



# 2009 Healthcare Effectiveness Data and Information Set (HEDIS) Guidelines

## EPSDT

The following Procedure Codes and Diagnosis Codes should be used to report EPSDT encounters:

### Procedure Codes

99381 – 99385  
99391 – 99395  
99432

### Well-Child Diagnosis Codes

V20.2  
V70.0, V70.3  
V70.5, V70.6, V70.8, V70.9

## Well-Child Visits in the First 15 Months of Life

### HEDIS® 2009 Guidelines

The number of well-child visits (zero, one, two, three, four, five, or six or more) received by children who turned 15 months old between January 1, 2009 and December 31, 2009. The well-child visits must be received on or before the child turns 15 months old. Also, the well-child visits must occur with a primary care practitioner.

**Enrollment requirement:** Must be continuously enrolled between 31 days old and 15 months old, with no more than a one-month gap in coverage.

### Codes to Identify Well-Child Visits (must be used on claim/encounter)

CPT Codes	ICD-9-CM Codes
99381, 99382, 99391, 99392, 99432	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

<b>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</b>
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HEDIS® 2009 Guidelines

Children who were 3-6 years of age as of December 31, 2009 and who received one or more well-child visits between January 1, 2009 and December 31, 2009. The well-child visits must occur with a primary care practitioner.

**Enrollment requirement:** Must be continuously enrolled between January 1, 2009 and December 31, 2009, with no more than a one-month gap in coverage.

**Codes to Identify Well-Child Visits (must be used on claim/encounter)**

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<b>CPT Codes</b>	<b>ICD-9-CM Codes</b>
99382, 99383, 99392, 99393	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

<b>Adolescent Well-Care Visits</b>
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HEDIS® 2009 Guidelines

Members who were 12-21 years of age as of December 31, 2009 and who received at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner between January 1, 2009 and December 31, 2009.

**Enrollment requirement:** Must be continuously enrolled between January 1, 2009 and December 31, 2009, with no more than a one-month gap in coverage.

**Codes to Identify Adolescent Well-Care Visits (must be used on claim/encounter)**

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<b>CPT Codes</b>	<b>ICD-9-CM Codes</b>
99383, 99384, 99385, 99393, 99394, 99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

## Childhood Immunization Status

### HEDIS® 2009 Guidelines

Children who turned two years of age between January 1, 2009 and December 31, 2009 and who received the vaccinations as listed below.

- 1. DTaP:** Four DTaP vaccinations or individual diphtheria and tetanus and acellular pertussis shots, with different dates of service on or before the child's second birthday. Do not count any vaccination administered prior to 42 days after birth.
- 2. IPV:** At least three polio vaccinations (IPV), with different dates of service on or before the child's second birthday. IPV administered prior to 42 days after birth cannot be counted.
- 3. MMR:** At least one measles, mumps and rubella (MMR) vaccination, with a date of service falling on or before the child's second birthday.
- 4. HiB:** Three H influenza type B (HiB) vaccinations, with different dates of service on or before the child's second birthday. HiB administered prior to 42 days after birth cannot be counted.  
  
Note: Because one particular type of HiB vaccine requires only three doses, the HEDIS measure requires the organization to meet the minimum possible standard of three doses, rather than the recommended four doses.
- 5. Hepatitis B:** Three hepatitis B vaccinations, with different dates of service on or before the child's second birthday.
- 6. VZV:** At least one chicken pox vaccination (VZV), with a date of service falling on or before the child's second birthday.
- 7. PCV:** At least four pneumococcal conjugate vaccinations (PCV), with different dates of service on or before the child's second birthday.
- 8. Combination #2:** Children who have received four DTaP vaccinations; three IPV vaccinations; one MMR vaccination; three HiB vaccinations; three Hepatitis B vaccinations; and one VZV vaccination on or before the child's second birthday.  
**(DTaP, IPV, MMR, HiB, Hepatitis B, VZV)**
- 9. Combination #3:** Children who have received all antigens listed in Combination 2 and four pneumococcal conjugate vaccinations on or before the child's second birthday.  
**(All in combo #2 plus pneumococcal conjugate)**

**Enrollment requirement:** Must be continuously enrolled during the twelve months prior to the child's second birthday, with no more than a one-month gap in coverage.

**Codes to Identify Childhood Immunizations (must be used on claim/encounter)**

<b>Immunization</b>	<b>CPT Codes and HCPCS Codes</b>	<b>ICD-9-CM Codes</b>
DTaP	90698, 90700, 90721, 90723	99.39
Diphtheria and tetanus	90702	
Diphtheria	90719	99.36
Tetanus	90703	99.38
Acellular pertussis		99.37
IPV	90698, 90713, 90723	99.41
MMR	90707, 90710	99.48
Measles and rubella	90708	
Measles	90705	055, 99.45
Mumps	90704	072, 99.46
Rubella	90706	056, 99.47
HiB	90645, 90646, 90647, 90648, 90698, 90721, 90748	
Hepatitis B	90723, 90740, 90744, 90747, 90748, G0010	V02.61, 070.2, 070.3
VZV	90710, 90716	052, 053
Pneumococcal conjugate	90669, G0009	

**Codes to Identify Exclusions for Childhood Immunizations**

<b>Immunization</b>	<b>Contraindication</b>	<b>ICD-9-CM Codes</b>
Any particular vaccine	Anaphylactic reaction to the vaccine or its components	999.4
DTaP	Encephalopathy	323.51 (or 323.5 before 10/1/2006) <b>with</b> [E948.4 or E948.5 or E948.6]
IPV	Anaphylactic reaction to streptomycin, polymyxin B or neomycin	
MMR and VZV	Immunodeficiency, including genetic (congenital) immunodeficiency syndromes	279
MMR and VZV	HIV disease; asymptomatic HIV	042, V08
MMR and VZV	Cancer of lymphoreticular or histiocytic tissue	200-202
MMR and VZV	Multiple myeloma	203
MMR and VZV	Leukemia	204-208
MMR and VZV	Anaphylactic reaction to neomycin	
HiB	None	
Hepatitis B	Anaphylactic reaction to common baker's yeast	
Pneumococcal conjugate	None	

<b>Lead Screening in Children</b>
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HEDIS® 2009 Guidelines

Children who turned two years of age between January 1, 2009 and December 31, 2009 and who received one or more capillary or venous lead blood tests on or before their second birthday.

**Enrollment requirement:** Must be continuously enrolled during the twelve months prior to the child's second birthday, with no more than a one-month gap in coverage.

**Codes to Identify Lead Screening in Children (must be used on claim/encounter)**

**CPT Codes**

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83655

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## Breast Cancer Screening

### HEDIS® 2009 Guidelines

One or more mammograms during the measurement year (January 1, 2009 – December 31, 2009) or the year prior to the measurement year (January 1, 2007 – December 31, 2007) for all women ages 42-69 years as of December 31, 2009 (i.e., women 40-69 years of age when she had a mammogram).

**Enrollment requirement:** Must be continuously enrolled between January 1, 2007 and December 31, 2007 and between January 1, 2009 and December 31, 2009, with no more than a one-month gap in coverage during each year (of continuous enrollment).

### Codes to Identify Breast Cancer Screening (must be used on claim/encounter)

CPT and HCPCS Codes	ICD-9-CM Codes
CPT: 76083, 76090-76092, 77055-77057	87.36, 87.37, V76.11, V76.12
HCPCS: G0202	

### Codes to Identify Exclusions for Breast Cancer Screening

Description	CPT Codes	ICD-9-CM Codes
Bilateral mastectomy	19180.50 or (19180 with modifier code 09950) 19200.50 or (19200 with modifier code 09950) 19220.50 or (19220 with modifier code 09950) 19240.50 or (19240 with modifier code 09950) 19303.50 or (19303 with modifier code 09950) 19304.50 or (19304 with modifier code 09950) 19305.50 or (19305 with modifier code 09950) 19306.50 or (19306 with modifier code 09950) 19307.50 or (19307 with modifier code 09950)	85.42, 85.44, 85.46, 85.48
Unilateral mastectomy (members must have two separate occurrences on two different dates of service)	19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307	85.41, 85.43, 85.45, 85.47

## Cervical Cancer Screening

### HEDIS® 2009 Guidelines

One or more Pap tests during the measurement year (January 1, 2009 – December 31, 2009) or the two years prior to the measurement year (January 1, 2006 – December 31, 2007) for women age 24-64 years as of December 31, 2009 (i.e., women 21-64 years of age when she had a Pap test).

**Enrollment requirement:** Must be continuously enrolled between January 1, 2009 and December 31, 2009, with no more than a one-month gap in coverage.

### Codes to Identify Cervical Cancer Screening (must be used on claim/encounter)

CPT and HCPCS Codes	ICD-9-CM Codes
CPT: 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175	91.46, V72.32, V76.2
HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	

### Codes to Identify Exclusions for Cervical Cancer Screening

Exclusions	ICD-9-CM Codes	CPT Codes
Hysterectomy	68.4-68.8, V67.01, V76.47, 618.5	51925, 56308, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58550-58554, 58951, 58953, 58954, 58956, 59135

## Chlamydia Screening in Women

### HEDIS® 2009 Guidelines

At least one chlamydia test during the measurement year (January 1, 2009 – December 31, 2009) for women who were identified as sexually active and were 16-25 years of age as of December 31, 2009.

**Enrollment requirement:** Must be continuously enrolled between January 1, 2009 and December 31, 2009, with no more than a one-month gap in coverage.

### Codes to Identify Chlamydia Screening (must be used on claim/encounter)

#### CPT Codes

87110, 87270, 87320, 87490, 87491, 87492, 87810

### Codes to Identify Exclusions for Chlamydia Screening

<u>Exclusions</u>	<u>CPT Codes</u>
Pregnancy test	81025, 84702, 84703

#### **WITH**

Diagnostic radiology 70010-76499

Prescription for Accutane (isotretinoin)

## Comprehensive Diabetes Care

### HEDIS® 2009 Guidelines

Members with diabetes (Type 1 and Type 2) who are 18 – 75 years of age as of December 31, 2009 who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c good control (<7.0%)
- Eye exam (retinal) performed
- LDL-C screening performed
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy
- Blood pressure control (<130/80 mm Hg)
- Blood pressure control (<140/90 mm Hg)

**Enrollment requirement:** Must be continuously enrolled between January 1, 2009 and December 31, 2009, with no more than a one-month gap in coverage.

### Codes to Identify Comprehensive Diabetes Care (must be used on claim/encounter)

#### Codes to Identify HbA1c Screening

CPT: 83036, 83037

#### Codes to Identify Eye Exams

CPT: 67028, 67030, 67031, 67036, 67038-67040, 67101, 67105, 67107, 67108, 67110, 67112, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

HCPCS: S0620, S0621, S0625, S3000

ICD-9-CM Diagnosis: V72.0

ICD-9-CM Procedure: 14.1-14.5, 14.9, 95.02-95.04, 95.11, 95.12, 95.16

#### Codes to Identify LDL-C Screening

CPT: 80061, 83700, 83701, 83704, 83715, 83716, 83721

#### Codes to Identify Nephropathy Screening Tests

CPT: 82042, 82043, 82044, 84156

**Codes to Identify Exclusions for Comprehensive Diabetes Care**

<b>Description</b>	<b>ICD-9-CM Diagnosis</b>
Polycystic Ovaries	256.4
Steroid Induced	251.8, 962.0
Gestational Diabetes	648.8

<b>Prenatal and Postpartum Care</b>
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HEDIS® 2009 Guidelines

Women who delivered a live birth between November 6, 2007 and November 5, 2009.

**Timeliness of Prenatal Care:** Women who received a prenatal care visit in the first trimester (as a member of the organization (health plan)) or within 42 days of enrollment in the organization (health plan).

**Postpartum Care:** Women who received a postpartum visit on or between 21 and 56 days after delivery.

**Enrollment requirement:** Must be continuously enrolled between 43 days prior to delivery through 56 days after delivery, with no allowable gap during the continuous enrollment period.

**Codes to Identify Prenatal Care (must be used on claim/encounter)**

<b>Marker Event</b>	<b>CPT &amp; HCPCS &amp; ICD-9-CM Codes</b>
Any prenatal care visit to an OB practitioner, a midwife or family practitioner or other primary care practitioner with documentation of when prenatal care was initiated.	CPT: 59400*, 59510*, 59610*, 59618*, 59425*, 59426*
	* only if the claim form indicates when prenatal care was initiated

**Any visit to an OB practitioner or midwife with one of the following:**

- Obstetric panel
- TORCH antibody panel
- Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing)
- Ultrasound (echocardiography) of pregnant uterus
- Pregnancy-related diagnosis code

HCPCS: H1000-H1004, H1005\*

**OR**

CPT: 99201-99205, 99211-99215, 99241-99245, 99271-99275 **Or** Revenue code: 0514

**With either**

CPT: 76801, 76805, 76811, 76813, 76815, 76816, 76817, 76818, 80055

**Or**

ICD-9-CM Diagnosis: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, V22-V23, V28

**Or**

TORCH: A code for each of the four infections (Cytomegalovirus, Herpes simplex, Rubella, Toxoplasma) must be present for this component

CPT: 86644 and 86762 and 86777 and (86694 or 86695 or 86696)

**Or**

Rubella/ABO/Rh: A code for Rubella and (ABO or Rh) must be present for this component

CPT: 86762 and (86900 or 86901)

\* only if the claim form indicates when prenatal care was initiated

**Any visit to a family practitioner or other primary care practitioner with a pregnancy related ICD-9-CM Diagnosis code AND one of the following:**

- Obstetric panel
- TORCH antibody panel
- Rubella antibody/titer with Rh incompatibility (ABO/Rh Blood typing)
- Ultrasound of the pregnant uterus

CPT: 99201-99205, 99211-99215, 99241-99245, 99271-99275 **Or** Revenue code: 0514

**Or**

HCPCS: H1000-H1004, H1005\*

**Or**

ICD-9-CM Diagnosis: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, V22-V23, V28

**With either**

CPT: 76801, 76805, 76811, 76813, 76815, 76816, 76817, 76818, 80055

**Or**

TORCH: A code for each of the four infections (Cytomegalovirus, Herpes simplex, Rubella, Toxoplasma) must be present for this component

CPT: 86644 and 86762 and 86777 and (86694 or 86695 or 86696)

**Or**

Rubella/ABO/Rh: A code for Rubella and (ABO or Rh) must be present for this component

CPT: 86762 and (86900 or 86901)

\* only if the claim form indicates when prenatal care was initiated

**Any visit to a family practitioner or other primary care practitioner**

HCPCS: H1000-H1004, H1005\*

***With***

Diagnosis-based evidence of prenatal care in the form of a documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/education

***OR***

CPT: 99201-99205, 99211-99215, 99241-99245, 99271-99275 **Or** Revenue code: 0514

***With either***

- Any internal organization (health plan) code for LMP or EDD with an obstetrical history
- Any internal organization (health plan) code for LMP or EDD with risk assessment and counseling/education

\* only if the claim form indicates when prenatal care was initiated

**Any visit to an OB/GYN, family practitioner, or other primary care practitioner with either an ultrasound or a principal diagnosis of pregnancy**

CPT: 59400\*, 59510\*, 59610\*, 59618\*, 59425\*, 59426\*

***Or***

HCPCS: H1000-H1004, H1005\*

***OR***

CPT: 99201-99205, 99211-99215, 99241-99245, 99271-99275 **Or** Revenue code: 0514

***With either***

CPT: 76801, 76805, 76811, 76813, 76815, 76816, 76817, 76818

***Or***

ICD-9-CM Diagnosis: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, V22-V23, V28

\* only if the claim form indicates when prenatal care was initiated

**Codes to Identify Postpartum Visits (must be used on claim/encounter)**

CPT and HCPCS Codes	ICD-9-CM Codes	UB Revenue Codes
<p>CPT: 57170, 58300, 59400*, 59410*, 59430, 59510*, 59515*, 59610*, 59614*, 59618*, 59622*, 88141-88145, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175</p> <p>HCPCS: G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>* only if the claim form indicates when postpartum care was rendered</p>	<p>89.26, 91.46</p> <p>V codes: V24.1, V24.2, V25.1, V72.3, V76.2</p>	<p>0923</p>