

HEDIS® At-A-Glance Guide

Women's Health Measures



Assessment & Screening		
HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Breast Cancer Screening (BCS)</p> <p>The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.</p> <p>Ages: 50–74 years (Women)</p> <p><i>Allowable Time Frame: Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year.</i></p>	<p>Include documentation of mammogram or exclusions. This measure is to evaluate preventive screening. Do not count biopsies, breast ultrasounds or MRIs as they are not appropriate methods for primary breast cancer screening.</p> <p>EXCLUSION: Women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart.</p>	<p>CPT Codes: 77061-77063, 77065-77067</p> <p>ICD-10: Z90.13 (Bilateral mastectomy)</p>
<p>Cervical Cancer Screening (CCS)</p> <p>Women who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> • Ages: 21–64 who had cervical cytology (PAP) performed within the last 3 years • Ages: 30–64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last 5 years • Ages: 30–64 who had cervical cytology/ high-risk human papillomavirus (hrHPV) co-testing performed within the last 5 years <p><i>Allowable Time Frame:</i></p> <p><i>PAP: Measurement year and 2 prior years.</i></p> <p><i>hrHPV: Measurement year and 4 prior years.</i></p>	<p>A note indicating the date the test was performed and the result or finding.</p> <ul style="list-style-type: none"> • Labs that indicate the sample was inadequate or “no cervical cells were present” cannot be counted • Biopsies cannot be counted • “History of abnormal pap: yes/no” does not count as a result; result has to be specific to the actual test being documented <p>EXCLUSION: Documentation of “hysterectomy” alone does not meet criteria, because it is not sufficient evidence the cervix was removed.</p> <p>Acceptable Documentation:</p> <ul style="list-style-type: none"> • “Total, complete, radical, vaginal or abdominal hysterectomy” • Vaginal pap smear in conjunction with documentation of hysterectomy 	<p>Cervical Cytology:</p> <p>CPT Codes: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Tests: 87624, 87625, G0476</p> <p>Hysterectomy with No Residual Cervix:</p> <p>CPT: 51925, 56308, 57530, 57531, 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, 58575, 58951, 58953, 58954, 59856, 59135</p> <p>Absence of Cervix:</p> <p>ICD-10: Q51.5, Z90.710, Z90.712</p>
HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Chlamydia Screening (CHL)</p> <p>Women who were identified as sexually active and who had at least one chlamydia test in the measurement year.</p> <p>Ages: 16 - 24 years as of December 31 of the measurement year.</p> <p><i>Allowable Time Frame: Measurement year.</i></p>	<p>May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis</p> <ul style="list-style-type: none"> • A note indicating the date the test was performed and the result or finding • Members who were dispensed prescription contraceptives during the measurement year will be included in the measure 	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p>

Access to Care		
HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Prenatal and Postpartum Care (PPC)</p> <p>The percentage of deliveries of live births between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year.</p> <p>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, on or before the enrollment start date or within 42 days of enrollment in the organization. Prenatal care visit includes a visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. • Postpartum Care: Postpartum visit includes a visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7 and 84 days after delivery. <p><i>Allowable Time Frame: Measurement year and prior year</i></p>	<p>PRENATAL CARE</p> <p>A visit with an OB/GYN or other prenatal practitioner (Nurse Practitioner, Physician’s Assistant or Nurse Midwife in the OB/GYN practice) or a PCP in the measurement timeframe would meet the requirement for provider type for PPC. For a visit to a PCP, the diagnosis of pregnancy must be present.</p> <p>The prenatal visit must include ONE of the following services:</p> <p>Documentation of pregnancy:</p> <p>Documentation in a standardized prenatal flow sheet or</p> <p>Documentation of LMP, EDD or gestational age or</p> <p>A positive pregnancy test result or</p> <p>Documentation of gravidity and parity or</p> <p>Documentation of complete obstetrical history or</p> <p>Documentation of prenatal risk assessment and counseling/education</p> <p>A basic physical obstetrical exam that includes at least one of the following:</p> <p>Auscultation for fetal heart tone: Documentation of “present”, a numeric rate, +, Doppler, Dop, etc. would be compliant documentation or</p> <p>Pelvic exam with obstetrical observations: Components of a pelvic exam are examination of vulva, uterus, cervix, fallopian tubes, ovaries, bladder, and rectum; obstetrical findings are indicated by documentation of uterus size (six weeks, for example), effacement (70%, for example) or</p> <p>Measurement of the fundus height: Qualitative and quantitative documentation of fundus height is acceptable for numerator compliance. An actual measurement does not need to be present for documentation to count, but the notation needs to be specific to fundus measurement (for example, S=D, S<D, S>D).</p> <p>Evidence a prenatal care procedure was performed such as:</p> <p>Screening test in the form of an obstetrical panel: Hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, RH and ABO typing (must include all 8 of the tests) or</p> <p>TORCH antibody panel alone: A serologic screen for diagnosing prenatal infection; the finding of increased IgM in the neonate implies in utero infection by one of the TORCH agents —toxoplasmosis, rubella, CMV, herpes simplex or</p> <p>Rubella antibody test: A rubella antibody test/titer with an RH incompatibility (ABO/Rh) blood typing or</p> <p>Ultrasound of a pregnant uterus: Documentation can be in a progress note, ACOG (American College of Obstetricians and Gynecologists) form, formal report, or pictures from the ultrasound.</p> <p>Note: Telehealth visits are compliant for this measure.</p>	<p>Prenatal Care</p> <p>Prenatal Bundled Services: The health plan must be able to identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated).</p> <p>CPT/CPT II: 59400, 59425, 59426, 59510, 59610, 59618</p> <p>HCPCS: H1005</p> <p>Stand Alone Prenatal Visits</p> <p>CPT/CPT II: 99500, 0500F, 0501F, 0502F</p> <p>HCPCS: H1000, H1001, H1002, H1003, H1004</p> <p>Prenatal Visits with Diagnosis of Pregnancy: Office Visit (A prenatal visit must be paired with a pregnancy-related diagnosis code)</p> <p>CPT/CPT II: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483</p> <p>HCPCS: G0463, T1015</p> <p>Pregnancy Diagnosis Codes (ICD-10): Z03.71-Z03.75, Z03.79, Z32.01, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9</p> <p>Telephone Visits with a Diagnosis of Pregnancy – Telephone Visit</p> <p>CPT/CPT II: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online Assessment (E-Visit/Virtual Check-in) with a Diagnoses of Pregnancy – Online Assessment</p> <p>CPT/CPT II: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457</p> <p>HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p>

Access to Care (Continued)		
HEDIS Measure	HEDIS Tips	Sample Codes Used
Prenatal and Postpartum Care (PPC)	<p>POSTPARTUM CARE</p> <p>Documentation of a postpartum visit with an OB/GYN or other prenatal practitioner (Nurse Practitioner, Physician’s Assistant or Nurse Midwife in the OB/GYN practice) or a PCP on or between 7 and 84 days after delivery.</p> <p>The documentation must indicate the date when a postpartum visit occurred and ONE of the following:</p> <p>Pelvic exam:</p> <ul style="list-style-type: none"> • Components of a pelvic exam are examination of vulva, uterus, cervix, fallopian tubes, ovaries, bladder, and rectum; documentation of all the components are not necessary but there must be enough documentation to prove a pelvic exam was conducted or • Documentation of a Pap Test conducted, or an IUD insertion indicating a pelvic exam was conducted <p>Evaluation of weight, BP, breasts, and abdomen (must contain all components):</p> <p>Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component</p> <p>Notation of “incision checked” for a cesarean section is acceptable for the abdomen component</p> <p>Notation of postpartum care, including, but not limited to:</p> <ul style="list-style-type: none"> • Notation of “postpartum care”; “PP care”; “PP check”; “6-week check” or • A preprinted “Postpartum Care” form in which information was documented during a visit <p>Perineal or cesarean incision/wound check or</p> <p>A screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders or</p> <p>Glucose screening for women with gestational diabetes or</p> <p>Documentation of any ONE of the following topics:</p> <ul style="list-style-type: none"> • Infant care or breastfeeding • Resumption of intercourse, birth spacing or family planning • Sleep/fatigue • Resumption of physical activity • Attainment of healthy weight <p>Note: Telehealth visits are compliant for this measure.</p>	<p>Postpartum Care</p> <p>Postpartum Bundled Services: The health plan must be able to identify the date when postpartum care was rendered (because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered).</p> <p>CPT/CPT II: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p> <p>Postpartum Visits</p> <p>CPT/CPT II (E/M): 57170, 58300, 59430, 99501, 0503F</p> <p>HCPCS: G0101</p> <p>ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p>Telephone Visits</p> <p>CPT/CPT II: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Telephone POS: 02</p> <p>Online Assessment (E-Visit/Virtual Check-in)</p> <p>CPT/CPT II: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457</p> <p>HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>Cervical Cytology</p> <p>CPT/CPT II: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175</p>

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* All codes subject to change.