

2022 MCAS MEASURE: PRENATAL AND POSTPARTUM CARE (PPC)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Prenatal and Postpartum Care (PPC)."

Measure Description: Measures the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- ▶ Timeliness of Prenatal Care – The percentage of women who received a prenatal care visit during the first trimester, on or before the enrollment start date, or within the first 42 days of enrollment with GCHP.
- ▶ Postpartum Care – The percentage of women who had a postpartum visit between 7 to 84 days after delivery.

Data Collection Method: Hybrid¹

PPC Clinical Code Sets

- For billing, reimbursement, and reporting of services completed, submit claims in a timely manner with the appropriate medical codes for all clinical conditions evaluated and services completed.

Codes used to identify prenatal services within the first trimester, on or before the enrollment start date, or within 42 days of enrollment.

Description	ICD-10-CM	CPT	CPT II	HCPCS	SNOMED
Prenatal Visit with a Pregnancy Diagnosis	Click here for a complete list of the pregnancy diagnosis codes.	99201-99205, 99211-99215, 99241-99245, 99483		G0463, T1015	77406008, 281036007
Telephone Visit with a Pregnancy Diagnosis		98966-98968, 99441-99443			185317003, 314849005, 386472008, 386473003, 401267002
Online Assessment with a Pregnancy Diagnosis		98969-98972, 99421-99423, 99444, 99457		G0071, G2010, G2012, G2061, G2062, G2063	
Prenatal Bundled Services		59400, 59425, 59426, 59510, 59610, 59618		H1005	



Description	ICD-10-CM	CPT	CPT II	HCPCS	SNOMED
Standalone Prenatal Visit		99500	0500F, 0501F, 0502F	H1000 - H1004	17629007, 18114009, 58932009, 66961001, 134435003, 135892000, 169712008, 169713003, 169714009, 169715005, 169716006, 169717002, 169718007, 169719004, 169720005, 169721009, 169722002, 169723007, 169724001, 169725000, 169726004, 169727008, 171054004, 171055003, 171056002, 171057006, 171058001, 171059009, 171060004, 171061000, 171062007, 171063002, 171064008, 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001, 440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 700256000, 702396006, 702736005, 702737001, 702738006, 702739003, 702740001, 702741002, 702742009, 702743004, 702744005, 710970004, 713076009, 713233004, 713234005, 713235006, 713237003, 713238008, 713239000, 713240003, 713241004, 713242006, 713386003, 713387007, 717794008, 717795009

Codes used to identify postpartum exams completed 7 to 84 days after delivery.

Description	ICD-10-CM	CPT	CPT II	HCPCS	LOINC	SNOMED
Postpartum Exam	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	57170, 58300, 59430, 99501	0503F	G0101		408884008, 408886005, 409018009, 409019001, 440085006, 717810008
Postpartum Bundled Services		59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622				
Cervical Cytology Exam		88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175		G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5	171149006, 416107004, 417036008, 439958008, 440623000, 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 62051000119105, 62061000119107, 98791000119102, 448651000124104



Exclusion Criteria - Members with the following conditions are excluded from the PPC measure:

- Women with non-live birth deliveries during the measurement period.
- Members who received hospice care in the measurement year.

Medical records MUST include:

- ▶ For Timeliness of Prenatal Care
 - Prenatal care visit date AND evidence of ONE of the following:
 - » Documentation in a standardized prenatal flow sheet.
 - » Physical obstetrical exam that includes auscultation for fetal heart tone.
 - » Pelvic exam with obstetric observations.
 - » Measurement of fundus height.
 - » Evidence that a prenatal care procedure was performed, i.e. ultrasound, obstetric panel, or antibody test.
 - » Documentation of last menstrual period (LMP) or estimated date of delivery (EDD) in conjunction with either prenatal risk assessment or complete obstetrical history.
- ▶ For Postpartum Care
 - Postpartum visit date AND evidence of ONE of the following:
 - » Pelvic exam.
 - » Evaluation of weight, blood pressure, breasts, and abdomen.
 - » Notation of postpartum care. This can include: “PP care,” “six-week check,” or a pre-printed postpartum care form.
 - » Perineal or cesarean wound check.
 - » Screening for mental health, tobacco use, and substance use disorder.
 - » Glucose screening for gestational diabetes mellitus (GDM) women.
 - » Family planning and resumption of intercourse.
 - » Sleep / fatigue.
 - » Resumption of physical activity and attainment of healthy weight.
 - » Documentation of infant care or breastfeeding.

Best Practices for Prenatal Care:

- ▶ Clinicians should provide education and counseling about what to expect during delivery.
- ▶ Follow the guidelines recommended by the American College of Obstetricians and Gynecologists (ACOG) for establishing an ongoing prenatal care plan.
- ▶ All women should receive the influenza vaccine, especially during the prenatal and postpartum periods.
- ▶ Recommend that patients eliminate smoking and alcohol use to reduce chances of Sudden Infant Death Syndrome (SIDS).
- ▶ Encourage patients to follow a safe and healthy diet, get regular exercise, and avoid exposure to harmful substances such as lead and radiation.
- ▶ Remind patients to ensure their prenatal vitamin contains 400 or more micrograms of folic acid.
- ▶ Review prescriptions, over-the-counter medications and herbal products that the mother is currently taking to ensure they are not harmful to the fetus.



Best Practices for Postpartum Care:

- ▶ Clinicians providing antenatal care should actively engage families in their care and identify the health care professionals who will comprise the postpartum care team for the woman and her infant.
- ▶ Formulate a postpartum care plan during pregnancy and identify which health care providers will provide care for the woman and infant.
- ▶ At discharge from maternity care, provide the member with written contact information for the postpartum care team and instructions on timing of follow-up postpartum care.
- ▶ Obstetricians should offer long-acting reversible method of contraception (LARC) insertion prior to hospital discharge as well as during the postpartum office visit.
- ▶ Behavioral health referrals can be made through [Beacon Health Options](#). Providers may also use this link to access valuable information, forms and documents.
- ▶ The American College of Obstetricians and Gynecologists (ACOG) encourages clinics to ask women about pregnancy intendedness and encourages patients to develop a reproductive life plan or a set of personal goals about when to have children.

¹ Measures reported using the *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.