

HEDIS Provider Guide: Timeliness of Prenatal Care (PPC-Timeliness)

Measure Description

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 and who received a prenatal care visit in the first trimester on or before enrollment with Blue Shield Promise or within 42 days of enrollment with Blue Shield Promise. The prenatal care visit must be completed by an obstetrician/gynecologist (OB/GYN) or other prenatal care practitioner or primary care physician (PCP).

Documentation

The medical record must include a note with the date that the prenatal visit occurred, and one of the following:

1. Documentation indicating the member is pregnant or references to the pregnancy, for example:

- Documentation in a standardized prenatal flow sheet, **or**
- Documentation of last menstrual period (LMP), estimated due date (EDD), gestational age, **or**
- A positive pregnancy test result, **or**
- Documentation of gravidity and parity, **or**
- Documentation of complete obstetrical history, **or**
- Documentation of prenatal risk assessment and counseling/education.

2. Basic physical obstetrical exam including auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).

3. Evidence that a prenatal procedure was performed:

- Screening test in the form of an obstetric panel (must include all the following: hematocrit, differential white blood count (WBC), platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, red blood cell (RBC) antibody screen Rh and ABO blood typing), **or**
- Toxoplasmosis, rubella, cytomegalovirus, herpes simplex virus (TORCH) antibody panel alone, **or**
- A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
- Ultrasound of the pregnant uterus.

Exclusions: Members in hospice.

Using Correct Billing Codes

Global billing or bundled codes do not provide specific date information to count towards this measure.

Codes to Identify Prenatal Services

Description	Codes
Pregnancy Diagnosis (must use one of these diagnosis codes and one of the codes below)	ICD-10: O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z32.01, Z34, Z36
Prenatal Care Visits	CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99441-99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015
Stand Alone Prenatal Visits	CPT: 99500 HCPCS: H1000-H1004 CPT II: 0500F, 0501F, 0502F

How to Improve HEDIS® Scores

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments. Ensure appointment availability for patients who think they may be pregnant.
- Use a pregnancy-related diagnosis code for all prenatal visits.
- Have a direct referral process to OB/GYN practitioners in place. Assist members in scheduling their prenatal care visit with the OB/GYN. The PCP's offices should document the OB/GYN practitioner's name and the date of the first prenatal visit in the patient's chart.
- Submit medical records showing a prenatal care visit in the first trimester to your Blue Shield Promise Quality Program Manager if not captured through a claim or encounter.
- Screen pregnant members for clinical depression. Schedule the patient for follow-up within 30 days if the depression screening is positive. If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.
- Submit LOINC codes for depression screening to Blue Shield Promise via a supplemental data feed extracted from your EHR. Reach out to your assigned Blue Shield Promise Quality Program Manager for assistance or the supplemental data team (email: HEDISSUPPDATA@blueshieldca.com).

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