

# HEDIS<sup>®</sup> Measures Female-Specific

Generating better health outcomes and improving HEDIS scores is a positive outcome for everyone. Molina Complete Care is offering support by providing the details of specific measures and giving you other valuable tips. This will help optimize HEDIS scores in a way that accurately reflects your performance as a provider.

HEDIS PERFORMANCE MEASURE	DESCRIPTION	CODES THAT COUNT TOWARD MEASURE
Breast Cancer Screening (BCS)	<p><b>For:</b> Ages 50 - 74</p> <p><b>Measure:</b></p> <ul style="list-style-type: none"> <li>Mammogram</li> </ul>	<p><b>CPT Codes:</b> 77055-77057, 77061-77063, 77065-77067</p> <p><b>HCPCS:</b> G0202, G0204, G0206</p> <p><b>UB Revenue:</b> 401, 403</p> <p><b>Exclusions:</b> History of Bilateral Mastectomy: ICD10: Z90.13 Bilateral mastectomy: ICD10 PCS: 0HTV0ZZ Unilateral mastectomy Left: ICD10: 0HTU0ZZ Unilateral mastectomy Right: ICD 10: 0HTT0ZZ Unilateral mastectomy with a bilateral modifier (same claim): CPT: 19180, 19200, 19220, 19240, 19303-19307 (Bilateral modifier) 50. CPT: (left modifier) LT, (right modifier) RT Absence of breast: ICD10 CM: (left) Z90.12, (right) Z90.11</p>

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<p><b>Cervical Cancer Screening (CCS)</b></p>	<p><b>For:</b> Ages 21 - 64</p> <p><b>Measure:</b></p> <ul style="list-style-type: none"> <li>• Cervical cytology every three years</li> <li>• Cervical cytology/human papillomavirus (HPV) every five years</li> </ul>	<p><b>Cervical Cancer Cytology:</b> CPT: 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p>LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</p> <p><b>HPV Tests:</b> (can contribute to CCS rate when done with cervical cytology for women ages 30 – 64) CPT: 80620, 87621, 87622, 87624, 87625 HCPCS: G0476</p> <p>LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0</p> <p><b>HPCPCS:</b> Cervical Cancer Cytology: G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091</p> <p><b>UB Revenue:</b> Cervical Cancer Cytology: 0923</p> <p><b>Exclusions: Absence of Cervix</b> CPT Codes: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570 - 58573, 58951, 58953-58954, 58956, 59135</p> <p>ICD10: Q51.5, Z90.710, Z90.712</p>

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<p><b>Chlamydia Screening in Women (CHL)</b></p> <p><b>Note:</b> Report two age stratifications and a total rate: 16 – 20 years, 21 – 24 years, total rate</p>	<p><b>For:</b> Ages 16 - 24 who are identified as sexually active</p> <p><b>Measure:</b></p> <ul style="list-style-type: none"> <li>Received screening</li> </ul>	<p><b>CPT Codes:</b> 87110, 87270, 87320, 87490-87492, 87810</p> <p><b>LOINC:</b> 14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7</p>

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<p><b>Timeliness of Prenatal Care: Prenatal Care Visit in the First Trimester or Within 42 days of Enrollment (PPC)</b></p> <p><b>Note:</b> For OB/GYN, midwife, family practitioner or PCP with a pregnancy-related diagnosis code</p>	<p>All members who had a live birth (non-age specific)</p> <p><b>Measure:</b></p> <p>The percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment</p> <p>Document completion of at least one of the following:</p> <ul style="list-style-type: none"> <li>• A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height</li> <li>• Screening test in the form of an obstetric panel (i.e.: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)</li> <li>• An ultrasound (echocardiography) of the pregnant uterus</li> <li>• A TORCH antibody panel alone: Toxoplasma, Rubella, Cytomegalovirus, Herpes Simplex</li> <li>• A rubella antibody test and an ABO test on the same or different date of service</li> <li>• A rubella antibody test and a Rh test on the same or different date of service</li> <li>• A rubella antibody test and an ABO/Rh test on the same or different date of service</li> </ul> <p>A prenatal visit during the first trimester, on the same or different dates of service and with one of the following: a complete obstetrical history or a prenatal risk assessment and counseling/education or a prenatal visit with a pregnancy-related diagnosis code during the first trimester on the same or different dates of service and with at least</p>	<p><b>CPT Codes:</b></p> <p>87110, 87270, 87320, 87490-87492, 87810</p> <p><b>LOINC:</b></p> <p>14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7</p>

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	one of the following: an obstetric panel or an ultrasound (echocardiography) of the pregnant uterus	

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<b>Asthma Medication Ratio (AMR)</b>	<p>All members who had a live birth (non-age specific)</p> <p><b>Measure:</b></p> <ul style="list-style-type: none"> <li>• The percentage of deliveries that received a postpartum care visit on or between 21 and 56 days after delivery</li> <li>• The medical record must include the date the visit occurred and at least one of the following: <ul style="list-style-type: none"> <li>- Pelvic exam or</li> <li>- Evaluation of weight, BP, breasts (notation of “breastfeeding” counts) and abdomen or</li> <li>- Notation of postpartum care, including but not limited to: postpartum care, PP care, PP check, 6-week check or completion of preprinted postpartum care form</li> </ul> </li> </ul>	<p><b>Postpartum Visits</b>  CPT: 57170, 58300, 59430, 99501  CPT II: 0503F  HCPCS: G0101  ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p><b>Postpartum Bundled Services*</b></p> <p><b>*These codes must be billed with a CPT II code to satisfy the HEDIS metric.</b>  CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622  CPT II: 0503F: post-partum care visit (bill with CPT bundled service code)</p> <p><b>Please note that global billing or bundling codes do not provide specific date information needed for the HEDIS prenatal and postpartum care measures.</b></p> <ul style="list-style-type: none"> <li>• Use CPT II codes for each date of a prenatal and postpartum visit if you continue to utilize bundling codes such as CPT 59400</li> </ul>

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<p><b>Contraceptive Care: Postpartum Women</b></p> <p><b>Note:</b> Measure is stratified into two age groups: ages 15 – 20 and 21 – 44</p>	<p><b>Measure percentage:</b></p> <ul style="list-style-type: none"> <li>• Were provided a most effective or moderately effective method of contraception within 3 and 60 days of delivery</li> <li>• Were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery</li> </ul>	

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Providers should always bill codes appropriate to the services rendered. Participating providers should consult their contract and the member's benefits to confirm whether a particular code is a covered service.