COMMUNITY FIRST HEALTH PLANS

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OB/GYN HEDIS® Measures: At A Glance

Measures	Coding Tips		Recommendations
Prenatal Visit: In the first trimester or within 42 days of enrollment, where the practitioner type is an OB/GYN or other Prenatal care Practitioner or Primary Care Provider (PCP).	**Prenatal E/M Visits**	98000-98016, 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99421-99423, 99457-99458, 99483	• Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment for new patients. • Document LMP/ EDD with a completed obstetric history or prenatal risk assessment and counseling/education. • Document fetal heart rates/ fundal height using a standardized prenatal flowsheet. • Document the weeks of gestation during each visit. • Ensure presence of all components in medical record documentation. • Sumbit claim/encounter data in a timely manner.
	ICD 10 Codes	Z32.01, Z34.00, Z34.01, Z34.81, Z34.91, O09.01, O09.11, O09.511, O09.611, O09.811, O10.011, O13.1, O23.01, O24.011	
	CPT II Stand-alone Prenatal Visit codes	0500F, 0501F, 0502F	
	Prenatal Bundled Services	59400, 59425, 59426, 59510, 59610, 59618	
	Obstetric Panel	80055, 86777, 86644, 86694	
	Prenatal Visits	G0463, T1015, G0071, G2010, G2012, G2250, G2251, G2252	
	Stand Alone Prenatal Visits	99500, H1000–H1004	
	HCPCS Prenatal Bundled Services	H1005	

Measures	Coding Tips		Recommendations
Postpartum Visit: Between 7 and 84 days after delivery.	**CPT®:**	57170, 58300, 59430, 99501	• Schedule postpartum visits within 7–84 days of delivery. • Sumbit claim/encounter data in a timely manner. • Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following: ▪ Pelvic exam - A Pap test done can be taken for evidence of Pelvic Exam ▪ Evaluation of weight, BP, breasts and abdomen ▪ Notation of postpartum care, including, but not limited to: PP care," "PP check," "6-week check" ▪ Perineal or cesarean incision/ wound check - Screening for depression, anxiety, tobacco use, substance use disorder, or pre-existing mental health disorders - Glucose screening with gestational diabetes ▪ Documentation of activity for 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
	CPT® II:	0503F	
	CPT Postpartum Bundled Service codes:	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	
	ICD-10*	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2,	
	HCPCS		
	• Postpartum Visits	G0101	
	• Cervical Cytology	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001	
	• Cervical Cytology CPT®	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175	
	• Logical Observation Identifiers Names and Codes (LOINC®)	10524-7, 18500-9, 19762-4, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5	

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HEDIS® Chlamydia Screening in Women (CHL) Coding Tip Sheet for Providers

As part of Community First Health Plans' ongoing efforts to improve care and ensure compliance with HEDIS® measures, we want to remind our network of Providers about the importance of accurate coding and documentation for **Chlamydia Screening in Women (CHL)**.

This measure tracks the percentage of sexually active women aged 16-24 who were screened for chlamydia during the measurement year. Accurate coding and documentation are essential for meeting HEDIS® requirements and ensuring proper reimbursement.

Who To Screen

Clinical practice guidelines recommend routine chlamydia screening for (1) women aged 16-24 who are sexually active or (2) women who have been dispensed prescription contraceptives during the measurement year.

CONTRACEPTIVE MEDICATIONS LIST		
Description	**Prescription**	
Contraceptives	Desogestrel-ethinyl estradiol Dienogest-estradiol (multiphasic) Drospirenone-ethinyl estradiol Drospirenone-ethinyl estradiol-levomefolate (biphasic) Ethinyl estradiol-ethynodiol Ethinyl estradiol-etonogestrel Ethinyl estradiol-levonorgestrel	Ethinyl estradiol-norelgestromin Ethinyl estradiol-norethindrone Ethinyl estradiol-norgestimate Ethinyl estradiol-norgestrel Etonogestrel Levonorgestrel Medroxyprogesterone Norethindrone
Diaphragm	Diaphragm	
Spermicide	Nonoxynol 9	

Recommended Screening Guidelines

Annual screening is recommended for all sexually active women under 25, and those with risk factors such as multiple partners or a history of sexually transmitted infections (STI).

Testing Method

Ensure you document the method of testing (e.g., urine test, swab sample) and the associated CPT code for accurate reporting.

The following CPT codes are used for chlamydia screening and are essential for accurate billing:

87110	**87491**
87320	**87490**
87810	**87492**
87270	

Common Billing Errors

To ensure accurate reporting, correct reimbursement and compliance, here are some common billing errors to avoid:

- **Incorrect Age Group:** Screening should be conducted for women aged 16-24 and older women with identified risk factors.
- **Incorrect Diagnosis Code:** Use Z11.3 for screening and Z00.00 or Z00.01 for routine exams.
- **Failure to Document:** Always document sexual activity/risk factors to justify need for screening.

Conclusion

Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States. It occurs most often among adolescent and young adult females.[1,2] Untreated chlamydia infections can lead to serious and irreversible complications. This includes pelvic inflammatory disease (PID), infertility and increased risk of becoming infected with HIV.1 Screening is important, as approximately 75% of chlamydia infections in women and 95% of infections in men are asymptomatic. This results in delayed medical care and treatment.[3]

By adhering to these guidelines and using the correct codes, we can ensure better health outcomes and HEDIS® compliance.

References:

1. *Centers for Disease Control and Prevention (CDC). 2014. "Sexually Transmitted Diseases: Chlamydia—CDC Fact Sheet."* http://www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm
2. *National Chlamydia Coalition. 2010. "Research Briefs: Developments in STD Screening: Chlamydia Testing." 2010 Series, No. 1.*
3. *Meyers, D.S., H. Halvorson, S. Luckhaupt. 2007. "Screening for Chlamydial Infection: An Evidence Update for the U.S. Preventive Services Task Force." Ann Intern Med 147(2):135–42.*

COMMUNITY FIRST HEALTH PLANS

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HEDIS® Cervical Cancer Screening (CCS) Coding Tip Sheet for Providers

As part of Community First Health Plans' ongoing efforts to improve care and ensure compliance with HEDIS® measures, we want to remind our network of Providers about the importance of accurate coding and documentation for **Cervical Cancer Screening (CCS)**.

This measure tracks the percentage of women aged 21–64 who were screened for cervical cancer according to established guidelines. Accurate coding and documentation are essential for meeting HEDIS® requirements and ensuring proper reimbursement.

Who To Screen

Clinical practice guidelines recommend women aged 21–64 who have been screened for cervical cancer with a Pap smear or HPV test during the measurement year or in the previous years as per the guidelines.

Recommended Screening Guidelines

- **Ages 21–29:** Pap smear every **3 years.**
- **Ages 30–64:** Pap smear every **3 years,** or Pap smear combined with an **HPV test** every **5 years.**
- For women who have had a hysterectomy with removal of the cervix, screening is not required unless they have a history of cervical cancer or high-grade pre-cancerous lesions.

Key HEDIS® Codes

Use the following **CPT codes** and **ICD-10 diagnosis codes** for accurate billing and reporting:

Testing Method	CPT	HCPCS	ICD-10
Cervical Cytology Lab Test	88147 88148 88142 88174 88143 88175 88141 88164 88166 88167 88165 88150 88152 88153	G0147 G0148 G0141 G0124 G0123 G0143 G0145 G0144 P3000 P3001	
High Risk HPV Lab Test	87624 87625 87626	G0476 0502U	
Absence of Cervix Diagnosis			Q51.5 Z90.710 Z90.712

Common Billing Errors

To ensure accurate reporting, correct reimbursement and compliance, here are some common billing errors to avoid:

- **Incorrect Age Group:** Screening should be conducted for women aged 21–64.
- **Failure to Document Screening:** Be sure to document all screenings, distinguish between Pap smears and HPV tests, and note the appropriate test method used.
- **Incorrect Diagnosis Code:** Use Z12.4 for cervical cancer screenings and appropriate codes for routine exams.
- **Lack of Documentation for Co-testing:** If both a Pap smear and HPV test are performed, ensure both tests are documented, and corresponding codes are included.

Conclusion

Cervical cancer was one of the most common causes of cancer death for American women. Effective screening and early detection of cervical pre-cancers have led to a significant reduction in this death rate.[1]
Accurate coding ensures compliance with HEDIS® measures, proper reimbursement, and improved health outcomes for the women under your care. We appreciate your continued efforts to provide high-quality care to your patients. By following these guidelines and using the correct codes, we can achieve better health outcomes and meet HEDIS® standards for cervical cancer screening.

References:

1. *American Cancer Society. 2020. "Key Statistics for Cervical Cancer." https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html Last modified July 30.*