

# aetna<sup>®</sup> HEDIS Tip Sheet for Woman's Health Measures

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>PPC - Prenatal and Postpartum Care</b></p> <p>Women who delivered a live baby and had:</p> <ul style="list-style-type: none"> <li>• Prenatal care during 1st trimester or within 42 days if enrollment</li> <li>• Postpartum Care between 21-56 days after delivery.</li> </ul>	<p>Educate staff to schedule the first appointment with the provider in the first trimester ( asap if late entry to care)</p> <p>Documentation of a prenatal care visit must be by an OB/GYN, other prenatal care practitioner, or PCP. Visits to a PCP must include a diagnosis of pregnancy. Documentation solely by a registered nurse does not meet compliance for HEDIS.</p> <p>Explain the importance of and encourage attendance for the postpartum visit.</p> <p><b>Please Note:</b> a C-section incision check is <b>not</b> a postpartum visit, the member must return for the full postpartum checkup 21 to 56 days after delivery.</p>	<p><b>Codes to Identify First Prenatal Visit</b></p> <p><b>Prenatal Stand Alone Visit</b>  <b>CPT:</b> 99500, 0500F -0502F    <b>HCPCS :</b> H1000-H1004</p> <p><b>Prenatal Bundled Services</b>  <b>CPT :</b> 59400, 59425, 59426, 59510, 59610, 59618  <b>HCPCS:</b> H1005</p> <p><b>Or one of the following visit codes</b>  <b>CPT Codes :</b> 99201-99205, 99211-99215, 99241-99245  <b>HCPCS</b> T1015, G0463    <b>UB Rev Code</b> 0514</p> <p><b>With a code for a prenatal US, obstetric panel or other prenatal blood tests.</b></p> <p><b>Postpartum</b>  <b>CPT Codes</b> 57170, 58300, 59430, 99501, 0503F  <b>ICD-10 CM Codes:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2                    <b>HCPCS:</b> G0101</p> <p><b>Postpartum Bundled Services</b>  <b>CPT Codes:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622  <b>Or</b> Any of the cervical cytology codes listed in the cervical cancer screening measure below</p>
<p><b>CCS - Cervical Cancer Screening</b></p> <p>Women 21-64 years of age with one or more Pap tests within the last 3 years or for women 30-64 years of age, a cervical cytology and human papillomavirus (HPV) co-testing with in the last 5 years</p>	<p>Women who have had a total hysterectomy with no residual cervix are excluded. This must be documented in history or problem list.</p> <p>Notation of Pap test located in progress notes <b>MUST</b> include the lab results in order to meet NCQA<sup>®</sup> requirements. Reflex testing: performing HPV test <b>after</b> determining cytology result, does not count.</p> <p>Cervical cytology and human papillomavirus test must be completed four or less days apart in order to qualify for every 5 years testing.</p>	<p><b>Cervical Cytology</b></p> <p><b>CPT Codes:</b> 88141-88143, 88147, 88148, 88150, 88152 -88154, 88164-88167, 88174, 88175</p> <p><b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091    <b>UB Rev Codes :</b> 0923</p> <p><b>HPV</b></p> <p><b>CPT Codes:</b> 87620-87622, 87624-87625  <b>HCPCS:</b> G0476</p>
<p><b>CHL - Chlamydia Screening in Women</b></p> <p>Women 16-24 years of age who are identified as sexually active with a Chlamydia test annually.</p>	<p>Educate patients about STDs, transmission and the importance of testing.</p> <p>Perform routine urine test for Chlamydia, document and submit claims timely.</p>	<p><b>CPT Codes:</b> 87110, 87270, 87320, 87490-87492, 87810</p>
<p><b>BCS - Breast Cancer Screening</b></p> <p>Women 52-74 years of age with one or more mammograms within the last 2 years (starting at age 50).</p> <p>New Exclusions for Medicare Members who turn 66 by December 31st of the measurement year.</p> <ul style="list-style-type: none"> <li>• If enrolled in an institutional SNP or living in a long-term institution any time during 2018</li> <li>• If at least one claim for frailty AND specific claims for advanced illness or dispensed dementia medication</li> </ul>	<p>Educate women regarding the benefit of early detection of breast cancer through routine mammograms</p> <p>Encourage mammography to all women who are within this age group.</p> <p>Submit the appropriate mastectomy code to exclude women from this measure if it is part of their history</p>	<p><b>Breast Cancer Screening Codes</b></p> <p><b>CPT Codes:</b> 77055-77057, 77067-77067  <b>HCPCS</b> G0202, G0204, G0206    <b>UB Rev Codes</b> 0401, 0403</p> <p><b>Exclusions:</b></p> <p><b>Bilateral Mastectomy</b>  <b>ICD-10CM :</b> Z90.13    <b>ICD-PCS:</b> OHTV0ZZ</p> <p><b>Unilateral Mastectomy</b>  <b>ICD-10CM Codes:</b> OHTU0ZZ (Left) OHTT0ZZ (Right)</p> <p><b>CPT:</b> 19180, 19200, 19220, 19240, 19303-19307 with LT (left) or RT (Right) modifier</p> <p><b>Absence of Breast</b>  <b>ICD-10 CM Codes:</b> Z90.12 (Left) Z90.11 (Right)</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>AMM - Antidepressant Medication Management</b></p> <p>Patients 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. <b>Two rates are reported:</b></p> <ul style="list-style-type: none"> <li>• <b>Effective Acute Phase:</b> Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li>• <b>Effective Continuation Phase:</b> Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</li> </ul>	<p>Educate patients that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions</p> <p>Stress that they should not stop medication abruptly or without consulting you first for assistance</p> <p>Schedule follow up appointments prior to patient leaving your office</p> <p>Outreach patients that cancel appointments and have not rescheduled</p> <p>Stress the importance of medication compliance.</p>	<p><b>ICD-10 CM Codes for Major Depression:</b></p> <p>F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>
<p><b>Additional Well Care</b></p>	<p><b>Measures</b></p>	<p><b>for Women</b></p>
<p><b>AWC - Adolescent Well Care Visits</b></p> <p>Members 12-21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually.</p> <p><b>Minimum of 1 Required</b></p>	<p><b>Never miss an opportunity! When an adolescent comes for a GYN exam, perform a complete well care exam. You may be the only provider she sees this year!!</b></p> <p>Documentation must include <b>ALL</b> of the following :</p> <ul style="list-style-type: none"> <li>• A health history – assessment of member’s history of disease or illness and family health history</li> <li>• A physical development history- assessment of specific age appropriate physical development milestones</li> <li>• A mental development history – assessment of specific age-appropriate mental development milestones</li> <li>• A physical exam</li> <li>• Health education/anticipatory guidance – guidance given in anticipation of emerging issues that a child/family may face</li> </ul>	<p><b>ICD-10 CM Codes:</b> Z00.121 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9</p> <p><b>HCPCS:</b> G0438, G0439</p> <p><b>CPT Codes:</b> 99383-99385, 99393-99395</p> <p><b>Documentation that <u>Does NOT</u> count as compliant:</b></p> <ul style="list-style-type: none"> <li>• <b>For Health History: notation of allergies or medications or immunization status alone. If all three are documented it meets health history</b></li> <li>• <b>For Physical Development History: notation of appropriate for age without specific mention of development; ; notation of well-developed/nourished;</b></li> <li>• <b>For Mental Development History: notation of appropriately responsive for age; neurological exam; notation of well-developed</b></li> <li>• <b>For Physical Exam—vital signs alone; for adolescent visits to an OB/GYN they do not meet compliance if the visit is limited to OB/GYN topics</b></li> <li>• <b>For Health Education/Anticipatory Guidance - information regarding medications or immunizations or their side effects</b></li> </ul>
<p><b>ABA - Adult BMI Assessment</b></p> <p>Members 18-74 years of age with their body mass index (BMI) and weight documented during the year or the year prior.</p>	<p>Perform and document Ht/Wt/BMI calculation at least annually.</p> <p>Patients younger than 20 years old need to have a BMI percentile documented</p> <p>*Pregnant members are excluded from this measure*</p>	<p><b>ICD-10 CM Codes:</b></p> <p><b>BMI:</b> Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45</p> <p><b>BMI Percentile:</b> Z68.51-Z68.54</p>