes 99221-99223, 9923199236, 99238, 99239, 99252-99255, 99291

Postpartum Care Documentation

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- 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:
 - Notation of “postpartum care,” “PP care,” “PP check,” “six-week check”
 - A preprinted “Postpartum Care” form on which information is 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 pregnant individuals with gestational diabetes
- Documentation of any of the following topics:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing, or family planning
 - Sleep/fatigue
 - Resumption of physical activity and attainment of healthy weight

Terms

Pregnancy — the period of time between conception and delivery in which a fetus develops inside the uterus. This time is divided into trimesters.

Childbirth — begins with the true onset of labor and ends after the delivery of the baby and placenta. This is divided into three stages for vaginal deliveries.

Puerperium — the approximately six-week period after delivery when the mother’s body readjusts to a non-pregnant state.

Products of conception — tissues that develop during pregnancy, such as fetal tissue, placenta tissue, etc.

Note:

- A missed abortion is a type of miscarriage, also referred to as a delayed miscarriage.
- A spontaneous abortion is a spontaneous loss of the fetus before the 20th week of pregnancy, also referred to as a miscarriage.
- A threatened abortion refers to a hemorrhage in early pregnancy, also referred to as a threatened miscarriage.

The information listed here is not all-inclusive and should be used as a reference only. Please refer to current ICD-10/CPT®/HCPCS coding and documentation guidelines found at [cms.gov](https://www.cms.gov). HEDIS® measures can be found at [ncqa.org](https://www.ncqa.org).