



Reference Guide for Women's Health

2020 HEDIS® Measures





We have the same goal:
**To help improve your patients’
health outcomes by identifying and
addressing open care opportunities.**

Like you, we want your patients, who are UnitedHealthcare plan members, to be as healthy as possible. And a big part of that is making sure they get the preventive care and chronic care management they need. To help identify care opportunities, our PATH program gives you information specific to UnitedHealthcare members who are due or overdue for specific services.

This reference guide can help you better understand the specifications for many of the quality measurement programs and tools used to address care opportunities, as well as how to report data and what billing codes to use.

For additional PATH resources or to access this guide online, please visit **UHCprovider.com/path**.

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PATH





What Is HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®) is a National Committee for Quality Assurance (NCQA) tool that measures performance in health care where improvements can make a meaningful difference in people's lives.

- HEDIS® measures are reported as administrative or hybrid and are collected and reported annually by health plans.
- The data collection cycle, which includes gathering medical record information from care providers, generally happens in the first half of each year.
- The data is then used to evaluate quality of care, which is determined by dividing the measure numerator by the measure denominator.

HEDIS®-related terms are explained in the Glossary.

Contact us to learn more. For more information about how our programs can help support your patients who are UnitedHealthcare plan members, please contact your UnitedHealthcare representative. Thank you.

PATH



Glossary of Terms

Measurement Year

In most cases, the 12-month timeframe between which a service was rendered – generally Jan. 1 through Dec. 31. Data collected from this timeframe is reported during the reporting year.

Reporting Year

The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year. For example:

- The 2020 reporting year would include data from services rendered during the measurement year, which would be 2019 and/or any time prior. Results from the 2020 reporting year would likely be released in June 2020, depending on the quality program.

Denominator

The number of members who **qualify** for the measure criteria, based on NCQA technical specifications.

Numerator

The number of members who meet **compliance** criteria based on NCQA technical specifications for appropriate care, treatment or service.

Medical Record Data

The information taken directly from a member's medical record to validate services rendered that weren't captured through medical or pharmacy claims, encounters, or supplemental data.

Collection and Reporting Method

- **Administrative** – Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.
- **Hybrid** – Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters and medical record data. In some cases, health plans use auditor-approved supplemental data for the numerator.
- **Supplemental Data** – Standardized process in which clinical data is collected by health plans for purposes of HEDIS® improvement. Supplemental clinical data is additional data beyond claims data.

Required Exclusion

Members are excluded from a measure denominator based on their diagnosis and/or procedure captured in claim/encounter data. A determination is made after the claim is processed within certified HEDIS® software while the measure denominator is being created. For example:

- Members with end-stage renal disease (ESRD) during the measurement year or year prior will be excluded from the statin therapy for patients with cardiovascular disease (SPC) measure denominator.
- Members with a claim for hospice services during the measurement year will be excluded from all applicable measures.

Optional Exclusion

Members are excluded from a measure denominator manually using certified HEDIS® software during the hybrid review process, also known as medical records review.

For example:

- Members who had a total colectomy when they weren't enrolled in a UnitedHealthcare plan will be excluded from the colorectal cancer screening (COL) measure after a hybrid review.
- Women with a diagnosis of pregnancy during the measurement year or year prior can be excluded from the adult body mass index assessment (ABA) measure.

Applicable optional and required exclusions are listed for each measure included in this reference guide. You can also locate associated codes in the Appendix.

Proportion of Days Covered (PDC)

According to the Pharmacy Quality Alliance (PQA), the proportion of days in the measurement period "covered" by prescription claims for the same medication or another in its therapeutic category. At a high level, the PDC calculation uses the days' supply dispensed and refill dates for qualifying medications to assess how many days a member has medication on hand during the measurement period.

Tools You Can Use



We aim to make it easier for your practice to successfully address care opportunities for UnitedHealthcare plan members. To help, we offer a range of resources – some of which are highlighted here – so you can share data with us more effectively, identify members due for tests and screenings, and much more.

If you have any questions, please don't hesitate to talk with your UnitedHealthcare representative. They're happy to give you updates on the programs we already have, and details on any innovations that are coming soon.

Link – Harness the Power of Self-Service.

Link self-service tools can quickly provide the comprehensive information you may need for most UnitedHealthcare benefit plans – without the extra step of calling for information. Use Link to perform secure online transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. You can capture screenshots of your activity or record reference numbers for better documentation.

To access Link:

- Go to **UHCprovider.com** and click on the Link icon in the top right hand corner.
- Log in using your Optum ID.

Link self-service tools include:

- **eligibilityLink** – View detailed patient eligibility and benefits information for multiple plans.
 - Search for covered members.
 - View preventive care opportunities for some members.
 - Check previous benefit coverage up to 18 months in the past.
 - Determine network and tier status.
 - Find out a member's cost share, deductible or out-of-pocket responsibility.
- **claimsLink** – Get claims information for multiple UnitedHealthcare plans, including access letters, remittance advice documents and reimbursement policies.
 - Get up-to-date status on claims.
 - Submit corrected claims and/or claim reconsideration requests.
- **referralLink** – Determine if a referral is needed for your patient, submit a referral request and receive a confirmation number.
 - Check the status of a referral request.
 - View, print or save confirmation numbers and timelines for submitted referrals.

- **Prior Authorization and Notification** – Submit notification and prior authorization requests.
 - Determine if prior authorization or notification is required.
 - Upload medical notes or other attachments.
 - Check the status of requests – including those made by phone.
- **PreCheck MyScript** – Get real-time, accurate, patient-specific prescription data.
 - See current prescription coverage and price, including out-of-pocket costs.
 - Learn which prescriptions require prior authorization, or which aren't covered or preferred.
 - Request prior authorization and receive status and results.
- **Document Vault** – View and download UnitedHealthcare reports, physician rosters and most commercial claim letters.
 - Access, flag and download claim letters and reports, such as the Patient Care Opportunity Report (PCOR).
 - Request paperless delivery to opt out of paper copies of letters and documents available in your Document Vault.
- **My Practice Profile** – View and update* the care provider demographic data UnitedHealthcare members see for your practice.

To learn more about Link, please visit **UHCprovider.com/link**. If you have questions, please call the UnitedHealthcare Connectivity Help Desk at **866-842-3278**, option 1, 7 a.m. - 9 p.m. Central Time, Monday - Friday.

*Care providers who participate with **UnitedHealthcare Community Plan of Hawaii** should not use My Practice Profile to update demographic information. Instead, please call **888-980-8728** to make demographic updates. Delegated providers who submit **UnitedHealthcare Community Plan of Michigan** demographic updates through a separate process should not use My Practice Profile to update demographic information. Instead, please continue to submit those updates using your existing process.

Tools You Can Use

Patient Care Opportunity Report – Check Often for Preventive and Chronic Care Management Opportunities.

We're always working on ways to positively impact the time you spend with your patients who are UnitedHealthcare plan members. That's one reason why we created the Patient Care Opportunity Report (PCOR) – to help you quickly see who may be due for screenings and tests, and who may be at risk for non-adherence to their medications.

The PCOR is available online every month, and is compiled from medical and pharmacy claims data and supplemental data. You can check it every day to view care opportunities tied to these types of measures included in this reference guide:

- CMS Star Ratings
- HEDIS®
- Pharmacy compliance
- Value-based contracting

Simply follow these instructions to view your PCOR:

- Go to **UHCprovider.com/pcor**.
 - If this is your first time signing in, click on **New User** at the top of the home page and follow the registration instructions.
- Click on **Go to Reports**, and enter your Optum ID and password.
- All users will be prompted to choose an account. If you have more than one, pick which account you'd like to view reports for.
- When the Document Vault tool opens, click on the **Physician Performance & Reporting** button and choose **Open My Reports**. Select the report you want to see.
 - If this is your first time accessing your report, please use your PIN to sign in. The PIN is the same for UnitedHealthcare Community Plan, Medicare Advantage and commercial members. If you don't know your PIN, please contact your UnitedHealthcare representative or call our Health Care Measurement Resource Center at **866-270-5588**.

If you have questions about viewing your report, click on the envelope icon on the **Open My Reports** page and complete the Contact Us form. If you need additional assistance, please contact your UnitedHealthcare representative or call our Health Care Measurement Resource Center at **866-270-5588**.

UHCareConnect: Available through Link – Access to Address Open Care Opportunities.

UnitedHealthcare is pleased to offer UHCareConnect,* our convenient online tool that can help make it easier for you to identify open care opportunities for your patients who are our plan members. This tool was formerly known as UHCTransitions™ or Health BI.

UHCareConnect allows you to:

- Identify and address open care opportunities for your patients.
- Keep your patients on target with their medications, screenings and tests.
- Submit supplemental data to close open gaps in care.
- Manage your patients who were admitted to or discharged from an inpatient stay at a hospital.

We also included a Census tab within the tool to show any members recently discharged from an inpatient hospital stay. This can help you know who to follow up with to complete a medication review – to enable you to successfully meet requirements for the medication reconciliation post-discharge HEDIS® measure.

To get started, sign in to Link with your Optum ID.

- To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner.
- If you aren't registered yet, select "New User" to begin registration.

For additional information on UHCareConnect or to get signed up today, please contact your UnitedHealthcare representative.

*We're working to build this tool for commercial and UnitedHealthcare Community Plan members, too.

Tools You Can Use

UnitedHealthcare Data Exchange Program – Get Involved Today!

Our Clinical Data Services Management (CDSM) team is ready to work with your practice to set up a connection platform so we can share important member clinical data such as body mass index (BMI), blood pressure, lab results and more. When we work together on data exchange, it can help us more easily:

- Identify and address care opportunities.
- Report accurate data to CMS and NCQA.
- Reach our goal of improving health care outcomes while lowering health care costs.

For more information or to get started, please contact us directly at ecdiops@uhc.com.

UHC On Air – Tune In to What’s New.

With more than 800 programs available to watch, UHC On Air gives you unlimited access to live and on-demand education and training videos on an array of topics. We’re continually creating new programs that you can view any time and from any device, including some programs with continuing education units (CEUs) or continuing medical education (CME) credits at no cost to you.

To get started, go to UHCprovider.com and sign in to Link. Then, click the UHC On Air tile on your Link dashboard and choose a video to watch.

OptumHealth Education – Learn More Online.

OptumHealth Education, a UnitedHealth Group company offering services and solutions to help improve patient care delivery, provides continuing education classes with credits for several of the physical and mental health conditions included in this reference guide. Care providers can learn about patient treatment, best practices, trends and more. To learn about OptumHealth Education or register for classes, visit optumhealtheducation.com.

Contact us to learn more. For more information about how our programs can help support your patients who are UnitedHealthcare plan members, please contact your UnitedHealthcare representative. Thank you.

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Adult Body Mass Index Assessment (ABA)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- LOINC codes for measure compliance
- SNOMED codes for pregnancy exclusion



Definition

Percentage of members ages 18–74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid Medicare 	<ul style="list-style-type: none"> CMS Star Ratings CMS Quality Rating System NCQA Accreditation NCQA Health Plan Ratings 	Hybrid <ul style="list-style-type: none"> Claim/Encounter Data Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

BMI Percentile – For Members Ages 18–19

ICD-10 Diagnosis	Z68.51, Z68.52, Z68.53, Z68.54
LOINC	59574-4, 59575-1, 59576-9

BMI Value – For Members Ages 20 and Older

ICD-10 Diagnosis	Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45
LOINC	39156-5, 89270-3

Adult Body Mass Index Assessment (ABA)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
Optional Exclusion	Timeframe
Female members with a diagnosis of pregnancy	Measurement year or year prior to measurement year



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
For ages 18–19	<ul style="list-style-type: none"> Height, weight, BMI <u>percentile</u> 	<ul style="list-style-type: none"> Growth chart Progress notes Vitals sheet
For ages 20 and older	<ul style="list-style-type: none"> Weight, BMI <u>value</u> 	

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always clearly document a date of service with the height, weight, and BMI value or percentile. The measurements must be from the same medical record, but can be from multiple visits.**
- For members ages 18–19, please use pediatric coding guidelines for BMI percentile.
- If your office documents within an electronic medical record (EMR) system:
 - Please ensure that the height, weight, and calculated BMI or percentile transfers to the vitals sheet or progress notes with a date of service.
 - Check that the “calculate BMI” function or reminder flags are turned on within the system.
 - For members ages 18–19, please confirm your EMR system calculates a percentile along with the BMI value. The percentile must also be viewable during any medical record review.
 - The estimated BMI value or percentile is not acceptable for compliance.
- If your office documents within paper charts:
 - Please calculate and document the BMI or BMI percentile using a BMI wheel or BMI smartphone app.
- BMI values and percentiles can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities.**

Colorectal Cancer Screening (COL)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance
- SNOMED codes for advanced illness diagnosis and history of total colectomy (exclusion criteria)



Definition

Percentage of members ages 50–75 who had an appropriate screening for colorectal cancer

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicare Select Medicaid State Reporting 	<ul style="list-style-type: none"> CMS Star Ratings CMS Quality Rating System NCQA Accreditation NCQA Health Plan Ratings 	Hybrid <ul style="list-style-type: none"> Claim/Encounter Data Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Colonoscopy	
CPT®/CPTII	44388-94, 44397, 44401-08, 45355, 45378-93, 45398
HCPCS	G0105, G0121
SNOMED	8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 235150006, 235151005, 310634005, 367535003, 425672002, 425937002, 427459009, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 713154003
History of Colonoscopy	
SNOMED	851000119109

(Codes continued)

CPT® is a registered trademark of the American Medical Association.

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Colorectal Cancer Screening (COL)

Codes (continued)

Computed Tomography (CT) Colonography

CPT/CPT II	74261-63 This service isn't covered for UnitedHealthcare Medicare Advantage members.
LOINC	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
SNOMED	418714002

FIT-DNA Test

CPT/CPT II	81528 This code is specific to the Cologuard® FIT-DNA test.
HCPCS	G0464 This code was retired and replaced with CPT code 81528 on Jan. 1, 2016.
LOINC	77353-1, 77354-9

FIT-DNA Test Result or Finding

SNOMED	708699002
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Flexible Sigmoidoscopy

CPT/CPT II	45330-35, 45337-42, 45345-47, 45349-50
HCPCS	G0104
SNOMED	44441009, 396226005, 425634007

History of Flexible Sigmoidoscopy

SNOMED	841000119107
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FOBT

CPT/CPT II	82270
HCPCS	G0328
LOINC	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
SNOMED	104435004, 441579003, 442067009, 442516004, 442554004, 442563002

(Codes continued)

Colorectal Cancer Screening (COL)

Codes (continued)

FOBT Test Result or Finding	
SNOMED	59614000, 167667006, 389076003
FIT	
CPT/CPT II	82274

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: <ul style="list-style-type: none"> Two or more outpatient, observation, emergency (ER) or non-acute inpatient encounters or discharges on separate dates of service with a diagnosis of advanced illness One or more acute inpatient encounters with a diagnosis of advanced illness One or more acute inpatient discharges with a diagnosis of advanced illness on the discharge claim Dispensed a dementia medication: Donepezil, galantamine, rivastigmine or memantine 	<p>Frailty diagnosis must be in the measurement year.</p> <p>Advanced illness diagnosis must be in the measurement year or year prior to the measurement year.</p>
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: <ul style="list-style-type: none"> Enrolled in an Institutional Special Needs Plan (I-SNP) Living long term in an institution* 	Any time during the measurement year
Optional Exclusions	Timeframe
<ul style="list-style-type: none"> Total colectomy Colorectal cancer 	Any time in a member’s history through Dec. 31 of the measurement year

*Supplemental and medical record data may **not** be used for the frailty with advanced illness or institutional living exclusions.

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member’s benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Colorectal Cancer Screening (COL)



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Measurement year or nine years prior	Colonoscopy	<ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Health history and physical • Lab reports • Pathology reports – For a colonoscopy, must indicate the type or screening or that the scope advanced beyond the splenic flexure. For a flexible sigmoidoscopy, must indicate the type or screening or that the scope advanced into the sigmoid colon.
Measurement year or four years prior	<ul style="list-style-type: none"> • Flexible sigmoidoscopy • CT colonography 	
Measurement year or two years prior	FIT-DNA test	
Measurement year	iFOBT, gFOBT, FIT	

Colorectal Cancer Screening (COL)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always include a date of service – year only is acceptable – when documenting a colonoscopy, flexible sigmoidoscopy, FIT-DNA test, CT colonography or FOBT reported by the member.**
- In June 2018, the American Cancer Society (ACS) changed their recommendations for colorectal cancer screening from age 50 to age 45.
 - At this time, NCQA and the U.S. Preventive Services Task Force (USPSTF) have not adopted this recommendation. HEDIS® measure methodology remains the same at ages 50–75.
- It's important to submit any codes that reflect a member's history of malignancy for colorectal cancer, Z85.038 and Z85.048.
 - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
 - If a member isn't new to the care provider, but the member's chart has documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.
- Member refusal will **not** make them ineligible for this measure.
 - Please recommend a flexible sigmoidoscopy, FIT-DNA test or FOBT if a member refuses or can't tolerate a colonoscopy.
- There are two types of acceptable FOBT tests – guaiac (gFOBT) and immunochemical (iFOBT).
- If you have an account with LabCorp, UnitedHealthcare's laboratory services vendor, you can order iFOBT kits through them. The kit includes a take-home collection kit and a requisition form. If you don't have an account with LabCorp, you can get a limited contract that allows you to order the kits.
 - Physicians, nurse practitioners and physician assistants can provide the kit to members during their routine office visits. Members can then collect the sample at home and send the specimen and requisition form directly to the laboratory services vendor in a postage-paid envelope.
 - Instead of providing kits directly to members, you can also encourage them to call the Customer Service number on the back of their health plan ID card to request a kit.
- USPSTF added CT colonography for colorectal cancer screening in July 2016. However, Medicare hasn't approved coverage for this colorectal cancer screening test, and it's **not** a covered benefit for UnitedHealthcare Medicare Advantage members.
 - **If you administer or refer out for this test, please confirm a member's eligibility and benefit coverage.**
- Digital Rectal Exams (DRE) or FOBT test performed in the office setting will **not** meet compliance
- HCPCS G0464 was used to code the Cologuard FIT-DNA test through Dec. 31, 2015.
- Lab results and procedure codes for colorectal cancer screening can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities.**

Breast Cancer Screening (BCS)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance
- SNOMED codes for advanced illness diagnosis and history of bilateral mastectomy (exclusion criteria)



Definition

Percentage of female members ages 50–74 who had a mammogram screening Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid Medicare 	<ul style="list-style-type: none"> CMS Star Ratings CMS Quality Rating System NCQA Accreditation NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Mammography	
CPT/CPT II	77055-57, 77061-63, 77065-67
HCPCS	G0202, G0204, G0206
LOINC	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0
SNOMED	12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102

Breast Cancer Screening (BCS)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: <ul style="list-style-type: none"> • Two or more outpatient, observation, emergency (ER) or non-acute inpatient encounters or discharges on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, galantamine, rivastigmine or memantine 	<p>Frailty diagnosis must be in the measurement year.</p> <p>Advanced illness diagnosis must be in the measurement year or year prior to the measurement year.</p>
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: <ul style="list-style-type: none"> • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution* 	Any time during the measurement year

Optional Exclusion	Timeframe
<ul style="list-style-type: none"> • Any combination of codes that indicate a mastectomy on both the left and right sides on the same or different dates of service • Bilateral mastectomy • History of bilateral mastectomy • Unilateral mastectomy with a bilateral modifier • Any combination of the following that indicate a mastectomy on both the left and right side: <ul style="list-style-type: none"> – Absence of the left and right breast – Unilateral mastectomy with a left-side modifier – Unilateral mastectomy with a right side modifier – Left unilateral mastectomy – Right unilateral mastectomy 	Any time in a member’s history through Dec. 31 of the measurement year

*Supplemental and medical record data may **not** be used for the frailty with advanced illness or institutional living exclusions.

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member’s benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Breast Cancer Screening (BCS)



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
<ul style="list-style-type: none"> This measure does not include biopsies, breast ultrasounds or MRIs. If documenting a mammogram in a member’s history, please include the month and year. The result is not required. 	Mammogram – all types and methods including screening, diagnostic, film, digital or digital breast tomosynthesis	<ul style="list-style-type: none"> Consultation reports Diagnostic reports Health history and physical

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always include a date of service – year and month is acceptable – when documenting a mammogram reported by a member.**
- As an administrative measure, it’s important to submit the appropriate ICD-10 diagnosis code that reflects a member’s history of bilateral mastectomy, Z90.13.
 - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
 - If a member isn’t new to the care provider, but the member’s chart has a documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.
- Breast cancer screening or mastectomy codes can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities.**

Cervical Cancer Screening (CCS)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance
- SNOMED codes for hysterectomy and absence of cervix (exclusion criteria)



Definition

Percentage of female members ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21–64 who had cervical cytology performed in the measurement year or two years prior
- Women ages 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in the measurement year or four years prior. The woman must have been at least 30 years of age on the date of the test.
- Women ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measurement year or four years prior

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid 	<ul style="list-style-type: none"> CMS Quality Rating System NCQA Accreditation NCQA Health Plan Ratings 	<p>Administrative</p> <ul style="list-style-type: none"> Claim/Encounter Data <p>Hybrid</p> <ul style="list-style-type: none"> Claim/Encounter Data Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Cervical Cytology	
CPT/CPT II	88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75
HCPCS	G0123-24, G0141, G0143-45, G0147-48, P3000, P3001, Q0091
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
SNOMED	171149006, 416107004, 417036008, 439958008, 440623000, 448651000124104

Cervical Cancer Screening (CCS)

Codes (continued)

Cervical Cytology Result or Finding

SNOMED	168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 62051000119105, 62061000119107, 98791000119102
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High Risk HPV Test

CPT/CPT II	87620-22, 87624-25
HCPCS	G0476
LOINC	21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0
SNOMED	35904009, 448651000124104

High Risk HPV Test Result or Finding

SNOMED	391147004, 391148009, 441667007, 718591004, 720005005
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Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion

Members who use hospice services or elect to use a hospice benefit, regardless of when the services began

Timeframe

Any time during the measurement year

Optional Exclusion

Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix

Timeframe

Any time in a member’s history through Dec. 31 of the measurement year

(Codes continued)

Cervical Cancer Screening (CCS)



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Measurement year or two years prior	Cervical cytology for women ages 21–64	<ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Health history and physical • Lab reports
Measurement year or four years prior – test must be performed when the woman is 30 years of age or older	High Risk HPV test(hrHPV) with results or findings	

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities. If you have questions, your UnitedHealthcare representative can help.**
- Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting.
- A generic notation of “HPV test” with a date of service will meet criteria for hrHPV testing.
- Documentation of a “hysterectomy” alone will **not** meet the intent of the exclusion.
 - The documentation must include the words “total,” “complete” or “radical” abdominal or vaginal hysterectomy.
 - Documentation of a “vaginal Pap smear” with documentation of “hysterectomy”
 - Documentation of hysterectomy and documentation that a member no longer needs Pap testing/cervical cancer screening
- Biopsies are diagnostic and therapeutic, and not valid for primary cervical cancer screening.
- Member reported information documented in the patient’s medical record is acceptable as long as there is a date and result of the test or a date of the hysterectomy and acceptable documentation of no residual cervix. The member reported information must be logged in the patient’s chart by a care provider.
- Lab results for cervical cancer screening or procedure codes for hysterectomy can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities.**

Chlamydia Screening in Women (CHL)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion

Added

- SNOMED codes for measure compliance
- SNOMED codes for pregnancy and diagnostic radiology (exclusion criteria)



Definition

Percentage of female members ages 16–24 who were identified as sexually active and had at least one test to screen for chlamydia during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> Commercial Medicaid 	<ul style="list-style-type: none"> CMS Quality Rating System NCQA Accreditation NCQA Health Plan Ratings 	Administrative <ul style="list-style-type: none"> Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Chlamydia Screening Test	
CPT/CPT II	87110, 87270, 87320, 87490-92, 87810
LOINC	14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 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, 91860-7
SNOMED	104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315094009, 315095005, 315099004, 390784004, 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002

Chlamydia Screening in Women (CHL)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
Optional Exclusion	Timeframe
<p>If a member qualified for the measure from a pregnancy test alone, they'll be excluded if they additionally have one of the following:</p> <ul style="list-style-type: none"> A prescription for isotretinoin An X-ray 	On the date of the pregnancy test or six days after the pregnancy test



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Test must be performed within the measurement year.	Chlamydia screening test	<ul style="list-style-type: none"> Consultation reports Health history and physical Lab reports

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Chlamydia screening may not be captured via claims if the service is performed and billed under prenatal and postpartum global billing. Chlamydia screening can be captured as supplemental lab data using UnitedHealthcare's Data Exchange Program.
- The Centers for Disease Control and Prevention recommends self-obtained vaginal specimens for asymptomatic females.
- Self-obtained vaginal specimens are cleared by the U.S. Food & Drug Administration (FDA) for collection in a clinical setting.
- Additional information on chlamydia screening is available at **brightfutures.aap.org**.
- Lab results for chlamydia screening can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Osteoporosis Management in Women Who Had a Fracture (OMW)

New for 2020

Updated

- Supplemental data can be used for the hospice exclusion
- Frailty diagnosis timeline changed from within the measurement year to between July 1 of the year prior to the measurement year and Dec. 31 of the measurement year

Added

- SNOMED codes for measure compliance
- SNOMED codes for advanced illness diagnosis (exclusion criteria)

Removed

- Single Energy X-Ray Absorptiometry (SEXA)
- Calcitonin from the Other Agents Medication List



Definition

Percentage of women ages 67–85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture (does not include fractures to the finger, toe, face or skull)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Medicare 	<ul style="list-style-type: none"> • CMS Star Ratings 	Administrative <ul style="list-style-type: none"> • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Bone Mineral Density Tests	
CPT/CPT II	76977, 77078, 77080-82, 77085-86
ICD-10 Procedure	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
SNOMED	22059005, 312681000, 385342005, 391057001, 391058006, 391059003, 391060008, 391061007, 391062000, 391063005, 391064004, 391065003, 391066002, 391069009, 391070005, 391071009, 391072002, 391073007, 391074001, 391076004, 391078003, 391079006, 391080009, 391081008, 391082001, 440083004, 440099005, 440100002, 449781000, 707218004, 4211000179102
Osteoporosis Medications	
HCPCS	J0897, J1740, J3110, J3489

(Codes continued)

Osteoporosis Management in Women Who Had a Fracture (OMW)

Codes (continued)

See Appendix for codes that include descriptions.

Long-Acting Osteoporosis Medications (during inpatient stay only)

HCPCS | J0897, J1740, J3489

To comply with this measure, a member must be prescribed at least one of the following osteoporosis medications within 180 days of their discharge for a fracture:

Drug Category	Medications
Bisphosphonates	<ul style="list-style-type: none"> Alendronate Alendronate-cholecalciferol Ibandronate Risedronate Zoledronic acid
Other agents	<ul style="list-style-type: none"> Abaloparatide Denosumab Raloxifene Teriparatide

Osteoporosis Management in Women Who Had a Fracture (OMW)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Members ages 81 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty*	Frailty diagnosis must be between July 1 of the year prior to the measurement year and Dec. 31 of the measurement year.
Members ages 67–80 as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: <ul style="list-style-type: none"> • Two or more outpatient, observation, emergency (ER) or non-acute inpatient encounters or discharges on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, galantamine, rivastigmine or memantine 	Frailty diagnosis must be between July 1 of the year prior to the measurement year and Dec. 31 of the measurement year. Advanced illness diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 67 and older as of Dec. 31 of the measurement year who are either: <ul style="list-style-type: none"> • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution* 	Any time between July 1 of the year prior to the measurement year and Dec. 31 of the measurement year
Members who had a BMD test	24 months prior to the fracture
Members who had osteoporosis therapy	12 months prior to the fracture
Members who were dispensed a medication or had an active prescription for the medication to treat osteoporosis	12 months prior to the fracture

*Supplemental and medical record data may **not** be used for the frailty, frailty with advanced illness or institutional living exclusions.

Disclaimer: UnitedHealthcare will make the final determination regarding reimbursement upon receipt of a claim. Submitting a claim with a code included in this document is not a guarantee of payment. Payment of covered services is contingent upon coverage within an individual member's benefit plan, your eligibility for payment, any claim processing requirements, and your participation agreement with UnitedHealthcare.

Osteoporosis Management in Women Who Had a Fracture (OMW)



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
<ul style="list-style-type: none"> BMD test must take place within six months of the fracture. If the fracture resulted in an inpatient stay, a BMD test administered during the stay will close the care opportunity. 	BMD test	<ul style="list-style-type: none"> Lab results Medication list Progress notes
<ul style="list-style-type: none"> Osteoporosis medication must be dispensed within six months of the fracture. Documentation that the medications aren't tolerated is not an exclusion for this measure. If the fracture resulted in an inpatient stay, long-acting osteoporosis therapy administered during the stay will close the care opportunity. 	Osteoporosis therapies identified through pharmacy data	

Tips and Best Practices to Help Close This Care Opportunity

- Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- The post-fracture treatment period to close this care opportunity is only six months. Please see members for an office visit as soon as possible after an event occurs.
- Osteoporosis medication must be filled using a member's Part D prescription drug benefit.
- To help prevent women from being included in this measure incorrectly, please check that fracture codes are used appropriately – and not before a fracture has been verified through diagnostic imaging. If a fracture code was submitted in error, please submit a corrected claim to fix the misdiagnosis and remove the member from this measure.
- A referral for a BMD will **not** close this care opportunity.
- Women at risk for osteoporosis should be prescribed a bone density screening every two years. At-risk women include those who are:
 - At increased risk for falls or have a history of falls
 - Being monitored to assess their response to, or efficacy of, a Federal Drug Administration (FDA)-approved osteoporosis drug therapy regime
 - Diagnosed with primary hyperparathyroidism
 - Estrogen deficient
 - On long-term steroid therapy
- Bone density screening is a covered benefit for most benefit plans.
- Bone mineral density testing codes can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

Osteoporosis Management in Women Who Had a Fracture (OMW)

Example

Fracture Date: March 2, 2019

Important Note: The index episode start date (IESD) is the date you begin counting for the appropriate testing or treatment – IESD plus 180 days.

Scenario 1: Inpatient Hospital Stay With No Direct Transfer

Admission date: March 2, 2019

Discharge date with no direct transfer: March 4, 2019 IESD

Scenario 2: Inpatient Hospital Stay With Direct Transfer

Admission date to second facility: March 3, 2019

Discharge date from second facility: March 8, 2019 IESD

Scenario 3: Outpatient or Observation/Emergency Department (ED) Visit

Visit date: March 6, 2019 IESD

Important note: This scenario assumes the member didn't go to a hospital on the day of their fall and wasn't admitted to the ED.

Fracture Date: March 2, 2019

Fracture Diagnosis Setting	IESD	Bone Mineral Density Test	Osteoporosis Therapy	Dispensed Rx to Treat Osteoporosis
Scenario 1: Inpatient hospital stay with no direct transfer	Discharge date: March 4, 2019	During inpatient stay: March 2 – 4, 2019 On IESD or within 180 days after IESD: March 4 – Aug. 31, 2019	During inpatient stay: March 2 – 4, 2019 (long-acting osteoporosis medications only)	On IESD or within 180 days after IESD: March 4 – Aug. 31, 2019
Scenario 2: Inpatient hospital stay with direct transfer	Discharge date from second facility: March 8, 2019	During inpatient stay: March 2 – 8, 2019 On IESD or within 180 days after IESD: March 8 – Sept. 4, 2019	During inpatient stay: March 2 – 8, 2019 (long-acting osteoporosis medications only)	On IESD or within 180 days after IESD: March 8 – Sept. 4, 2019
Scenario 3: Outpatient or observation/ED visit	Visit date: March 6, 2019	On IESD or within 180 days after IESD: March 6 – Sept. 2, 2019	On IESD or within 180 days after IESD: March 6 – Sept. 2, 2019	On IESD or within 180 days after IESD: March 6 – Sept. 2, 2019

Prenatal and Postpartum Care (PPC)

New for 2020

Revised

- The event diagnosis timeline for live births from Nov. 6 of the year prior to the measurement year to Nov. 5 of the measurement year to Oct. 8 of the year prior to the measurement year to Oct. 7 of the measurement year
- Revised the postpartum timeframe from 21–56 days to 7–84 days

Updated

- Supplemental data can be used for the hospice exclusion
- Timeliness of prenatal care numerator now allows for visits that occur before the enrollment start date.

Added

- SNOMED codes for measure compliance
- Medical record documentation options including:
 - Perineal or cesarean incision/wound check
 - Screening for depression/anxiety/tobacco use/substance use/preexisting mental health disorders
 - Glucose screening for women with gestational diabetes
 - Infant care or breastfeeding/resumption of intercourse/birth spacing or family planning/sleep/fatigue/resumption of physical activity and attainment of healthy weight



Definition

Percentage of deliveries of live births on or 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** – Percentage of women who had a live birth that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment in a UnitedHealthcare health plan
- **Postpartum care** – Percentage of women who had a live birth that had a postpartum visit on or between 7–84 days after delivery

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings 	Hybrid <ul style="list-style-type: none"> • Claim/Encounter Data • Medical Record Documentation

Prenatal and Postpartum Care (PPC)

Codes

See Appendix for codes that include descriptions.

Prenatal Bundled Services

CPT/CPT II	59400, 59425-26, 59510, 59610, 59618
HCPCS	H1005

Stand-Alone Prenatal Visits

CPT/CPT II	99500, 0500F-02F
HCPCS	H1000-04
SNOMED	17629007, 18114009, 58932009, 66961001, 134435003, 135892000, 169712008, 169713003, 169714009, 169715005, 169716006, 169717002, 169718007, 169719004, 169720005, 169721009, 169722002, 169723007, 169724001, 169725000, 169726004, 169727008, 171054004, 171055003, 171056002, 171057006, 171058001, 171059009, 171060004, 171061000, 171062007, 171063002, 171064008, 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001, 440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 700256000, 702396006, 702736005, 702737001, 702738006, 702739003, 702740001, 702741002, 702742009, 702743004, 702744005, 710970004, 713076009, 713233004, 713234005, 713235006, 713237003, 713238008, 713239000, 713240003, 713241004, 713242006, 713386003, 713387007, 717794008, 717795009

Prenatal Visits

CPT/CPT II	99201-05, 99211-15, 99241-45, 99483
HCPCS	G0463, T1015
SNOMED	17436001, 77406008, 281036007

Postpartum Bundled Services

CPT/CPT II	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
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(Codes continued)

Prenatal and Postpartum Care (PPC)

Codes (continued)

See Appendix for codes that include descriptions.

Postpartum Visits	
CPT/CPT II	57170, 58300, 59430, 99501, 0503F
HCPCS	G0101
ICD-10 Diagnosis	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
SNOMED	384633003, 408884008, 408886005, 409018009, 409019001, 440085006, 717810008

Cervical Cytology	
CPT/CPT II	88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75
HCPCS	G0123-24, G0141, G0143-45, G0147-48, P3000, P3001, Q0091
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
SNOMED	171149006, 416107004, 417036008, 439958008, 440623000, 448651000124104

Cervical Cytology Result or Finding	
SNOMED	168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 62051000119105, 62061000119107, 98791000119102

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
<ul style="list-style-type: none"> • Pregnancy didn't result in a live birth • Member wasn't pregnant • Delivery wasn't in date parameters 	Oct. 8 of the year prior to the measurement year through Oct. 7 of the measurement year

Prenatal and Postpartum Care (PPC)



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
<ul style="list-style-type: none"> • Prenatal care visit must take place in the first trimester, on or before the enrollment start date or within 42 days of enrollment with the health plan. • For prenatal visits with a primary care provider, a diagnosis of pregnancy must be included with any of the tests listed at right. 	<p>Prenatal care visit with an OB/GYN, PCP or prenatal care provider, which must include one of the following:</p> <ul style="list-style-type: none"> • A diagnosis of pregnancy • Auscultation for fetal heart tone • Documentation of last menstrual period (LMP), estimated date of delivery (EDD) or gestational age with a prenatal risk assessment and counseling/education, or a complete obstetrical history • Fundal height • Obstetric panel • Pelvic exam with obstetric observations • (TORCH) prenatal lab results including toxoplasma, rubella antibody, cytomegalovirus and herpes simplex • Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing • Ultrasound of pregnant uterus 	<ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Hospital delivery report • Medical history • Prenatal flow sheets/ACOG form • Progress notes • SOAP notes

(Important notes continued)

Prenatal and Postpartum Care (PPC)



IMPORTANT NOTES

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
<ul style="list-style-type: none"> Postpartum visit must take place on or between 7 and 84 days after delivery 	<p>Postpartum visit, which must include one of the following:</p> <ul style="list-style-type: none"> Assessment of breasts or breast feeding, weight, blood pressure check and abdomen (breast feeding is acceptable for evaluation of breasts) Notation of postpartum care Perineal or cesarean incision/wound check Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders Pelvic exam Glucose screening for women with gestational diabetes Documentation of infant care or breast-feeding Documentation of resumption of intercourse, birth spacing or family planning Documentation of sleep/fatigue Documentation of resumption of physical activity and attainment of healthy weight 	<ul style="list-style-type: none"> Consultation reports Diagnostic reports Hospital delivery report Medical history Prenatal flow sheets/ACOG form Progress notes SOAP notes

Prenatal and Postpartum Care (PPC)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- When using bundled service codes, please be sure the claim shows when the postpartum visit occurred.
- Ultrasound and lab results alone aren't considered a visit. They must be linked to an office visit with an appropriate practitioner to count for this measure.
- A pap test alone doesn't count during a prenatal care visit unless a pelvic exam with OB-GYN observations are documented. A pap test will count toward postpartum care as a pelvic exam.
- A visit with a registered nurse will **not** meet compliance. It must be with the following care provider types:
 - Midwife
 - OB/GYN
 - Prenatal care provider
 - Primary care provider (PCP), with a diagnosis of pregnancy documented
- When the prenatal care visit is with a PCP, the claim must include the prenatal visit, a diagnosis of pregnancy and any of the following to meet compliance:
 - Same date of service as the prenatal visit:
 - Obstetric panel
 - Ultrasound of the pregnant uterus
 - Same Date of Service or Different Date of Service as Prenatal Visit:
 - Rubella antibody test and ABO test
 - Rubella antibody test and Rh test
 - Rubella antibody test and ABO/Rh test
 - Toxoplasma, rubella, cytomegalovirus and herpes simplex (TORCH)
- The use of **CPT Category II codes** helps UnitedHealthcare identify clinical outcomes such as prenatal and postpartum care. It can also reduce the need for some chart review.
- Please note, CPT II codes are for reporting purposes only and are not separately reimbursable. If you receive a claim denial, your reporting code will still be included in the quality measure.
- Prenatal and postpartum codes can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss **clinical data exchange opportunities**.

The following is a list of the primary services and codes you can use to close the care opportunities outlined in this guide. This information is taken directly from NCQA HEDIS® technical specifications. **Only codes with descriptions are included.** For more information about codes not in this Appendix, please visit ncqa.org.

Measure	Service	Code	Description	N*	E**	Pg
ABA	BMI	Z68.1	Body mass index (BMI) 19.9 or less, adult	•		9-10
	BMI	Z68.20	Body mass index (BMI) 20.0-20.9, adult	•		9-10
	BMI	Z68.21	Body mass index (BMI) 21.0-21.9, adult	•		9-10
	BMI	Z68.22	Body mass index (BMI) 22.0-22.9, adult	•		9-10
	BMI	Z68.23	Body mass index (BMI) 23.0-23.9, adult	•		9-10
	BMI	Z68.24	Body mass index (BMI) 24.0-24.9, adult	•		9-10
	BMI	Z68.25	Body mass index (BMI) 25.0-25.9, adult	•		9-10
	BMI	Z68.26	Body mass index (BMI) 26.0-26.9, adult	•		9-10
	BMI	Z68.27	Body mass index (BMI) 27.0-27.9, adult	•		9-10
	BMI	Z68.28	Body mass index (BMI) 28.0-28.9, adult	•		9-10
	BMI	Z68.29	Body mass index (BMI) 29.0-29.9, adult	•		9-10
	BMI	Z68.30	Body mass index (BMI) 30.0-30.9, adult	•		9-10
	BMI	Z68.31	Body mass index (BMI) 31.0-31.9, adult	•		9-10
	BMI	Z68.32	Body mass index (BMI) 32.0-32.9, adult	•		9-10
	BMI	Z68.33	Body mass index (BMI) 33.0-33.9, adult	•		9-10
	BMI	Z68.34	Body mass index (BMI) 34.0-34.9, adult	•		9-10
	BMI	Z68.35	Body mass index (BMI) 35.0-35.9, adult	•		9-10
	BMI	Z68.36	Body mass index (BMI) 36.0-36.9, adult	•		9-10
	BMI	Z68.37	Body mass index (BMI) 37.0-37.9, adult	•		9-10
	BMI	Z68.38	Body mass index (BMI) 38.0-38.9, adult	•		9-10
	BMI	Z68.39	Body mass index (BMI) 39.0-39.9, adult	•		9-10
	BMI	Z68.41	Body mass index (BMI) 40.0-44.9, adult	•		9-10
	BMI	Z68.42	Body mass index (BMI) 45.0-49.9, adult	•		9-10
	BMI	Z68.43	Body mass index (BMI) 50-59.9, adult	•		9-10
	BMI	Z68.44	Body mass index (BMI) 60.0-69.9, adult	•		9-10
	BMI	Z68.45	Body mass index (BMI) 70 or greater, adult	•		9-10
	BMI	39156-5	Body mass index (BMI) [Ratio]	•		9-10
	BMI	89270-3	Body mass index (BMI) [Ratio] Estimated	•		9-10
BCS	Mammography	G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed (G0202)	•		16-18
	Mammography	G0204	Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral (G0204)	•		16-18
	Mammography	G0206	Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral (G0206)	•		16-18
	History of Bilateral Mastectomy	Z90.13	Acquired absence of bilateral breasts and nipples	•		16-18
	Bilateral Mastectomy	OHTV0ZZ	Resection of Bilateral Breast, Open Approach	•		16-18
	Unilateral Mastectomy Left	OHTU0ZZ	Resection of Left Breast, Open Approach	•		16-18
	Unilateral Mastectomy Right	OHTT0ZZ	Resection of Right Breast, Open Approach	•		16-18

***Numerator** - Code closes member care opportunity (may be in conjunction with other codes)

****Exclusion** - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	N*	E**	Pg
BCS	Mammography	24604-1	MG Breast Diagnostic Limited Views	•		16-18
	Mammography	24605-8	MG Breast Diagnostic	•		16-18
	Mammography	24606-6	MG Breast Screening	•		16-18
	Mammography	24610-8	MG Breast Limited Views	•		16-18
	Mammography	26175-0	MG Breast - bilateral Screening	•		16-18
	Mammography	26176-8	MG Breast - left Screening	•		16-18
	Mammography	26177-6	MG Breast - right Screening	•		16-18
	Mammography	26287-3	MG Breast - bilateral Limited Views	•		16-18
	Mammography	26289-9	MG Breast - left Limited Views	•		16-18
	Mammography	26291-5	MG Breast - right Limited Views	•		16-18
	Mammography	26346-7	MG Breast - bilateral Diagnostic	•		16-18
	Mammography	26347-5	MG Breast - left Diagnostic	•		16-18
	Mammography	26348-3	MG Breast - right Diagnostic	•		16-18
	Mammography	26349-1	MG Breast - bilateral Diagnostic Limited Views	•		16-18
	Mammography	26350-9	MG Breast - left Diagnostic Limited Views	•		16-18
	Mammography	26351-7	MG Breast - right Diagnostic Limited Views	•		16-18
	Mammography	36319-2	MG Breast 4 Views	•		16-18
	Mammography	36625-2	MG Breast Views	•		16-18
	Mammography	36626-0	MG Breast - bilateral Views	•		16-18
	Mammography	36627-8	MG Breast - left Views	•		16-18
	Mammography	36642-7	MG Breast - left 2 Views	•		16-18
	Mammography	36962-9	MG Breast Axillary	•		16-18
	Mammography	37005-6	MG Breast - left Magnification	•		16-18
	Mammography	37006-4	MG Breast - bilateral MLO	•		16-18
	Mammography	37016-3	MG Breast - bilateral Rolled Views	•		16-18
	Mammography	37017-1	MG Breast - left Rolled Views	•		16-18
	Mammography	37028-8	MG Breast Tangential	•		16-18
	Mammography	37029-6	MG Breast - bilateral Tangential	•		16-18
	Mammography	37030-4	MG Breast - left Tangential	•		16-18
	Mammography	37037-9	MG Breast True lateral	•		16-18
	Mammography	37038-7	MG Breast - bilateral True lateral	•		16-18
	Mammography	37052-8	MG Breast - bilateral XCCL	•		16-18
	Mammography	37053-6	MG Breast - left XCCL	•		16-18
	Mammography	37539-4	MG Breast Grid Views	•		16-18
	Mammography	37542-8	MG Breast Magnification Views	•		16-18
	Mammography	37543-6	MG Breast - bilateral Magnification Views	•		16-18
	Mammography	37551-9	MG Breast Spot Views	•		16-18
	Mammography	37552-7	MG Breast - bilateral Spot Views	•		16-18
	Mammography	37553-5	MG Breast - left Spot Views compression	•		16-18
	Mammography	37554-3	MG Breast - bilateral Magnification and Spot	•		16-18
Mammography	37768-9	MG Breast - right 2 Views	•		16-18	
Mammography	37769-7	MG Breast - right Magnification and Spot	•		16-18	
Mammography	37770-5	MG Breast - right Tangential	•		16-18	

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Measure	Service	Code	Description	N*	E**	Pg	
BCS	Mammography	37771-3	MG Breast - right True lateral	•		16-18	
	Mammography	37772-1	MG Breast - right XCCL	•		16-18	
	Mammography	37773-9	MG Breast - right Magnification	•		16-18	
	Mammography	37774-7	MG Breast - right Views	•		16-18	
	Mammography	37775-4	MG Breast - right Rolled Views	•		16-18	
	Mammography	38070-9	MG Breast Views for implant	•		16-18	
	Mammography	38071-7	MG Breast - bilateral Views for implant	•		16-18	
	Mammography	38072-5	MG Breast - left Views for implant	•		16-18	
	Mammography	38090-7	MG Breast - bilateral Air gap Views	•		16-18	
	Mammography	38091-5	MG Breast - left Air gap Views	•		16-18	
	Mammography	38807-4	MG Breast - right Spot Views	•		16-18	
	Mammography	38820-7	MG Breast - right Views for implant	•		16-18	
	Mammography	38854-6	MG Breast - left Magnification and Spot	•		16-18	
	Mammography	38855-3	MG Breast - left True lateral	•		16-18	
	Mammography	42415-0	MG Breast - bilateral Views Post Wire Placement	•		16-18	
	Mammography	42416-8	MG Breast - left Views Post Wire Placement	•		16-18	
	Mammography	46335-6	MG Breast - bilateral Single view	•		16-18	
	Mammography	46336-4	MG Breast - left Single view	•		16-18	
	Mammography	46337-2	MG Breast - right Single view	•		16-18	
	Mammography	46338-0	MG Breast - unilateral Single view	•		16-18	
	Mammography	46339-8	MG Breast - unilateral Views	•		16-18	
	Mammography	46350-5	MG Breast - unilateral Diagnostic	•		16-18	
	Mammography	46351-3	MG Breast - bilateral Displacement Views for Implant	•		16-18	
	Mammography	46356-2	MG Breast - unilateral Screening	•		16-18	
	Mammography	46380-2	MG Breast - unilateral Views for implant	•		16-18	
	Mammography	48475-8	MG Breast - bilateral Diagnostic for implant	•		16-18	
	Mammography	48492-3	MG Breast - bilateral Screening for implant	•		16-18	
	Mammography	69150-1	MG Breast - left Diagnostic for implant	•		16-18	
	Mammography	69251-7	MG Breast Views Post Wire Placement	•		16-18	
	Mammography	69259-0	MG Breast - right Diagnostic for implant	•		16-18	
	Bilateral Mastectomy		14693006	Bilateral subcutaneous mammectomy (procedure)	•		16-18
	Bilateral Mastectomy		14714006	Bilateral mastectomy with excision of bilateral regional lymph nodes (procedure)	•		16-18
	Bilateral Mastectomy		17086001	Modified radical mastectomy, bilateral (procedure)	•		16-18
	Bilateral Mastectomy		22418005	Bilateral simple mastectomy (procedure)	•		16-18
	Bilateral Mastectomy		27865001	Bilateral mastectomy (procedure)	•		16-18
	Bilateral Mastectomy		52314009	Bilateral mastectomy extended simple (procedure)	•		16-18
Bilateral Mastectomy		60633004	Bilateral subcutaneous mammectomy with synchronous implant (procedure)	•		16-18	
Bilateral Mastectomy		76468001	Bilateral radical mastectomy (procedure)	•		16-18	

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Measure	Service	Code	Description	N*	E**	Pg
BCS	Bilateral Mastectomy	456903003	Bilateral extended radical mastectomy (procedure)		•	16-18
	Bilateral Mastectomy	726636007	Prophylactic bilateral mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	66398006	Mastectomy with excision of regional lymph nodes (procedure)		•	16-18
	Clinical Unilateral Mastectomy	70183006	Subcutaneous mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	172043006	Simple mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	237367009	Total mastectomy and division of pectoralis minor muscle (procedure)		•	16-18
	Clinical Unilateral Mastectomy	237368004	Total mastectomy and excision of part of pectoral muscles and chest wall (procedure)		•	16-18
	Clinical Unilateral Mastectomy	274957008	Radical mastectomy including axillary lymph nodes (procedure)		•	16-18
	Clinical Unilateral Mastectomy	287653007	Subcutaneous mastectomy and prosthetic implant (procedure)		•	16-18
	Clinical Unilateral Mastectomy	287654001	Extended simple mastectomy (procedure) [287654001]		•	16-18
	Clinical Unilateral Mastectomy	318190001	Mastectomy with preservation of skin and nipple with synchronous implant (procedure)		•	16-18
	Clinical Unilateral Mastectomy	359728003	Radical mastectomy including pectoral muscles and axillary lymph nodes (procedure)		•	16-18
	Clinical Unilateral Mastectomy	359731002	Urban operation, extended radical mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	359734005	Halsted mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	359740003	Extended radical mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	384723003	Radical mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	395702000	Patey total mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	406505007	Modified radical mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	428564008	Skin sparing mastectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	446109005	Simple mastectomy with excision of axillary lymph nodes (procedure)		•	16-18
	Clinical Unilateral Mastectomy	446420001	Simple mastectomy with complete axillary lymphadenectomy (procedure)		•	16-18
	Clinical Unilateral Mastectomy	447135002	Simple mastectomy with axillary lymph node sampling (procedure)		•	16-18
	Clinical Unilateral Mastectomy	447421006	Prophylactic mastectomy (procedure)		•	16-18
	History of Bilateral Mastectomy	428529004	History of bilateral mastectomy (situation)		•	16-18
	History of Bilateral Mastectomy	136071999119101	History of bilateral prophylactic mastectomy (situation)		•	16-18
	Mammography	12389009	Xeromammography (procedure)		•	16-18
Mammography	24623002	Screening mammography (procedure)		•	16-18	

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Measure	Service	Code	Description	N*	E**	Pg
BCS	Mammography	43204002	Bilateral mammography (procedure)	•		16-18
	Mammography	71651007	Mammography (procedure)	•		16-18
	Mammography	241055006	Mammogram - symptomatic (procedure)	•		16-18
	Mammography	241057003	Mammogram coned (procedure)	•		16-18
	Mammography	241058008	Mammogram magnification (procedure)	•		16-18
	Mammography	258172002	Stereotactic mammography (procedure)	•		16-18
	Mammography	439324009	Mammogram in compression view (procedure)	•		16-18
	Mammography	450566007	Digital breast tomosynthesis (procedure)	•		16-18
	Mammography	709657006	Fluoroscopy of breast (procedure)	•		16-18
	Mammography	723778004	Digital tomosynthesis of right breast (procedure)	•		16-18
	Mammography	723779007	Digital tomosynthesis of left breast (procedure)	•		16-18
	Mammography	723780005	Digital tomosynthesis of bilateral breasts (procedure)	•		16-18
	Mammography	726551006	Contrast enhanced spectral mammography (procedure)	•		16-18
	Mammography	384151000119104	Screening mammography of bilateral breasts (procedure)	•		16-18
	Mammography	392521000119107	Screening mammography of right breast (procedure)	•		16-18
	Mammography	392531000119105	Screening mammography of left breast (procedure)	•		16-18
	Mammography	566571000119105	Mammography of right breast (procedure)	•		16-18
	Mammography	572701000119102	Mammography of left breast (procedure)	•		16-18
	Unilateral Mastectomy Left	428571003	Mastectomy of left breast (procedure)		•	16-18
	Unilateral Mastectomy Left	726429001	Radical mastectomy of left breast (procedure)		•	16-18
	Unilateral Mastectomy Left	726435001	Subcutaneous mastectomy of left breast (procedure)		•	16-18
	Unilateral Mastectomy Left	726437009	Modified radical mastectomy of left breast (procedure)		•	16-18
	Unilateral Mastectomy Left	741009001	Simple mastectomy of left breast (procedure)		•	16-18
	Unilateral Mastectomy Left	741018004	Subcutaneous mastectomy of left breast with prosthetic implant (procedure)		•	16-18
	Unilateral Mastectomy Left	451211000124109	Prophylactic mastectomy of left breast (procedure)		•	16-18
	Unilateral Mastectomy Right	429400009	Mastectomy of right breast (procedure)		•	16-18
	Unilateral Mastectomy Right	726430006	Radical mastectomy of right breast (procedure)		•	16-18
	Unilateral Mastectomy Right	726434002	Subcutaneous mastectomy of right breast (procedure)		•	16-18
	Unilateral Mastectomy Right	726436000	Modified radical mastectomy of right breast (procedure)		•	16-18
	Unilateral Mastectomy Right	741010006	Simple mastectomy of right breast (procedure)		•	16-18
	Unilateral Mastectomy Right	741019007	Subcutaneous mastectomy of right breast with prosthetic implant (procedure)		•	16-18
	Unilateral Mastectomy Right	451201000124106	Prophylactic mastectomy of right breast (procedure)		•	16-18

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Measure	Service	Code	Description	N*	E**	Pg
CCS	Absence of Cervix Diagnosis	Q51.5	Agenesis and aplasia of cervix		•	19-21
	Absence of Cervix Diagnosis	Z90.710	Acquired absence of both cervix and uterus		•	19-21
	Absence of Cervix Diagnosis	Z90.712	Acquired absence of cervix with remaining uterus		•	19-21
	Abdominal Hysterectomy	0UT90ZL	Resection of Uterus, Supracervical, Open Approach		•	19-21
	Abdominal Hysterectomy	0UT90ZZ	Resection of Uterus, Open Approach		•	19-21
	Abdominal Hysterectomy	0UT94ZL	Resection of Uterus, Supracervical, Percutaneous Endoscopic Approach		•	19-21
	Abdominal Hysterectomy	0UT94ZZ	Resection of Uterus, Percutaneous Endoscopic Approach		•	19-21
	Abdominal Hysterectomy	0UTC0ZZ	Resection of Cervix, Open Approach		•	19-21
	Abdominal Hysterectomy	0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach		•	19-21
	Hysterectomy With No Residual Cervix	0UTC0ZZ	Resection of Cervix, Open Approach		•	19-21
	Hysterectomy With No Residual Cervix	0UTC4ZZ	Resection of Cervix, Percutaneous Endoscopic Approach		•	19-21
	Hysterectomy With No Residual Cervix	0UTC7ZZ	Resection of Cervix, Via Natural or Artificial Opening		•	19-21
	Hysterectomy With No Residual Cervix	0UTC8ZZ	Resection of Cervix, Via Natural or Artificial Opening Endoscopic		•	19-21
	Vaginal Hysterectomy	0UT97ZL	Resection of Uterus, Supracervical, Via Natural or Artificial Opening		•	19-21
	Vaginal Hysterectomy	0UT97ZZ	Resection of Uterus, Via Natural or Artificial Opening		•	19-21
	Vaginal Hysterectomy	0UT98ZL	Resection of Uterus, Supracervical, Via Natural or Artificial Opening Endoscopic		•	19-21
	Vaginal Hysterectomy	0UT98ZZ	Resection of Uterus, Via Natural or Artificial Opening Endoscopic		•	19-21
	Vaginal Hysterectomy	0UT9FZL	Resection of Uterus, Supracervical, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance		•	19-21
	Vaginal Hysterectomy	0UT9FZZ	Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance		•	19-21
	Vaginal Hysterectomy	0UTC7ZZ	Resection of Cervix, Via Natural or Artificial Opening		•	19-21
	Vaginal Hysterectomy	0UTC8ZZ	Resection of Cervix, Via Natural or Artificial Opening Endoscopic		•	19-21
	Abdominal Hysterectomy	13254001	Abdominal hysterectomy with colpo-urethrocystopexy, Marshall-Marchetti-Krantz type (procedure)		•	19-21
	Abdominal Hysterectomy	116141005	Abdominal hysterectomy (procedure)		•	19-21
Abdominal Hysterectomy	116143008	Total abdominal hysterectomy (procedure)		•	19-21	
Abdominal Hysterectomy	176795006	Subtotal abdominal hysterectomy (procedure)		•	19-21	

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Measure	Service	Code	Description	N*	E**	Pg
CCS	Abdominal Hysterectomy	302190000	Abdominal hysterectomy and right salpingo-oophorectomy (procedure)	•		19-21
	Abdominal Hysterectomy	302191001	Abdominal hysterectomy and left salpingo-oophorectomy (procedure)	•		19-21
	Abdominal Hysterectomy	307771009	Radical abdominal hysterectomy (procedure)	•		19-21
	Abdominal Hysterectomy	309879006	Abdominal hysterocolpectomy (procedure)	•		19-21
	Abdominal Hysterectomy	361222003	Wertheim-Meigs abdominal hysterectomy (procedure)	•		19-21
	Abdominal Hysterectomy	361223008	Wertheim operation (procedure)	•		19-21
	Abdominal Hysterectomy	387645003	Bell-Buettner operation for subtotal abdominal hysterectomy (procedure)	•		19-21
	Abdominal Hysterectomy	413144006	Abdominal hysterectomy with conservation of ovaries (procedure)	•		19-21
	Abdominal Hysterectomy	446446002	Total abdominal hysterectomy and removal of vaginal cuff (procedure)	•		19-21
	Abdominal Hysterectomy	446679008	Total laparoscopic excision of uterus by abdominal approach (procedure)	•		19-21
	Abdominal Hysterectomy	447771005	Abdominal hysterectomy and excision of periuterine tissue (procedure)	•		19-21
	Abdominal Hysterectomy	737099004	Abdominal hysterectomy with sacrocolpopexy using mesh (procedure)	•		19-21
	Abdominal Hysterectomy	767611008	Total abdominal hysterectomy using intrafascial technique (procedure)	•		19-21
	Absence of Cervix Diagnosis	37687000	Congenital absence of cervix (disorder)	•		19-21
	Absence of Cervix Diagnosis	248911005	Uterine cervix absent (finding)	•		19-21
	Absence of Cervix Diagnosis	428078001	History of total hysterectomy (situation)	•		19-21
	Absence of Cervix Diagnosis	429290001	History of radical hysterectomy (situation)	•		19-21
	Absence of Cervix Diagnosis	429763009	History of total hysterectomy with bilateral salpingo-oophorectomy (situation)	•		19-21
	Absence of Cervix Diagnosis	723171001	Acquired absence of cervix and uterus (disorder)	•		19-21
	Absence of Cervix Diagnosis	10738891000119107	History of total hysterectomy without abnormal cervical Papanicolaou smear (situation)	•		19-21
	High Risk HPV Lab Test	35904009	Human papillomavirus deoxyribonucleic acid detection (procedure)	•		19-21
	High Risk HPV Lab Test	448651000124104	Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)	•		19-21
	High Risk HPV Test Result or Finding	391147004	Human papillomavirus test positive (finding)	•		19-21
	High Risk HPV Test Result or Finding	391148009	Human papillomavirus test negative (finding)	•		19-21
	High Risk HPV Test Result or Finding	441667007	Abnormal cervical Papanicolaou smear with positive human papillomavirus deoxyribonucleic acid test (finding)	•		19-21

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Measure	Service	Code	Description	N*	E**	Pg
CCS	High Risk HPV Test Result or Finding	718591004	Cytology examination positive for high risk human papillomavirus (finding)	•		19-21
	High Risk HPV Test Result or Finding	720005005	Human papillomavirus deoxyribonucleic acid test positive, high risk on cervical specimen (finding)	•		19-21
	Hysterectomy With No Residual Cervix	24293001	Excision of cervical stump by abdominal approach (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	27950001	Total hysterectomy with unilateral removal of ovary (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	31545000	Total hysterectomy with unilateral removal of tube (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	35955002	Radical vaginal hysterectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	41566006	Excision of cervical stump by vaginal approach (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	46226009	Cervicectomy with synchronous colporrhaphy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	59750000	Total hysterectomy with unilateral removal of tube and ovary (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	86477000	Total hysterectomy with removal of both tubes and ovaries (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	88144003	Removal of ectopic interstitial uterine pregnancy requiring total hysterectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	116140006	Total hysterectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	116142003	Radical hysterectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	116143008	Total abdominal hysterectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	116144002	Total abdominal hysterectomy with bilateral salpingo-oophorectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	236888001	Laparoscopic total hysterectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	236891001	Laparoscopic radical hysterectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	287924009	Excision of cervix stump (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	307771009	Radical abdominal hysterectomy (procedure)		•	19-21

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	N*	E**	Pg
CCS	Hysterectomy With No Residual Cervix	361222003	Wertheim-Meigs abdominal hysterectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	361223008	Wertheim operation (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	387626007	Amputation of cervix (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	414575003	Laparoscopic total abdominal hysterectomy and bilateral salpingo-oophorectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	440383008	Radical amputation of cervix with bilateral total pelvic lymphadenectomy and paraaortic lymph node biopsy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	446446002	Total abdominal hysterectomy and removal of vaginal cuff (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	446679008	Total laparoscopic excision of uterus by abdominal approach (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	447771005	Abdominal hysterectomy and excision of periuterine tissue (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	708877008	Laparoscopic total hysterectomy using robotic assistance (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	708878003	Laparoscopic radical hysterectomy using robotic assistance (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	739671004	Total hysterectomy with left oophorectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	739672006	Total hysterectomy with right oophorectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	739673001	Total hysterectomy with left salpingo-oophorectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	739674007	Total hysterectomy with right salpingo-oophorectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	740514001	Total hysterectomy with right salpingectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	740515000	Total hysterectomy with left salpingectomy (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	767610009	Total hysterectomy via vaginal approach (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	767611008	Total abdominal hysterectomy using intrafascial technique (procedure)		•	19-21
	Hysterectomy With No Residual Cervix	767612001	Total hysterectomy via vaginal approach using intrafascial technique (procedure)		•	19-21

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	N*	E**	Pg
CCS	Vaginal Hysterectomy	27185000	Vaginal hysterectomy with partial colpectomy and repair of enterocele (procedure)	•		19-21
	Vaginal Hysterectomy	30160001	Vaginal hysterectomy with total colpectomy and repair of enterocele (procedure)	•		19-21
	Vaginal Hysterectomy	35955002	Radical vaginal hysterectomy (procedure)	•		19-21
	Vaginal Hysterectomy	41566006	Excision of cervical stump by vaginal approach (procedure)	•		19-21
	Vaginal Hysterectomy	43791001	Vaginal hysterectomy with total colpectomy (procedure)	•		19-21
	Vaginal Hysterectomy	54490004	Vaginal hysterectomy with repair of enterocele (procedure)	•		19-21
	Vaginal Hysterectomy	63516002	Vaginal hysterectomy with colpo-urethrocystopexy, Pereyra type (procedure)	•		19-21
	Vaginal Hysterectomy	75835007	Laparoscopic-assisted vaginal hysterectomy (procedure)	•		19-21
	Vaginal Hysterectomy	77902002	Vaginal hysterectomy with partial colpectomy (procedure)	•		19-21
	Vaginal Hysterectomy	112918004	Vaginal hysterectomy with colpo-urethrocystopexy, Marshall-Marchetti-Krantz type (procedure)	•		19-21
	Vaginal Hysterectomy	176873000	Transcervical resection endometrium (procedure)	•		19-21
	Vaginal Hysterectomy	176895001	Vaginal excision of lesion of uterus (procedure)	•		19-21
	Vaginal Hysterectomy	236902001	Vaginal myomectomy (procedure)	•		19-21
	Vaginal Hysterectomy	265056007	Vaginal hysterectomy (procedure)	•		19-21
	Vaginal Hysterectomy	309880009	Vaginal hysterocolpectomy (procedure)	•		19-21
	Vaginal Hysterectomy	359971002	Ward-Mayo operation for vaginal hysterectomy (procedure)	•		19-21
	Vaginal Hysterectomy	359974005	Tuffier operation for vaginal hysterectomy (procedure)	•		19-21
	Vaginal Hysterectomy	359977003	Mayo operation for vaginal hysterectomy (procedure)	•		19-21
	Vaginal Hysterectomy	359980002	Vaginal panhysterectomy (procedure)	•		19-21
	Vaginal Hysterectomy	359983000	Heaney operation for vaginal hysterectomy (procedure)	•		19-21
Vaginal Hysterectomy	413145007	Vaginal hysterectomy with conservation of ovaries (procedure)	•		19-21	
Vaginal Hysterectomy	428652006	Transcervical resection of leiomyoma of uterus (procedure)	•		19-21	
Vaginal Hysterectomy	441820006	Laparoscopy assisted vaginal hysterectomy with bilateral salpingo-oophorectomy (procedure)	•		19-21	
Vaginal Hysterectomy	448539002	Vaginal hysterectomy and excision of periuterine tissue (procedure)	•		19-21	
Vaginal Hysterectomy	608805000	Laparoscopic assisted vaginal hysterectomy with repair of cystocele (procedure)	•		19-21	
Vaginal Hysterectomy	608806004	Laparoscopic assisted vaginal hysterectomy with repair of rectocele (procedure)	•		19-21	

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Measure	Service	Code	Description	N*	E**	Pg
CCS	Vaginal Hysterectomy	608807008	Laparoscopic assisted vaginal hysterectomy with repair of cystocele and rectocele (procedure)		•	19-21
	Vaginal Hysterectomy	699789005	Vaginal hysterectomy with repair of cystocele and rectocele (procedure)		•	19-21
	Vaginal Hysterectomy	708985003	Laparoscopic vaginal hysterectomy using robotic assistance (procedure)		•	19-21
	Vaginal Hysterectomy	762625001	Vaginal hysterectomy and pelvic floor repair (procedure)		•	19-21
	Vaginal Hysterectomy	767610009	Total hysterectomy via vaginal approach (procedure)		•	19-21
	Vaginal Hysterectomy	767612001	Total hysterectomy via vaginal approach using intrafascial technique (procedure)		•	19-21
CCS, PPC: Post	Cervical Cytology Lab Test	171149006	Screening for malignant neoplasm of cervix (procedure)		•	19-21, 29-34
	Cervical Cytology Lab Test	416107004	Cervical cytology test (procedure)		•	
	Cervical Cytology Lab Test	417036008	Liquid based cervical cytology screening (procedure)		•	
	Cervical Cytology Lab Test	439958008	Sampling of cervix for Papanicolaou smear (procedure)		•	
	Cervical Cytology Lab Test	440623000	Microscopic examination of cervical Papanicolaou smear (procedure)		•	
	Cervical Cytology Lab Test	448651000124104	Microscopic examination of cervical Papanicolaou smear and Human papillomavirus deoxyribonucleic acid detection cotesting (procedure)		•	
	Cervical Cytology Result or Finding	168406009	Severe dyskaryosis on cervical smear cannot exclude invasive carcinoma (finding)		•	
	Cervical Cytology Result or Finding	168407000	Cannot exclude glandular neoplasia on cervical smear (finding)		•	
	Cervical Cytology Result or Finding	168408005	Cervical smear - atrophic changes (finding)		•	
	Cervical Cytology Result or Finding	168410007	Cervical smear - borderline changes (finding)		•	
	Cervical Cytology Result or Finding	168414003	Cervical smear - inflammatory change (finding)		•	
	Cervical Cytology Result or Finding	168415002	Cervical smear - no inflammation (finding)		•	
	Cervical Cytology Result or Finding	168416001	Cervical smear - severe inflammation (finding)		•	
	Cervical Cytology Result or Finding	168424006	Cervical smear - koilocytosis (finding)		•	
	Cervical Cytology Result or Finding	250538001	Dyskaryosis on cervical smear (finding)		•	
	Cervical Cytology Result or Finding	268543007	Cancer cervix - screening done (finding)		•	
	Cervical Cytology Result or Finding	269957009	Cervical smear result (finding)		•	
	Cervical Cytology Result or Finding	269958004	Cervical smear - negative (finding)		•	
	Cervical Cytology Result or Finding	269959007	Cervical smear - mild dyskaryosis (finding)		•	
	Cervical Cytology Result or Finding	269960002	Cervical smear - severe dyskaryosis (finding)		•	

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Measure	Service	Code	Description	N*	E**	Pg
CCS, PPC: Post	Cervical Cytology Result or Finding	269961003	Cervical smear - moderate dyskaryosis (finding)	•		19-21, 29-34
	Cervical Cytology Result or Finding	269963000	Cervical smear - viral inflammation unspecified (finding)	•		
	Cervical Cytology Result or Finding	275805003	Viral changes on cervical smear (finding)	•		
	Cervical Cytology Result or Finding	281101005	Smear: no abnormality detected - no endocervical cells (finding)	•		
	Cervical Cytology Result or Finding	309081009	Abnormal cervical smear (finding)	•		
	Cervical Cytology Result or Finding	310841002	Cervical smear - mild inflammation (finding)	•		
	Cervical Cytology Result or Finding	310842009	Cervical smear - moderate inflammation (finding)	•		
	Cervical Cytology Result or Finding	416030007	Cervicovaginal cytology: Low grade squamous intraepithelial lesion (finding)	•		
	Cervical Cytology Result or Finding	416032004	Cervicovaginal cytology normal or benign (finding)	•		
	Cervical Cytology Result or Finding	416033009	Cervicovaginal cytology: High grade squamous intraepithelial lesion or carcinoma (finding)	•		
	Cervical Cytology Result or Finding	439074000	Dysplasia on cervical smear (finding)	•		
	Cervical Cytology Result or Finding	439776006	Cervical Papanicolaou smear positive for malignant neoplasm (finding)	•		
	Cervical Cytology Result or Finding	439888000	Abnormal cervical Papanicolaou smear (finding)	•		
	Cervical Cytology Result or Finding	441087007	Atypical squamous cells of undetermined significance on cervical Papanicolaou smear (finding)	•		
	Cervical Cytology Result or Finding	441088002	Atypical squamous cells on cervical Papanicolaou smear cannot exclude high grade squamous intraepithelial lesion (finding)	•		
	Cervical Cytology Result or Finding	441094005	Atypical endocervical cells on cervical Papanicolaou smear (finding)	•		
	Cervical Cytology Result or Finding	441219009	Atypical glandular cells on cervical Papanicolaou smear (finding)	•		
	Cervical Cytology Result or Finding	441667007	Abnormal cervical Papanicolaou smear with positive human papillomavirus deoxyribonucleic acid test (finding)	•		
	Cervical Cytology Result or Finding	700399008	Cervical smear - borderline change in squamous cells (finding)	•		
	Cervical Cytology Result or Finding	700400001	Cervical smear - borderline change in endocervical cells (finding)	•		
	Cervical Cytology Result or Finding	62051000119105	Low grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding)	•		
	Cervical Cytology Result or Finding	62061000119107	High grade squamous intraepithelial lesion on cervical Papanicolaou smear (finding)	•		
	Cervical Cytology Result or Finding	98791000119102	Cytological evidence of malignancy on cervical Papanicolaou smear (finding)	•		
CHL	Chlamydia Tests	104175002	Chlamydia culture (procedure)	•		22-23
	Chlamydia Tests	104281002	Measurement of Chlamydia antibody (procedure)	•		22-23
	Chlamydia Tests	104282009	Measurement of Chlamydia species immunoglobulin M antibody (procedure)	•		22-23
	Chlamydia Tests	104290009	Lymphogranuloma venereum antibody assay (procedure)	•		22-23

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Measure	Service	Code	Description	N*	E**	Pg
CHL	Chlamydia Tests	117775008	Measurement of Chlamydia trachomatis G, F, and K antibody (procedure)	•		22-23
	Chlamydia Tests	121956002	Chlamydia species antigen assay (procedure)	•		22-23
	Chlamydia Tests	121957006	Measurement of Chlamydia trachomatis antibody (procedure)	•		22-23
	Chlamydia Tests	121958001	Measurement of Chlamydia trachomatis B antibody (procedure)	•		22-23
	Chlamydia Tests	121959009	Measurement of Chlamydia trachomatis C antibody (procedure)	•		22-23
	Chlamydia Tests	122173003	Chlamydia trachomatis antigen assay (procedure)	•		22-23
	Chlamydia Tests	122254005	Chlamydia trachomatis culture (procedure)	•		22-23
	Chlamydia Tests	122321005	Chlamydia trachomatis deoxyribonucleic acid assay (procedure)	•		22-23
	Chlamydia Tests	122322003	Chlamydia trachomatis ribosomal ribonucleic acid assay (procedure)	•		22-23
	Chlamydia Tests	134256004	Chlamydia trachomatis immunoglobulin M level (procedure)	•		22-23
	Chlamydia Tests	134289004	Chlamydia group antibody level (procedure)	•		22-23
	Chlamydia Tests	171120003	Trachoma screening (procedure)	•		22-23
	Chlamydia Tests	285586000	Chlamydia swab (procedure)	•		22-23
	Chlamydia Tests	310861008	Chlamydia antigen test (procedure)	•		22-23
	Chlamydia Tests	310862001	Chlamydia antigen by enzyme-linked immunosorbent assay (procedure)	•		22-23
	Chlamydia Tests	315087006	Chlamydia trachomatis L2 antibody level (procedure)	•		22-23
	Chlamydia Tests	315094009	Chlamydia antibody level (procedure)	•		22-23
	Chlamydia Tests	315095005	Chlamydia group complement fixation test (procedure)	•		22-23
	Chlamydia Tests	315099004	Chlamydia trachomatis immunoglobulin G level (procedure)	•		22-23
	Chlamydia Tests	390784004	Endocervical chlamydia swab (procedure)	•		22-23
	Chlamydia Tests	390785003	Urethral chlamydia swab (procedure)	•		22-23
	Chlamydia Tests	395195000	Chlamydia trachomatis immunoglobulin A level (procedure)	•		22-23
	Chlamydia Tests	398452009	Chlamydia trachomatis nucleic acid assay (procedure)	•		22-23
	Chlamydia Tests	399193003	Polymerase chain reaction for Chlamydia trachomatis (procedure)	•		22-23
	Chlamydia Tests	407707008	Chlamydia deoxyribonucleic acid detection (procedure)	•		22-23
	Chlamydia Tests	442487003	Screening for Chlamydia trachomatis (procedure)	•		22-23
	Pregnancy Test Exclusion	67900009	Human chorionic gonadotropin measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	104405006	Urine pregnancy test, by visual color comparison methods (procedure)		•	22-23
	Pregnancy Test Exclusion	104406007	Chorionic gonadotropin measurement, qualitative (procedure)		•	22-23
	Pregnancy Test Exclusion	104595003	Chorionic gonadotropin, alpha subunit measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	104596002	Chorionic gonadotropin, intact measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	121752006	Choriogonadotropin measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	167037004	Measurement of serum total human chorionic gonadotropin (procedure)		•	22-23
Pregnancy Test Exclusion	167257008	High sensitivity urine pregnancy test (procedure)		•	22-23	

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	N*	E**	Pg
CHL	Pregnancy Test Exclusion	167376008	Urine chorionic gonadotrophin measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	167391005	Urine human chorionic gonadotropin 24 hour assay (procedure)		•	22-23
	Pregnancy Test Exclusion	250658009	Free beta human chorionic gonadotrophin measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	252160004	Standard pregnancy test (procedure)		•	22-23
	Pregnancy Test Exclusion	252161000	Sensitive pregnancy test (procedure)		•	22-23
	Pregnancy Test Exclusion	313865003	Plasma human chorionic gonadotropin multiple of median measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	313866002	Serum human chorionic gonadotropin multiple of median measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	313871009	Plasma free beta human chorionic gonadotrophin measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	313872002	Serum free beta human chorionic gonadotrophin measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	314069004	Plasma free beta human chorionic gonadotropin multiple of median measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	314070003	Serum free beta human chorionic gonadotrophin multiple of median measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	386558001	Chorionic gonadotropin, beta-subunit measurement (procedure)		•	22-23
	Pregnancy Test Exclusion	394721004	Total beta human chorionic gonadotrophin level (procedure)		•	22-23
Pregnancy Test Exclusion	443883001	Measurement of alpha fetoprotein and human chorionic gonadotropin and unconjugated estriol in serum or plasma specimen (procedure)		•	22-23	
COL	Colorectal Cancer	C18.0	Malignant neoplasm of cecum		•	11-15
	Colorectal Cancer	C18.1	Malignant neoplasm of appendix		•	11-15
	Colorectal Cancer	C18.2	Malignant neoplasm of ascending colon		•	11-15
	Colorectal Cancer	C18.3	Malignant neoplasm of hepatic flexure		•	11-15
	Colorectal Cancer	C18.4	Malignant neoplasm of transverse colon		•	11-15
	Colorectal Cancer	C18.5	Malignant neoplasm of splenic flexure		•	11-15
	Colorectal Cancer	C18.6	Malignant neoplasm of descending colon		•	11-15
	Colorectal Cancer	C18.7	Malignant neoplasm of sigmoid colon		•	11-15
	Colorectal Cancer	C18.8	Malignant neoplasm of overlapping sites of colon		•	11-15
	Colorectal Cancer	C18.9	Malignant neoplasm of colon, unspecified		•	11-15
	Colorectal Cancer	C19	Malignant neoplasm of rectosigmoid junction		•	11-15
	Colorectal Cancer	C20	Malignant neoplasm of rectum		•	11-15
	Colorectal Cancer	C21.2	Malignant neoplasm of cloacogenic zone		•	11-15
	Colorectal Cancer	C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal		•	11-15
	Colorectal Cancer	C78.5	Secondary malignant neoplasm of large intestine and rectum		•	11-15
	Colorectal Cancer	Z85.038	Personal history of other malignant neoplasm of large intestine		•	11-15
	Colorectal Cancer	Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus		•	11-15
Total Colectomy	0DTE0ZZ	Resection of Large Intestine, Open Approach		•	11-15	

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**Exclusion - Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	N*	E**	Pg
COL	Total Colectomy	0DTE4ZZ	Resection of Large Intestine, Percutaneous Endoscopic Approach		•	11-15
	Total Colectomy	0DTE7ZZ	Resection of Large Intestine, Via Natural or Artificial Opening		•	11-15
	Total Colectomy	0DTE8ZZ	Resection of Large Intestine, Via Natural or Artificial Opening Endoscopic		•	11-15
	Colonoscopy	8180007	Fiberoptic colonoscopy through colostomy (procedure)		•	11-15
	Colonoscopy	12350003	Colonoscopy with rigid sigmoidoscope through colotomy (procedure)		•	11-15
	Colonoscopy	25732003	Fiberoptic colonoscopy with biopsy (procedure)		•	11-15
	Colonoscopy	34264006	Intraoperative colonoscopy (procedure)		•	11-15
	Colonoscopy	73761001	Colonoscopy (procedure)		•	11-15
	Colonoscopy	174158000	Open colonoscopy (procedure)		•	11-15
	Colonoscopy	235150006	Total colonoscopy (procedure)		•	11-15
	Colonoscopy	235151005	Limited colonoscopy (procedure)		•	11-15
	Colonoscopy	310634005	Check colonoscopy (procedure)		•	11-15
	Colonoscopy	367535003	Fiberoptic colonoscopy (procedure)		•	11-15
	Colonoscopy	425672002	Diagnostic endoscopic examination of ileoanal pouch and biopsy of ileoanal pouch using colonoscope (procedure)		•	11-15
	Colonoscopy	425937002	Diagnostic endoscopic examination of enteric pouch using colonoscope (procedure)		•	11-15
	Colonoscopy	427459009	Diagnostic endoscopic examination of colonic pouch and biopsy of colonic pouch using colonoscope (procedure)		•	11-15
	Colonoscopy	443998000	Colonoscopy through colostomy with endoscopic biopsy of colon (procedure)		•	11-15
	Colonoscopy	444783004	Screening colonoscopy (procedure)		•	11-15
	Colonoscopy	446521004	Colonoscopy and excision of mucosa of colon (procedure)		•	11-15
	Colonoscopy	446745002	Colonoscopy and biopsy of colon (procedure)		•	11-15
	Colonoscopy	447021001	Colonoscopy and tattooing (procedure)		•	11-15
	Colonoscopy	709421007	Colonoscopy and dilatation of stricture of colon (procedure)		•	11-15
	Colonoscopy	710293001	Colonoscopy using fluoroscopic guidance (procedure)		•	11-15
	Colonoscopy	711307001	Colonoscopy using X-ray guidance (procedure)		•	11-15
	Colonoscopy	713154003	Endoscopic submucosal dissection of rectum using colonoscope (procedure)		•	11-15
	Colorectal Cancer	93683002	Primary malignant neoplasm of ascending colon (disorder)		•	11-15
	Colorectal Cancer	93761005	Primary malignant neoplasm of colon (disorder)		•	11-15
	Colorectal Cancer	93771007	Primary malignant neoplasm of descending colon (disorder)		•	11-15
	Colorectal Cancer	93826009	Primary malignant neoplasm of hepatic flexure of colon (disorder)		•	11-15
	Colorectal Cancer	93980002	Primary malignant neoplasm of rectosigmoid junction (disorder)		•	11-15
	Colorectal Cancer	93984006	Primary malignant neoplasm of rectum (disorder)		•	11-15
	Colorectal Cancer	94006002	Primary malignant neoplasm of sigmoid colon (disorder)		•	11-15
	Colorectal Cancer	94072004	Primary malignant neoplasm of splenic flexure of colon (disorder)		•	11-15
	Colorectal Cancer	94105000	Primary malignant neoplasm of transverse colon (disorder)		•	11-15
	Colorectal Cancer	94179005	Secondary malignant neoplasm of ascending colon (disorder)		•	11-15
	Colorectal Cancer	94260004	Secondary malignant neoplasm of colon (disorder)		•	11-15
	Colorectal Cancer	94271003	Secondary malignant neoplasm of descending colon (disorder)		•	11-15

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Measure	Service	Code	Description	N*	E**	Pg
COL	Colorectal Cancer	94328005	Secondary malignant neoplasm of hepatic flexure of colon (disorder)		•	11-15
	Colorectal Cancer	94509004	Secondary malignant neoplasm of rectosigmoid junction (disorder)		•	11-15
	Colorectal Cancer	94513006	Secondary malignant neoplasm of rectum (disorder)		•	11-15
	Colorectal Cancer	94538001	Secondary malignant neoplasm of sigmoid colon (disorder)		•	11-15
	Colorectal Cancer	94604000	Secondary malignant neoplasm of splenic flexure of colon (disorder)		•	11-15
	Colorectal Cancer	94643001	Secondary malignant neoplasm of transverse colon (disorder)		•	11-15
	Colorectal Cancer	109838007	Overlapping malignant neoplasm of colon (disorder)		•	11-15
	Colorectal Cancer	109839004	Overlapping malignant neoplasm of rectum, anus and anal canal (disorder)		•	11-15
	Colorectal Cancer	187757001	Malignant neoplasm, overlapping lesion of colon (disorder)		•	11-15
	Colorectal Cancer	187760008	Malignant neoplasm of rectum, rectosigmoid junction and anus (disorder)		•	11-15
	Colorectal Cancer	254582000	Adenocarcinoma of rectum (disorder)		•	11-15
	Colorectal Cancer	254586002	Malignant tumor of anorectal junction (disorder)		•	11-15
	Colorectal Cancer	269533000	Carcinoma of colon (disorder)		•	11-15
	Colorectal Cancer	269544008	Carcinoma of the rectosigmoid junction (disorder)		•	11-15
	Colorectal Cancer	276822007	Malignant melanoma of rectum (disorder)		•	11-15
	Colorectal Cancer	285312008	Carcinoma of sigmoid colon (disorder)		•	11-15
	Colorectal Cancer	285611007	Metastasis to colon of unknown primary (disorder)		•	11-15
	Colorectal Cancer	285612000	Metastasis to rectum of unknown primary (disorder)		•	11-15
	Colorectal Cancer	301756000	Adenocarcinoma of sigmoid colon (disorder)		•	11-15
	Colorectal Cancer	312111009	Carcinoma of ascending colon (disorder)		•	11-15
	Colorectal Cancer	312112002	Carcinoma of transverse colon (disorder)		•	11-15
	Colorectal Cancer	312113007	Carcinoma of descending colon (disorder)		•	11-15
	Colorectal Cancer	312114001	Carcinoma of hepatic flexure (disorder)		•	11-15
	Colorectal Cancer	312115000	Carcinoma of splenic flexure (disorder)		•	11-15
	Colorectal Cancer	314965007	Local recurrence of malignant tumor of colon (disorder)		•	11-15
	Colorectal Cancer	314966008	Local recurrence of malignant tumor of rectum (disorder)		•	11-15
	Colorectal Cancer	315058005	Hereditary nonpolyposis colon cancer (disorder)		•	11-15
	Colorectal Cancer	363351006	Malignant tumor of rectum (disorder)		•	11-15
	Colorectal Cancer	363406005	Malignant neoplasm of colon (disorder)		•	11-15
	Colorectal Cancer	363407001	Malignant tumor of hepatic flexure (disorder)		•	11-15
	Colorectal Cancer	363408006	Malignant tumor of transverse colon (disorder)		•	11-15
	Colorectal Cancer	363409003	Malignant tumor of descending colon (disorder)		•	11-15
	Colorectal Cancer	363410008	Malignant tumor of sigmoid colon (disorder)		•	11-15
	Colorectal Cancer	363412000	Malignant tumor of ascending colon (disorder)		•	11-15
	Colorectal Cancer	363413005	Malignant tumor of splenic flexure (disorder)		•	11-15
	Colorectal Cancer	363414004	Malignant tumor of rectosigmoid junction (disorder)		•	11-15
	Colorectal Cancer	363510005	Malignant tumor of large intestine (disorder)		•	11-15
	Colorectal Cancer	369448007	Malignant tumor involving rectum by direct extension from endometrium (disorder)		•	11-15
	Colorectal Cancer	369449004	Malignant tumor involving rectum by direct extension from fallopian tube (disorder)		•	11-15

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Measure	Service	Code	Description	N*	E**	Pg
COL	Colorectal Cancer	369450004	Malignant tumor involving rectum by direct extension from ovary (disorder)		•	11-15
	Colorectal Cancer	369451000	Malignant tumor involving rectum by direct extension from prostate (disorder)		•	11-15
	Colorectal Cancer	369452007	Malignant tumor involving rectum by direct extension from uterine cervix (disorder)		•	11-15
	Colorectal Cancer	369453002	Malignant tumor involving rectum by direct extension from uterus (disorder)		•	11-15
	Colorectal Cancer	369454008	Malignant tumor involving rectum by direct extension from vagina (disorder)		•	11-15
	Colorectal Cancer	369455009	Malignant tumor involving rectum by separate metastasis from endometrium (disorder)		•	11-15
	Colorectal Cancer	369456005	Malignant tumor involving rectum by separate metastasis from fallopian tube (disorder)		•	11-15
	Colorectal Cancer	369457001	Malignant tumor involving rectum by separate metastasis from ovary (disorder)		•	11-15
	Colorectal Cancer	369458006	Malignant tumor involving rectum by separate metastasis from prostate (disorder)		•	11-15
	Colorectal Cancer	369459003	Malignant tumor involving rectum by separate metastasis from uterine cervix (disorder)		•	11-15
	Colorectal Cancer	369460008	Malignant tumor involving rectum by separate metastasis from uterus (disorder)		•	11-15
	Colorectal Cancer	369461007	Malignant tumor involving rectum by separate metastasis from vagina (disorder)		•	11-15
	Colorectal Cancer	395705003	pTis: Carcinoma in situ, intraepithelial (colon/rectum) (finding)		•	11-15
	Colorectal Cancer	422375001	Carcinoma of colon, stage III (finding)		•	11-15
	Colorectal Cancer	422581008	Carcinoma of colon, stage II (finding)		•	11-15
	Colorectal Cancer	422985007	Carcinoma of colon, stage IV (finding)		•	11-15
	Colorectal Cancer	425178004	Adenocarcinoma of rectosigmoid junction (disorder)		•	11-15
	Colorectal Cancer	425213009	Carcinoma of colon, stage I (finding)		•	11-15
	Colorectal Cancer	429084005	History of malignant neoplasm of rectum (situation)		•	11-15
	Colorectal Cancer	429699009	History of malignant neoplasm of colon (situation)		•	11-15
	Colorectal Cancer	443488001	Malignant neoplasm of anorectum (disorder)		•	11-15
	Colorectal Cancer	447886005	Adenocarcinoma of anorectum (disorder)		•	11-15
	Colorectal Cancer	448994001	Malignant epithelial neoplasm of upper rectum (disorder)		•	11-15
	Colorectal Cancer	449218003	Lymphoma of sigmoid colon (disorder)		•	11-15
	Colorectal Cancer	713573006	Malignant carcinoid tumor of rectum (disorder)		•	11-15
	Colorectal Cancer	716654007	Non-polyposis Turcot syndrome (disorder)		•	11-15
	Colorectal Cancer	721695008	Primary adenocarcinoma of ascending colon and right flexure (disorder)		•	11-15
	Colorectal Cancer	721696009	Primary adenocarcinoma of transverse colon (disorder)		•	11-15
	Colorectal Cancer	721697000	Primary neuroendocrine carcinoma of colon (disorder)		•	11-15
	Colorectal Cancer	721698005	Primary malignant neuroendocrine neoplasm of colon (disorder)		•	11-15
	Colorectal Cancer	721699002	Primary adenocarcinoma of descending colon and splenic flexure (disorder)		•	11-15
	Colorectal Cancer	721700001	Primary malignant neuroendocrine neoplasm of rectum (disorder)		•	11-15
Colorectal Cancer	721701002	Primary neuroendocrine carcinoma of rectum (disorder)		•	11-15	

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Measure	Service	Code	Description	N*	E**	Pg
COL	Colorectal Cancer	726654006	Malignant carcinoid tumor of colon (disorder)		•	11-15
	Colorectal Cancer	737058005	Microsatellite instability-high colorectal cancer (disorder)		•	11-15
	Colorectal Cancer	766979005	Squamous cell carcinoma of rectum (disorder)		•	11-15
	Colorectal Cancer	766981007	Squamous cell carcinoma of colon (disorder)		•	11-15
	Colorectal Cancer	1701000119104	Primary adenocarcinoma of colon (disorder)		•	11-15
	Colorectal Cancer	96281000119107	Overlapping malignant neoplasm of colon and rectum (disorder)		•	11-15
	Colorectal Cancer	96981000119102	Malignant neoplasm of rectosigmoid junction metastatic to brain (disorder)		•	11-15
	Colorectal Cancer	123701000119104	Malignant carcinoid tumor of descending colon (disorder)		•	11-15
	Colorectal Cancer	123721000119108	Malignant carcinoid tumor of ascending colon (disorder)		•	11-15
	Colorectal Cancer	130381000119103	Primary malignant neuroendocrine neoplasm of ascending colon (disorder)		•	11-15
	Colorectal Cancer	133751000119102	Lymphoma of colon (disorder)		•	11-15
	Colorectal Cancer	184881000119106	Primary adenocarcinoma of rectosigmoid junction (disorder)		•	11-15
	Colorectal Cancer	286771000119106	History of malignant carcinoid tumor of colon (situation)		•	11-15
	Colorectal Cancer	286791000119107	History of malignant carcinoid tumor of rectum (situation)		•	11-15
	Colorectal Cancer	681601000119101	Primary adenocarcinoma of ascending colon (disorder)		•	11-15
	Colorectal Cancer	10987871999119109	History of malignant neoplasm of rectosigmoid junction (situation)		•	11-15
	CT Colonography	418714002	Virtual computed tomography colonoscopy (procedure)		•	11-15
	FIT DNA Test Result or Finding	708699002	Stool DNA-based colorectal cancer screening positive (finding)		•	11-15
	Flexible Sigmoidoscopy	44441009	Flexible fiberoptic sigmoidoscopy (procedure)		•	11-15
	Flexible Sigmoidoscopy	396226005	Flexible fiberoptic sigmoidoscopy with biopsy (procedure)		•	11-15
	Flexible Sigmoidoscopy	425634007	Diagnostic endoscopic examination of lower bowel and sampling for bacterial overgrowth using fiberoptic sigmoidoscope (procedure)		•	11-15
	FOBT Lab Test	104435004	Screening for occult blood in feces (procedure)		•	11-15
	FOBT Lab Test	441579003	Measurement of occult blood in stool specimen using immunoassay (procedure)		•	11-15
	FOBT Lab Test	442067009	Measurement of occult blood in two separate stool specimens (procedure)		•	11-15
	FOBT Lab Test	442516004	Measurement of occult blood in three separate stool specimens (procedure)		•	11-15
	FOBT Lab Test	442554004	Guaiac test for occult blood in feces specimen (procedure)		•	11-15
	FOBT Lab Test	442563002	Measurement of occult blood in single stool specimen (procedure)		•	11-15
	FOBT Test Result or Finding	59614000	Occult blood in stools (finding)		•	11-15
	FOBT Test Result or Finding	167667006	Fecal occult blood: negative (finding)		•	11-15
	FOBT Test Result or Finding	389076003	Fecal occult blood: trace (finding)		•	11-15
	History of Colonoscopy	851000119109	History of colonoscopy (situation)		•	11-15
	History of Flexible Sigmoidoscopy	841000119107	History of flexible sigmoidoscopy (situation)		•	11-15

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Measure	Service	Code	Description	N*	E**	Pg
COL	History of Total Colectomy	119771000119101	History of total colectomy (situation)		•	11-15
	Total Colectomy	456004	Total abdominal colectomy with ileostomy (procedure)		•	11-15
	Total Colectomy	26390003	Total colectomy (procedure)		•	11-15
	Total Colectomy	31130001	Total abdominal colectomy with proctectomy and ileostomy (procedure)		•	11-15
	Total Colectomy	36192008	Total abdominal colectomy with ileoproctostomy (procedure)		•	11-15
	Total Colectomy	44751009	Total abdominal colectomy with proctectomy and continent ileostomy (procedure)		•	11-15
	Total Colectomy	80294005	Total abdominal colectomy with rectal mucosectomy and ileoanal anastomosis (procedure)		•	11-15
	Total Colectomy	303401008	Parks panproctocolectomy, anastomosis of ileum to anus and creation of pouch (procedure)		•	11-15
	Total Colectomy	307666008	Total colectomy and ileostomy (procedure)		•	11-15
	Total Colectomy	307667004	Total colectomy, ileostomy and rectal mucous fistula (procedure)		•	11-15
	Total Colectomy	307669001	Total colectomy, ileostomy and closure of rectal stump (procedure)		•	11-15
Total Colectomy	713165008	Laparoscopic total colectomy with ileo-rectal anastomosis (procedure)		•	11-15	
PPC: Post	Postpartum Visits	0503F	Postpartum care visit (Prenatal)		•	29-34
	Postpartum Visits	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination (G0101)		•	29-34
	Postpartum Visits	Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings		•	29-34
	Postpartum Visits	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings		•	29-34
	Postpartum Visits	Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear		•	29-34
	Postpartum Visits	Z30.430	Encounter for insertion of intrauterine contraceptive device		•	29-34
	Postpartum Visits	Z39.1	Encounter for care and examination of lactating mother		•	29-34
	Postpartum Visits	Z39.2	Encounter for routine postpartum follow-up		•	29-34
	Postpartum Visits	384633003	Postpartum examination and care of mother (procedure) [384633003]		•	29-34
	Postpartum Visits	408884008	Breast feeding support management (procedure)		•	29-34
	Postpartum Visits	408886005	Breastfeeding support assessment (procedure)		•	29-34
	Postpartum Visits	409018009	Postpartum care assessment (procedure)		•	29-34
	Postpartum Visits	409019001	Postpartum care management (procedure)		•	29-34
	Postpartum Visits	440085006	Home visit for postpartum care and assessment (procedure)		•	29-34
	Postpartum Visits	717810008	Routine postpartum follow-up (regime/therapy)		•	29-34
PPC: Pre	Stand Alone Prenatal Visits	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)		•	29-34
	Stand Alone Prenatal Visits	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)		•	29-34

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PPC: Pre	Stand Alone Prenatal Visits	0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]	•		29-34
	Prenatal Bundled Services	H1005	Prenatal care, at-risk enhanced service package (includes h1001-h1004) (H1005)	•		29-34
	Prenatal Visits	G0463	Hospital outpatient clinic visit for assessment and management of a patient (G0463)	•		29-34
	Prenatal Visits	T1015	Clinic visit/encounter, all-inclusive (T1015)	•		29-34
	Stand Alone Prenatal Visits	H1000	Prenatal care, at-risk assessment (H1000)	•		29-34
	Stand Alone Prenatal Visits	H1001	Prenatal care, at-risk enhanced service; antepartum management (H1001)	•		29-34
	Stand Alone Prenatal Visits	H1002	Prenatal care, at risk enhanced service; care coordination (H1002)	•		29-34
	Stand Alone Prenatal Visits	H1003	Prenatal care, at-risk enhanced service; education (H1003)	•		29-34
	Stand Alone Prenatal Visits	H1004	Prenatal care, at-risk enhanced service; follow-up home visit (H1004)	•		29-34
	Prenatal Visits	17436001	Medical consultation with outpatient (procedure)	•		29-34
	Prenatal Visits	77406008	Confirmatory medical consultation (procedure)	•		29-34
	Prenatal Visits	281036007	Follow-up consultation (procedure)	•		29-34
	Stand Alone Prenatal Visits	17629007	Prenatal care education (procedure)	•		29-34
	Stand Alone Prenatal Visits	18114009	Prenatal examination and care of mother (procedure)	•		29-34
	Stand Alone Prenatal Visits	58932009	Individual natural childbirth education (procedure)	•		29-34
	Stand Alone Prenatal Visits	66961001	Natural childbirth class education (procedure)	•		29-34
	Stand Alone Prenatal Visits	134435003	Routine antenatal care (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	135892000	Antenatal education (procedure)	•		29-34
	Stand Alone Prenatal Visits	169712008	Antenatal 12 weeks examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169713003	Antenatal 16 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169714009	Antenatal 20 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169715005	Antenatal 24 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169716006	Antenatal 28 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169717002	Antenatal 30 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169718007	Antenatal 32 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169719004	Antenatal 34 week examination (procedure)	•		29-34
Stand Alone Prenatal Visits	169720005	Antenatal 35 week examination (procedure)	•		29-34	

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Measure	Service	Code	Description	N*	E**	Pg
PPC: Pre	Stand Alone Prenatal Visits	169721009	Antenatal 36 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169722002	Antenatal 37 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169723007	Antenatal 38 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169724001	Antenatal 39 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169725000	Antenatal 40 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169726004	Antenatal 41 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	169727008	Antenatal 42 week examination (procedure)	•		29-34
	Stand Alone Prenatal Visits	171054004	Pregnancy diet education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171055003	Pregnancy smoking education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171056002	Pregnancy exercise education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171057006	Pregnancy alcohol education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171058001	Drugs in pregnancy education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171059009	Pregnancy dental education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171060004	Maternity grant education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171061000	Maternity benefit education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171062007	Maternity milk and vitamins education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171063002	Pregnancy prescription exemption education (procedure)	•		29-34
	Stand Alone Prenatal Visits	171064008	Mothercraft education (procedure)	•		29-34
	Stand Alone Prenatal Visits	386235000	Childbirth preparation (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	386322007	High risk pregnancy care (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	397931005	Lamaze method education (procedure)	•		29-34
	Stand Alone Prenatal Visits	406145006	Layette education (procedure)	•		29-34
	Stand Alone Prenatal Visits	409010002	Antenatal care assessment (procedure)	•		29-34
	Stand Alone Prenatal Visits	422808006	Prenatal continuous visit (regime/therapy)	•		29-34
Stand Alone Prenatal Visits	424441002	Prenatal initial visit (regime/therapy)	•		29-34	
Stand Alone Prenatal Visits	424525001	Antenatal care (regime/therapy)	•		29-34	

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Measure	Service	Code	Description	N*	E**	Pg
PPC: Pre	Stand Alone Prenatal Visits	424619006	Prenatal visit (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	439165004	Education about influenza vaccine during pregnancy (procedure)	•		29-34
	Stand Alone Prenatal Visits	439733009	Education about toxoplasmosis precautions during pregnancy (procedure)	•		29-34
	Stand Alone Prenatal Visits	439816006	Education about travel during pregnancy (procedure)	•		29-34
	Stand Alone Prenatal Visits	439908001	Education about selection of newborn care provider (procedure)	•		29-34
	Stand Alone Prenatal Visits	440047008	Education about risk factor identified by prenatal history (procedure)	•		29-34
	Stand Alone Prenatal Visits	440227005	Education about indication for prenatal ultrasound (procedure)	•		29-34
	Stand Alone Prenatal Visits	440309009	Education about fetal movement monitoring (procedure)	•		29-34
	Stand Alone Prenatal Visits	440536005	Education about signs and symptoms of pregnancy induced hypertension (procedure)	•		29-34
	Stand Alone Prenatal Visits	440638004	Education about seatbelt use during pregnancy (procedure)	•		29-34
	Stand Alone Prenatal Visits	440669000	Education about signs and symptoms of preterm labor (procedure)	•		29-34
	Stand Alone Prenatal Visits	440670004	Education about medication intake during pregnancy (procedure)	•		29-34
	Stand Alone Prenatal Visits	440671000	Education about signs and symptoms of labor (procedure)	•		29-34
	Stand Alone Prenatal Visits	441839001	Education about folic acid in first trimester (procedure)	•		29-34
	Stand Alone Prenatal Visits	700256000	Management of antenatal education (procedure)	•		29-34
	Stand Alone Prenatal Visits	702396006	Childbirth education (procedure)	•		29-34
	Stand Alone Prenatal Visits	702736005	Supervision of high risk pregnancy with history of previous cesarean section (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	702737001	Supervision of high risk pregnancy with history of gestational diabetes mellitus (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	702738006	Supervision of high risk pregnancy (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	702739003	Supervision of high risk pregnancy with history of previous molar pregnancy (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	702740001	Supervision of high risk pregnancy with history of previous precipitate labor (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	702741002	Supervision of high risk pregnancy for multigravida (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	702742009	Supervision of high risk pregnancy for social problem (regime/therapy)	•		29-34
Stand Alone Prenatal Visits	702743004	Supervision of high risk pregnancy for multigravida age 15 years or younger (regime/therapy)	•		29-34	
Stand Alone Prenatal Visits	702744005	Supervision of high risk pregnancy for primigravida age 15 years or younger (regime/therapy)	•		29-34	
Stand Alone Prenatal Visits	710970004	Prenatal assessment of breastfeeding (procedure)	•		29-34	

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PPC: Pre	Stand Alone Prenatal Visits	713076009	Antenatal risk assessment (procedure)	•		29-34
	Stand Alone Prenatal Visits	713233004	Supervision of high risk pregnancy with history of previous neonatal death (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713234005	Supervision of high risk pregnancy with history of previous intrauterine death (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713235006	Supervision of high risk pregnancy with history of previous antepartum hemorrhage (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713237003	Supervision of high risk pregnancy with history of previous big baby (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713238008	Supervision of high risk pregnancy with history of previous abnormal baby (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713239000	Supervision of high risk pregnancy with history of previous primary postpartum hemorrhage (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713240003	Supervision of high risk pregnancy with poor obstetric history (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713241004	Supervision of high risk pregnancy with history of previous fetal distress (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713242006	Supervision of high risk pregnancy with poor reproductive history (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713386003	Supervision of high risk pregnancy for maternal short stature (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	713387007	Supervision of high risk pregnancy with family history of diabetes mellitus (regime/therapy)	•		29-34
	Stand Alone Prenatal Visits	717794008	Supervision of pregnancy with history of infertility (regime/therapy)	•		29-34
Stand Alone Prenatal Visits	717795009	Supervision of pregnancy with history of insufficient antenatal care (regime/therapy)	•		29-34	

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