

# HEDIS PROGRAM PROVIDER QUICK REFERENCE GUIDE

## PROVIDER SERVICES INQUIRIES

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

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

MEDICAID/CHIP 713.295.2295

MARKETPLACE 713.295.6704

HMO D-SNP 713.295.5007

EMAIL  
PROVIDERWEBINQUIRIES@  
COMMUNITYHEALTHCHOICE.ORG

This is to be used as a HEDIS quick reference guide and is not an all-inclusive list of ICD-10 codes. Please refer to your ICD-10 codebook for the complete list.

### MEASURE

### MEASURE DESCRIPTION

### BILLING CODES

#### Prenatal Care (PPC)



The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date.

For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following.

- Documentation indicating the woman is pregnant or references to the pregnancy; for example:
  - Documentation in a standardized prenatal flow sheet, **or**
  - Documentation of LMP, EDD or gestational age, **or**
  - A positive pregnancy test result, **or**
  - Documentation of gravidity and parity, **or**
  - Documentation of complete obstetrical history, **or**
  - Documentation of prenatal risk assessment and counseling/education.
- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), **or**
  - TORCH antibody panel alone, **or**
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
  - Ultrasound of a pregnant uterus

**CPT:** 99201-99205, 99211-99215, 99241-99245, 99483, 99500

**HCPCS:** G0463, T1015, H1000-H1005

**ICD-10:** Z32.01, O09.00-O9A.519, Z03.71-Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36-Z36.5, Z36.81-Z36.9

#### Postpartum Care (PPC)



The percentage of deliveries that had one postpartum visit on or between 7 and 84 days after delivery, while enrolled with Community. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following.

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
  - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- Notation of postpartum care, including, but not limited to:
  - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
  - A preprinted “Postpartum Care” form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics:
  - Infant care or breastfeeding.
  - Resumption of intercourse, birth spacing or family planning
  - Sleep/fatigue.
  - Resumption of physical activity.
  - Attainment of healthy weight.

**CPT:** 57170, 58300, 59430, 99501, 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175

**HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091, G0101

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





#### Prenatal Depression Screening (PND)







The percentage of deliveries in which Members were screened for clinical depression during pregnancy using a standardized instrument.

**HCPCS:** G8431, G8510

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MEASURE	MEASURE DESCRIPTION	BILLING CODES
<b>Postpartum Depression Screening (PDS)</b> 	The percentage of deliveries in which Members were screened for clinical depression using a standardized instrument during the postpartum period.	<b>HCPCS:</b> G8431, G8510
<b>Appropriate Treatment For Upper Respiratory Infection (URI)</b> 	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	<b>ICD-10:</b> J00, J06.0, J06.9
<b>Well Child Visits in the First 15 Months of Life (W30)</b> 	The percentage of children who turned 15 months old during the measurement year with six or more well-child visits.	<b>CPT:</b> 99381, 99382, 99391, 99392 <b>HCPCS:</b> G0438, G0439, S0302 <b>ICD-10:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2, Z00.2
<b>Well Child Visits for Age 15 months – 30 Months of Life (W30)</b> 	The percentage of children who turned 30 months old during the measurement year with two or more well-child visits.	<b>CPT:</b> 99382, 99392 <b>HCPCS:</b> G0438, G0439, S0302 <b>ICD-10:</b> Z00.121, Z00.129, Z00.2, Z76.2

MEASURE	MEASURE DESCRIPTION	BILLING CODES
<b>Immunizations for Adolescents – Combination 2 (IMA)</b> 	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.	<b>Meningococcal</b> CPT: 90734 CVX: 108, 114, 136, 147, 167  <b>Tdap</b> CPT: 90715 CVX: 115  <b>HPV</b> CPT: 90649, 90650, 90651 CVX: 62, 118, 137, 165
<b>Child Immunization Status – Combination 10 (CIS)</b> 	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	<b>Dtap</b> CPT: 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120  <b>IPV</b> CPT: 90698, 90713, 90723 CVX: 10, 89, 110, 120  <b>MMR</b> CPT: 90707, 90710 CVX: 03, 94  <b>VZV</b> CPT: 90710, 90716 CVX: 21, 94  <b>HiB</b> CPT: 90644, 90647, 90648, 90698, 90748 CVX: 17, 46-51, 120, 148  <b>HepB</b> CPT: 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110  <b>PCV</b> CPT: 90670 CVX: 133, 152 HCPCS: G0009  <b>HepA</b> CPT: 90633 CVX: 31, 83, 85  <b>RV</b> CPT: 90681, 90680 CVX: 119, 116, 122  <b>Flu</b> CPT: 90655, 90657, 90661, 90673, 90685-90689 CVX: 88, 140, 141, 150, 153, 155, 158, 161 HCPCS: G0008
<b>Weight Assessment and Counseling for Nutrition Children/Adolescence (WCC-Nutrition)</b> 	<p>Of Members 3–17 years of age who had an outpatient visit with a PCP, the percentage who had evidence of counseling for nutrition during the measurement year.</p> <p>Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> <li>• Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).</li> <li>• Checklist indicating nutrition was addressed.</li> <li>• Counseling or referral for nutrition education.</li> <li>• Member received educational materials on nutrition during a face-to-face visit.</li> <li>• Anticipatory guidance for nutrition.</li> <li>• Weight or obesity counseling.</li> </ul>	<b>CPT:</b> 97802-97804 <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470 <b>ICD:</b> Z71.3
<b>Asthma Medication Ratio (AMR)</b> 	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	<b>ICD-10:</b> J45.21, J45.22, J45.30-J45.32, J45.40- J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.991, J45.998  Medications include: Dyphylline-guaifenesin, Omalizumab, Dupilumab, Benralizumab, Mepolizumab, Reslizumab, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone, Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone, Montelukast, Zafirlukast, Zileuton, Theophylline, Albuterol, Levalbuterol