



HEDIS[®] 2014 (MEASUREMENT YEAR 2013) OB/GYN MEASURES AND CODES GUIDE ‡

HEDIS Measure	HEDIS Criteria/ Documentation	Coding System	Methodology
BCS – Breast Cancer Screening*	The percentage of women 50 to 74 years old who had one or more mammograms during the measurement year (MY) or two years prior to the measurement year.	<p><u>Codes to Identify Breast Cancer Screening:</u> CPT: 77055-77057 HCPCS: G0202, G0204, G0206 ICD-9-CM Procedure: 87.36, 87.37 UB Revenue: 0401, 0403</p> <p><u>Codes to Identify Exclusions:</u> <i>Bilateral Mastectomy:</i> ICD-9-CM Procedure: 85.42, 85.44, 85.46, 85.48</p> <p><i>Unilateral Mastectomy**:</i> CPT with Modifier 50 or Modifier Code 09950: 19180, 19200, 19220, 19240, 19303-19307</p> <p>CPT with two separate occurrences on two separate dates of service: 19180, 19200, 19220, 19240, 19303-19307</p> <p>ICD-9-CM Procedure with two separate occurrences on two different dates of service: 85.41, 85.43, 85.45, 85.47</p> <p>** May use RT or LT modifiers for a unilateral mastectomy (may be on the same date of service)</p>	Claims/Encounter

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CCS – Cervical Cancer Screening	<p>The percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • <u>Women age 21 to 64</u> who had cervical cytology performed every three years • <u>Women age 30 to 64</u> who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years • <u>Women 24 to 64</u> must have cervical cytology during the MY or the two years prior to the MY (Jan. 1, 2011 to Dec. 31, 2013) • <u>Women 30 to 64</u> must have cervical cytology and HPV testing on the same date of service during the MY or the four years prior to the MY (Jan. 1, 2009 to Dec. 31, 2013) 	<p>Codes to Identify Cervical Cancer Screening: CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>UB Revenue Code to Identify Cervical Cancer Screening: 0923</p> <p>Codes to Identify Exclusions: CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135 ICD-9-CM Diagnosis: 618.5, 752.43, V67.01, V76.47, V88.01, V88.03 ICD-9-CM Procedure: 68.4-68.8</p>	Claims/Encounter and/or Medical Record Review
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CHL – Chlamydia Screening in Women	The percentage of women 16 to 24 years old who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Codes to Identify Sexually Active Women: CPT: 57022, 57170, 58300, 58301, 58600, 58605, 58611, 58615, 58970, 58974, 58976, 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59430, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622, 59812, 59820, 59821, 59830, 59840, 59841, 59850-59852, 59855-59857, 59866, 59870, 59871, 59897, 59898, 59899, 76801, 76805, 76811, 76813, 76815-76821, 76825-76828, 76941, 76945-76946, 80055, 81025, 82105, 82106, 82143, 82731, 83632, 83661-83664, 84163, 84702-84704, 86592, 86593, 86631-86632, 87110, 87164, 87166, 87270, 87320, 87490-87492, 87590-87592, 87620-87622, 87660, 87808, 87810, 87850, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175, 88235, 88267, 88269 HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0450, H1000, H1001, H1003-H1005, P3000, P3001, Q0091, S0199, S4981, S8055 ICD-9-CM Diagnosis: 042, 054.10, 054.11, 054.12, 054.19, 078.11, 078.88, 079.4, 079.51-079.53, 079.88, 079.98, 091-097, 098.0, 098.10, 098.11, 098.15-098.19, 098.2, 098.30, 098.31, 098.35-098.8, 099, 131, 302.76, 339.82, 614, 615, 622.3, 623.4, 625.0, 626.7, 628, 630-679, 795.0, 795.1, 796.7, 996.32, V01.6, V02.7, V02.8, V08, V15.7, V22-V25, V26.0-V26.4, V26.51, V26.8, V26.9, V27, V28, V45.5, V61.5-V61.7, V69.2, V72.3, V72.4, V73.81, V73.88, V73.98, V74.5, V76.2 ICD-9-CM Procedure: 69.01, 69.02, 69.51, 69.52, 69.7, 72-75, 88.78, 97.24, 97.71, 97.73 UB Revenue: 0112, 0122, 0132, 0142, 0152, 0720-0722, 0724, 0729, 0923, 0925	Claims/Encounter
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		CPT Codes to Identify Chlamydia Screening: 87110, 87270, 87320, 87490-87492, 87810	
PPC – Prenatal and Postpartum Care	<p>The percentage of deliveries of live births between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:</p> <ul style="list-style-type: none"> • Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. • Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. 	<p>ICD-9-CM Diagnosis Codes to Identify Live Births: 650, V27.0, V27.2, V27.3, V27.5, V27.6, V30-V37**, V39**</p> <p><i>** These codes are assigned to the infant and should be used only if the organization can link infant and mother records.</i></p> <p>Codes to Identify Deliveries with Live Birth: CPT: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 ICD-9-CM Diagnosis Codes: 640.x1, 641.x1, 642.x1, 642.x2, 643.x1, 644.21, 645.x1, 646.x1, 646.x2, 647.x1, 647.x2, 648.x1, 648.x2, 649.x1, 649.x2, 651.x1, 652.x1, 653.x1, 654.x1, 654.x2, 655.x1, 656.01, 656.11, 656.21, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.x1, 659.x1, 660.x1, 661.x1, 662.x1, 663.x1, 664.x1, 665.x1, 665.x2, 666.x2, 667.x2, 668.x1, 668.x2, 669.x1, 669.x2, 670.02, 671.x1, 671.x2, 672.02, 673.x1, 673.x2, 674.x1, 674.x2, 675.x1, 675.x2, 676.x1, 676.x2, 678.x1, 679.x1, 679.x2 ICD-9-CM Procedure: 72.0-73.99, 74.0-74.2, 74.4, 74.99</p> <p>Codes to Exclude Deliveries not Resulting in a Live Birth: ICD-9-CM Diagnosis Codes: 630-637, 639, 656.4, 768.0, 768.1, V27.1, V27.4, V27.7</p> <p>Codes to Identify Postpartum Visits: CPT: 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175, 99501</p>	Claims/Encounter and/or Medical Record Review

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		<p>CPT Cat. II: 0503F HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 ICD-9-CM Diagnosis: V24.1, V24.2, V25.1, V72.3, V76.2 ICD-9-CM Procedure: 89.26, 91.46 UB Revenue: 0923</p> <p>Generally, these codes are used on the date of delivery, not on the date of the postpartum visit, so these codes may be used only if the claim form indicates when postpartum care was rendered.</p>	
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