

Prenatal and Postpartum Care Coding Tip Sheet



Prenatal & Postpartum Care (PPC)¹:

This measure applies to the percentage of deliveries of live births between **October 8 of the year prior to the measurement year and October 7 of the 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
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit between 7 and 84 days after delivery

Prenatal Care

Timeliness of Prenatal Care: A prenatal visit during the first trimester, with an OB/GYN, other prenatal care practitioner, or primary care provider (PCP), meets the criteria for a prenatal visit if:

- The visit occurs on or before the enrollment start date, or within 42 days of enrollment depending on the enrollment date and the gaps in enrollment during the pregnancy.
- The intent is that a prenatal visit is with a PCP, OB/GYN or other prenatal care practitioner.
 - **A bundled service** where the organization can identify the date when prenatal care was initiated
 - **A visit for prenatal care**
 - **A prenatal visit with a pregnancy-related diagnosis code**
 - Ancillary services (lab/ultrasound) may be delivered by an ancillary provider.
 - Non-ancillary services (fetal heart tone (FHT)/prenatal risk assessment) **MUST** be delivered by the required provider type.
- The intent is to assess whether prenatal and preventive care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.

Do not count as prenatal visits:

- Visits that occur on the date of delivery
- A Pap test

For visits to a PCP, a diagnosis of pregnancy must be present.

Measure applies to prenatal visits that occurred during the required timeframe for deliveries between **October 8 of the previous year and October 7 of the measurement year**

¹ NCQA. HEDIS® MY 2020 & 2021 Volume 2 (epub).

Prenatal Care cont.

Visit Codes

Prenatal visits should be billed with an appropriate pregnancy diagnosis code.

CPT® Codes	HCPCS Codes	CPT® II Codes
Prenatal Bundled Services: 59400, 59425, 59426, 59510, 59610, 59618 Standalone Prenatal Visits: 99201–99205, 99211–99215, 99241–99245, 99483 Prenatal Visits: 99500	Prenatal Bundled Services: H1005 Standalone Prenatal Visits: H1000–H1004 Prenatal Visits: G0463, T1015	Prenatal Bundled Services: H1005 Standalone Prenatal Visits: 0500F–0502F

Documentation

Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

A diagnosis of pregnancy	
A basic physical obstetrical examination that includes at least one of the following:	<ul style="list-style-type: none"> • Auscultation for fetal heart tone • Pelvic exam with obstetric observations • Measurement of fundus height (a standardized prenatal flow sheet may be used)
Evidence that a prenatal care procedure was performed, such as:	<ul style="list-style-type: none"> • Screening test in the form of an obstetric 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 • A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing • Ultrasound of a pregnant uterus
Documentation of LMP, EDD or gestational age in conjunction with either of the following:	<ul style="list-style-type: none"> • Prenatal risk assessment and counseling/education • Complete obstetrical history

Postpartum Care

Postpartum Care: A postpartum visit to a PCP, OB/GYN or other prenatal care practitioner between 7 and 84 days after delivery, as documented through either administrative data or medical record review, between **October 8 of the previous year and October 7 of the measurement year**

Any of the following meet criteria

- Postpartum visits to an OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery.
- Cervical Cytology
- Bundled services where the organization can identify the date when postpartum care was rendered

Do not include postpartum care provided in an acute inpatient setting.

Postpartum visits must have occurred during the required timeframe for deliveries between October 8 of the previous year and October 7 of the measurement year.

Visit Codes

CPT® Codes	HCPCS Codes	LOINC® Codes	CPT® II Codes
Postpartum Bundled Services: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 Postpartum Visits: 57170, 58300, 59430, 99501	Postpartum Visits: G0101		Postpartum Visits: 0503F
Cervical Cytology: 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	Cervical Cytology: G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091	Cervical Cytology: 10524–7, 18500–9, 19762–4, 19764–0, 19765–7, 19766–5, 19774–9, 33717–0, 47527–7, 47528–5	
Exclude services provided in acute inpatient setting: 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 99291			

Documentation

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

Pelvic exam	
Evaluation of weight, BP, breasts and abdomen	Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component
Notation of postpartum care, including but not limited to:	<ul style="list-style-type: none"> · Notation of “postpartum care,” “PP care,” “PP check,” “6-week check” · A preprinted “Postpartum Care” form on which information is documented during the visit
Perineal or cesarean incision/wound check	
Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders	
Glucose screening for women with gestational diabetes	
Documentation of any of the following topics:	<ul style="list-style-type: none"> · Infant care or breastfeeding · Sleep/fatigue · Resumption of intercourse, birth spacing or family planning · Resumption of physical activity and attainment of healthy weight

Understanding Terms

- **Pregnancy** — the period of time between conception and delivery in which a fetus develops inside the uterus. This time is divided into trimesters.
- **Childbirth** — begins with the true onset of labor and ends after the delivery of the baby and placenta. This is divided into three stages for vaginal deliveries.
- **Puerperium** — the approximately 6-week period after delivery when the mother’s body readjusts to a non-pregnant state.
- **Products of conception** — tissues that develop during pregnancy, such as fetal tissue, placenta tissue, etc.
- **Ectopic pregnancy** — a pregnancy in which the fertilized egg implants outside of the uterus.
- **Abortion** — the premature passing of the products of conception, typically prior to 20 weeks (may be induced or spontaneous).
- **Perinatal** — the period of time before birth through the 28th day following birth.
- **Congenital** — a condition that is present from birth.
- **Gestational age** — the age, reported in weeks, of the developing fetus. This begins on the first day of the mother’s last menstrual period and ends at birth (~40 weeks).

Note:

- A missed abortion is a type of miscarriage, also referred to as a delayed miscarriage.
- A spontaneous abortion is a spontaneous loss of the fetus before the 20th week of pregnancy, also referred to as a miscarriage.
- A threatened abortion refers to a hemorrhage in early pregnancy, also referred to as a threatened miscarriage.

Stages of Pregnancy			Stages of Childbirth		
1st Trimester	2nd Trimester	3rd Trimester	1st Stage	2nd Stage	3rd Stage
< 14 weeks	14 weeks–28 weeks	28 weeks–delivery	Begins with onset of contractions and ends when cervix is dilated 10 cm	Begins when cervix is fully dilated (10 cm) and ends with delivery	Begins after the baby is delivered and ends after the delivery of the placenta
<i>*Document gestation in weeks and days.</i>					

ICD-10-CM Guidelines for Coding & Reporting²

Chapter 15 — Pregnancy, Childbirth, and the Puerperium (O00–O9A)

- Chapter 15 codes have **sequencing priority** over codes from other chapters.
 - Use additional codes from other chapters to further specify conditions when applicable.
 - Use codes O00–O9A only on the maternal record, never on the record of the newborn.
- A code from **Category Z34, Encounter for supervision of normal pregnancy**, should be used as the first-listed diagnosis for routine outpatient prenatal visits when no complications are present.
 - Report code **Z33.1 Pregnant state, incidental** when pregnancy is documented as incidental to the encounter instead of codes from Chapter 15.
 - It is the provider’s responsibility to state that the condition being treated is not affecting the pregnancy.
- A code from **Category O09, Supervision of high-risk pregnancy**, should be used as the first-listed diagnosis for routine prenatal outpatient visits for patients with high-risk pregnancies.
 - Use only during the prenatal period.
 - Use applicable Chapter 15 codes for **complications during the labor or delivery episode as a result of a high-risk pregnancy**.
 - Other Chapter 15 codes may be used in conjunction with these codes if appropriate.
 - Code the appropriate **encounter for full-term uncomplicated delivery** if there are no complications during the labor or delivery episode.

² <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2020-Coding-Guidelines.pdf>

Risk Adjustment Coding & Documentation

Member health information is gathered from clinical documentation and diagnosis codes reported from hospital and physician claims. ICD-10-CM diagnosis codes for medical conditions that require ongoing or long-term treatment are grouped into Hierarchical Condition Categories (HCC). It is important to document condition details to the highest known degree so the diagnosis can be coded to the highest specificity.

Fetal Presentation		Labor & Delivery Complications			Encounter for Delivery	
ICD-10-CM O64-		ICD-10-CM O69-	ICD-10-CM O70-	ICD-10-CM O71.1-	ICD-10-CM O80-	ICD-10-CM O82-
<ul style="list-style-type: none"> • Breech • Face • Brown 	<ul style="list-style-type: none"> • Shoulder • Compound • Other malposition 	<ul style="list-style-type: none"> • Cord around neck • Entanglement • Prolapse 	<ul style="list-style-type: none"> • First-fourth degree perineal laceration 	<ul style="list-style-type: none"> • Rupture of uterus during labor 	<ul style="list-style-type: none"> • Full-term uncomplicated vaginal delivery 	<ul style="list-style-type: none"> • C-section without indication

Include the diagnosis in the assessment and plan when a condition and the supporting evidence is documented during a face-to-face encounter. Include the ICD-10 diagnosis code for all documented conditions on the claim form. This includes chronic conditions, even if stable. Ambetter from Arkansas Health & Wellness uses HHS-HCC risk adjustment models. The 2020 HHS-HCC (V07)³ model and ICD-10 mappings are subject to change with updates to the ICD-10 code set.

V07 HCC	HCC Label	V07 HCC	HCC Label	V07 HCC	HCC Label
203	Ectopic and Molar Pregnancy	207	Pregnancy with Delivery with Major Complications	210	(Ongoing) Pregnancy without Delivery with Major Complications
204	Miscarriage with Complications	208	Pregnancy with Delivery with Complications	211	(Ongoing) Pregnancy without Delivery with Complications
205	Miscarriage with No or Minor Complications	209	Pregnancy with Delivery with No or Minor Complications	212	(Ongoing) Pregnancy without Delivery with No or Minor Complications

³ Output: diy_icd10_udxgv0220_hccv07.model\ICD10list.table3.xlsx Source: RTI International