COMMUNITY FIRST HEALTH PLANS COMMUNITY FIRST INSURANCE PLANS

PROVIDER TIP SHEET

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 Care Visits**	CPT®: 98000-98016, 98966-98968, 98970-98972, 98975-98980, 98984-98986, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99429, 99487, 99490-99491	• 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. • Submit claim/encounter data in a timely manner.
	Pregnancy Diagnosis (for PCP's, use these codes along with one of the codes listed above.)	ICD-10®: 009.00-016.09, 020.0-026.93, 028.0-036.93X9, 040.1XX0-048.1, 060.00-060.03, 071.00-071.9, 088.011-088.819, 091.011-092.79, 098.011-099.891, 09A.111-09A.519, Z03.71-Z03.75, Z03.79, Z32.01, Z34.00-Z34.93, Z36.0-Z36.9	
	Prenatal Bundled Services	CPT®: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005	
	Stand-alone Prenatal Visits	CPT®: 99500 CPT® II: 0500F, 0501F, 0502F HCPCS: H1000–H1004	

Measures	Coding Tips		Recommendations
Postpartum Visit: On or between 7 and 84 days after delivery.	**Postpartum Care:**	CPT®:57170, 58300, 59430, 99501 CPT® II: 0503F HCPCS: G0101	• 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" » Screening for depression, anxiety, tobacco use, substance use disorder, or pre-existing mental health disorders » Glucose screening with gestational diabetes ▪ Perineal or cesarean incision/ wound check ▪ 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
	Postpartum Care Visits:	CPT®: 98000-98016, 98966-98968, 98970-98972, 98975-98980, 98984-98986, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99429, 99487, 99490-99491	
	Postpartum Bundled Service codes:	CPT®: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	
	Encounter for Postpartum Care	ICD-10®: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	
	HCPCS • Cervical Cytology HCPCS	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, 104866-9	



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.

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® and LOINC® codes are used for chlamydia screening and are essential for accurate billing:

CPT® Codes							
87110	87491	87320	87490	87810	87492	87270	87494

LOINC® Codes									
14463-4	14464-2	14465-9	14467-5	14474-1	14513-6	4993-2	6353-7	6356-0	6357-8
21190-4	21191-2	21613-5	23838-6	31775-0	34710-4	42931-6	43304-5	43404-3	44806-8
44807-6	45068-4	45069-2	45072-6	45073-4	45075-9	45084-1	45089-0	45090-8	45091-6
45093-2	45095-7	50387-0	53925-4	53926-2	57287-5	80360-1	80361-9	80362-7	80363-5
80364-3	80365-0	80367-6	82306-2	87949-4	87950-2	88221-7	89648-0	91860-7	91873-0

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."* https://stacks.cdc.gov/view/cdc/32624
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.*

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PROVIDER TIP SHEET



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®**, **HCPCS®**, and **LOINC®** diagnosis codes for accurate billing and reporting:

Testing Method	CPT®	HCPCS	LOINC®
Cervical Cytology Lab Test	88141-88143 88147-88148 88150 88152-88153 88164-88167 88174-88175	G0123-G0124 G0141 G0143-G0145 G0147-G0148 P3000-P3001	104866-9 10524-7 18500-9 19762-4 19765-7 19766-5 19774-9 33717-0 47527-7 47528-5
High Risk HPV Lab Test	87624-87626 0502U	G0476	104132-6 77379-6 82354-2 77399-4 59263-4 82456-5 104766-1 82675-0 59420-0 104752-1 30167-1 21440-3 77400-0 59264-2 75694-0 95539-3 71431-1 104170-6 38372-9 104783-6 69002-4

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.

Testing Method	CPT®							
Exclusions: **Hysterectomy With No Residual Cervix**	57530	57531	57540	57545	57550	57555	57556	58150
	58152	58200	58210	58240	58260	58262	58263	58267
	58270	58275	58280	58285	58290	58291	58292	58293
	58294	58548	58550	58552	58553	58554	58570	58571
	58572	58573	58575	58951	58953	58954	58956	59135

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 January 14, 2026.*

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