



2012 HEDIS® OBSTETRICAL CODING GUIDELINES



WellCare uses HEDIS reporting measures as one way to document preventive and timely health care services provided to our members. The codes outlined below are from the HEDIS® 2012 Technical Specifications and should be used as a *guideline* to ensure reporting accuracy. Some of these codes may not be reimbursable by the Health Plan. Please refer to your fee schedule for applicable coding for each service rendered. Reimbursement for these services will be in accordance with the terms and conditions of your provider agreement.

MEASURE	OBSTETRICAL PREVENTIVE HEALTH STANDARD	PROCEDURE CODES	ICD-9 CM DIAGNOSIS CODES
Prenatal Care and Timeliness of Prenatal Care	Pregnant female members need a prenatal visit in their first trimester or within 42 days of enrollment in the Plan	An office code: 99201–99205, 99211–99215, 99241–99245 AND 76801, 76805, 76811, 76813, 76815–76821, 76825–76828, 80055 OR 86644, 86694, 86695, 86696, 86762, 86777 ===== OR 99500, H1000–H1004, H1005* *H1005 is a code that indicates bundled services and is useful only if the claim form indicates when prenatal care was initiated	99201–99205, 99211–99215, 99241–99245 AND: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22–V23, V28 ===== No ICD-9 CM Diagnosis Codes needed if billing bundled services
Postpartum Care	Female members need a postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery	57170, 58300, 59400*, 59410*, 59430, 59510*, 59515*, 59610*, 59614*, 59618*, 59622*, 88141–88143, 88147, 88148, 88150, 88152–88155, 88164–88167, 88174, 88175, 99501 *Generally, these codes are used on the date of delivery, not on the date of the postpartum visit G0101, G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091	V24.1, V24.2, V25.1, V72.3, V76.2
Cervical Cancer Screening	Female members 21–64 years of age need one Pap test in 2012 OR Appropriate documentation of exclusion criteria: Documentation of “complete,” “total” or “radical” abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix	88141–88143, 88147, 88148, 88150, 88152–88155, 88164–88167, 88174, 88175 G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091 Exclusion Criteria: Hysterectomy 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550–58554, 58570–58573, 58951, 58953, 58954, 58956, 59135	Exclusion Criteria: Hysterectomy 618.5, V67.01, V76.47, V88.01, V88.03
Chlamydia Screening in Women	Female members 16–24 years of age who are sexually active need one Chlamydia test in 2012	87110, 87270, 87320, 87490–87492, 87810	

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 Source - HEDIS® 2012 Volume 2 Technical Specifications