

Prenatal and Postpartum Care (PPC)

2025

COMMERCIAL | MEDICAID | FEHB

Measure definition

Delivery of a live birth on or between October 8 of year prior and October 7 of measurement year. The measure assesses the following facets of prenatal and postpartum care:

- **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 organization. The first trimester is defined as 280–176 days prior to delivery.
- **Postpartum care:** Deliveries with a postpartum visit on or between 7–84 days after delivery

Women are counted twice if they had two separate deliveries (different dates of service) between October 8 of year prior and October 7 of measurement year.



Medical record requirements

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected



Commonly used claim codes*

(Not all-inclusive)

- Prenatal bundled services: **59400, 59410, 59510, 59515**
- Stand-alone prenatal visits: **99500, 0500F, 0501F, 0502F**
- Prenatal visits: **98966, 98967, 98970, 98980, 99211**
- Telephone visit: **99442** (with pregnancy dx)
- Online assessment: **99421** (with pregnancy dx)

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Any one of the following:

- Postpartum visit: **57170, 58300, 59430, 99501, 0503F**
- Cervical cytology: **88141, 88142, 88143**
- Postpartum bundled services: **59400**

Exclusion

- Single stillbirth: **Z37.1**

Medical record submission methods may not be applicable to all plan types. For more details, you can reach out to your HEDIS plan representative.

Required exclusions (Other exclusions may also apply)

- Members in hospice care or who used a hospice benefit during measurement year
- Members who died during measurement year

Insights and recommendations

Prenatal visit:

- Diagnosis of pregnancy, last menstrual period (LMP) or estimated delivery date (EDD) during prenatal visits should be documented
- Evidence of prenatal care such as fetal heart tone, fundal height, prenatal risk assessment, screening tests, etc. should be included
- Complete obstetrical history or pelvic exam with obstetric observations meets criteria
 - A Pap test alone **doesn't** meet criteria
- Ultrasound and lab results **must** be linked to an office visit with an appropriate practitioner
- Telephone visit, e-visit or virtual check-ins count
- A visit with a registered nurse **doesn't** meet criteria

Postpartum care:

- Schedule postpartum care visit prior to discharging after delivery; **postpartum visit must take place on or between 7–84 days after delivery**
- **Don't** include postpartum care provided in an acute inpatient setting
- Ensure that postpartum visit is with Ob/Gyn, midwife, family practitioner or other primary care physician (PCP)
- Note details of postpartum care when documenting a postpartum visit (6-week check, postpartum visit, etc.)
- Provide notation of one of the following pelvic exams: perineal or cesarean incision/wound check
- Document the following:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing or family planning
 - Sleep/fatigue
 - Resumption of physical activity
 - Attainment of healthy weight

*FOR COMMONLY USED CODES: Not a comprehensive list of codes

For measures that require claims data only, we cannot accept supplemental data sources such as data feeds and medical record collection methods.

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The above information is not a complete list of services for this measure. For a complete list please refer to the NCQA website at **NCQA.org**. HEDIS 2025 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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