



OB-GYN QUALITY MEASURES CODING GUIDE

Effective August 2022

Measure	CPT/CPT CATEGORY II/HCPSC/ICD-10 Codes:	Description	ICD-10 Exclusion Codes
Breast Cancer Screening Rate	CPT/HCPSC codes: 77061-77063, 77065 -77067	Indicates whether a female age 52 - 74 had a mammogram done from 27 months prior to the measurement period to the end of the measurement period.	Bilateral mastectomy ICD-10 code: Z90.13 Two unilateral mastectomies ICD-10 codes: Z90.11 AND Z90.12 OR ICD-10 code WITH bilateral modifier: 19180, 19200, 19220, 19240, 19303-19307 Patients who used hospice services during the measurement year Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.
Cervical Cancer Screening	Pap Only (for women 21 to 64) CPT codes: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174-88175 HCPSC codes: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 High-risk HPV (hrHPV) test (for women 30-64) CPT codes: 87624, 87625, G0476	Indicates whether a female, age 21 - 64, had a Pap smear test during the measurement year or two years prior. OR A female, 30 to 64, had a high-risk human papillomavirus (HPV) test done during the measurement year or the four years prior to the measurement year.	Absence of Cervix - Q51.5, Z90.710, Z90.712 CPT codes: 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135 Patients who used hospice services anytime during the measurement year.
Chlamydia Screening	CPT codes: 87110, 87270, 87320, 87490-87492, 87810	Indicates whether a female, age 16 - 24, who was identified as being sexually active, had a chlamydia screening test done during the measurement year.	Women who had a pregnancy test during the measurement year, AND either a prescription for isotretinoin, or an X-ray on the date of the pregnancy test (or the six days following), unless the patient qualified for the denominator based on services other than a pregnancy test alone. Also excludes patients who used hospice services during the measurement year.
Colorectal Cancer Screening	Colorectal cancer screening tests include the following: a fecal occult blood test during the measurement year, a flexible sigmoidoscopy or CT colonography during the measurement year or the previous four years, a FIT-DNA test during the measurement year or previous two years, or a colonoscopy during the measurement year or the previous nine years. Fecal Occult Blood Test (FOBT) CPT/HCPSC codes: 82270, 82274, G0328 Flexible Sigmoidoscopy CPT/HCPSC codes: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350, G0104 CT Colonography CPT codes: 74261-74263 FIT-DNA CPT/HCPSC code: 81528 Colonoscopy CPT/HCPSC codes: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398, G0105, G0121	Indicates whether a patient, age 50 - 75, had appropriate screening for colorectal cancer.	Colorectal Cancer HCPSC codes: G0214, G0215, G0231 ICD-10: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 Total colectomy CPT codes: 44150-44153, 44155-44158, 44210-44212 Also excludes any patients who had hospice services during the measurement year. Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.

Refer to the full clinical measure specifications on [ProviderAccess](#) for a complete list of codes, etc.

These codes are to be used for reference only. This is general information and not a guarantee of payment. Benefits are always dependent on whether the service is medically necessary and within the terms of a Blue Cross and Blue Shield of Alabama member's Benefit Agreement, Blue Cross and Blue Shield of Alabama policies and the OB/GYN Select Program.

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Controlling Hypertension Ages 18 - 85	Systolic CPT codes: 3074F, 3075F, 3077F AND Diastolic CPT codes: 3078F, 3079F, 3080F The blood pressure reading must be submitted on an office, outpatient or non-acute inpatient encounter during the measurement year. The BP reading must be on or after the visit with the 2nd diagnosis code of hypertension.	Members 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year.	Excludes patients with evidence of end-stage renal disease (ESRD) or a kidney transplant on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note including evidence of ESRD, kidney transplant or dialysis. This measure also excludes patients with a diagnosis of pregnancy during the measurement year, patients who had a non-acute inpatient stay during the measurement year, and all patients with hospice services or palliative care services during the measurement year. Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.
Diabetes Eye Exam	Billed by an Optometrist or Ophthalmologist CPT codes: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS codes: S0620, S0621, S3000 Unilateral Eye Enucleation CPT codes: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 Billed by any provider type during each measurement year: CPT codes: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F, 92229	Indicates whether a patient with Type 1 or Type 2 diabetes, ages 18 - 75 years, had a dilated retinal eye exam performed by an optometrist or ophthalmologist in the current year. OR A dilated retinal eye exam performed by an optometrist or ophthalmologist during the year prior to the measurement year, along with a diagnosis of uncomplicated diabetes. If any other diagnosis showing complicated diabetes is received, the test must be performed annually.	Excludes patients if they had gestational or steroid-induced diabetes during the measurement year AND that patient did not have any other diabetes diagnosis in any setting in the measurement year or year prior. Also excludes anyone with hospice or palliative care services during the measurement year. Note: See our Advanced Illness and Frailty Guide for coding assistance if a patient may meet criteria for measure exclusions.
Diabetes HbA1c Less Than 8%	CPT codes: 3044F and 3051F Note: The date of service for the result and the test must be no more than seven days apart. For a LOINC code of 17856-6, 4548-4, or 4549-2 that includes a lab result value greater than 0 and <8.0	Indicates whether a patient with Type 1 or Type 2 diabetes, age 18 - 75 years, had at least one HbA1c test record in the database, and the most recent non-zero test result value was less than 8 percent.	
Postpartum Care	Postpartum Visit CPT/HCPCS codes: 57170, 58300, 59430, 99501, 0503F, G0101, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 ICD-10 codes: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 Note: Postpartum visit cannot occur in an acute inpatient setting.	Identifies women (no age requirements) who had a pregnancy resulting in a delivery during the measurement year. Postpartum visit must occur on or between 7 and 84 days after delivery.	Excludes pregnancies that resulted in a non-live birth. Excludes patients in hospice care during the measurement year.
Vaginal Delivery Rate	Delivery NOT by elective Cesarean Section: CPT codes: 59510, 59514, 59515	Indicates the number of nulliparous women with a term, singleton baby in a vertex position delivered vaginally.	Patients with ICD-10 codes indicating multiple births, stillborn deliveries or other complications of pregnancy or delivery during the measurement year. Also excludes births where gestational age at delivery is less than 37 weeks.
Osteoporosis Post Fracture Management Bone Density Examination*	Bone Mineral Density Scans CPT codes: 76977, 77078, 77080, 77081, 77085, 77086 Osteoporosis Therapies HCPCS codes: J0897, J1740, J3110, J3111, J3489	Indicates whether a woman who suffered a fracture, age 67-85 years, had a bone mineral density test performed or a prescription for a drug to treat or prevent osteoporosis within six months following a fracture.	Excludes women who had a bone mineral density test within 24 months prior to the index event date, had an encounter for osteoporosis therapy within 12 months prior to the index event date, or had a prescription for an osteoporosis drug within 12 months prior to the index event date. *This measure excludes members with Frailty and Advanced Illness age 81 years or older. Also excludes patients with hospice care during the measurement year.



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Chronic Kidney Disease Test	<p>At least one Albumin/Creatinine Ratio test during the measurement year AND at least one Basic Metabolism (BMP) test during the measurement year. CPT codes: 82043 and 82044 or LOINC codes: 9318-7 or 24321-2</p> <p>OR</p> <p>At least one Comprehensive Metabolic Panel (CMP) test during the measurement year. CPT code: 80053 or LOINC code: 24323-8</p> <p>OR</p> <p>At least one Renal Function Panel test during the measurement year. CPT code: 80069 or LOINC code: 24362-6</p> <p>OR</p> <p>At least one eGFR test during the measurement year. CPT code: 82565 or LOINC codes: 62238-1, 88293-6, 88294-4, 87430-5, 50210-4, 33914-3, 76633-7, 77147-7, 48643-1, 50044-7, 70969-1, 48642-3, 50383-9, 50384-7, 78006-4, 69405-9, 50261-7, 81604-1, 45064-3, 45065-0, 45066-8</p>	Indicates whether a patient age 18 - 75 with a diagnosis of diabetes had a test to monitor for chronic kidney disease.	<p>This excludes patients with a previous diagnosis of gestational diabetes or steroid-induced diabetes, ESRD diagnosis, or hospice care. History of gestational diabetes or steroid induced diabetes during the measurement year or year prior AND no encounters in any setting with a diagnosis of diabetes during the measurement year or year prior OR hospice services during the measurement year.</p> <p>Also excludes patients with diagnosis of ESRD during the measurement period.</p>
Plan All Cause Re-admissions	At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.	Patients 18 years of age and older, the first admission during the measurement period is identified and determined if the member is readmitted within 30 days for any diagnosis.	<p>Admissions for pregnancy, during the perinatal period, maintenance chemotherapy, rehabilitation, organ transplant, or those with a discharge status of death are excluded.</p> <p>Note: See our Advanced Illness and Frailty Guide.</p>



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