

HEDIS® Quick Reference Billing Guide

Use of the following diagnosis and/or procedure codes will ensure proper payment and compliance with HEDIS® 2011 Technical Specifications and Proposed 2012 Measures

Childhood Immunizations		
<i>Percentage of children two years of age who had four DTaP, Three IPV, one MMR, three H influenza type B, three hepatitis B, one chickenpox vaccine (VZV), four pneumococcal conjugate, two hepatitis A, two-dose/three-dose rotavirus, and two influenza vaccines by their second birthday</i>		
Immunization	CPT Codes	Diagnosis Codes*
DTaP	90698, 90700, 90721, 90723	
IPV	90698, 90713, 90723	
MMR	90707, 90710	
Measles	90705	055
Mumps	90704	072
Rubella	90706	056
HIB	90645 - 90648, 90698, 90721, 90748	
Hepatitis B	90723, 90740, 90744, 90747, 90748	070.2, 070.3, V02.61
VZV	90710, 90716	052, 053
Pneumococcal Conjugate	90669	
Hepatitis A	90633	070.0, 070.1
Rotavirus	90680 (three-dose), 90681 (two-dose)	
Influenza	90655, 90657, 90661, 90662	

* indicates evidence of disease

Lead Screening in Children	
<i>Percentage of members who turned 2 years old during the measurement year and who had 1 or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.</i>	
CPT Code	83655

Adolescent Immunizations	
<i>Percentage of children 13 years of age who had one meningococcal conjugate or polysaccharide vaccine on or between the 11th and 13th birthdays and one Tdap/Td vaccine on or between the 10th and 13th birthdays</i>	
Immunization	CPT Codes
Meningococcal	90733, 90734
Diphtheria	90719
Tdap	90715
Td	90714, 90718

Well-Child Visits in the First 15 Months of Life	
<i>Percentage of members who turned 15 months old during the measurement year and who had 0,1,2,3,4,5,6 or more well-child visits with a primary care provider during their first 15 months of life</i>	
Diagnosis Code*	V20.2
CPT Codes**	99381, 99382, 99391, 99392

*V20.2 is the primary diagnosis code for EPSDT/HCY screenings with the exception of CPT codes 99381 and 99391 which must be billed with either V20.2, V20.31 or V20.32 as the primary code.

**When billing for a full EPSDT checkup, use the appropriate CPT code with the EP modifier.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	
<i>Percentage of members who were three, four, five, or six years of age who received one or more well-child visits with a primary care provider during the calendar year</i>	
Diagnosis Code*	V20.2
CPT Codes**	99382, 99383, 99392, 99393

*V20.2 is the only procedure code for EPSDT/HCY screenings accepted by Missouri Care Health Plan; when billing multiple diagnosis codes on the same date of service, the V20.2 code should be listed first

**When billing for a full EPSDT checkup, use the appropriate CPT code with the EP modifier.

For more information, please contact Missouri Care Provider Relations at 1-800-322-6027

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Adolescent Well-Care Visits	
<i>Percentage of members who were 12 – 21 years of age who received one or more well-child visits with a primary care provider during the calendar year</i>	
Diagnosis Code*	V20.2
CPT Codes**	99383 – 99385, 99393 – 99395

*V20.2 is the primary diagnosis code for EPSDT/HCY screenings with the exception of CPT codes 99385 and 99395 which must be billed with V25.01-V25.9, V70.0 or V72.31 as the primary diagnosis code.

**When billing for a full EPSDT checkup, use the appropriate CPT code with the EP modifier.

Cervical Cancer Screening	
<i>Percentage of women 21 – 64 years of age who received one or more Pap tests during the measurement year or the two years prior to the calendar year</i>	
Diagnosis Codes	V72.32, V76.2
CPT Codes	88141 – 88143, 88147, 88148, 88150, 88152 – 88155, 88164 – 88167, 88174, 88175

Breast Cancer Screening	
<i>Percentage of women 40 – 69 years of age who had a mammogram to screen for breast cancer.</i>	
Diagnosis Codes	V76.11, V76.12
CPT Codes	77055 - 77057

Chlamydia Screening in Women	
<i>Percentage of women 16 – 24 years of age who were identified as sexually active and who had a least one test for Chlamydia during the calendar year</i>	
CPT Codes	87110, 87270, 87320, 87490 – 87492, 87810

Timeliness of Prenatal Care	
<i>Percentage of deliveries that received a prenatal care visit in the first trimester of within 42 days of enrollment</i>	
Diagnosis Codes	When billing a global prenatal code or other prenatal services, a pregnancy diagnosis is required (e.g., V22 – V23)
CPT Codes	Global OB Billing 59400, 59510, 59610, 59618 59425 (antepartum care only, 4 – 6 visits) 59426 (antepartum care only, 7 or more visits)

Postpartum Care	
<i>Percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery</i>	
Diagnosis Codes	V24.1, V24.2, V25.1, V72.3, V76.2
CPT Codes	Postpartum Care as part of Global OB Billing 59400, 59510, 59610, 59618
(to count for HEDIS, the date of service for a postpartum visit must occur within 21 – 56 days after delivery)	Delivery Codes with Postpartum Care 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
	Postpartum Care Only 59430
	58300 (Insertion of IUD)
	88141 – 88143, 88147 – 88148, 88150, 88152 – 88155, 88164 – 88167, 88174 – 88175 (Cytopathology, Cervical or Vaginal)