

Unison Health Plan of Pennsylvania

OB/GYN Quick Reference Guide



Unison Health Plan is committed to improving care for our members. The Pennsylvania Department of Public Welfare has selected a number of HEDIS quality performance measures based on an analysis of past data indicating the need for improvement, as well as the potential to improve health care for a broad base of the Pennsylvania Medical Assistance population. Unison has developed this quick reference guide to help when billing these services.

Breast Cancer Screening

Unison promotes annual breast cancer screenings in women ages 40-69. We evaluate compliance with this measure by using the following specifications: the percentage of enrolled members 42-69 years of age who had one or more mammograms during the measurement year. Please note, members with a bilateral or two unilateral mastectomies are excluded from this measure. Please use the following HEDIS-acceptable codes when billing for these services:

CPT	HCPCS	ICD-9-CM Diagnosis	UB Review
77055-77057	G0202, G0204, G0206	V76.11, V76.12	0401, 0403

Codes to Identify Exclusions

Description	CPT
Bilateral mastectomy	19303-19307 with modifier .50
Unilateral mastectomy (<i>member must have 2 separate occurrences on 2 different dates of service</i>)	19303-19307

Cervical Cancer Screening

Unison promotes annual cervical cancer screenings in women ages 21-64. We evaluate compliance with this measure by using the following specifications: the percentage of women ages 21-69 who had one or more Pap tests in the measurement year or within two years prior to the measurement year. Please note: members with hysterectomies with no residual cervix are excluded. Please use the following HEDIS-acceptable codes to identify these services:

CPT	ICD-9-CM Diagnosis	UB Review
88141, 88142, 88150, 88153-88155, 88164-88167, 88174, 88175	V72.32, V76.2	0923

Codes to Identify Exclusions

Description	CPT	ICD-9-CM Diagnosis
Hysterectomy	51925, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58550, 58552-58554, 58951, 58953, 58954, 58956, 59135	618.5, V67.01, V76.47

Prenatal and Postpartum Care

Unison promotes effective prenatal and postpartum care for members who are currently pregnant or who have recently delivered a live birth. We evaluate compliance with this measure by using the following specifications: (1) Timeliness of prenatal care – the percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in the health plan. (2) Postpartum care – the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. Please use the following HEDIS-acceptable codes when billing for these services.

Markers for Early Prenatal Care

Marker Event	CPT	ICD-9-CM Diagnosis
Any prenatal care visit to an OB practitioner, a midwife, family practitioner or other PCP with documentation of when prenatal care was initiated.	59400, 59510, 59618, 59425, 59426	
Any visit to an OB practitioner or midwife with one of the following: <ul style="list-style-type: none"> • Obstetric panel • TORCH antibody panel • Rubella antibody/titer with Rh incompatibility • Ultrasound of pregnant uterus • Pregnancy-related diagnosis code 	99201-99205, 99211-99215, 99241-99245, 99271-99275, 76801, 76805, 76811, 76813, 76815-76818, 80055	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
Any visit to a family practitioner or other PCP with a pregnancy-related ICD-9-CM diagnosis and one of the following: <ul style="list-style-type: none"> • Obstetric panel • TORCH antibody panel • Rubella antibody/titer with Rh incompatibility • Ultrasound of pregnant uterus 	99201-99205, 99211-99215, 99241-99245, 99271-99275, 76801, 76805, 76811, 76813, 76815-76818, 80055, 86644, 86694, 86695, 86696, 86762, 86777, 86762, 86900, 86901	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, 654.x3, 655.x3, 656.x3, 657.x3, 678.x3, 659.x3, V22-V23, V28
Any visit to an OB/GYN, family practitioner or other PCP with either an ultrasound or a principal diagnosis of pregnancy	59400, 59510, 59618, 59425, 59426, 76801, 76805, 76811, 76813, 76815-76818, 99201-99205	

Codes to Identify Postpartum Visits

CPT	ICD-9-CM Diagnosis
57170, 58300, 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88142, 88150, 88153-88155, 88164-88167, 88174, 88175	V24.1, V24.2, V25.1, V72.3, V76.2

Please refer to the Pennsylvania Medical Assistance Fee Schedule for any updates to the codes listed in this reference guide.