

Prenatal and Postpartum Care Coding Tip Sheet



Prenatal & Postpartum Care (PPC)¹:

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, primary care provider (PCP), meets 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 date of enrollment and the gaps in enrollment during the pregnancy.
- The intent is that a prenatal visit is with a PCP or 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.

Measure applies to prenatal visits that occurred during the required timeframe for deliveries between **October 8 of the previous year and October 7 of the measurement year**

¹ NCQA. HEDIS MY 2020 & 2021 Volume 2 (epub)

Prenatal Care cont.

Visit Codes

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

CPT® Codes	HCPCS Codes	CPT® II Codes
Prenatal Bundled Services: 59400, 59425, 59426, 59510, 59610, 59618 Standalone Prenatal Visits: 99201-99205, 99211-99215, 99241-99245	Prenatal Visits: T1015	Standalone Prenatal Visits: 0500F-0502F

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 diagnosis of pregnancy	
A basic physical obstetrical examination that includes at least one of the following:	<ul style="list-style-type: none">• 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:	<ul style="list-style-type: none">• 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:	<ul style="list-style-type: none">• Prenatal risk assessment and counseling/education• Complete obstetrical history

Postpartum Care

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.

Visit Codes

CPT® Codes	HCPCS Codes	LOINC® Codes	CPT® II Codes
Postpartum Bundled Services: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 Postpartum Visits: 57170, 58300			Postpartum Visits: 0503F
Cervical Cytology: 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175		Cervical Cytology: 10524–7, 18500–9, 19762–4, 19764–0, 19765–7, 19766–5, 19774–9, 33717–0, 47527–7, 47528–5	
Exclude services provided in acute inpatient setting: 99221–99223, 99231–99233, 99238, 99251–99255, 99291			

Documentation

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and 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:	<ul style="list-style-type: none"> · Notation of “postpartum care,” “PP care,” “PP check,” “6-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 women with gestational diabetes	
Documentation of any of the following topics:	<ul style="list-style-type: none"> · Infant care or breastfeeding · Resumption of intercourse, birth spacing or family planning · Sleep/fatigue · Resumption of physical activity and attainment of healthy weight