HEDIS® Toolkit
Prenatal and Postpartum Care (PPC)

Texas Children's® Health Plan

Who is eligible?
All women with a delivery between October 8 of the year prior to the measurement year and October 7 of the measurement year. Women with more than one delivery during the interval count twice for this measure. Women with multiple live births during one pregnancy count only once.

Eligible Providers
Encounters performed by an OB/GYN or other prenatal care practitioner* count towards compliance. Encounters performed by an RN do **not** meet compliance requirements.

***Acceptable Provider Types to Render Prenatal Care Services:**
- Physicians certified as obstetricians or gynecologists by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association. If they are not certified, they must have successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology.
- Certified nurse midwives, nurse practitioners, or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider).[1]

Why it matters
Studies indicate that as many as 60% of all pregnancy-related deaths could be prevented if women had better access to health care, received better quality of care, and made changes in their health and lifestyle habits. Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants.[2]

Measure Description
The measure assesses the following facets of prenatal and postpartum care:

- **Timeliness of Prenatal Care (TOPC).** 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 (PPC).** The percentage of deliveries that had a postpartum visit on or between 7-84 days after delivery.

Best Practices
When pregnancy is confirmed:

- Assess health literacy to gain an understanding of barriers and how to meaningfully tailor patient education to suit individual needs.
- Educate on the importance of keeping all scheduled prenatal and postpartum visits for healthy fetal development and maternal health screening.
- Encourage compliance by informing members about Texas Children's Health Plan's incentives, including the prenatal and postpartum visit rewards.
- Assess potential barriers to care and ensure members' awareness of available resources through Texas Children's Health Plan, such as transportation assistance and maternal health case management.
- Confirm and document current contact information, including phone numbers, address, and alternate contacts, such as emergency contact information.
- Provide reminder calls before appointments and after any missed appointment to reschedule.
- Consider participating in Health Information Exchanges (HIE), and, if using Epic, endorse the use of Care Everywhere to increase care coordination between providers.
- When feasible, allow patients to bring children and/or newborns to appointments.

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TOPC Best Practices

- The American College of Obstetricians and Gynecologists (ACOG) and National Institute of Health (NIH) recommend initiation of prenatal care in the first trimester **no later than 10 weeks gestation.**
- Educate office staff to provide priority scheduling for initial prenatal care visit.
- A diagnosis of pregnancy must be present for initial prenatal exams completed by a PCP.
- Proactively schedule all prenatal care appointments during the first encounter and review the schedule with the patient.
- Provide anticipatory guidance and teaching at every visit.
- Consider a blood pressure monitor for patients with hypertension. This is a covered benefit for STAR members. If you are treating a CHIP Perinate-covered member with a diagnosis of hypertension during their pregnancy, you can request to have a blood pressure monitor mailed to their home.

PPC Best Practices

Schedule a postpartum visit prior to discharge. For compliance with the postpartum care HEDIS measure, this visit must be at least seven days following the delivery.

- Telehealth may be a good option if the member seems reluctant to schedule an appointment or you suspect they will not keep their in-person appointment.
- Use a "Postpartum Visit" note type during the encounter and ensure proper coding for the postpartum visit (see codes below).
- **Do not use** the ICD-10 Z39.0 (Encounter for care and examination of mother immediately after delivery) for postpartum visits.

TOPC Claim Codes:

CPT codes (new patients)	CPT Codes (established patients)	HCPCS	ICD-10 diagnosis codes
99202-TH, 99203-TH, 99204-TH, 99205-TH	99211-TH, 99212-TH, 99213-TH, 99214-TH, 99215-TH	T1015	Z34.-_____* or O09.- to O99.-_____†

* codes for supervision of normal pregnancies † codes for supervision of conditions affecting pregnancy.

Note: The prenatal visits must be billed with modifier TH. The National Committee for Quality Assurance (NCQA) has lifted restrictions for telephone visits, e-visits, and virtual check-ins for TOPC and PPC. For more information and guidance on telehealth and telephonic visits, please refer to the quick reference guide developed by the Texas Medical Association (TMA).

PPC Claim Codes:

CPT codes	CPT-CAT-II codes	ICD-10 diagnosis codes
59430*	0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

*59430 is reimbursable once per pregnancy by Texas Medicaid and must be used for a visit between 7-84 days following delivery. Subsequent postpartum visits must be billed using E&M codes. Visits solely for staple removal do not qualify for use of 59430.

Note: Both CPT and appropriate ICD-10 codes must be present for claim to be paid.

[1] Insurance Marketplace Quality Initiatives. CMS.gov. (2023, September). https://www.cms.gov/medicare/quality/health-insurance-marketplace-initiatives

[2] Prenatal and postpartum care (PPC). NCQA. (2023, January 23). Retrieved April 24, 2023, from https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/