

Quick Reference Guide: Coding for Women's Health Quality Measures

This guide is designed to be a quick reference tool to help with medical coding of select Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures. Please use to address care opportunities for your female patients who are UnitedHealthcare plan members.

If you'd like additional information about these measures and more, please see the [Reference Guide for Adult Health at UHCprovider.com/path](#).

Information contained in this guide is based on National Committee for Quality Assurance (NCQA) HEDIS® technical specifications. For more details, please visit [ncqa.org](#).

Adult Body Mass Index Assessment (ABA)

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



BMI Percentile – For Members Ages 18 – 19

ICD-10 Diagnosis	Z68.51, Z68.52, Z68.53, Z68.54
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Body Mass Index – 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
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Breast Cancer Screening (BCS)

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



Breast Cancer Screening

CPT®/CPT® II	77055-57, 77061-63, 77065-67
HCPCS	G0202, G0204, G0206
UBREV	0401, 0403

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.

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Doc #: PCA-1-013119-11272018_12062018

Cervical Cancer Screening (CCS)

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 every three years
- Women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years



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
UBREV	0923

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

Chlamydia Screening in Women (CHL)

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



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

Colorectal Cancer Screening (COL)

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



Colonoscopy

CPT/CPT II	44388-94, 44397, 44401-08, 45355, 45378-93, 45398
HCPCS	G0105, G0121

Computed Tomography (CT) Colonography

CPT/CPT II	74261-63 This service isn't covered for UnitedHealthcare Medicare Advantage members.
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Colorectal Cancer Screening (COL) – continued

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

Flexible Sigmoidoscopy

CPT/CPT II	45330-35, 45337-42, 45345-47, 45349-50
HCPCS	G0104

FOBT

CPT/CPT II	82270, 82274
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

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.

Prenatal and Postpartum Care (PPC)

Percentage of deliveries of live births on or between Nov. 6 of the year prior to the measurement year and Nov. 5 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 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 21 and 56 days after delivery

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

Prenatal Visits

CPT/CPT II	99201-05, 99211-15, 99241-45, 99483
HCPCS	G0463, T1015
UBREV	0514

Obstetric Panel

CPT/CPT II	80055, 80081
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Prenatal Ultrasound

CPT/CPT II	76801, 76805, 76811, 76813, 76815-21, 76825-28
ICD-10 Procedure	BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ

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Prenatal and Postpartum Care (PPC) — continued

ABO Group	
CPT/CPT II	86900
LOINC	57743-7, 883-9

Rh Type	
CPT/CPT II	86901
LOINC	10331-7, 1305-2, 34961-3, 88027-8, 972-0, 978-7

ABO Group and Rh Type	
LOINC	77397-8, 882-1, 884-7

Cytomegalovirus Antibody	
CPT/CPT II	86644
LOINC	13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-3, 32791-6, 32835-1, 45326-6, 47307-4, 49539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52976-8, 52984-2, 59838-3, 78445-4, 7851-9, 7852-7, 7853-5, 9513-3

Prenatal and Postpartum Care (PPC) — continued

Herpes Simplex Antibody	
CPT/CPT II	86694-96
LOINC	10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16942-5, 16944-1, 16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4, 21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9, 30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9, 34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0, 43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5202-7, 5203-5, 5204-3, 5205-0, 5206-8, 5207-6, 5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7, 7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7

Rubella Antibody	
CPT/CPT II	86762
LOINC	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0, 89040-0

Toxoplasma Antibody	
CPT/CPT II	86777-78
LOINC	11598-0, 12261-4, 12262-2, 13286-0, 17717-0, 21570-7, 22577-1, 22580-5, 22582-1, 22584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 34422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40679-5, 40785-8, 40786-6, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8, 83123-0, 87361-2

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Prenatal and Postpartum Care (PPC) – continued

Postpartum Bundled Services

CPT/CPT II	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
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Postpartum Visits

CPT/CPT II	57170, 58300, 59430, 99501, 0503F
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HCPCS	G0101
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ICD-10 Diagnosis	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
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Cervical Cytology

CPT/CPT II	88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75
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HCPCS	G0123-24, G0141, G0143-45, G0147-48, P3000, P3001, Q0091
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LOINC	15024-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
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UBREV	0923
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Osteoporosis Management in Women Who Had a Fracture (OMW)

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)

Bone Mineral Density Tests

CPT/CPT II	76977, 77078, 77080-82, 77085-86
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HCPCS	G0130
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ICD-10 Procedure	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1
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Osteoporosis Medications

HCPCS	J0630, J0897, J1740, J3110, J3489
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Long-Acting Osteoporosis Medications (during inpatient stay only)

HCPCS	J0897, J1740, J3489
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