Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.



HEDIS measure for prenatal and postpartum care

To keep us accountable to you and our members, we compare our health plan performance against the Healthcare Effectiveness Data and Information Set (HEDIS)® benchmarks developed by the National Committee for Quality Assurance (NCQA). This assessment lets us know if our members are getting the preventive, acute, and chronic healthcare services they need.

Timeliness of Prenatal Care

The Timeliness of Prenatal Care HEDIS measure looks at the percentage of members who had a live birth or delivery and received a prenatal care visit from an obstetrical (OB) practitioner, midwife, family practitioner, or other primary care provider. The visit must be:

- Documented, indicating when prenatal care was initiated.
- In the first trimester or within 42 days of enrollment with HealthKeepers, Inc.

Make sure your medical record reflects evidence of the following:

- Documentation of when the prenatal care was initiated or the date of the member's first prenatal visit.
- Last menstrual period and/or expected date of delivery.
- Complete OB history.
- Prenatal risk assessments and counseling/education.
- Prenatal care procedure that was performed at each visit:
 - Basic physical examination that includes auscultation for fetal heart tone, pelvic exam with OB observation or measurement of fundus.
 - Screening test in the form of an obstetric panel.
 - Torch antibody panel.
 - Rubella antibody/titer with RH incompatibility (ABO/RH blood typing).
 - Ultrasound (echocardiography) of pregnant uterus.

- Pregnancy-related CPT® code:
 - Use the following codes to document services and visits for initial, routine, and subsequent prenatal care:

CPT codes

59400, 59425,59426, 59510, 59610, 59618, 99201-99205, 99211-99215, 99241-99245, 99500

CPT Category II codes

0500F — Initial prenatal visit 0501F — Routine prenatal visit 0502F — Subsequent prenatal visit

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



Postpartum Care

The Postpartum Care HEDIS measure captures the percentage of deliveries that had a postpartum visit on or between 7 to 84 days after delivery (a day early or a day late does not count). Call patients to schedule the postpartum visits as well as remind them of their appointment dates and times. Be sure to follow up with patients who miss appointments to reschedule.

Documentation must indicate visit date and evidence of one of the following:

- Pelvic exam.
- Evaluation of weight, blood pressure, breasts, and abdomen (notation of breastfeeding is acceptable for the evaluation of breasts component.)
- Notation of postpartum care (for example, six-week check, postpartum care, postpartum check).
- Make sure the postpartum date is on the claim.

Postpartum visit	Postpartum bundled services
CPT : 57170, 58300, 59430, 99501, 0503F	CPT : 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
ICD-10-CM : Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	
HCPCS: G0101	

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS 2018 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

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