

Prenatal and Postpartum Care (PPC)

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 members, the measure assesses the following facets of prenatal and postpartum care:

Measure	Numerator(s)	Visits Coding
<p>1 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.</p>	<p>Prenatal Visit A prenatal visit during the required time frame.</p>	<p>Prenatal Bundled Services 59400, 59425, 59426, 59510, 59610, 59618, H1005</p> <p>Prenatal Visits 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99441-99443, 99451, 99458, 99483, G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p>
<p>2 Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</p>	<p>Postpartum Visit A postpartum visit on or between 7 and 84 days after delivery.</p>	<p>Stand Alone Prenatal Visits 99500, 0500F-0502F, H1000-H1004</p> <p>Postpartum Care 57170, 58300, 59430, 99501, 0503F, G0101</p> <p>Encounter for Postpartum Care Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p>Cervical Cytology Lab Test 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 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</p> <p>Postpartum Bundled Services 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p>

Notes

- The code set above is used by HEDIS to determine compliance. Not all codes are necessarily covered by Medi-Cal.
- Members in hospice or using hospice services are excluded from this measure.
- Members who died in the measurement year are excluded from this measure.
- PPC data is collected from claims and chart review.
- When documenting a prenatal visit, include diagnosis of pregnancy, last menstrual period or estimated date of delivery. Include prenatal care such as prenatal risk assessment, complete obstetrical history, fetal heart tone and screening tests.
- When documenting a postpartum visit, notate postpartum (PP) care, PP check or six-week check. It can be a simple note documenting the pelvic exam, evaluation of weight, blood pressure, breasts, and abdomen. Breastfeeding notation is acceptable for the breast evaluation. The visit should be with an OB/GYN, midwife, family practitioner or other PCP. Ancillary staff should perform only ancillary services.

Best Practices

- Schedule initial prenatal visits in the first 12 weeks of pregnancy with an OB/GYN, primary care provider (PCP) or other prenatal practitioner.
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- Provide education to members on the importance of prenatal and postpartum care for them and their baby.
- Review the visit schedule with the member.
- Connect members to resources and supports such as doulas and/or mental health services.
- Encourage members to maintain the relationship with an OB/GYN to promote consistent and coordinated care.
- When scheduling Postpartum visit, use the discharge day and schedule the member after the 6th day from discharge which begins the postpartum period for the measure (within 7-84 days postpartum).
- Refer members to San Francisco Health Plan Customer Service at **1(415) 547-7800** if they need help with transportation to health visits.
- Visit the [SFHP Health Education Library](#) for easy-to-read prenatal and postpartum handouts to share with members.
- Subscribe to the [SFHP Provider Newsletter](#) to access monthly updates and helpful tips.
- Refer to the [SFHP Medical Record Review Checklist](#) to see all the items that are required by DHCS in a chart audit.