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Women's Health HEDIS Measures

Improving Quality Outcomes

Line of Business: ● Medicaid, ● Marketplace, ● Medicare

(BCS-E) Breast Cancer Screening

Measure Description

This measure assesses the percentage of persons 40 to 74 years of age who were recommended for routine breast cancer screening during the period from October 1 of the year two years prior to the measurement year through December 31 of the measurement year.

Tips:

- Schedule member's mammogram screening annually.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit applicable codes.
- Submit the ICD-10 diagnosis code Z90.13 annually to document a member's history of bilateral mastectomy.

Description	Codes*
Mammogram	**CPT:** 77061–77063, 77065–77067
	ECDS Reporting: **LOINC:** 103885-0, 103886-8, 103892-6, 103893-4. 103894-2, 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3. 26289-9, 26291-5, 26346-7, 26347-5 **SNOMED:** 833310007, 726551006, 723780005, 450566007, 723779007, 723778004, 241055006, 241057003, 439324009, 241058008, 71651007, 866235004, 43204002, 866234000, 572701000119102

Exclusions:

- Members who had a bilateral mastectomy any time during the member's history through the end of the measurement period.
- **Use diagnosis ICD-10-CM: Z90.13 to report History of Bilateral Mastectomy**

**Codes subject to change.*

Improving HEDIS Measure:

- Ensure an order or referral for a mammogram is given during an annual preventive visit and/or annual gyn exam for members 40-74 years old.
- Include documentation when the mammogram was performed, results and follow-up. Indicate exclusions and coding with the appropriate diagnosis referencing the member history

Cervical Cancer Screening (CCS-E)

Measure Description

The percentage of persons 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- **Persons 21–64 years of age** who were recommended for routine cervical cancer screening and had cervical cytology performed **within the last 3 years**.
- **Persons 30–64 years of age** who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed **within the last 5 years**.
- **Persons 30–64 years of age** who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting **within the last 5 years.**

Tips:

- Document and code if member has had a hysterectomy with no residual cervix or absence of cervix. Document the type of hysterectomy (e.g., full, partial, vaginal, laproscopic).
- Help members schedule their routine cervical cancer screening.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit the applicable codes.

Description	Codes*	LOINC/SNOMED
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001	**LOINC:** 104866-9,10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 **SNOMED:** 171149006, 416107004, 417036008, 440623000, 448651000124104
HPV Lab Test	**CPT:** 87624, 87625, 87626 **HCPCS:** G0476	**LOINC:** 104132-6, 104170-6, 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3 **SNOMED:** 718591004

**Codes subject to change.*

Description	SNOMED
Cervical Cytology Result or Findings	**SNOMED:** 1155766001, 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004,416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 62051000119105, 62061000119107, 700399008, 700400001, 98791000119102

Exclusions:

- Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member's history through December 31 of the measurement year.
- **Use the appropriate ICD-10 CM codes during submission of claim**
  - **Absence of both cervix and uterus Z90.710**
  - **Absence of cervix with remaining uterus Z90.712**

Documentation criteria meet exclusion:

- "complete, "total", or "radical"
- hysterectomy (abdominal, vaginal, or unspecified)
- "vaginal hysterectomy"
- "hysterectomy" in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.

(CHL) Chlamydia Screening

Measure Description

The percentage of persons 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement period.

Report two age stratifications and a total rate:

- 16-20 years
- 21-24 years

Description	Codes*
Chlamydia Screening	**CPT:** 87110, 87270, 87320, 87490, 87491, 87492, 87810

Exclusions:

- Members who were assigned male at birth

Note:

Providers should order an annual chlamydia screening for female patients between the ages of 15 years old (who will turn 16 years old by December 31 of the measurement period) and 24 years old, who are present in the office for any of the following reasons:

- Any time a urine screening is performed
- Pregnancy testing
- Contraception services
- Annual gyn exam

**Codes subject to change.*

Prenatal and Postpartum Care (PPC)

Measure Description

Measure evaluates percentage of deliveries of live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these persons, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care:** Persons who 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
- **Postpartum Care:** Persons that received a postpartum visit on or between **7 and 84 days after delivery**

Prenatal Care	
Description	**Codes***
Prenatal Visits	**CPT:** 99201–99205, 99211–99215, 99242–99245, 99483 **HCPCS:** G0463, T1015
Prenatal Visit – Standalone	**CPT:** 99500 **CPT II:** 0500F, 0501F, 0502F **HCPCS:** H1000- H1004
Prenatal Bundled Services	**CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005
Prenatal Diagnosis	**ICD-10 CM:** Z03.71–Z03.75, Z03.79, Z32.01, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9
Postpartum Care	
Description	**Codes***
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124,G0141, G0143 –G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Care – Standalone	**CPT:** 57170, 58300, 59430, 99501 **CPT II:** 0503F **HCPCS:** G0101
Postpartum Bundled Services	**CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Postpartum Diagnosis	**ICD-10 CM:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telehealth Visits	**CPT:** 98000–98016 **HCPCS:** G0071, G2251, G2252

**Codes subject to change.*

(continued)

Prenatal Care	Postpartum Care
Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following: ▪ A basic physical OB exam with any of the following: fetal heart tone auscultation, pelvic exam with obstetric observations, fundal height measurement. Use of standardized prenatal flow sheet is acceptable. ▪ Evidence that a prenatal care procedure was performed, such as: – Obstetric panel screening test – TORCH antibody panel alone, or – A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or – Ultrasound of a pregnant uterus. ▪ Documentation of LMP, EDD or gestational age in conjunction with either of the following: – Prenatal risk assessment and counseling education. – Complete obstetrical history. ❖ A PAP test **does not** meet criteria for prenatal care.	**Documentation must include a note indicating the date when a postpartum visit occurred and one of the following:** ▪ Pelvic exam ▪ Evaluation of weight, BP, breasts, and abdomen – Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component ▪ Notation of postpartum care, including, but not limited to: – Notation of "postpartum care," "PP care," "PP check," "6-week check" – A preprinted "Postpartum Care" form in which information was documented during the visit ▪ Perineal or cesarean incision/wound check ▪ Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders ▪ Glucose screening for women with gestational diabetes ▪ Documentation of any of the following topics: – Infant care or breastfeeding – Resumption of intercourse, birth spacing or family planning – Sleep/fatigue – Resumption of physical activity and attainment of healthy weight ❖ A PAP test **ALONE** is acceptable documentation for the postpartum visit, if it is in conjunction with a visit in the acceptable timeframe with an appropriate provider type as it provides evidence of a pelvic exam.

Ensure proper billing:

- Submit a separate claim for the postpartum visit using the date of the postpartum visit as the date of service.
- Use the appropriate CPT/CPT II codes for postpartum care, such as:
  - CPT Code 59430 – Postpartum care only
  - CPT II Code 0503F – Postpartum care visit
- Include the appropriate ICD-10 diagnosis code indicating postpartum status, such as Z39.2 (Encounter for routine postpartum follow-up).

This approach ensures accurate claim processing and reimbursement for postpartum care when the global maternity claim has already been submitted.

Prenatal Immunization Status (PRS-E)

Measure Description

The percentage of deliveries in the measurement year (Jan. 1 – Dec. 31) in which persons had received influenza, and tetanus, diphtheria toxoids and acellular pertussis (Tdap).

- **Flu –** on or between July 1 of the MY and the delivery date
- **Tdap –** vaccine received during the pregnancy (including the delivery date.)

Clinical recommendation:

Advisory Committee on Immunization Practices (ACIP) clinical guidelines recommend that all women who are pregnant or who might be pregnant in the upcoming influenza season receive inactivated influenza vaccines. ACIP also recommends that pregnant women receive one dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

Description	Codes*
Adult Influenza Vaccine	**CPT:** 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 **SNOMED:** 86198006
Tdap Vaccine	**CPT:** 90715 **SNOMED:** 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	**SNOMED:** 428291000124105, 428281000124107

**Codes subject to change.*