Prenatal and Postpartum Care (PPC)

New for 2025
- No applicable changes for this measure

✓ **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

Plans(s) affected	Quality program(s) affected	Collection and reporting method
• Commercial • Medicaid	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings	**Hybrid** • 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

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Stand-alone prenatal visits	
CPT®/CPT II	99500, 0500F, 0501F, 0502F
HCPCS	H1000, H1001, H1002, H1003, H1004
SNOMED	169712008, 169713003, 169714009, 169715005, 169716006, 169717002, 169718007, 169719004, 169720005, 169721009, 169722002, 169723007, 169724001, 169725000, 169726004, 169727008, 424525001, 409010002, 169602005, 169603000, 169600002, 135892000, 713076009, 702396006, 386235000, 171058001, 440309009, 441839001, 440227005, 439165004, 440670004, 440047008, 440638004, 439908001, 440671000, 440536005, 440669000, 439733009, 439816006, 386322007, 58932009, 397931005, 406145006 , 700256000, 171061000, 171060004, 171062007, 171064008, 66961001, 171057006, 171059009, 171054004, 171056002, 171063002, 171055003, 710970004, 17629007, 422808006, 18114009, 424441002, 424619006, 134435003, 702738006, 713386003, 702741002, 702743004, 702744005, 702742009, 713387007, 702737001, 713238008, 713235006, 713237003, 702736005, 713241004, 713234005, 702739003, 713233004, 702740001, 713239000, 713240003, 713242006, 717794008, 717795009
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, 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
Postpartum bundled services	
CPT®/CPT II	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

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

Encounter for postpartum care	
ICD-10 Diagnosis	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

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

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Acceptable provider types to render prenatal care services

- OB-GYN
- Physician

Any of the following who deliver 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	Time frame
• Members in hospice or using hospice services • Members who died	Any time during the measurement year
• Pregnancy didn't result in a live birth • Member wasn't pregnant • Delivery wasn't in date parameters	Oct. 8 of the year prior to the measurement year through Oct. 7 of the measurement year

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Prenatal and Postpartum Care (PPC) (cont.)

⚠ Important notes

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
• 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 Pap test does not count as a prenatal care visit and a colposcopy alone does not meet numerator compliance for prenatal	Prenatal care visit with an OB-GYN or prenatal care provider, which must include 1 of the following: • A diagnosis of pregnancy or noted positive pregnancy test result • 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	• Consultation reports • Diagnostic reports • Medical history • Prenatal flow sheets/ACOG form • Progress notes • SOAP notes

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⚠ Important notes (cont.)

	Test, service or procedure to close care opportunity	Medical record detail including, but not limited to
Documentation of care in an acute inpatient setting does not close the gap for postpartum care.	Postpartum visit to an OB-GYN or other prenatal care provider, or PCP, which must include 1 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	• Consultation reports • Diagnostic reports • Hospital delivery report • Medical history • Prenatal flow sheets/ ACOG form • Progress notes • SOAP notes

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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.

  - Postpartum care: When submitting claim for first office postpartum visit, always include CPT(R) 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 **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:

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– 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 the UnitedHealthcare 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

• Provide education to members on importance of prenatal and postpartum care for them and their baby

• Identify members with ER visits who have a diagnosis of pregnancy and initiate timely follow-up

• Assess and address potential barriers to receiving care when pregnancy is confirmed

• Provide close monitoring and initiate relevant referrals for members who have had substance abuse or mental health diagnosis

• Ensure available appointments exist to allow for timely scheduling of members during their first trimester or postpartum period

• For members who do not show or schedule appointments, attempt to engage using a telephone or video visit to close the care gap

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