


Prenatal and Postpartum Care (PPC)

New for 2024

Clarified

- If a member has multiple deliveries in the time-frame, only the first eligible delivery will count towards the denominator



Yes!
Supplemental Data Accepted

Definition

Percentage of deliveries of live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. The measure includes the following 2 indicators:

- **Timeliness of prenatal care** – Percentage of women who had a live birth that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in a UnitedHealthcare health plan
- **Postpartum care** – Percentage of women who had a live birth that had a postpartum visit on or between 7–84 days after delivery

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings 	<p>Hybrid</p> <ul style="list-style-type: none"> • Claim/Encounter Data • Medical Record Documentation

Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

Prenatal Bundled Services	
CPT®/CPT II	59400, 59425, 59426, 59510, 59610, 59618
HCPCS	H1005

Stand-Alone Prenatal Visits	
CPT®/CPT II	99500, 0500F, 0501F, 0502F
HCPCS	H1000, H1001, H1002, H1003, H1004
SNOMED	17629007, 18114009, 58932009, 66961001,134435003,135892000,169712008, 169713003, 169714009, 169715005,169716006, 169717002, 169718007, 169719004, 169720005,169721009, 169722002, 169723007,169724001, 169725000, 169726004,169727008, 171054004, 171055003, 171056002, 171057006, 171058001,171059009, 171060004, 171061000, 171062007, 171063002, 171064008 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001,440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 700256000, 702396006, 702736005, 702737001,702738006, 702739003, 702740001, 702741002, 702742009, 702743004, 702744005, 710970004, 713076009, 713233004, 713234005, 713235006, 713237003, 713238008, 713239000, 713240003, 713241004, 713242006, 713386003, 713387007, 717794008, 717795009

(Codes continued)

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CPT® is a registered trademark of the American Medical Association. UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Prenatal and Postpartum Care (PPC) (continued)

Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

Prenatal Visits with Diagnosis of Pregnancy	
CPT®/CPT II	98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483
HCPCS	G0463, T1015, G0071, G2010, G2012, G2250, G2251, G2252
SNOMED	77406008, 281036007, 185317003, 314849005, 386472008, 386473003, 401267002

Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

Postpartum Bundled Services	
CPT®/CPT II	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

Postpartum Visits	
CPT®/CPT II	57170, 58300, 59430, 99501, 0503F
HCPCS	G0101
SNOMED	133906008, 133907004, 169762003, 169770008, 169771007, 169772000, 384634009, 384635005, 384636006, 408883002, 408884008, 408886005, 409018009, 409019001, 431868002, 440085006, 717810008

Cervical Cytology	
CPT®/CPT II	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
SNOMED	1155766001, 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 171149006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 416107004, 417036008, 439074000, 439776006, 439888000, 440623000, 441087007, 441088002, 441094005, 441219009, 441667007, 448651000124104, 62051000119105, 62061000119107, 700399008, 700400001, 98791000119102

(Codes continued)

Prenatal and Postpartum Care (PPC)

Acceptable Provider Types to Render Prenatal Care Services:

- OB-GYN
- Physician

Any of the following who delivery prenatal care services under the direction of an OB-GYN or certified provider:

- Certified Nurse Midwife (CNM)
- Nurse Practitioner (NP)
- Physician’s Assistant (PA)

Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> • Members in hospice or using hospice services • Members who died 	Any time during the measurement year
<ul style="list-style-type: none"> • Pregnancy didn’t result in a live birth • Member wasn’t pregnant • Delivery wasn’t in date parameters 	October 8 of the year prior to the measurement year through October 7 of the measurement year

Prenatal and Postpartum Care (PPC)



Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
<ul style="list-style-type: none"> • Prenatal care visit must take place in the first trimester, on or before the enrollment start date or within 42 days of enrollment with the health plan. • For prenatal visits with a primary care provider, a diagnosis of pregnancy must be included with any of the tests listed to the right. • A colposcopy alone does not meet numerator compliance for prenatal 	<p>Prenatal care visit with an OB-GYN or prenatal care provider, which must include one of the following:</p> <ul style="list-style-type: none"> • A diagnosis of pregnancy • Auscultation for fetal heart tone • Documentation in a standard prenatal flowsheet • Documentation of last menstrual period (LMP), estimated date of delivery (EDD) or gestational age • Gravidity or parity • Complete obstetrical history • Prenatal risk assessment and counseling/education • Fundal height • Obstetric panel • Pelvic exam with obstetric observations • Prenatal lab results including hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing • TORCH antibody panel • Ultrasound of pregnant uterus 	<ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Hospital delivery report • Medical history • Prenatal flow sheets/ACOG form • Progress notes • SOAP notes

(Important Notes continued)

Prenatal and Postpartum Care (PPC)



Important Notes

Test, Service or Procedure to Close Care Opportunity

- Postpartum visit, which must include one of the following:
- Assessment of breasts or breast feeding, weight, blood pressure check and abdomen
 - Notation of postpartum care
 - Perineal or cesarean incision/wound check
 - Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
 - Pelvic exam
 - Glucose screening for women with gestational diabetes
 - Documentation of infant care or breastfeeding
 - Documentation of resumption of intercourse, birth spacing or family planning
 - Documentation of sleep/fatigue
 - Documentation of resumption of physical activity or attainment of healthy weight

Medical Record Detail Including, But Not Limited To

- Consultation reports
- Diagnostic reports
- Hospital delivery report
- Medical history
- Prenatal flow sheets/ACOG form
- Progress notes
- SOAP notes

Prenatal and Postpartum Care (PPC)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **When submitting a claim for bundled maternity services,** it is important to also submit separate claims for the pregnancy diagnosis office visit and postpartum visit with appropriate CPT® Category II Codes.
 - Prenatal Care: When submitting claim for initial pregnancy diagnosis visit (e.g., urine test, ultrasound), always include CPT® Category II 0500F as a no charge line item.
 - Post-partum Care: When submitting claim for first office post-partum visit, always include CPT® Category II 0503F as a no charge line item.

If your electronic medical record (EMR) system allows macros that auto-populate CPT® Category II Codes when submitting a claim for diagnostic tests (e.g., pregnancy urine test, ultrasound), please **add 0500F (prenatal) when individual E/M codes are used.**
- Ultrasound and lab results alone aren't considered a visit. They must be linked to an office visit with an appropriate practitioner to count for this measure.
- A Pap test alone doesn't count as a prenatal care visit, but will count toward postpartum care as a pelvic exam.
- A visit with a registered nurse will **not** meet compliance. See acceptable provider types above.
- When the prenatal care visit is with a PCP, the claim must include the prenatal visit, and a diagnosis of pregnancy.
- The CDC, American College of Obstetricians and Gynecologists, American College of Nurse Midwives, and American Academy of Family Physicians all recommend that pregnant women receive the following immunizations:
 - A flu shot during any trimester of their pregnancy to protect themselves and their newborn babies from flu
 - 1 dose of Tdap every pregnancy, preferably during early part of gestational weeks 27–36
 - Visit www.cdc.gov/vaccines/pregnancy for patient and provider resources
- If your office submits CCDs to UnitedHealthcare via our clinical data exchange program, please ensure the CCD function within your EMR system is set up to send CPT II Codes in the extract.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as prenatal and postpartum care. It can also reduce the need for some chart review.
- The American College of Obstetricians and Gynecologists (ACOG) recommends implementation of the following clinical workflows:
 - Screen patients for depression/anxiety at least once during the prenatal and postpartum visit, with additional frequency for higher risk women
 - Use a screening tool validated for use during pregnancy and the postpartum period to measure the level of risk, (i.e., Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire 9)
 - Train all care team members on the importance of depression screening and follow-up care
 - Establish a system to ensure follow-up for diagnosis and treatment for positive screenings
- Prenatal and postpartum codes can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
 - As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.
- Services provided during a telephone visit or online assessment (e-visit/virtual check-in) will meet the criteria for numerator compliance.