



# HEDIS<sup>®\*</sup> Benchmarks and Coding Guidelines for Quality Care

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## Adolescent Well-Care Visits: Children 12 to 21 Years Old

This HEDIS measure looks at members ages 12-21 years who have had at least one annual comprehensive well-care visit with a PCP or OB/GYN during the year.

### Record your efforts

Follow the American Academy of Pediatrics guidelines and Bright Futures Recommendations for comprehensive well-care visits.

- Indicate in your medical record that the office visit was specifically for a well-care exam and include the visit date. Do not include services rendered during an inpatient or emergency department (ED) visit, or that are specific to the assessment or treatment of an acute or chronic condition.
- Document each well visit in the member's medical record and make sure your medical records reflect all of the following:
  - A health and developmental history (both physical and mental developmental histories)
  - A physical exam
  - Health education and anticipatory guidance

Codes to identify comprehensive well-care visits:

CPT	ICD-10	HCPCS
99384, 99385, 99394, 99395	Z00.121, Z00.129, Z00.00, Z00.01	G0438, G0439

(If you encounter abnormalities or address a pre-existing problem or perform other evaluations during a well-child visit or preventive care services and the problem/abnormality is significant enough to require additional work or referral to perform the key components, use the appropriate visit codes.)

### Helpful tips

- Regularly use your member roster to contact members who need an annual exam soon or are new to your practice.
- Send reminders by text, email, postcard or calls. These work well for most parents/young adults.
- Ask your Provider Relations representative if missed well-care opportunity reports are available.
- If you use an electronic medical record (EMR), create a flag to track members due for an upcoming preventive screening and contact them.
- If you do not use an EMR, create a manual tracking method.
- Complete annual health checks during sick visits and sports physicals. These may be missed opportunities for screenings.
- Consider offering office hours into the evening, early morning or weekends to accommodate working parents and young adults as well as children involved in after-school activities.
- Consider having a teen night at your practice to educate them about the importance of health, nutrition, well visits and other teen health-related topics.

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**How can we help?**

We can help you bring our members in for their well visits by:

- Keeping you up-to-date on members overdue for services.
- Assisting with patient scheduling (if available).
- Encouraging preventive care through our programs.

Contact your Provider Relations representative with any questions.

**Notes**

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## Adult Body Mass Index Assessment

This HEDIS measure looks at members ages 18-74 years who had an outpatient visit with documentation of weight and BMI value during the year or year prior. Members younger than age 20 must have a height, weight and a BMI percentile documented and/or plotted on a BMI chart.

### Record your efforts

Make sure your medical records reflect all of the following:

- The date of the outpatient visit
- The weight and BMI value of the patient ages 20-74 years
- For members younger than age 20, include:
  - BMI percentile documented as a value (for example, 85th percentile)
  - BMI percentile plotted on an age-growth BMI chart
  - Height and weight

Codes to identify outpatient visits:

CPT	HCPCS
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	G0402, G0438, G0439

Codes to identify BMI:

ICD-10
BMI codes — Z68.20-Z68.39, Z68.41-Z68.45 (For ages 20 and over, use age-appropriate codes.)
BMI percentile codes — Z68.51-Z68.54 (for ages 20 and under)

### Helpful tips

- Discuss the importance of ideal weight, nutrition and exercise with all members.
- Document all discussions about BMI in the medical record, including documentation of any patient nutritional counseling sessions.
- Encourage your staff to use tools within the office to promote teaching on ideal BMI and chronic disease conditions related to obesity or being overweight, such as handheld cards, charts, EMR flags and educational brochures.
- Provide staff training on BMI documentation — be a health champion to your patient’s health; enhance your services in prevention of obesity.
- Annual well visits are a great time to discuss BMI assessment.
- Place posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about health screenings.
- Review your EMR or assessment forms to check for fields that document BMI. Offices that use EMRs should check whether their systems have the ability to auto calculate BMI once height and weight is entered.
- Talk to your local Provider Relations representative if we can assist.

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**How can we help?**

We help you with BMI screening by:

- Distributing adult BMI charts during office site visits if available.
- Educating members on the importance of BMI screening through our programs; contact your local Provider Relations representative for information.

**Other available resources**

You can find more information and tools online at:

- [www.ama-assn.org](http://www.ama-assn.org)
- [www.cdc.gov/healthyweight/assessing/bmi/index.html](http://www.cdc.gov/healthyweight/assessing/bmi/index.html)

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## Antidepressant Medication Management

This HEDIS measure looks at members ages 18 years or older with a diagnosis of major depression who were newly treated with an antidepressant medication and remained on antidepressant medication treatment. Two timelines are required for this measure:

- Effective acute phase treatment — members newly diagnosed and treated who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective continuation phase treatment — members newly diagnosed and treated who remained on an antidepressant medication for at least 180 days (six months)

Diagnosis codes for major depression:

Description	ICD-10
Major depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9

### Helpful tips

- Educate your members and their spouses, caregivers, and/or guardians about the importance of:
  - Complying with long-term medications.
  - Not abruptly stopping medications without consulting you.
  - Contacting you immediately if they experience any unwanted/adverse reactions so that their treatment can be re-evaluated.
  - Scheduling and attending follow-up appointments to review the effectiveness of their medications.
  - Calling your office if they cannot get their medications refilled.
- Discuss the benefits of participating in a behavioral health case management program.
- Ask your members who have a behavioral health diagnosis to provide you access to their behavioral health records if you are their primary care provider.

### How can we help?

We help you with antidepressant medication management by:

- Offering current Clinical Practice Guidelines on our provider self-service website.

### Other available resources

You can find more information and tools online at:

- [www.qualitymeasures.ahrq.gov](http://www.qualitymeasures.ahrq.gov)
- [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

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## Appropriate Testing for Children with Pharyngitis

This HEDIS measure evaluates members ages 3-18 years who received group A streptococcus (strep) tests with a diagnosis of pharyngitis, tonsillitis or streptococcal sore throats and were dispensed antibiotics appropriately within three days of the diagnosis.

Since there is considerable evidence that prescribing antibiotics is not the first line of treatment for cold or sore throat caused by viruses, pediatric Clinical Practice Guidelines recommend only children with lab-confirmed group A strep or other bacteria-related ailments be treated with appropriate antibiotics. Record results of strep test.

Codes to identify pharyngitis:

Description	ICD-10
Acute pharyngitis	J02.8, J02.9
Acute tonsillitis	J03.00, J03.01, J03.80-J03.81, J03.90-J03.91
Streptococcal sore throat	J02.0

Codes to identify group A streptococcal tests:

CPT	LOINC
87070, 87071, 87081, 87430, 87650-87652, 87880	626-2, 5036-9, 6556-5, 6557-3, 6558-1, 6559-9, 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 60489-2, 68954-7, 78012-2

Codes to identify visit type:

Description	CPT	HCPCS
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	G0438, G0439, G0463
Emergency department	99281-99285	

### Helpful tips

- If a patient tests negative for group A strep but insists on an antibiotic:
  - Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, like over-the-counter medicines.
- Educate members on the difference between bacterial and viral infections. (This is a key point in the success of this measure.)
- Document the performance of a rapid strep test or the parent or caregiver’s refusal of testing in medical records.

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- Discuss with members ways to treat symptoms:
  - Get extra rest.
  - Drink plenty of fluids.
  - Use over-the-counter medications.
  - Use a cool-mist vaporizer and nasal spray for congestion.
  - Eat ice chips or use throat spray or lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:
  - Washing hands frequently.
  - Keeping an infected person’s eating utensils and drinking glasses separate from other family members.
  - Thoroughly washing an infected toddler’s toys in hot water with disinfectant soap.
  - Keeping a child diagnosed with a sore throat out of school or day care until he or she has taken antibiotics for at least 24 hours and until symptoms improve.

**How can we help?**

We help you with appropriate testing for children with pharyngitis by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing education to our members on pharyngitis through newsletters, community events and health education materials like our healthy tips fliers if available; contact your local Provider Relations representative to find out if you can request copies of healthy tips fliers for your office.

**Other available resources**

Visit the Centers for Disease Control and Prevention website at [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart) for these helpful materials and more:

- *Prescription Pad for Viral Infection*
- *Get Smart: Know When Antibiotics Work*
- *Cold or Flu: Antibiotics Don’t Work for You*

**Notes**

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## Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis

Since there is considerable evidence that prescribing antibiotics for uncomplicated acute bronchitis is not indicated unless they are associated comorbid diagnosis, this HEDIS measure looks at the percentage of adults ages 18-64 years with a diagnosis of uncomplicated acute bronchitis who were not dispensed an antibiotic prescription.

Codes to indicate acute bronchitis:

Diagnosis	ICD-10
Acute bronchitis	J20.3-J20.9

### Helpful tips

- If prescribing an antibiotic for a bacterial infection (or comorbid condition) in members with uncomplicated acute bronchitis, be sure to use the diagnosis code for the bacterial infection and/or comorbid condition.
- If a patient insists on an antibiotic:
  - Refer to the illness as a chest cold rather than bronchitis; members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, such as an over-the-counter cough medicine.
  - Treat with antibiotics if associated comorbid diagnosis.

### How can we help?

We help you with avoidance of antibiotic treatment for adults with acute bronchitis by:

- Offering current Clinical Practice Guidelines on our provider self-service website.

### Other available resources

Go to [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart) for these helpful materials and more:

- *Prescription Pad for Viral Infection*
- *Get Smart: Know When Antibiotics Work*
- *Cold or Flu: Antibiotics Don't Work for You*

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## Breast Cancer Screening

This HEDIS measure looks at women ages 50-74 years who had at least one mammogram to screen for breast cancer during the current year or the year prior.

### Record your efforts

To meet the requirement, mammogram reports with date of service must appear in the medical record to provide evidence a mammogram was performed.

Since this measure evaluates primary breast cancer screening tomosynthesis (3-D mammography), biopsies and breast ultrasounds, MRIs will not count as primary breast cancer screening.

Codes to document mammography:

CPT	HCPCS
77055-77057	G0202, G0204, G0206

### Helpful tips

- Discuss mammogram screening with all female members between ages 50-74 years (younger if the patient has a family history of breast cancer or other risk factors). History of bilateral mastectomy or unilateral mastectomies can be documented on provider chart as member's history.
- Conduct outreach calls to members to remind them of the importance of annual wellness visits and assist in scheduling mammograms.
- Request and retain copies of mammography results in patient's records or tell members to make sure they ask the mammography centers to send a copy or have patient bring a copy to your office for records.
- Use your EMR to create flags or reminders for members who need a mammogram for a referral during their annual visit.
- Arrange one-on-one patient education by a health professional or trained person to discuss the importance of breast cancer screening and mammogram.
- Partner with us to discuss annual member screening and outreach events to promote preventive health care services.
- Motivate your office staff to use tools within the office to promote awareness of breast cancer screening, such as member handheld reminder cards, chart, or EMR flags and education brochures.
- Put up posters and educational messages in waiting areas; they help motivate members to initiate discussions with physicians regarding screenings.

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**How can we help?**

We help you get members in for breast cancer screenings by:

- Educating members on breast cancer screening through our health education materials if available; contact your Provider Relations representative for additional information.
- Reminding members who have not yet had their mammogram to contact their physician to schedule one. We help you meet this benchmark by:
  - Offering current Clinical Practice Guidelines on our provider self-service website.
  - Working with you to schedule member screening events to help promote mammogram screening and other preventive health care services.

**Other available resources**

You can find more information and tools online at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

**Notes**

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## Cervical Cancer Screening

This HEDIS measure looks at women who were screened for cervical cancer using the following criteria:

- Ages 21-64 years: at least one cervical cytology (Pap) test every three years
- Ages 30-64 years: Pap test/human papillomavirus (HPV) cotesting every five years

### Record your efforts

Make sure your medical records reflect:

- The date and type of test that was performed.
- Notes in patient's chart if patient has a history of hysterectomy.
- Complete details if it was a complete, total, or radical abdominal or vaginal hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix. (Include, at a minimum, the year the surgical procedure was performed.)

Cervical cytology codes to document cervical cancer screening:

CPT	HCPCS	ICD-10	LOINC
88141-88143,88147,88148,88150, 88152-88154, 88164-88167, 88174, 88175	G0123,G0124,G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	Z12.4	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

HPV tests codes:

CPT	HCPCS	LOINC
87620,87621,87622, 87624, 87625	G0476	21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0

### Helpful tips

- Discuss the importance of well-woman exams, mammograms, Pap tests and HPV testing with all female members between ages 21-64 years.
- Be a champion in promoting women's health by reminding them of the importance of annual wellness visits.
- Refer members to another appropriate provider if your office does not perform Pap tests and request copies of Pap test/HPV cotesting results be sent to your office.
- Talk to your Provider Relations representative to determine if a health screening Clinic Day has been scheduled in your community. Our staff may be able to help plan, implement and evaluate events for a particular preventive screening, like a cervical cancer screening or a complete comprehensive women's health screening event (only if this is offered in your practice area).
- Train your staff on the use of educational materials to promote cervical cancer screening.
- Use a tracking mechanism, (for example, EMR flags and/or manual tracking tool) to identify members due for cervical cancer screening.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about screening.

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- Train your staff on preventive screenings or find out if we provide training.

**How can we help?**

We help you get our members this critical service by:

- Offering you access to our Clinical Practice Guidelines on our provider self-service website.
- Coordinating with you to plan and focus on improving health awareness for our members by providing health screenings, activities, materials and resources if available or as needed.
- Educating members on the importance of cervical cancer screening through various sources, such as phone calls, post cards, newsletters and health education fliers if available.

Contact your Provider Relations representative for any questions during office visits.

**Other available resources**

You can find more information and tools online at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

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## Childhood and Adolescent Immunizations

This HEDIS measure evaluates members ages 2 years and younger who received the following vaccinations by their 2nd birthday:

Immunization	Dose(s)
DTaP	4
IPV	3
MMR	1
Hib	3
Hep B	3
VZV	1
PCV	4
Hep A	1
Rotavirus	3
Influenza	2

This HEDIS measure evaluates children/adolescents both male and female ages 9-13 who received the following immunizations by their 13th birthday:

Immunization	Dose(s)	Age
Meningococcal	1	11 to 13
Tdap	1	10 to 13
HPV (male and female adolescents)	3	9 to 13

### Record your efforts

Once you give our members their needed immunizations, let us and the state know by:

- Recording the immunizations in your state registry.
- Documenting the immunizations (historic and current) within medical records to include:
  - A note indicating the name of the specific antigen and the date of the immunization.
  - The certificate of immunization prepared by an authorized health care provider or agency.
  - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses or seropositive test result.
  - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.

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Codes to identify immunizations:

<b>Immunization</b>	<b>CPT</b> The codes listed are informational only; this information does not guarantee reimbursement.	<b>CVX</b>
DTaP — diphtheria, tetanus and acellular pertusis	90698, 90700, 90721, 90723	20, 50, 106, 110, 120
IPV — polio	90698, 90713, 90723	10, 110, 120
MMR — measles, mumps and rubella	90707, 90710	03, 94
Measles and rubella	90708	04
Measles or mumps or rubella	Measles — 90705; Mumps — 90704 Rubella — 90706	Mumps — 07 Measles — 05 Rubella — 06
Hib — haemophilus influenza type B	90645, 90646, 90647, 90648, 90698, 90721, 90748	46, 47, 48, 49, 50, 51, 120, 148
Hep B — hepatitis B	90723, 90740, 90744, 90747, 90748	08, 44, 51, 110
VZV — varicella zoster (chicken pox)	90710, 90716	21, 94
PCV — pneumococcal conjugate	90669, 90670	100, 133
Hep A — hepatitis A	90633	83
Rotavirus (two- or three-dose)	Two-dose: 90681; three-dose: 90680	119, 116
Influenza	90655, 90657, 90661, 90662, 90673, 90685, 90687	135, 140, 141, 153, 155, 161, 166
Meningococcal	90644, 90734	136, 148
Tdap	90715	115
HPV	90649, 90650, 90651	62, 118, 165

### Helpful tips

- If you use an EMR, create a flag to track members due for immunizations.
- Extend your office hours into the evening, early morning or weekends to accommodate working parents.
- Develop or implement standing orders for nurses and physician assistants in your practice to allow staff to identify opportunities to immunize.
- Enroll in the Vaccines for Children (VFC) program to receive vaccines. For questions about enrollment and vaccine orders, contact your state VFC coordinator. Find your coordinator when you visit [www.cdc.gov/vaccines/programs/vfc/contacts-state.html](http://www.cdc.gov/vaccines/programs/vfc/contacts-state.html) or call 1-800-CDC-INFO.

### How can we help?

We can help you get children in for their immunizations by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.

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Call your Provider Relations representative for more information.

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## Chlamydia Screening in Women

This HEDIS measure looks at sexually active women ages 16-24 years who received at least one chlamydia test during the current year.

The U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention recommend screening for chlamydia at least annually for all sexually active women younger than age 25.

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. An estimated three million chlamydia infections occur annually among sexually active adolescents and young adults. Chlamydia may cause infertility if left undiagnosed or untreated.

Codes to identify chlamydia screenings:

CPT	LOINC
87110, 87270, 87320, 87490-87492, 87810	14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6

The codes listed are informational only; this information does not guarantee reimbursement.

### Helpful tips

- Urine screening for chlamydia is acceptable for all female members ages 16 years and older during adolescent well-care visits.
- Screen female members who are sexually active in this age group for chlamydia every year as part of their annual well visit.
- Take a sexual history when you see adolescents. Create an environment conducive to taking a sexual history by:
  - Making sure you have an opportunity to speak with the adolescent without her parent(s) present.
  - Reinforcing confidentiality within limits.
  - Introducing sensitive issues by starting with nonthreatening topics first and moving to more sensitive ones.
- If your office does not perform chlamydia screenings, refer members to a participating OB/GYN or other appropriate provider and have the results sent to you.

### Positive test results

- Manage positive chlamydia tests and provide treatment the same way as any other test result.
- Ensure continuity of care after a positive screening test.

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- Set aside time to discuss the test result, treatment plan and the implications of a positive test result with your members.
- Educate members with positive tests on the need to inform their partner(s). Reinfection is common and may cause infertility.

**How can we help?**

We help you get our members in for chlamydia screenings by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing you with individual reports of your members due for a chlamydia screening if needed.
- Providing resources on health education materials for your practice if available.
- Assisting with patient appointment scheduling if needed.

Contact your Provider Relations representative if you have additional questions.

**Notes**

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## Comprehensive Diabetes Care

This HEDIS measure evaluates members ages 18-75 years with type 1 or type 2 diabetes. Each year, members with type 1 or type 2 diabetes should have:

- HbA1c testing.
- Blood pressure monitoring.
- Nephropathy screening and treatment if indicated.
- Dilated eye exam in current year or negative exam in previous year; screening result during the current year counts towards compliance.

### Record your efforts

Though only the most recent result matters, document all diabetes evaluation notes, blood pressure, lab tests, nephrologist visit if indicated, treatment with ACE inhibitors/ARB and eye exam results in the member's medical record. If exams listed above were not done as recommended, document the reasons.

Codes to identify comprehensive diabetes care:

Service	CPT
HbA1c	83036, 83037, 3044F-3046F
Eye exams	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 92213-99215, 99242-99245
Nephropathy screening	82042, 82043, 82044, 84156
Evidence of treatment for nephropathy	36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512
Urine microalbumin test	81000-81003, 81005 3060F-3062F
Diabetic retinal screening	2022F, 2024F, 2026F
Diabetic retinal screening	3072F

### Helpful tips

- For the recommended frequency of testing and screening, refer to the Clinical Practice Guidelines for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results or any specialist referral and document on your chart.
- Draw labs in your office if accessible or refer members to a local lab for screenings.

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- Refer members to the network of eye providers for their annual diabetic eye exam.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
  - Taking all prescribed medications as directed.
  - Adding regular exercise to daily activities.
  - Having the above-noted tests and screening at least once a year.
  - Having a diabetic eye exam each year with an eye care provider.
  - Regularly monitoring blood sugar and blood pressure at home.
  - Maintaining healthy weight and ideal body mass index.
  - Eating heart-healthy, low-calorie and low-fat foods.
  - Stopping smoking and avoiding second-hand smoke.
  - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
  - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings and tests to improve compliance.

**How can we help?**

We can help you with comprehensive diabetes care by:

- Providing online Clinical Practice Guidelines on our provider self-service website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office if available in your area.

Please contact your local Provider Relations representative for more information.

**Notes**

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## Controlling High Blood Pressure

This HEDIS measure looks at members ages 18-85 years who have had a diagnosis of hypertension and whose blood pressure (BP) is regularly monitored and controlled.

### Record your efforts

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members ages 18-59 years — < 140/90 mm Hg
- Members ages 60-85 years with diabetes — < 140/90 mm Hg
- Members ages 60-85 years without diabetes — < 150/90 mm Hg

Both systolic and diastolic values must be below stated value. Most recent BP measurement during the year counts toward compliance.

What does not count?

- If taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen
- On or one day before the day of the test or procedure with the exception of fasting blood tests
- Patient-reported BP measurements

Codes to identify hypertension:

Description	ICD-10	CPT
Hypertension	I10	3074F: systolic BP < 130 3075F: systolic BP 130-139 3077F: systolic BP ≥ 140 3078F: diastolic BP < 80, 3079F: diastolic BP 80-89 3080F: diastolic BP ≥ 90

Codes to identify outpatient visits:

Description	CPT
Outpatient visits	99201-99205; 99211-99215; 99381-99383, 99391-99393

### Helpful tips

- Improve the accuracy of BP measurements performed by your clinical staff by:
  - Providing training materials from the American Heart Association.
  - Conducting BP competency tests to validate the education of each clinical staff member.
  - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all members with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in members' medical records.

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- Refer high-risk members to our hypertension programs for additional education and support.
- Educate members and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
  - Heart-healthy eating and a low-salt diet.
  - Smoking cessation and avoiding secondhand smoke.
  - Adding regular exercise to daily activities.
  - Home BP monitoring.
  - Ideal BMI.
  - The importance of taking all prescribed medications as directed.

**How can we help?**

We support you in helping members control high blood pressure by:

- Providing online Clinical Practice Guidelines on our provider self-service website.
- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.
- Helping you schedule, plan, implement and evaluate a health screening Clinic Day; call your Provider Relations representative to find out more.
- Educating our members on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.

**Other available resources**

You can find more information and tools online at:

- [www.nhlbi.nih.gov/files/docs/guidelines/jnc7full.pdf](http://www.nhlbi.nih.gov/files/docs/guidelines/jnc7full.pdf)
- [www.amga.org/research/research/Hypertension/Compendiums/novant.pdf](http://www.amga.org/research/research/Hypertension/Compendiums/novant.pdf)

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## Follow-Up after Hospitalization for Mental Illness

This HEDIS measure evaluates members ages 6 years and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two timelines are required: (The date of service on the claim is the date of the face-to-face visit.)

- An outpatient visit, intensive outpatient encounter or partial hospitalization within seven days of discharge
- An outpatient visit, intensive outpatient encounter or partial hospitalization within 30 days of discharge

Codes to identify a mental health diagnosis:

<b>ICD-10</b>
F03.90, F03.91, F20.0-F99

### Helpful tips:

- Educate your members and their spouses, caregivers, or guardians about the importance of compliance with the long-term medications prescribed.
- Encourage members to participate in our behavioral health case management program for help getting follow-up discharge appointments and other support.
- Teach members' families to review all discharge instructions for members and ask for details of all follow-up discharge instructions, such as the dates and times of appointments.
- Ask members with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.

### How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current Clinical Practice Guidelines on our provider self-service website.

### Other available resources

You can find more information and tools online at:

- [www.mhpa.org](http://www.mhpa.org)
- [www.qualityforum.org](http://www.qualityforum.org)

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## Follow-Up Care for Children Prescribed ADHD Medication

This HEDIS measure looks at the percentage of children ages 6-12 years who were newly prescribed ADHD medication and have had at least three follow-up care visits within a 10-month period; the first visit should be within 30 days of the first ADHD medication dispensed.

Two rates are reported:

- Initiation phase: follow-up visit with prescriber within 30 days of prescription
- Continuation and maintenance phase: patient remained on ADHD medication and had two more visits within nine months

### Record your efforts

When prescribing a new ADHD medication:

- Be sure to schedule a follow-up visit right away — within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while members are still in the office.
- Have your office staff call members at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor patient's progress.
- Be sure that follow-up visits include the diagnosis of ADHD.

Codes to identify an outpatient, intensive outpatient or partial hospitalization follow-up visit:

CPT	HCPCS
96150-96154, 98960-98962, 99078, 99201-99205, 99211-99220, 99241-99245, 99341-99350, 99381-99384, 99391-99394, 99401-99404, 99411-99412, 99510	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

### Medications for monitoring

The National Committee for Quality Assurance (NCQA) recognizes the following ADHD medications for monitoring and documentation of follow-up care in children:

Description	Prescriptions		
CNS stimulants	Amphetamine- Dextroamphetamine Aexmethylphenidate	Dextroamphetamine Lisdexamfetamine Methamphetamine	Methylphenidate
Alpha-2 receptor agonists	Clonidine	Guanfacine	
Miscellaneous ADHD medications	Atomoxetine		

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**Helpful tips**

- Educate your members and their parents, guardians, or caregivers about the use of and compliance with long-term ADHD medications and the condition.
- Collaborate with other organizations to share information; research best practices about ADHD interventions and appropriate standards of practice and their effectiveness and safety.
- Contact your Provider Relations representative for copies of our ADHD-related patient materials.

**How can we help?**

We help you with follow-up care for children who are prescribed ADHD medications by:

- Providing Clinical Practice Guidelines on our provider self-service website.
- Providing the *HEDIS Measure Physician Desktop Reference Guide* and other helpful tools on our website.
- Helping you schedule appointments for your members if needed.
- Educating our members on ADHD through newsletters and health education fliers.

**Other available resources**

You can find more information and tools online at:

- [www.healthychildren.org](http://www.healthychildren.org)
- [www.brightfutures.org](http://www.brightfutures.org)
- [www.chadd.org](http://www.chadd.org)

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## Lead Screening in Children

This HEDIS measure looks at members who turned 2 years old during the year and had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.

- Children must receive a lead screening blood test at 12-24 months of age.
- If you obtain the specimen and analyze the test in your office, you should report results to your state's Childhood Lead Poisoning Prevention program.

Anticipatory guidance is required as part of a routine health check visit. You should cover:

- Effects of lead poisoning on children.
- Sources of lead poisoning.
- Pathways of exposure.
- How to prevent child exposure to lead hazards.
- Appropriate testing schedules for children.

Reminder: Completing a lead risk assessment questionnaire does not count as a lead screening. Completing a lead blood screening test meets compliance.

### Record your efforts

When documenting lead screening, include:

- Date the test was performed.
- Results or findings.

Codes to identify lead test:

Description	CPT	LOINC	Medical record documentation
Lead tests	83655	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7	Results, findings and date of screening

The codes listed are informational only; this information does not guarantee reimbursement.

### Helpful tips

- Draw patient's blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff member to follow up on results when members are sent to a lab for screening.
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.

### How can we help?

We help you with lead screening in children by:

- Offering current Clinical Practice Guidelines on our provider self-service website

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## Medication Management for People with Asthma

This HEDIS measure looks at members ages 5-64 years who were identified as having persistent asthma, were dispensed appropriate medications and remained on asthma controller medication during the treatment period.

For members with asthma, you should:

- Prescribe controller medication.
- Educate members in identifying asthma triggers and taking controller medications.
- Create an asthma action plan (document in medical record).
- Remind members to get their controller medication filled regularly.
- Remind member not to stop taking the controller medications even if they are feeling better and are symptom-free.

### Record your efforts

Document in the member’s medical record every time you hand out an asthma medication sample by:

- Adding a note to the file.
- Including a copy of the written prescription.

Appropriate controller and reliever medications:

Asthma controller medications		
Description	Prescriptions	
Antiasthmatic combinations	Dyphylline-guaifenesin*	
Antibody inhibitors	Omalizumab*	
Inhaled steroid combinations	Budesonide-formoterol† Fluticasone-salmeterol† Mometasone-formoterol†	
Inhaled corticosteroids	Beclomethasone Budesonide Ciclesonide Flunisolide	Fluticasone CFC-free Mometasone Triamcinolone
Leukotriene modifiers	Montelukast† Zafirlukast Zileuton*	
Mast cell stabilizers	Cromolyn	
Methylxanthines	Aminophyllie Dyphylline* Theophylline	

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Asthma reliever medications	
Description	Prescriptions
Short-acting, inhaled beta-2 agonists	Albuterol Levalbuterol* Pirbuterol*
Visit the <a href="http://www.ncqa.org">www.ncqa.org</a> website for a comprehensive list of medications and NDC codes. Not all medications listed here may be in the formulary. Call the pharmacy to verify required <u>preauthorization of the medications</u> .	

\*Prior authorization may be required.

†Step therapy may be required.

**How can we help?**

We can help you keep members on track with their asthma medications by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing you with individualized reporting to help you track your performance.
- Educating members on asthma control and offering your practice educational materials to hand out to members if available.
- Helping you schedule appointments for your members if needed.
- Emphasizing to your members the importance of medication compliance and controller medications.

**Notes**

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## **Monitoring Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**

This measure monitors members ages 13 years and older for two indicators related to alcohol and other drug dependence treatment.

Initiation of treatment refers to the percentage of adolescents or adults diagnosed with alcohol or other drug dependence and who have initiated treatment within 14 days of the diagnosis:

- In an acute or nonacute inpatient alcohol or other drug dependence facility
- In an outpatient service for alcohol or other drug dependence abuse or dependence
- In an intensive outpatient or partial hospitalization unit

Engagement of treatment refers to the percentage of members who started the above initiation treatment and had two additional alcohol and other drug dependence treatment sessions within 30 days after initiating the treatment.

Some of the barriers to members starting and engaging in substance abuse treatment have been identified as:

- Lack of member knowledge on importance and availability of treatment services.
- Lack of coordination of care between physical and behavioral health practitioners.
- Denial of members in addressing their alcohol or other drug dependence.
- Resistance to seeking drug and alcohol treatment due to social stigma.
- No support from family, friends, peer or other community groups.
- Little emphasis from providers in addressing these issues during a regular wellness visit.

### **How can we help?**

We can help you with monitoring initiation and engagement of alcohol and other drug dependence treatment by:

- Reaching out to providers to be advocates and providing the resources to educate our members.
- Calling our behavioral health Provider Service for additional information.
- Guiding with the above noted services to drive member success in completing alcohol and other drug dependence treatment.

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Initiation and engagement of alcohol and other drug dependence treatment (IET) codes:

IET stand-alone outpatient visits	<b>CPT</b> — 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99344-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510 <b>HCPCS</b> — G0155, G0176, G0177, G0396, G0397, G0409G0443, G0463, H0001, H0002, H0004, H0005, H0007, , H0016, H0020, H0022, H0031, H0034, H0037, H0039, H0040, H2000, , H2010-H2020, H2035, H2036, M0064, S9475, T1006, T1012, T1015
IET visits group 1	<b>CPT</b> — 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876
IET visits group 2	<b>CPT</b> — 99221-99223, 99231-99233, 99238, 99239, 99251-99255
IET place of service group 1	03, 05, 07, 09, 11-15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72
IET place of service group 2	52, 53
AOD dependence	ICD-10 codes — F10.10-F19.99
AOD procedures	ICD-10 PCS HZ30ZZZ-HZ99ZZZ
Detoxification	HCPCS — H0008-H0014
Detoxification	ICD-10 PCS — HZ2ZZZZ
ED codes	CPT — 99281-99285

**Notes**

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## Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease Exacerbation

This HEDIS measure looks at members ages 40 years and older who had an acute inpatient discharge or ED visit with a diagnosis of chronic obstructive pulmonary disease (COPD) and who were dispensed appropriate medications.

- Dispensing of a systemic corticosteroid (or evidence of an active prescription) within 14 days of the acute inpatient discharge or ED visit
- Dispensing of a bronchodilator (or evidence of an active prescription) within 30 days of the acute inpatient discharge or ED visit

### Record your efforts

Make sure you schedule an appointment with your patient upon notification of an acute inpatient discharge or ED visit.

Assure that medical records reflect all of the following:

- Your review of the discharge summary along with the discharge medications for both a systemic corticosteroid and a bronchodilator.
- Schedule of regular follow-up visits to review the medication management/compliance.
- Documentation of your office staff calling the member prior to the visit to confirm.
- Record of any new prescription written at the follow-up visit.

Document in the medical record all discussions about the COPD process — medication management along with proper use of inhalers and other medications, such as systemic corticosteroids, patient compliance and availability of smoking cessation assistance. Include information on diagnosis and if visit type was ED or inpatient stay.

Codes to identify ED visits:

<b>CPT</b>
ED visits 99281-99285

ICD-10 codes to identify COPD, emphysema or chronic bronchitis:

<b>ICD-10</b>
Chronic bronchitis — J41.0, J41.1, J41.8, J42
Emphysema — J43.0-J43.2, J43.8J43.9
COPD — J44.0, J44.1, J44.9

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## Helpful tips

- Discuss the importance of smoking cessation; offer solutions to assist to quit.
- Offer annual flu shots in your office or inform your members of the importance of getting the vaccine and where they can get it.
- Educate members about the use of, and compliance with, prescribed treatments.
  - Long-term medications
  - Quick-relief medications
  - Smoking cessation counseling and pharmacotherapy options
  - Breathing training
  - Oxygen treatments
  - Using meter-dose inhalers
  - Avoiding elements that trigger attacks, such as dust, pollen, smoking and secondary smoke, cold air and pets
- Encourage your staff to use tools within the office to promote smoking cessation.
- Provide staff training on proper use of inhalers and breathing techniques used in members with COPD; offer a continuing medical education (CME) course to enhance your treatment and prevention of COPD exacerbations.
- Place posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about smoking cessation.
- Talk to your local Provider Relations representative to assist you with implementing and evaluating events for a particular screening, such as spirometry testing.

## How can we help?

We can help you with pharmacotherapy management of COPD exacerbation by:

- Providing Clinical Practice Guidelines on our provider self-service website.
- Coordinating with you to plan focused health prevention Clinic Days to improve health awareness by providing health screenings, activities, materials and resources.
- Educating members about COPD through health education material.

To find out more information, please contact your Provider Relations representative.

## Other available resources

You can find more information and tools online at:

- The Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2011: [www.goldcopd.org](http://www.goldcopd.org)

## Notes

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## Prenatal and Postpartum Care

This HEDIS measure looks at members to assess the following facets of prenatal and postpartum care. An inclusion criterion for this measure is live birth deliveries.

Prenatal care: the percentage of pregnant members who received at least one prenatal care visit as a member of the organization on the enrollment start date or within 42 days of enrollment or in the first trimester for timeliness of prenatal care.

As a PCP or OB/GYN, continuing to monitor your patient's health for ongoing prenatal care is equally important; the member must have at least a total of 14 visits for a 40-week pregnancy.

Postpartum care: the percentage of members who had a postpartum visit on or between 21-56 days after delivery

A follow-up cesarean section postoperative visit in 1-2 weeks after delivery does not count as a postpartum visit. Only a visit between 21-56 days meets compliance for this measure.

### Record your efforts

Make sure your medical records reflect all of the following:

- Prenatal visit dates — Most of the pregnancy/prenatal information can be documented on the American Congress of Obstetricians and Gynecologists (ACOG) sheets.
- For visits to a PCP, a diagnosis of pregnancy must be present — documentation must include the visit date and evidence of one of the following:
  - A basic physical obstetrical examination that includes one of the following:
    - Auscultation for fetal heart tone
    - Pelvic exam with obstetric observations
    - Measurement of fundus height (a standardized prenatal flow sheet may be used)
  - Prenatal care visits with:
    - Obstetric panel including: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antigen, syphilis test, RBC antibody screen, Rh and ABO blood typing TORCH (toxoplasmosis, rubella, cytomegalovirus, herpes simplex) antibody panel alone
    - A rubella antibody test/titer with an Rh incompatibility blood typing
    - Ultrasound/echography of a pregnant uterus
  - Last menstrual period or estimated due date with either prenatal risk assessment and counseling/education or complete obstetrical history
- The date of the postpartum visit — documentation must indicate visit date and evidence of at least one of the following:
  - Pelvic exam
  - Evaluation of weight, blood pressure, breasts and abdomen (notation of breastfeeding is acceptable for the evaluation of breasts component)

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- Notation of postpartum care (for example, postpartum care, PP care, PP check, six-week check or a preprinted postpartum care form in which information was documented during the visit); Remember, incision check for postcesarean does not constitute a postpartum visit

Please note that there may be several other code possibilities for the pregnancy, prenatal visits and postpartum visits.

Codes to indicate prenatal visits:

<b>CPT</b>
59400, 59510, 59610, 59618, 59425, 59426
<b>Prenatal bundled services</b> — 59400, 59425, 59426, 59510, 59610, 59618
<b>Deliveries</b> — 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622
<b>Prenatal visit</b> — 99201-99205, 99211-99215, 99241-99245 with one of the following Category II codes: 0500F, 0501F, 0502F
<b>OB panel</b> — 80055, 80081
<b>Stand-alone prenatal visits</b> — 99500, 0500F, 0502F
<b>Prenatal ultrasound</b> — 76801, 76805, 76811, 76813, 76815-76821, 76825-76828
<b>Toxoplasma antibody</b> — 86777 or 867787
<b>Rubella antibody</b> — 86762
<b>Cytomegalovirus antibody</b> — 86644
<b>Herpes simplex antibody</b> — 86694-86696
<b>ABO</b> — 86900
<b>Rh</b> — 86901

<b>HCPCS</b>
G0463, T1015
<b>Prenatal bundled services</b> — H1005
<b>Stand-alone prenatal visits</b> — H1002-H1004

<b>LOINC</b>
<b>Toxoplasma antibody</b> — 11598-0, 12261-4, 12262-2, 13286-0, 17717-0, 21570-7, 22577-1, 22580-5, 22582-1, 25584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 34422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40697-5, 40785-8, 40786-6, 41123-1, 41124-9, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8
<b>Rubella antibody</b> — 13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0
<b>Cytomegalovirus antibody</b> — 13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-3, 32791-6, 32835-1,

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45326-6, 47307-4, 47363-7, 47430-4, 49539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52978-8, 52984-2, 59838-3, 7851-9, 7852-7, 7853-5, 9513-3

**Rh** — 10331-7, 1305-2, 34961-3, 972-0, 978-7

**ABO** — 57743-7, 883-9

**ABO & Rh** — 882-1, 884-7

**ABO & Rh** — 77397-8

**Herpes simplex antibody** — 10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16944-1, 16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4, 21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9, 30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9, 34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0, 43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5207-7, 5203-5, 5204-3, 5205-0, 5206-8, 52076, 5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7, 7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7

#### ICD-10

**Prenatal ultrasound** — BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ

**Pregnancy** — O00.0- O00.2, O00.8-O01.1, O01.9-O02.1, O02.81, O02.89, O02.9, O03.0-O03.2, O03.30-O03.39, O03.4-O03.9, O04.5-O04.89, O07.0-O07.2, O07.30-O07.4, O08.0-O08.7, O08.81-O08.83, O08.89, O08.9, O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.619, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93, O10.011-O10.013, O10.019, O10.02, O10.03, O10.111-O10.113, O10.119, O10.12, O10.13, O10.211-O10.213, O10.219, O10.22, O10.23, O10.311-O10.313, O10.319, O10.32, O10.33, O10.411-O10.413, O10.419, O10.42, O10.43, O10.911-O10.913, O10.919, O10.92, O10.93, O11.1-O11.3, O11.9, O12.00-O12.03, O12.10-O12.13, O12.20-O12.23, O13.1-O13.3, O13.9, O14.00, O14.02-O14.03, O14.10, O14.12-O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.0(it was a 1)3, O15.1, O15.2, O15.9, O16.1-O16.3, O16.9, O20.0, O20.8, O20.9, O21.0-O21.2, O21.8, O21.9, O22.00-O22.03, O22.10-O22.13, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, O23.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23.513, O23.519, O23.521-O23.23, O23.529, O23.591-O23.593, O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.02, O24.03, O24.111-O24.113, O24.119, O24.12, O24.13, O24.311-O24.313, O24.319, O24.32, O24.33 O24.410, O24.414, O24.419, O24.420, O24.424, O24.429, O24.430, O24.434, O24.811-O24.813, O24.819, O24.82, O24.83, O24.911-O24.913, O24.919, O24.92, O24.93, O25.10-O25.13, O25.2, O25.3, O26.00-O26.03, O26.10-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26.613, O26.619, O26.62, O26.63 O26.711-O26.713, O26.719, O26.72, O26.73, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891-O26.893, O26.899, O26.90-O26.93, O28.0-O28.5, O28.8-O28.9, O29.911-O29.013, O29.019, O29.021-O29.023, O29.029,

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O29.091-O29.093, O29.099, O29.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-  
 O29.193, O29.199, O29.211-O29.213, O29.219, O29.291-O29.293, O29.299, O29.3X1-O29.3X3,  
 O29.3X9, O29.40-O29.43, O29.5X1-O29.5X3, O29.5X9, O29.60-O29.63, O29.8X1-O29.8X3, O29.8X9,  
 O29.90-O29.93, O30.001-O30.003, O30.009, O30.011-O30.013, O30.019, O30.021-O30.023,  
 O30.029, O30.031-O30.033, O30.039, O30.041-O30.043, O30.049, O30.091-O30.093, O30.099,  
 O30.101-O30.103, O30.109, O30.111-O30.113, O30.119, O30.121-O30.123, O30.129, O30.191-  
 O30.193, O30.199, O30.201-O30.203, O30.209, O30.211-O30.213, O30.219, O30.221-O30.223,  
 O30.229, O30.291-O30.293, O30.299, O30.801-O30.803, O30.809, O30.811-O30.813, O30.819,  
 O30.821-O30.823, O30.829, O30.821-O30.823, O30.829, O30.891-O30.893, O30.899, O30.90-  
 O30.93, O31.00X0-O31.00X5, O31.00X9, O31.01X0-O31.01X5, O31.01X9, O31.02X0-O31.02X5,  
 O31.02X9, O31.03X0-O31.03X5, O31.03X9, O31.10X0-O31.10X5, O31.10X9, O31.11X0-O31.11X5,  
 O31.11X9, O31.12X0-O31.12X5, O31.12X9, O31.13X0-O31.13X5, O31.13X9, O31.20X0-O31.20X5,  
 O31.20X9, O31.21X0-O31.21X5, O31.21X9, O31.22X0-O31.22X5, O31.22X9, O31.23X0-O31.23X5,  
 O31.23X9, O31.30X0-O31.30X5, O31.30X9, O31.31X0-O31.31X5, O31.31X9, O31.32X0-O31.32X5,  
 O31.32X9, O31.33X0-O31.33X5, O31.33X9, O31.8X10-O31.8X15, O31.8X19, O31.8X20-O31.8X25,  
 O31.8X29, O31.8X30-O31.8X35, O31.8X39, O31.8X90-O31.8X95, O31.8X99, O32.0XX0-O32.0XX5,  
 O32.0XX9, O32.1XX0-O32.1XX5, O32.1XX9, O32.2XX0-O32.2XX5, O32.2XX9, O32.3XX0-O32.3XX5,  
 O32.3XX9, O32.4XX0-O32.4XX5, O32.4XX9, O32.6XX0-O32.6XX5, O32.6XX9, O32.8XX0-O32.8XX5,  
 O32.8XX9, O32.9XX0-O32.9XX5, O32.9XX9, O33.0-O33.02, O33.3XX0-O33.3XX5, O33.3XX9,  
 O33.4XX0-O33.4XX5, O33.4XX9, O33.5XX0-O33.5XX5, O33.5XX9, O33.6XX0-O33.6XX5, O33.6XX9,  
 O33.7-O33.9, O34.00-O34.03, O34.10-O34.13, O34.21, O34.29, O34.30-O34.33, O34.40-O34.43,  
 O34.511-O34.513, O34.519, O34.521-O34.523, O34.529, O34.531-O34.533, O34.539, O34.591-  
 O34.593, O34.599, O34.60-O34.63, O34.70-O34.73, O34.80-O34.83, O34.90-O34.93, O35.0XX0-  
 O35.0XX5, O35.0XX9, O35.1XX0-O35.1XX5, O35.1XX9, O35.2XX0-O35.2XX5, O35.2XX9, O35.3XX0-  
 O35.3XX5, O35.3XX9, O35.4XX0-O35.4XX5, O35.4XX9, O35.5XX0-O35.5XX5, O35.5XX9, O35.6XX0-  
 O35.6XX5, O35.6XX9, O35.7XX0-O35.7XX5, O35.7XX9, O35.8XX0-O35.8XX5, O35.8XX9, O35.9XX0-  
 O35.9XX5, O35.9XX9, O36.0110-O36.0115, O36.0119, O36.0120-O36.0125, O36.0129, O36.0130-  
 O36.0135, O36.0139, O36.0190-O36.0195, O36.0199, O36.0910-O36.0915, O36.0919, O36.0920-  
 O36.0925, O36.0929, O36.0930-O36.0935, O36.0939, O36.0990-O36.0995, O36.0999, O36.1110-  
 O36.1115, O36.1119, O36.1120-O36.1125, O36.1129, O36.1130-O36.1135, O36.1139, O36.1190-  
 O36.1195, O36.1199, O36.1910-O36.1915, O36.1919-O36.1925, O36.1929, O36.1930-O36.1935,  
 O36.1939, O36.1990-O36.1995, O36.1999, O36.20X0-O36.20X5, O36.20X9, O36.21X0-O36.21X5,  
 O36.22X0-O36.22X5, O36.22X9, O36.23X0-O36.23X5, O36.23X9, O36.4XX0-O36.4XX5, O36.4XX9,  
 O36.5110-O36.5115, O36.5119, O36.5120-O36.5125, O36.5129, O36.5130-O36.5135, O36.5139,  
 O36.5190-O36.5195, O36.5199, O36.5910-O36.5915, O36.5919, O36.5920-O36.5925, O36.5929,  
 O36.5930-O36.5935, O36.5939, O36.5990-O36.5995, O36.5999, O36.60X0-O36.60X5, O36.60X9,  
 O36.61X0-O36.61X5, O36.61X9, O36.62X0-O36.62X5, O36.62X9, O36.63X0-O36.63X5, O36.63X9,  
 O36.70X0-O36.70X5, O36.70X9, O36.71X0-O36.71X5, O36.71X9, O36.72X0-O36.72X5, O36.72X9,  
 O36.73X0-O36.73X5, O36.73X9, O36.80X0-O36.80X5, O36.80X9, O36.8120-O36.8125, O36.8129,  
 O36.8135, O36.8139, O36.8190-O36.8195, O36.8199, O36.8210-O36.8215, O36.8219, O36.8220-  
 O36.8225, O36.8229, O36.8230-O36.8235, O36.8239, O36.8290-O36.8295, O36.8299, O36.8910-  
 O36.8915, O36.8919, O36.8920-O36.8925, O36.8929, O36.8930-O36.8935, O36.8939, O36.8990-

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O36.8995, O36.8999, O36.90X0-O36.90X5, O36.90X9, O36.91X0-O36.91X5, O36.91X9, O36.92X0-  
 O36.92X5, O36.92X9, O36.93X0-O36.93X5, O36.93X9, O40.1XX0-O40.1XX5, O40.1XX9-O40.2XX0-  
 O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX5, O40.3XX9, O40.9XX0-O40.9XX5, O40.9XX9, O41.00X0-  
 O41.00X5, O41.00X9, O41.01X0-O41.01X5, O41.01X9, O41.02X0-O41.02X5, O41.02X9, O41.03X0-  
 O41.03X5, O41.03X9, O41.1010-O41.1015, O41.1019, O41.1020-O41.1025, O41.1029, O41.1030-  
 O41.1035, O41.1039, O41.1090-O41.1095, O41.1099, O41.1210-O41.1215, O41.1219, O41.1220-  
 O41.1225, O41.1229, O41.1230-O41.1235, O41.1239, O41.1290-O41.1295, O41.1299, O41.1410-  
 O41.1415, O41.1419, O41.1420-O41.1425, O41.1429, O41.1430-O41.1435, O41.1439, O41.1490-  
 O41.1495, O41.1499, O41.8X10-O41.8X15, O41.8X19, O41.8X20-O41.8X25, O41.8X29, O41.8X30-  
 O41.8X35, O41.8X39, O41.8X90-O41.8X95, O41.8X99, O41.90X0-O41.90X5, O41.90X9, O41.91X0-  
 O41.91X5, O41.91X9, O41.92X0-O41.92X5, O41.92X9, O41.93X0-O41.93X5, O41.93X9, O42.00-  
 O42.013, O42.019, O42.02, O42.10, O42.111-O42.113, O42.119, O42.12, O42.90, O42.911-O42.913,  
 O42.919, O42.92, O43.011-O43.013, O43.019, O43.021-O43.023, O43.029, O43.101-O43.103,  
 O43.109, O43.111-O43.113, O43.119, O43.121-O43.123, O43.129, O43.191-O43.193, O43.199,  
 O43.211-O43.213, O43.219, O43.221-O43.223, O43.229, O43.231-O43.233, O43.239, O43.811-  
 O43.813, O43.819, O43.891-O43.893, O43.899, O43.90-O43.93, O44.00-O44.03, O44.10-O44.13,  
 O45.001-O45.003, O45.009, O45.011-O45.013, O45.019, O45.021-O45.023, O45.029, O45.091-  
 O45.093, O45.099, O45.8X1-O45.8X3, O45.8X9, O45.90-O45.93, O46.001-O46.003, O46.009,  
 O46.011-O46.013, O46.019, O46.021-O46.023, O46.029, O46.091-O46.093, O46.099, O46.8X1-  
 O46.8X3, O46.8X9, O46.90-O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00,  
 O60.02, O60.03, O60.10X0-O60.10X5, O60.10X9, O60.12X0-O60.12X5, O60.12X9, O60.13X5,  
 O60.13X9-O60.14X5, O60.14X9, O60.20X0-O60.20X5, O60.20X9, O60.22X0-O60.22X5, O60.22X9,  
 O60.23X0-O60.23X5, O60.23X9, O61.0, O61.1, O61.8-O62.4, O62.8, O62.9, O63.0-O63.2, O63.9,  
 O64.0XX0-O64.0XX5, O64.0XX9, O64.1XX0-O64.1XX5, O64.1XX9, O64.2XX0-O64.2XX5, O64.2XX9,  
 O64.3XX0-O64.3XX5, O64.3XX9, O64.4XX0-O64.4XX5, O64.4XX9, O64.5XX0-O64.5XX5, O64.5XX9,  
 O64.8XX0-O64.8XX5, O64.8XX9, O64.9XX0-O64.9XX5, O64.9XX9, O65.0-O65.5, O65.8-O66.3, O66.40,  
 O66.41, O66.5, O66.6, O66.8, O66.9, O67.0, O67.8, O67.9, O68, O69.0XX0-O69.0XX5, O69.0XX9,  
 O69.1XX0-O69.1XX5, O69.1XX9, O69.2XX0-O69.2XX5, O69.2XX9, O69.3XX0-O69.3XX5, O69.3XX9,  
 O69.4XX0-O69.4XX5, O69.4XX9, O69.5XX0-O69.5XX5, O69.5XX9, O69.81X0-O69.81X5, O69.81X9-  
 O69.82X5, O69.82X9, O69.89X0-O69.89X5, O69.89X9, O69.9XX0-O69.9XX5, O69.9XX9, O70.0- O70.4,  
 O70.9-O71.00, O71.02-O71.03, O71.1-O71.7, O71.81-O71.82, O71.89, O71.9, O72.0-O72.3, O73.0,  
 O73.1, O74.0-O74.9, O75.0-O75.5, O75.81, O75.82, O75.89, O75.9, O76, O77.0, O77.1, O77.8, O77.9,  
 O80, O82, O85, O86.0, O86.11-O86.13, O86.19-O86.22, O86.29, O86.4, O86.81, O86.89, O87.0-  
 O87.4, O87.8, O87.9, O88.011-O88.013, O88.019, O88.02, O88.03, O88.111-O88.113, O88.119,  
 O88.12, O88.13, O88.211-O88.213, O88.219, O88.22, O88.23, O88.311-O88.313, O88.319, O88.32,  
 O88.33, O88.811-O88.813, O88.819, O88.82, O88.83 O88.32, O88.33, O88.811-O88.813, O88.819,  
 O88.82, O88.83, O89.01, O89.09, O89.1-O89.6, O89.8, O89.9, O90.0-O90.6, O90.81, O90.89,  
 O90.9, O91.011-O91.013, O91.019, O91.02, O91.03, O91.111-O91.113, O91.119, O91.12, O91.13,  
 O91.211-O91.213, O91.219, O91.22, O91.23, O92.011-O92.013, O92.019, O92.02, O92.03, O92.111-  
 O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3-O92.6, O92.70, O92.79, O98.011-  
 O98.013, O98.019, O98.02, O98.03, O98.111-O98.113, O98.119, O98.12, O98.13, O98.211-O98.213,  
 O98.219, O98.22, O98.23, O98.311-O98.313, O98.319, O98.32, O98.33, O98.411-O98.413, O98.419,

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O98.42, O98.43, O98.511-O98.513, O98.519, O98.52, O98.53, O98.611-O98.613, O98.619, O98.62, O98.63, O98.711-O98.713, O98.719, O98.72, O98.73, O98.811-O98.813, O98.819, O98.82, O98.83, O98.911-O98.913, O98.919, O98.92, O98.93, O99.011-O99.013, O99.019, O99.02, O99.03, O99.111-O99.113, O99.119, O99.12, O99.13, O99.210-O99.215, O99.280-O99.285, O99.310-O99.315, O99.320-O99.325, O99.330-O99.335, O99.340-O99.345, O99.350-O99.355, O99.411-O99.413, O99.419, O99.42, O99.43, O99.511-O99.513, O99.519, O99.52, O99.53, O99.611-O99.613, O99.619, O99.62, O99.63, O99.711-O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825, O99.830, O99.834, O99.835, O99.840-O99.845, O99.89, O9A.111-O9A.113, O9A.119, O9A.12—O9A.13, O9A.211-O9A.213, O9A.219, O9A.22-O9A.23, O9A.311-O9A.313, O9A.319, O9A.32, O9A.33, O9A.411-O9A.413, O9A.419, O9A.42, O9A.43, O9A.511-O9A.513, O9A.519, O9A.52, O9A.53, Z03.71-Z03.75, Z03.79, Z33.1-Z33.2, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36

**Maternity diagnosis** — O00.0-O00.2, O00.8-O01.1, O01.9, O02.0-O02.1, O02.81, O02.89-O03.9, O04.5-O04.89, O07.0-O07.4, O08.0-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.619, O09.621-O09.623, O09.629-O09.009.73, O09.812-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899-O09.93, O10.011-O10.013, O10.111-O10.113, O10.019, O10.02, O10.03, O10.111-O10.113, O10.119, O10.12, O10.13, O10.211-O10.213, O10.219, O10.22-O10.23, O10.311-O10.313, O10.319; O10.32-O10.33, O10.411-O10.413, O10.419, O10.42-O10.43, O10.42, O10.43, O10.911-O10.913, O10.919, O10.92, O10.93, O11.1-O11.3, O11.9, O12.00-O12.03, O12.10-O12.13, O12.20-O12.23, O13.1-O13.3, O13.9, O14.00, O14.02-O14.03, O14.10, O14.12-O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.0, O15.1, O15.2, O15.9, O16.1-O16.3, O16.9, O20.0, O20.8, O20.9, O21.0-O21.2, O21.8, O21.9, O22.00-O22.03, O22.10-O22.13, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, O23.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23.513, O23.519, O23.521-O23.23, O23.529, O23.591-O23.593, O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.02, O24.03, O24.111-O24.113, O24.119, O24.12, O24.13, O24.311-O24.313, O24.319, O24.32, O24.33 O24.410, O24.414, O24.419, O24.420, O24.424, O24.429, O24.430, O24.434, O24.811-O24.813, O24.819, O24.82, O24.83, O24.911-O24.913, O24.919, O24.92, O24.93, O25.10-O25.13, O25.2, O25.3, O26.00-O26.03, O26.10-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26.613, O26.619, O26.62, O26.63 O26.711-O26.713, O26.719, O26.72-O26.73, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872-O26.873, O26.879, O26.891-O26.893, O26.899-O26.93, O28.0-O28.5, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.023, O29.029, O29.029.093, O29.099, O29.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-O29.193, O29.199, O29.211-O29.213, O29.291-O29.293, O29.299, O29.3X1-O29.3X3, O29.3X9, O29.40-O29.43, O29.5X1-O29.5X3, O29.5X9, O29.60-O29.63, O29.8X1-O29.8X3, O29.8X9, O29.90-O29.93, O30.00-O30.003, O30.009, O30.011-O30.013, O30.019, O30.021-O30.023, O30.029, O30.031-O30.033, O30. O30.039, O30.041-O30.043, O30.049, O30.091-O30.093, O20.099, O30.1010-O30.103, O30.109, O30.111-O30.113, O30.119, O30.121-O30.123, O30.129, O30.191-O30.193, O30.199, O30.201-O30.203, O30.209, O30.211-O30.213, O30.219, O30.221-O30.223, O30.229, O30.291-O30.293, O30.299, O30.801-O30.803,

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O30.809, O30.811-O30.813, O30.819, O30.821-O30.823, O30.829, O30.891-O30.893, O30.899,  
 O30.90-O30.93, O31.00X0-O31.00X5, O31.00X9, O31.01X0-O31.01X5, O31.01X9, O31.02X0-  
 O31.02X5, O31.02X9, O31.03X0-O31.03X5, O31.03X9, O31.10X0-O31.10X5, O31.10X9, O31.11X0-  
 O31.11X5, O31.11X9, O31.12X0-O31.12X5, O31.12X9, O31.13X0-O31.13X5, O31.13X9, O31.20X0-  
 O31.20X5, O31.20X9, O31.21X0-O31.21X5, O31.21X9, O31.22X0-O31.22X5, O31.22X9, O31.23X0-  
 O31.23X5, O31.23X9, O31.30X0-O31.30X5, O31.30X9, O31.31X0-O31.31X5, O31.31X9, O31.32X0-  
 O31.32X5, O31.32X9, O31.33X0-O31.33X5, O31.33X9, O31.8X10-O31.8X15, O31.8X19, O31.8X20-  
 O31.8X25, O31.8X29, O31.8X30-O31.8X35, O31.8X39, O31.8X90-O31.8X95, O31.8X99, O32.0XX0-  
 O32.0XX5, O32.0XX9, O32.1XX0-O32.1XX5, O32.1XX9, O32.2XX0-O32.2XX5, O32.2XX9, O32.3XX0-  
 O32.3XX5, O32.3XX9, O32.4XX0-O32.4XX5, O32.4XX9, O32.6XX0-O32.6XX5, O32.6XX9, O32.8XX0-  
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 O34.43, O34.511-O34.513, O34.519, O34.521-O34.523, O34.529, O34.531-O34.533, O34.539,  
 O34.591-O34.593, O34.599, O34.60-O34.63, O34.70-O34.73, O34.80-O34.83, O34.90-O34.93,  
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 O36.1935, O36.1939, O36.1990-O36.1995, O36.1999, O36.20X0-O36.20X5, O36.20X9, O36.21X0-  
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 O36.72X9, O36.73X0-O36.73X5, O36.73X9, O36.80X0-O36.80X5, O36.80X9, O36.8120-O36.8125,  
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 O36.92X0-O36.92X5, O36.92X9, O36.93X0-O36.93X5, O36.93X9, O40.1XX0-O40.1XX5, O40.1XX9-  
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 O41.1030-O41.1035, O41.1039, O41.1090-O41.1095, O41.1099, O41.1210-O41.1215, O41.1219,  
 O41.1220-O41.1225, O41.1229, O41.1230-O41.1235, O41.1239, O41.1290-O41.1295, O41.1299,  
 O41.1410-O41.1415, O41.1419, O41.1420-O41.1425, O41.1429, O41.1430-O41.1435, O41.1439,

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041.1490-041.1495, 041.1499, 041.8X10-041.8X15, 041.8X19, 041.8X20-041.8X25, 041.8X29, 041.8X30-041.8X35, 041.8X39, 041.8X90-041.8X95, 041.8X99, 041.90X0-041.90X5, 041.90X9, 041.91X0-041.91X5, 041.91X9, 041.92X0-041.92X5, 041.92X9, 041.93X0-041.93X5, 041.93X9, 042.00-042.013, 042.019, 042.02, 042.10, 042.111-042.113, 042.119, 042.12, 042.90, 042.911-042.913, 042.919, 042.92, 043.011-043.013, 043.019, 043.021-043.023, 043.029, 043.101-043.103, 043.109, 043.111-043.113, 043.119, 043.121-043.123, 043.129, 043.191-043.193, 043.199, 043.211-043.213, 043.219, 043.221-043.223, 043.229, 043.231-043.233, 043.239, 043.811-043.813, 043.819, 043.891-043.893, 043.899, 043.90-043.93, 044.00-044.03, 044.10-044.13, 045.001-045.003, 045.009, 045.011-045.013, 045.019, 045.021-045.023, 045.029, 045.091-045.093, 045.099, 045.8X1-045.8X3, 045.8X9, 045.90-045.93, 046.001-046.003, 046.009, 046.011-046.013, 046.019, 046.021-046.023, 046.029, 046.091-046.093, 046.099, 046.8X1-046.8X3, 046.8X9, 046.90-046.93, 047.00, 047.02, 047.03, 047.1, 047.9, 048.0, 048.1, 060.00, 060.02, 060.03, 060.10X0-060.10X5, 060.10X9, 060.12X0-060.12X5, 060.12X9-060.13X5, 060.13X9-060.14X5, 060.14X9-060.20X0-060.20X5, 060.20X9, 060.22X0-060.22X5, 060.22X9, 060.23X0-060.23X5, 060.23X9, 061.0, 061.1, 061.8-062.4, 062.8, 062.9, 063.0-063.2, 063.9, 064.0XX0-064.0XX5, 064.0XX9, 064.1XX0-064.1XX5, 064.1XX9, 064.2XX0-064.2XX5, 064.2XX9, 064.3XX0-064.3XX5, 064.3XX9, 064.4XX0-064.4XX5, 064.4XX9, 064.5XX0-064.5XX5, 064.5XX9, 064.8XX0-064.8XX5, 064.8XX9, 064.9XX0-064.9XX5, 064.9XX9, 065.0-065.5, 065.8-066.3, 066.40, 066.41, 066.5, 066.6, 066.8, 066.9, 067.0, 067.8, 067.9, 068, 069.0XX0-069.0XX5, 069.0XX9, 069.1XX0-069.1XX5, 069.1XX9, 069.2XX0-069.2XX5, 069.2XX9, 069.3XX0-069.3XX5, 069.3XX9, 069.4XX0-069.4XX5, 069.4XX9, 069.5XX0-069.5XX5, 069.5XX9, 069.81X0-069.81X5, 069.81X9-069.82X5, 069.82X9, 069.89X0-069.89X5, 069.89X9, 069.9XX0-069.9XX5, 069.9XX9, 070.0-070.4, 070.9-071.00, 071.02-071.03, 071.1-071.7, 071.81-071.82, 071.89, 071.9, 072.0-072.3, 073.0, 073.1, 074.0-074.9, 075.0-075.5, 075.81, 075.82, 075.89, 075.9, 076, 077.0, 077.1, 077.8, 077.9, 080, 082, 085, 086.0, 086.11-086.13, 086.19-086.22, 086.29, 086.4, 086.81, 086.89, 087.0-087.4, 087.8, 087.9, 088.011-088.013, 088.019, 088.02, 088.03, 088.111-088.113, 088.119, 088.12, 088.13, 088.211-088.213, 088.219, 088.22, 088.23, 088.311-088.313, 088.319, 088.32, 088.33, 088.811-088.813, 088.819, 088.82, 088.83, 088.83, 088.811-088.813, 088.819, 088.82, 088.83, 089.01, 089.09, 089.1-089.6, 089.8, 089.9, 090.0-090.6, 090.81, 090.89, 090.9, 091.011-091.013, 091.019, 091.02, 091.03, 091.111-091.113, 091.119, 091.12, 091.13, 091.211-091.213, 091.219, 091.22, 091.23, 092.011-092.013, 092.019, 092.02, 092.03, 092.111-092.113, 092.119, 092.12, 092.13, 092.20, 092.29, 092.3-092.6, 092.70, 092.79, 098.011-098.013, 098.019, 098.02, 098.03, 098.111-098.113, 098.119, 098.12, 098.13, 098.211-098.213, 098.219, 098.22, 098.23, 098.311-098.313, 098.319, 098.32, 098.33, 098.411-098.413, 098.419, 098.42, 098.43, 098.511-098.513, 098.519, 098.52, 098.53, 098.611-098.613, 098.619, 098.62, 098.63, 098.711-098.713, 098.719, 098.72, 098.73, 098.811-098.813, 098.819, 098.82, 098.83, 098.911-098.913, 098.919, 098.92, 098.93, 099.011-099.013, 099.019, 099.02, 099.03, 099.111-099.113, 099.119, 099.12, 099.13, 099.210-099.215, 099.280-099.285, 099.310-099.315, 099.320-099.325, 099.330-099.335, 099.340-099.345, 099.350-099.355, 099.411-099.413, 099.419, 099.42, 099.43, 099.511-099.513, 099.519, 099.52, 099.53, 099.611-099.613, 099.619, 099.62, 099.63, 099.711-099.713, 099.719, 099.72, 099.73, 099.810, 099.814, 099.815, 099.820, 099.824, 099.825, 099.830, 099.834, 099.835, 099.840-099.845, 099.89, 09A.111-09A.113,

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O9A.119, O9A.12—O9A.13, O9A.211-O9A.213, O9A.219, O9A.22-O9A.23, O9A.311-O9A.313, O9A.319, O9A.32, O9A.33, O9A.411-O9A.413, O9A.419, O9A.42, O9A.43, O9A.511-O9A.513, O9A.519, O9A.52, O9A.53, Z03.71, Z03.75, Z03.79, Z33.2, Z39.0
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Codes to indicate postpartum visits:

CPT
57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 99501
CPT II service codes — 0503F
Postpartum bundled services — 59400, 59410, 59510, 59515, 59610, 59614, 59618

HCPCS
G0101

ICD-10
Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2, G0101

CPT II category codes:

These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

CPT Category II

These codes may be used only if the claim indicates when postpartum care was rendered.

- 0500F: initial prenatal care visit (Report at the first prenatal encounter with a health care professional providing OB care. Also report the date of visit and, in a separate field, the date of the last menstrual period.)
- 0501F: prenatal flow sheet documented in medical record by the first prenatal visit (Documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones and estimated date of delivery. Also report the date of visit and, in a separate field, the date of the last menstrual period.) Note: If reporting 0501F, it is not necessary to report 0500F.
- 0502F: subsequent prenatal care visit
- 0503F

**Helpful tips**

- If the patient comes in one or two weeks after delivery for the removal of staples, educate her on the importance of coming back for a visit 21-56 days after discharge from the hospital and schedule the visit. Explain the purpose of the postpartum visit — what you will examine, discuss and why.
- Call members to schedule the postpartum visits as well as remind them of their appointment dates and times.
- Follow up with members who miss appointments and reschedule.

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- Make sure the postpartum checkup date is on or between 21-56 days. (A day early or a day late does not count.)
- If you use a global billing code, make sure the postpartum visit date is on the claim.
- Since bundled service codes are used on the date of delivery, use only when the claim form indicates when prenatal care was initiated.
- Document all services using the ACOG forms.
- Use the provided CPT II codes to document your services, which will help reduce looking for records during HEDIS season.

**How can we help?**

We help you get members the postpartum care they need by:

- Posting Clinical Practice Guidelines on our provider self-service website.
- Enrolling members into our maternal programs to help you coordinate their care.
- Distributing educational materials to members we identify as pregnant or recently given birth.
- Reaching out to members to remind them of the importance of postpartum care and assisting them with making an appointment.

**Other available resources**

You can find more information and tools online at:

- [www.acog.org/Resources-And-Publications/Patient-Education-Materials](http://www.acog.org/Resources-And-Publications/Patient-Education-Materials)

**Notes**

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## Spirometry Testing for Members with Chronic Obstructive Pulmonary Disease

This HEDIS measure looks at members ages 40 years and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

### Record your efforts

Make sure your medical records reflect evidence of appropriate spirometry testing for those with newly diagnosed or newly active COPD.

Evidence can be taken from:

- Documentation of outpatient visits.
- Documentation of acute inpatient encounters, ER or observation visit.
- Documentation made for transfers or readmissions.

Codes to identify COPD:

Description	ICD-10
Chronic bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	J44.0, J44.1, J44.9

Codes to identify spirometry testing:

Description	CPT
Spirometry testing	94010, 94014-94016, 94375, 94620

### Helpful tips

- Perform a spirometry test for individuals who present with dyspnea, chronic cough, increased sputum production or wheezing.
- To support a COPD diagnosis, document in the medical record spirometry testing performed prior to the initiation of pharmacotherapy treatment.
- Educate members about the use of and compliance with prescribed treatments:
  - Long-term medications
  - Quick-relief medications
  - Smoking cessation counseling
  - Breathing training
  - Oxygen treatments
  - Using meter-dose inhalers
  - Avoiding elements that trigger attacks, such as dust, pollen, smoking and secondary smoke, cold air, and pets.

To find out more information, please contact your Provider Relations representative.

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**How can we help?**

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Coordinating with you to plan focused health prevention Clinic Days offering health screenings, activities, materials and resources if available in your region.
- Educating members about COPD through health education material.

**Other available resources**

You can find more information and tools online at:

- [www.goldcopd.org](http://www.goldcopd.org)
- [www.guideline.gov](http://www.guideline.gov)

**Notes**

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## Upper Respiratory Infections

This HEDIS measure looks at members ages 3 months-18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. Educating members on the difference between bacterial and viral infections is a key factor in the success of this measure; reducing unnecessary use of antibiotics is the goal of this measure.

Diagnosis codes to identify URI:

Description	ICD-10
Acute nasopharyngitis (common cold)	J00
URI	J06.0, J06.9

### Helpful tips

- Be equipped to teach members about the real cause of their illness and explain how using antibiotics when they're not needed can be harmful and cause antibiotic resistance.
- Educate members on the effects of frequently using antibiotics for a viral infection by using educational tools that are available
- Post educational materials in your waiting room and treatment areas for members.
- Focus your discussion on things members can do to treat the symptoms of URI and the common cold, like:
  - Getting extra rest.
  - Drinking plenty of fluids.
  - Treating the symptoms with over-the-counter medications.
  - Using a cool mist vaporizer/nasal spray for congestion.
  - Using ice chips or throat spray/lozenges for sore throats.
- If a parent/caregiver insists on an antibiotic:
  - Refer to the illness as a common cold; parents and caregivers tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, such as an over-the-counter cough medicine.

### How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.

### Other available resources

Go to [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart) for these helpful materials and more:

- *Prescription Pad for Viral Infection*
- *Get Smart: Know When Antibiotics Work*
- *Cold or Flu: Antibiotics Don't Work for You*

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## Use of Imaging Studies for Lower Back Pain

This HEDIS measure looks at members ages 18-50 years with a primary diagnosis of lower back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. Those who did not receive an imaging study immediately after diagnosis indicates appropriate treatment of uncomplicated lower back pain.

### Record your efforts

- Consider appropriate treatment options prior to ordering diagnostic imaging studies immediately or in the first few weeks of new onset back pain if there are no red flags, such as cancer, recent trauma, neurologic impairment, HIV, spinal infections, organ transplant, prolonged use of corticosteroid or intravenous (IV) drug abuse.
- When ordering an imaging study for a red flag or other reasons, consider using the correct primary or secondary diagnosis, such as cancer, recent trauma, neoplasms, neurologic impairment, HIV, spinal infections, organ transplant, prolonged use of corticosteroid or IV drug use.

Codes to identify uncomplicated lower back pain and related visit type:

CPT	HCPCS
Outpatient visit — 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456  ED visit — 99281-99285 (Do not include if visit resulted in inpatient stay.)  Observation visit — 99217-99220 (Do not include if visit resulted in inpatient stay.)  Osteopathic and chiropractic manipulative treatment visit — 98925-98929, 98940-98942  Physical therapy visit — 97110, 97112, 97113, 97124, 97140	HCPCS outpatient visit codes — G0402, G0438, G0439, G0463, T1015
ICD-10 codes — M47.26-M47.28, M47.816-M46.818, M47.896-M46.898, M48.06-M48.08, M51.16-M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS	

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Imaging study is clinically appropriate for some the following red flag diagnosis indicators of lower back pain: cancer, recent trauma, IV drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant and prolonged use of corticosteroids.

Imaging study — 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220

**Notes**

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## Weight Assessment, Nutritional Counseling and Physical Activity

This HEDIS measure looks at members ages 3-17 years who had one or more outpatient visits with PCPs or OB/GYNs during the year and documented evidence of weight assessment, physical activity and nutritional counseling.

Three separate rates are reported:

- Height, weight and BMI percentile (not BMI value)
- Counseling for nutrition
- Counseling for physical activity with recommendations and not solely topics on sports or safety

Remember: A nutritional evaluation and anticipatory guidance are required as part of the routine health check visit.

### Record your efforts

Document BMI percentile and counseling for nutrition and physical activity annually.

Make sure your records reflect:

- Date of visit.
- Weight and height.
- BMI percentile documented or plotted on an age-growth chart.
- Checklist to indicate counseling for nutrition and physical activity.

Description	CPT	ICD-10	HCPCS	Medical record documentation
BMI percentile		Z68.51-Z68.54		Height, weight and percentile <ul style="list-style-type: none"> <li>• Engagement in discussion of behaviors</li> <li>• Checklist indicating counseling addressed</li> <li>• Counseling or referral</li> <li>• Educational materials given to member</li> </ul>
Counseling for nutrition	97802, 97803, 97804	Z71.3	G0270, G0271, G0447, S9449, S9452, S9470	
Counseling for physical activity		Z02.5	G0447, S9451	

### Codes to identify outpatient visits:

CPT — 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS — G0402, G0438, G0439, G0463, T1015

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**Helpful tips**

- Measure height and weight at least annually and document the BMI percentile in the medical record.
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the patient.
- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.
- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.

**How can we help?**

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.

Contact your local Provider Relations representative for more information.

**Notes**

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## Well-Child Visits: Children 0 to 15-Months Old

This HEDIS measure looks at members who have turned 15 months old and have had at least six well-child visits with a PCP. Immunizations may be an important part of these visits. Well visits must include documentation of a health and developmental history (physical and mental), a physical exam and health education/anticipatory guidance.

### Record your efforts

- Follow the American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care periodicity schedule for well visits and services.
- Document each well visit in the member's medical record.
- Complete all six well visits by 15 months of life.
- Confirm that your medical record documentation reflects all the following:
  - Six well-child visits with a PCP completed at least two weeks apart
  - A medical history
  - Physical and mental developmental histories
  - A physical exam
  - Health education and anticipatory guidance

Codes to identify well-child visits:

CPT	HCPCS	ICD-10
99381-99382, 99391-99392	G0438, G0439	Z00.110, Z00.111, Z00.121, Z00.129

If you encounter abnormalities or address a pre-existing problem during a well-child visit and the problem/abnormality is significant enough to require additional work to perform the key components of problem-oriented services, please use codes as applicable.

### Helpful tips

- Use your member roster to contact members who are due for an exam or are new to your practice.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for a visit. If you do not use EMRs, consider creating a manual tracking method. Sick visits may be a missed opportunity for your patient to get a wellness exam.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.

### How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing individualized reports of your members overdue for services.

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- Encouraging members to get preventive care through our programs. Contact your Provider Relations representative for more information.

**Notes**

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## Well-Child Visits: Children 3 to 6 Years Old

This HEDIS measure looks at members ages 3-6 years who had one or more comprehensive well-child visits with a PCP during the year.

### Record your efforts

- Follow the American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care periodicity schedule for well visits and services.
- Sick visits may be missed opportunities for your patient to get health checks; complete an annual exam during the sick visit.
- Document each well visit in the member's medical record.
- Make sure your medical records reflect all the following:
  - A note indicating a visit to a PCP
  - The date the well-child visit occurred
  - Physical and mental developmental histories
  - A physical exam
  - Health education and anticipatory guidance

Codes to identify well-child visits:

CPT	ICD-10	HCPCS
99382-99384, 99392-99394	Z00.121, Z00.129, Z00.8, Z02.0	G0438, G0439

If you encounter abnormalities or address a pre-existing problem during a well-child visit and the problem/abnormality is significant enough to require additional work to perform the key components of problem-oriented services, please use applicable codes.

### Helpful tips

- Use your member roster to contact members who are due for an annual exam.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your patient to get health checks.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.

### How can we help?

We help you meet this benchmark by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs.
- Contacting your Provider Relations representative for more information.

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