

Postpartum care – any pregnant member

A postpartum checkup must occur between 21 - 56 days after delivery.

CPT CODES

57170, 58300, 59430, 59510, 59515, 59410, 59400

88141 – 88143, 88147, 88148, 88150, 88152 – 88155, 88174, 88164 – 88167, 88175, 99501

ICD-9-CM DX CODES

V24.1 · V24.2 · V25.1x · V72.3x · V76.2

ICD-9-CM PROCEDURE CODE

89.26 · 91.46

As a reminder:

- HEDIS/QARR season is from February to June every year
- During this time, we will contact you to schedule an onsite review
- HIPAA release for the member is not required for medical record review by Empire

Important points to remember:

- Use this guide when coding; this will ensure you are using an accurate code for the service provided
- Submit your claims timely; this will help minimize onsite medical records review
- Please code for all diagnoses on every visit
- Please ensure all prenatal care visits occur within the appropriate time frames (please refer to prenatal and postpartum care below)

Prenatal and postpartum care

(ACOG recommends 14 visits for 40-week gestation)

1. Ensure the member receives prenatal care visits in the first trimester
2. Ensure the member is seen every four weeks for the first 28 weeks of pregnancy
3. Ensure the member is seen every two to three weeks until 36 weeks gestation
4. Ensure the member is seen every week after 36 weeks until delivery

Postpartum care

Ensure the member has a scheduled appointment and receives a postpartum visit on or between 21 - 56 days after delivery.



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If you need further assistance, please contact our Quality Management department at **212-563-5570**.

Our confidential and secure Quality Management fax number is **1-877-271-2422**.

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Quick Code Reference Guide

For HEDIS/QARR Measures For OB/GYNs

Please note the following codes in this document are strongly recommended for use. Our goal is to maximize the appropriate use of acceptable codes for quality reporting which will result in more complete and accurate coding on your claim submissions, decreasing the need for medical record reviews.

The commonly used codes acceptable for HEDIS/QARR reporting include but are not limited to those listed in this reference guide.

NYPEC-0029-15 07.15

Empire BlueCross BlueShield HealthPlus (Empire) uses the National Committee for Quality Assurance (NCQA) HEDIS® reporting measures on the federal level and the New York State Department of Health (DOH) Quality Assurance Reporting Requirements (QARR) on the state level as a way of reporting preventive health care services provided to our members during the measurement year.

We require all providers to submit encounter data reflecting the care and services they provide to our members.

Women's measures

Breast cancer screening

42 - 69 YEARS

A mammogram should be done yearly.

CPT CODES

77055 - 77057

ICD-9-CM PROCEDURE CODE

87.36 AND 87.37

Cervical cancer

24 - 64 YEARS

A Pap test should be done yearly.

CPT CODES

88141 - 88143, 88147, 88148, 88150, 88175, 88152 - 88155, 88164 - 88167, 88174

ICD-9-CM PROCEDURE CODE

91.46

Chlamydia screening

16 - 24 YEARS

Women should have at least one screening done yearly.

CPT CODES

87110, 87270, 87320, 87490 - 87492, 87810

Prenatal/frequency of prenatal care

ANY PREGNANT MEMBER

The member must have:

- One visit every four weeks until 28 weeks
- One visit every two to three weeks until 36 weeks
- One visit per week until delivery

A complete OB visit counts when it includes one of the following:

- OB panel
- Torch antibody panel
- Rubella titer with RH compatibility
- Ultrasound of pregnant uterus
- Pregnancy-related DX code

Prenatal codes that indicate an OB visit

For each visit, follow the guidelines and use codes from grid below.

- One CPT code with one ICD-9 code from column A **and**
- One CPT code with one ICD-9 code from column B **or**
- One of the following panels from column C
 1. Torch panel - all 4 infection CPT codes needed
 2. Rubella/ABO/RH panel - one CPT code for rubella **and (ABO or RH) needed**

A

CPT CODE

99201 - 99205, 99500, 99211 - 99215, 99241 - 99245

ICD-9-CM DIAGNOSIS

640.x3 · 641.x3 · 642.x3 · 643.x3 · 644.x3
645.x3 · 646.x3 · 647.x3 · 648.x3 · 649.x3
651.x3 · 652.x3 · 653.x3 · 654.x3 · 655.x3
656.x3 · 657.x3 · 658.x3 · 659.x3 · 678.x3
679.x3 · V22-V23 · V28

B

CPT CODE

76801, 76805, 76811, 76813, 76815 - 76821, 76825 - 76828, 80055

ICD-9-CM PROCEDURE

88.78

C

TORCH PANEL

INFECTION	CPT CODE
Cytomegalovirus	86644
Herpes simplex	86694-86696
Rubella	86762
Toxoplasma	86777

RUBELLA/ABO/RH PANEL

Rubella	86762
ABO	86900
RH	86901