

2022 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Prenatal Care (PPC)

A component of Prenatal and Postpartum Care

Access/Availability of Care HEDIS® Measure*

HEDIS measure description

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.

Note: A Pap test does not count for the prenatal care visit.

Measure population (denominator)

Deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.

Measure compliance (numerator)

A prenatal care visit to an OB-GYN or other prenatal/primary care practitioner. Do not count visits that occur on the date of delivery.

Note: Telehealth visits meet criteria with acceptable coding (audio and/or video, e-visits, virtual check-ins).

Documentation in the medical record **must** include a note indicating the date when the prenatal care visit occurred **and** evidence of at least **one** of the following with an appropriate provider:

Criteria	Description
Diagnosis of pregnancy	Standardized prenatal flow sheet, LMP, EDD or gestational age, positive pregnancy test result, gravidity and parity, complete OB history, OR prenatal risk assessment and counseling/education.
OB exam	With documentation of FHT, pelvic exam with OB observations, OR measurement of fundus height.
Prenatal care procedure	OB 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, rubella antibody test/titer with Rh incompatibility, OR ultrasound of a pregnant uterus.

Did you know?

- Appropriate perinatal services and education are crucial components of a healthy birth.
- More than 3 out of 4 women receive prenatal care in the 1st trimester, however, rates are lower for certain racial and teenage subpopulations.
- Prenatal care is most effective in reducing the chance of low birthweight.

This measure applies to commercial members only.

continued

Exclusions

- Non-live births
- Members in hospice or using hospice services anytime during the measurement year
- Members deceased during measurement year

Helpful HEDIS hints

- **Schedule** the patient's first prenatal visit as soon as she thinks she is pregnant.
- **Remind** patients through phone calls, mailings or text alerts of the date and time of their follow-up appointment.
- **Counsel** women during their pregnancy about the importance of follow-up care after delivery. Prior to delivery, a postpartum care plan should be developed, identifying the practitioners who will care for the woman and infant.

Tips for coding

- Visits with a primary care practitioner must include a diagnosis of pregnancy.
 - The following are examples of ICD 10 codes, but are not all-inclusive: Z34.00, Z36, O09.00, O20.0
- Visits with a practitioner can be with or without a telehealth modifier (see Virtual Care Summary).
- HEDIS® data has shown that practitioners with the highest scores for postpartum care report individual component codes for antepartum, delivery and postpartum visits. Therefore, we encourage you to bill as outlined below:
 - When antepartum care is reported by the same practitioner or practice group and more than four visits are billed, it is important to report the CPT® code** that best describes the service provided and the number of visits: **59425 or **59426. It is important not to enter date ranges; report the date of the first prenatal visit in both fields. Report the total number of visits in the required field.
 - Reporting claims information other than as noted may result in claims errors and delays processing your claims. Please refer to Maternity and Delivery Services section in the Claims section of the practitioner manual for additional information on billing antepartum care services, as well as claim examples.

Maternity services	CPT® codes	CPT® II codes	HCPCS
Standalone prenatal visits	99500	0500F, 0501F, 0502F	H1000, H1001, H1002, H1003, H1004
Prenatal visits*	99201-99205, 99211-99215, 99241-99245, 99483		G0463, T1015

*Must be billed **with** a pregnancy-related diagnosis code.

Resources

1. National Institutes of Health (NIH). Eunice Kennedy Shriver National Institute of Child Health and Human Development. 2017. "What is prenatal care & why is it important?" nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx
2. Centers for Disease Control and Prevention (CDC). 2018. "Timing and Adequacy of Prenatal Care in the United States, 2016." cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf

* HEDIS®, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance, or NCQA.

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