### HEDIS/P4Q Measure: Prenatal Care (PPC)

**Description:** A visit that occurs in the first trimester of the pregnancy or within 42 days of enrollment in the health plan.

**Components of a prenatal visit include:**
1. Documentation of LMP or EDD in conjunction with either of the following:
   - Prenatal risk assessment and counseling/education;
   - Complete obstetrical history
2. Evidence of prenatal care procedures:
   - Obstetric panel
   - TORCH antibody panel
   - Rubella antibody/titer with Rh-incompatibility (ABO/Rh blood typing)
   - Ultrasound (echocardiography) of pregnant uterus

**ICD-10:**
- 99201-99205, 99211-99215, 99241-99245, 99500, G0463, H1000-H1005

**Examples include:**
- Oxygen therapy
- Ultrasound

**Billing Tips:**
- CPT: 99201-99205, 99211-99215, 99241-99245, 99500, G0463, H1000-H1005

### HEDIS/P4Q Measure: Postpartum Visit (PPC)

**Description:** A visit that occurs on or between 21–56 days after delivery.

**Components of a postpartum visit include:**
1. Pelvic exam; or
2. Documentation of weight, blood pressure, breast and abdominal evaluation, breast feeding status; or
3. Notation of Postpartum check, postpartum care or 6-week check.

**ICD-10:**
- Z01.411, Z01.419, Z01.42, Z30.430 Z39.1, Z39.2

**Billing Tips:**
- CPT: 59430

### HEDIS/P4Q Measure: Potentially Preventable Emergency Department Visits (PPV)

**Description:** Emergency department visits for conditions that could otherwise be treated by a care provider in a non-emergency setting.

**Examples include:**
- Upper respiratory tract infections; Otitis Media; Non-bacterial gastroenteritis; Nausea and vomiting; Fever Cellulitis and other bacterial skin infections; Abdominal pain; Urinary tract infections; Constipation; Headaches other than migraines; Contusions

**ICD-10:**
- J00 Acute nasopharyngitis
- J06.0 Acute laryngopharyngitis
- J06.9 Acute upper respiratory infections, unspecified

### HEDIS/P4Q Measure: Appropriate Treatment for Children With Upper Respiratory Infection (URI)

**Description:** The percentage of children 3 months – 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription during the measurement year.

**ICD-10:**
- J00 Acute nasopharyngitis
- J06.0 Acute laryngopharyngitis
- J06.9 Acute upper respiratory infections, unspecified

### HEDIS/P4Q Measure: Well-Child Visit in the First 15 Months of Life (W15)

**Description:** The percentage of members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life.

**Documentation in the medical record must include a note indicating a visit to a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of all of the following:**
1. Health History
2. Physical development history
3. Mental developmental history
4. Physical exam
5. Health education/anticipatory guidance

**ICD-10:**
- Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.82, Z02.89, Z02.9

**HCPCS:**
- G0438, G0439

**ICD-10:**
- Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.82, Z02.89, Z02.9

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**PROVIDER RELATIONS INQUIRIES**

Monday - Friday, 8:00 a.m. - 5:00 p.m.

- Claims Inquiries
- Provider Changes (Address/Phone/Tax ID)
- EFT/ERA Request
- Provider Education In-Service

**LOCAL** 713.295.2295  TOLL FREE 1.888.760.2600

**EMAIL** ProviderRelations@CommunityHealthChoice.org

**WELLNESS LINE** 713.295.6789

**WEB SITE** CommunityHealthChoice.org
<table>
<thead>
<tr>
<th>HEDIS/P4Q MEASURE</th>
<th>MEASURE DESCRIPTION</th>
<th>BILLING TIPS</th>
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<tbody>
<tr>
<td><strong>Adolescent Well-Care Visit</strong>&lt;br&gt;Age 12–21 years (AWC)</td>
<td>One THSteps/ Comprehensive Well–Child visit with a PCP/OB/GYN during the measurement year. Documentation in the medical record must include a note indicating a visit to a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of all of the following: &lt;br&gt;1. Health History 2. Physical development history 3. Mental developmental history 4. Physical exam 5. Health education/anticipatory guidance</td>
<td>CPT: 99384, 99385, 99394, 99395 &lt;br&gt;HCCPSC: G0438, G0439 &lt;br&gt;ICD-10: Z00.00, Z00.01, Z00.8, Z02.0-Z02.6, Z02.82, Z02.89, Z02.9</td>
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<tr>
<td><strong>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</strong>&lt;br&gt;(WCC)</td>
<td>Member ages 3-17 during the measurement year. Need documentation of counseling for nutrition and physical activity.</td>
<td><strong>Nutrition Counseling</strong>&lt;br&gt;CPT: 97802-97804 &lt;br&gt;HCCPSC: G0270, G0271, G0447, S9449, S9452, S9470 &lt;br&gt;ICD-10: Z71.3</td>
</tr>
<tr>
<td><strong>Weight Assessment and Counseling for Nutrition and Physical Activity (Children/Adolescents)</strong>&lt;br&gt;Age 3-17 years (WCC)</td>
<td>One visit with PCP or OB/GYN and who had all of the following completed in the same visit: &lt;br&gt;1. BMI percentile documented (based on the CDC's BMI-for-age growth charts NOT absolute BMI value) &lt;br&gt;2. Counseling for nutrition &lt;br&gt;3. Counseling for physical activity</td>
<td><strong>Physical Activity Counseling Examples:</strong>&lt;br&gt;• Discussion of current physical activity behaviors (e.g. exercise routine, participation in sport activities, exam for sport activities) &lt;br&gt;• Checklist indicating physical activity was addressed &lt;br&gt;• Counseling or referral for physical activity education &lt;br&gt;• Member received educational material on physical activity during face-to-face visit &lt;br&gt;• Anticipatory guidance for physical activity &lt;br&gt;• Weight or Obesity counseling</td>
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