

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

### Measure Description

The percentage of deliveries of live births on or between October 8th of the year prior to the measurement year and October 7th of the measurement year that received a prenatal care visit in the first trimester on or before enrollment with Blue Shield of California Promise Health Plan ("Blue Shield Promise") or within 42 days of enrollment with Blue Shield Promise.

Services that occur over multiple visits count toward this measure if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit to an appropriate practitioner in order to count for this measure. An obstetrician/gynecologist (OB/GYN) or other prenatal care practitioner or primary care physician (PCP) must complete the prenatal care visit. For visits to a PCP, a diagnosis of pregnancy must be present.

### Documentation Tips

The medical record must include a note with the date that the prenatal visit occurred, and **one of the following items (1, 2, or 3):**

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**
    - A screening test in the form of an obstetric panel which must include **all** of the following: Hematocrit, Differential white blood count (WBC), Platelet count, Hepatitis B surface antigen, Rubella antibody, Syphilis test, and 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 or the pregnant uterus
- Services provided during a telephone visit, e-visit, or virtual check-in are eligible for use in reporting.
  - Global billing or bundled codes do not provide specific date information to count toward this measure.

### Notes

- The measure is based on deliveries; therefore, it is possible for the denominator to include multiple deliveries for the same person.

### Exclusions

- Exclude services provided in an acute inpatient setting.
- Members in hospice

## Codes to Bill for Prenatal Services

Description	Codes
<b>Pregnancy Diagnosis</b> (must use one of these diagnosis codes and one of the codes below)	<b>ICD-10:</b> O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z32.01, Z34, Z36
<b>Prenatal Visits</b>	<b>CPT:</b> 98000-98016, 98966-98968, 98970-98972, 98979-98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457, 99458, 99470, 99483 <b>HCPCS:</b> G0071, G0463, G0544, G2010, G2012, G2250, G2251, G2252, T1015
<b>Stand Alone Prenatal Visits</b>	<b>CPT:</b> 99500 <b>CPT II:</b> 0500F, 0501F, 0502F <b>HCPCS:</b> H1000-H1004

## 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. Primary care physician (PCP) office staff should document the OB/GYN practitioner's name and the date of the first prenatal visit in the patient's chart.
- Please refer pregnant Blue Shield Promise plan members to the Blue Shield Promise Maternity Program to ensure their connection to appropriate support services. You are also encouraged to recommend doula services to your pregnant or postpartum patients to help reduce perinatal complications and improve outcomes for birthing parents and infants. For more information on the Maternity Program and Doula Services, visit [www.blueshieldca.com/en/bsp/providers/programs/maternity-program](http://www.blueshieldca.com/en/bsp/providers/programs/maternity-program).
- Submit medical records of a prenatal care visit during the first trimester to your Blue Shield Promise Quality Program Manager or through Cozeva® if they are 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 Patient Health Questionnaire-2 (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 electronic health record (EHR). Reach out to your assigned Blue Shield Promise Quality Program Manager or the supplemental data team for assistance via email at [HEDISSUPPDATA@blueshieldca.com](mailto:HEDISSUPPDATA@blueshieldca.com).

HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA)

LOINC® is a registered trademark of Regenstrief Institute, Inc

Cozeva® is a registered trademark of Applied Research Works, Inc.