

Commercial	Exchange
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Prenatal and Postpartum Care (PCC)¹

ACCESS/AVAILABILITY OF CARE HEDIS® MEASURE

Timely prenatal and postpartum care can keep mom and baby healthy throughout pregnancy and after delivery. If a mother does not get prenatal care, her baby is three times more likely to have low birth weight and five times more likely to die, compared to mothers who did receive prenatal care.²

What we measure

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 patients, the following are measured:

- *Timeliness of prenatal care:* Patients who received a prenatal visit in their first trimester.
- *Postpartum:* Patients who had a postpartum visit on or between 7 and 84 days after delivery.

Information to include in patient medical records

Prenatal and postpartum visits must be conducted by an OB/GYN, midwife, PCP or other prenatal care practitioner. The following prenatal and postpartum information should be documented:

Prenatal Visit

Documentation in the medical record (preferably a standardized prenatal flow sheet) that includes the date of the prenatal visit occurred and evidence of one of the following:

- Diagnosis of pregnancy, last menstrual period, and estimated date of delivery
- Physical obstetrical exam that includes fetal heart tones, pelvic exam, or fundal height
- Complete obstetrical history
- Evidence of a prenatal care procedures including:
 - Labs
 - Ultrasound

Postpartum Visit

Documentation in the medical record that includes the date when the postpartum visit occurred and one of the following:

- Notation of postpartum care
- Complete physical exam to include weight, blood pressure, breasts, and abdomen
- Screening for depression, anxiety, substance use disorder, tobacco use, or preexisting mental health disorders
- Pelvic exam
- Perineal or incision/wound check
- Documentation of infant care, physical activity, family planning, sleep and/or health weight attainment

Coding information

Condition	CPT®, ICD-10-CM®, and HCPCS codes
Prenatal bundled services	CPT Code: 59400, 59425-59426, 59510, 59610, 59618 HCPCS: H1005
Prenatal visit (with a pregnancy diagnosis code)	CPT Code: 98000-98016, 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457-99458, 99483 HCPCS: T1015, G0071, G0463, G2010, G2012, G2250-G2252
Stand-alone prenatal visits	CPT Code: 99500 CPT II Code: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical Cytology lab test	CPT Code: 88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175 HCPCS: G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001
Postpartum bundled services	CPT Code: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Postpartum care	CPT Code: 57170, 58300, 59430, 99501 CPT II Code: 0503F HCPCS: G0101 ICD-10-CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Tips for success

- Educate schedulers to schedule the patient's first appointment with the provider in the first trimester.
- Schedule the next prenatal appointment before the patient leaves the office.
- Ask the hospital schedule the postpartum visit prior to the patient's discharge after delivery.
- Give the patient written material with the date and time of the postpartum visit on the discharge instructions from the hospital.
- If the postpartum visit is missed, follow up with the patient to reschedule as soon as possible.

Tips for talking with patients

- Educate patients about the importance of keeping all prenatal visits and attending the postpartum visit.
- Offer flexibility such as expanded hours or telehealth visits.

- For **prenatal care**:
 - Emphasize the importance of early and regular prenatal visits to monitor baby's heart rate and growth as well as monitoring for conditions such as preeclampsia or preterm labor.
 - Discuss nutrition, exercise, weight gain, stress, sleep, safety, and harmful exposures during pregnancy.
- For **postpartum care**:
 - Emphasize that postpartum care is essential to prevent and/or address issues like depression, hemorrhage, blood clots, and hypertension.
 - Understand cultural norms around postpartum rest and customs that could possibly affect timing or access to care.
 - Explain urgent concerns such as heavy bleeding, chest pain, vision changes, breathing issues, and severe mood shifts that should prompt immediate medical attention in the postpartum period.

Exclusions

Patients are excluded if they:

- Received hospice care during the measurement year.
- Are deceased during the measurement year.

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²WomenHealth.gov. (n.d.). Prenatal Care. <https://www.womenshealth.gov/a-z-topics/prenatal-care>

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ICD-10-CM created by the National Center for Health Statistics, under authorization by the World Health Organization. WHO-copyright holder.

Centers for Medicare & Medicaid Services. (2025). Healthcare Common Procedure Coding System (HCPCS), 2025 Edition. U.S. Department of Health and Human Services. <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html>

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