

2020 HEDIS® AT-A-GLANCE:

WOMEN'S HEALTH MEASURES

'Ohana Health Plan values everything you do to deliver quality healthcare for our members – your patients. This easy-to-use HEDIS® At-A-Glance Guide gives you the tools to meet, document and code HEDIS Measures. Together, we can improve our quality scores by ensuring optimum care and service to our members. Please contact your 'Ohana Health Plan representative if you need more information or have any questions. Quality care is a team effort. Thank you for playing a starring role!

*Measurement year 2019

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Breast Cancer Screening (BCS) Women who had one or more mammograms to screen for breast cancer during the measurement year or the two years prior. Ages: 50–74 years (Women) <i>Performed: Measurement year*</i> STAR Weight: 1 <i>Performed: Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year*</i></p>	<p>Include documentation of mammogram or exclusions. This measure is to evaluate preventive screening. Do not count biopsies, breast ultrasounds or MRIs as they are not appropriate methods for primary breast cancer screening.</p> <p>EXCLUSION: Women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart.</p>	<p>CPT Codes: 77055-77057, 77061-77063, 77065-77067</p>
<p>Cervical Cancer Screening (CCS) Women who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> Ages: 21–64 who had cervical cytology (PAP) performed within the last 3 years Ages: 30–64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last 5 years Ages: 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last 5 years <p><i>Performed:</i> <i>PAP: Measurement year and 2 prior years*</i> <i>hrHPV: Measurement year and 4 prior years*</i></p>	<p>A note indicating the date the test was performed and the result or finding.</p> <ul style="list-style-type: none"> Labs that indicate the sample was inadequate or “no cervical cells were present” cannot be counted Biopsies cannot be counted <p>EXCLUSION: Women who had a total hysterectomy with no residual cervix. Documentation of “hysterectomy” alone cannot be counted.</p>	<p>Cervical Cytology: CPT Codes: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 HPV Tests: 87620-87622, 87624, 87625 HCPCS: G0476</p>
<p>Chlamydia Screening (CHL) Women who were identified as sexually active and who had at least one chlamydia test in the measurement year.</p> <p>Report two age stratifications and a total rate:</p> <ul style="list-style-type: none"> 16–20 years (Women) 21–24 years (Women) Total (Women) <p><i>Performed: Measurement year*</i></p>	<ul style="list-style-type: none"> May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis A note indicating the date the test was performed and the result or finding 	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p>

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HEDIS Measure

Prenatal and Postpartum Care (PPC)

The percentage of deliveries of live births between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Prenatal care visit includes a visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.
- **Postpartum Care:** Postpartum visit includes a visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7 and 84 days after delivery.

*Performed: Measurement year and prior year**

HEDIS Tips

Prenatal Care

Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

- A basic physical OB exam with any of the following: fetal heart tone auscultation, pelvic exam with obstetric observations, fundal height measurement. Use of standardized prenatal flow sheet is acceptable.
- Evidence that a prenatal care procedure was performed, such as:
 - Obstetric panel screening test
 - TORCH antibody panel alone, or
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
 - Ultrasound of a pregnant uterus.
- Documentation of LMP, EDD or gestational age in conjunction with either of the following:
 - Prenatal risk assessment and counseling/education.
 - Complete obstetrical history.

A PAP test does not meet criteria for prenatal care.

Postpartum Care

Documentation must include a note indicating the date when a postpartum visit occurred and one of the following.

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

A PAP test ALONE is acceptable documentation for the postpartum visit, if it is in conjunction with a visit in the acceptable time frame with an appropriate provider type as it provides evidence of a pelvic exam.

Sample Codes Used

Prenatal Care

ICD-10 Dx: Use appropriate code family: O
Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9

CPT Codes:

E/M: 99201-99205, 99211-99215, 99241-99245, 99500

Prenatal Bundled Codes: 59400, 59425, 59426, 59510, 59610, 59618

Postpartum Care

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

Postpartum Bundled: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

CPT Codes:

E/M: 57170, 58300, 59430, 99501

Cervical Cytology: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175

CPT II Code:

E/M: 0503F