Prenatal and Postpartum Care

Measure Description:
- The percentage of deliveries in which women had a prenatal care visit in the first trimester (timeliness of prenatal care) and a postpartum visit between 7 and 84 days after delivery (postpartum care).
- The measure reports two rates (prenatal and postpartum), both of which must meet thresholds independently for payment under ACC Phase III RAE performance.
- This measure is identical to the CMS Adult Core Set (PPC-AD) specification, with focus on maternal health to reduce complications.
- Prenatal rate: Visit on or before the enrollment start date or within 42 days of enrollment.
- Reportable via claims or EHR, with emphasis on comprehensive care including depression screening.

Numerator:
- Deliveries with a prenatal visit in the first trimester or within 42 days of enrollment (prenatal rate).
- Deliveries with a postpartum visit between 7 and 84 days after delivery (postpartum rate).
- Rates calculated separately, with payment requiring both to meet thresholds for complete maternal care.

Denominator:
- All deliveries of live births for members during the measurement year (CY2026), with separate denominators for prenatal and postpartum rates.
- Members must be enrolled in Medicaid on the delivery date to be included in the denominator.
- Excludes multiple births or stillbirths if documented, and hospice care (see Exclusions section).

Services to Support Prenatal and Postpartum Care:
- Prenatal bundled services or stand-alone prenatal visits for timely care in the first trimester.
- Postpartum visits or bundled services for follow-up between 7 and 84 days post-delivery.
- Community health centers or home visiting programs for maternal support in underserved areas.
- Telehealth consultations for prenatal education and postpartum check-ins.
- Pharmacy services for prenatal vitamins and postpartum medication management.

Best Practices:
- Schedule prenatal visits in the first trimester per ACOG guidelines, integrating reminders into EHR for due dates and enrollment timing.
- Use bundled codes for OB care to capture comprehensive prenatal services, ensuring timely first visit.
- Educate women on prenatal and postpartum care using the "Teach Back Method" to confirm understanding, such as asking them to repeat back visit schedules.
- Document visits in structured EHR fields with appropriate CPT codes to facilitate data capture and hybrid reporting, avoiding free-text notes.
- Partner with community programs for home visits or support groups, targeting high-risk groups like teens or those with substance use.
- Conduct outreach to women post-delivery via phone, text, or portal messages, offering flexible scheduling or telehealth for postpartum visits.

More information can be found here: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html

Prenatal and Postpartum Care

- Common miss: Missing postpartum visit — always use CPT 0503F in EHR to document done and include cervical cytology if appropriate.
- Submit claims promptly with CPT codes to ensure visits are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in rates and target interventions (e.g., higher misses in postpartum).
- Collaborate with RAE quality teams for resources like free prenatal kits, training on maternal care, or incentives to improve equity in access.

CY 2026 Payment Thresholds

Measure	Level	Required Rate	Payout %	Description
Prenatal Care	Basecamp	≥69%	33%	Entry-level target; focus on first-trimester scheduling.
Prenatal Care	Tree Line	≥71%	67%	Mid-level target; emphasize enrollment timing.
Prenatal Care	Summit	≥80%	100%	High-performance target; use outreach for early care.
Postpartum Care	Basecamp	≥62%	33%	Entry-level target; focus on 7–84 day follow-up.
Postpartum Care	Tree Line	≥71%	67%	Mid-level target; ensure documentation of visits.
Postpartum Care	Summit	≥80%	100%	High-performance target; use telehealth for access.

For the full list of codes, please see Appendix A on following pages.

More information can be found here: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html

Prenatal and Postpartum Care

Appendix A

Codes to Identify Deliveries (DENOMINATOR – CPT)	
Code	Description
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only
59515	Cesarean delivery only; including postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

Codes for Prenatal Care (NUMERATOR – CPT/HCPCS)	
Code Type	Codes
Prenatal Bundled	59400, 59425, 59426, 59510, 59610, 59618, H1005
Stand-Alone Prenatal	99500, 0500F, 0501F, 0502F, H1000-H1004

Codes for Postpartum Care (NUMERATOR- CPT/HCPCS)	
Code Type	Codes
Postpartum Visit	57170, 58300, 59430, 99501, 0503F, G0101
Postpartum Bundled	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Cervical Cytology	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

Codes for Exclusions (E.g. Hospice- UBREV)	
Code	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)

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