

HEDIS MEASURE OVERVIEW

Prenatal and Postpartum Care (PPC)

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to replace your clinical judgment.

Prenatal care is important for the health of mother and baby. Babies of mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who receive care, according to the U.S. Department of Health and Human Services' Office on Women's Health.¹

The American Congress of Obstetricians and Gynecologists recommends that women with uncomplicated pregnancies receive visits every four weeks for the first 28 weeks of pregnancy, every two to three weeks until 36 weeks of pregnancy and weekly thereafter.¹

How providers can help

- Educate patients about the importance of prenatal care. Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment with Humana.
- Encourage patient compliance with postpartum visits within seven to 84 days after delivery.

Prenatal and postpartum HEDIS measure

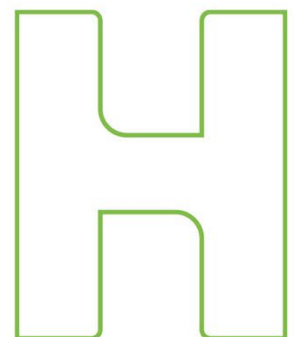
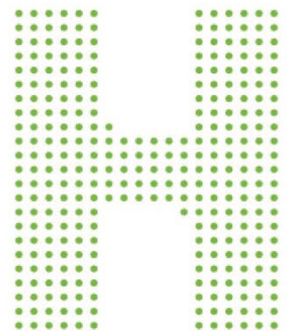
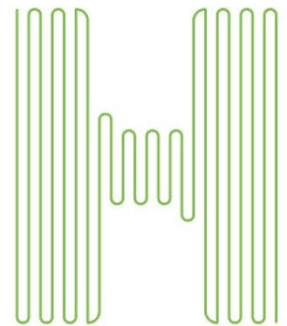
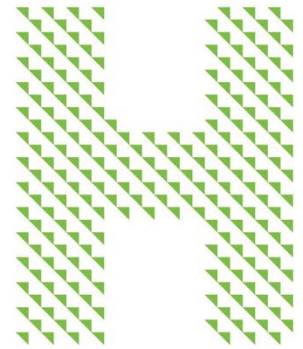
The Prenatal and Postpartum Care (PPC) HEDIS measure captures the percentage of live-birth deliveries between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. As PPC is an event-based measure, for each live birth there will be two care opportunities to be addressed by a clinician:

- 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 health plan
- Postpartum care: The percentage of deliveries that had a postpartum visit within seven to 84 days after delivery

Documentation required for postpartum care

Documentation of postpartum care visits by an obstetrics and gynecologist (OB-GYN) practitioner or midwife, family practitioner or other primary care provider must include a note indicating the date when the postpartum visit occurred **and** one of the following (notate in the patient's medical record):

- Pelvic exam
- Evaluation of weight, blood pressure, breasts and abdomen (noting "breastfeeding" is acceptable for the "evaluation of breasts" component)
- Postpartum care, which can include a postpartum or six-week check (documentation can include a preprinted postpartum care form on which information was documented during the visit)



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- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorder
- Glucose screening for women with gestational diabetes
- Documentation of one of these topics: infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity and attainment of healthy weight

Patients may be seen via outpatient visit or telehealth.

Coding suggestions

Report any visit to an OB-GYN practitioner or midwife with one of the following:

- Obstetric panel
- TORCH antibody panel (toxoplasmosis, rubella, cytomegalovirus, herpes simplex and human immunodeficiency virus [HIV], hepatitis viruses, varicella, parvovirus, syphilis)
- Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing)
- Ultrasound (echocardiography) of pregnant uterus
- Pregnancy-related diagnosis code

Codes to identify prenatal and postpartum

Prenatal visits	HCPCS	H1000 – Prenatal care, at-risk assessment H1001 – Prenatal care, at risk enhanced service; antepartum management
	CPT II	0500F – Initial prenatal care visit (report at first prenatal encounter with healthcare professional providing obstetrical care. Report also date of visit, in a separate field, and date of the last menstrual period [LMP]) 0501F – Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones and estimated date of delivery). Report also: date of visit and the date of the LMP (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit.) 0502F – Subsequent prenatal care visit (Prenatal) (Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care)
Postpartum visits	CPT	59430 – Vaginal delivery antepartum and postpartum care procedures

1. Office on Women’s Health: www.womenshealth.gov/a-z-topics/prenatal-care

HCPCS is the Healthcare Common Procedure Coding System used by the Centers for Medicare & Medicaid Services (CMS) and maintained by the American Medical Association.

ICD-10-CM is the International Classification of Diseases, 10th Revision, Clinical Modification developed by the World Health Organization and provided by CMS and the National Center for Health Statistics.

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year 2024: Volume 2: Technical Specifications for Health Plans report. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

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