

# Pay for Performance



Obstetric & Gynecology 2008



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# Eligibility Requirements

## **Quality measures**

For 2008, practice group must have at least 15 patients in one or more quality measures to qualify.

## **Goal attainment rate for length of stay**

For 2008, practice group must have at least 10 outpatient procedures, observation stays or inpatient admissions that occurred during the measurement period to qualify.

## **Efficiency percent generic**

For 2008, practice group must have 100 months supply of prescriptions filled by eligible members.

## **Efficiency**

For 2008, practice group must have 10 procedures in one or more efficiency measures to qualify.

## **Scoring weights**

Quality measures: 10% per measure, 40% total

Goal attainment rate for length of stay: 10% per measure, 20% total

Efficiency percent generic: 20%

Efficiency: 10% per measure, 20% total



# Glossary of Terms

**Anchor Date** – Determines eligibility in product (HMO/POS), and assignment of patient to physician for a specific time frame.

**DRG** – Diagnostic related groupings

**DUB** – Dysfunctional uterine bleeding

**EDC** – Estimated date of confinement

**Event Time Period** – Time frame in which an event can occur.

**GAR** – Goal attainment rate. The goal attainment rate measures performance against a targeted length of stay for designated procedure codes.

**LOS** – Length of stay

**Measurement Period** – Time frame surrounding the event that is being measured.

**Months Supply**

- Claims with days' supply at 33 or less = 1 month supply
- Claims with days' supply > 33 and < 67 = 2 months supply
- Claims with days' supply ≥ 67 = 3 months supply
- Soaps, shampoos, bars, creams and similar items = 1 month supply

**Patient** – Person rendered medical services; a Priority Health member.

**SPFP** – Specialist Pay for Performance



# Measures

## Measure overview

<b>Percent generic</b>	The percentage of generic months supply filled and written by a participating physician
<b>Conservative treatment of Dysfunctional Uterine Bleeding (DUB) and uterine fibroids</b>	Denominator: Patients with diagnosis of DUB or uterine fibroids and a procedure of ablation, fibroid resection, uterine artery embolization or hysterectomy  Numerator: Patients with ablation, fibroid resection or uterine artery embolization
<b>Hysterectomy preference</b>	Denominator: Patients with a minimally invasive or abdominal hysterectomy  Numerator: Patients with a minimally invasive hysterectomy
<b>Gynecology goal attainment rate for outpatient procedures, observation stays or inpatient care</b>	Denominator: Outpatient procedure, observation stay or inpatient admission  Numerator: Length of stay for billed procedure code less than or equal to that which is identified within this technical manual
<b>Obstetrics Goal Attainment Rate for Inpatient Care</b>	Denominator: Observation stay or inpatient admission  Numerator: Length of stay for billed procedure code less than or equal to that which is identified within this technical manual
<b>Mammography – HEDIS Defined</b>	Denominator: Number of women 40-69 years of age  Numerator: Number of same women with mammography screening in 2007 or 2008
<b>Prenatal care in the first trimester – HEDIS defined</b>	Denominator: All women with a live birth  Numerator: Women who received a prenatal visit in the first trimester or within 42 days of enrollment
<b>Postpartum care – HEDIS defined</b>	Denominator: All women with a delivery  Numerator: Women with a postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery
<b>Chlamydia – HEDIS defined</b>	Denominator: Sexually active women 16-25 years of age  Numerator: At least one Chlamydia lab during 2008

# Percent Generic Prescribing

<b>SPFP Category</b>	Efficiency
<b>Event Date</b>	Date prescription filled
<b>Measurement Period</b>	1/1/2008 to 12/31/2008
<b>Identified Measure</b>	The percentage of generic months supply filled in the measurement period and written by a participating physician
<b>Age Criteria</b>	None
<b>Exclusionary Criteria</b>	None
<b>Denominator</b>	Total number of months supply filled in the measurement period and written by a participating physician
<b>Numerator</b>	Total number of generic months supply filled in the measurement period and written by a participating physician
<b>Level of Measure</b>	Obstetrics and gynecology practice group
<b>Minimum Months Supply</b>	100 months supply
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (claims) processed by Argus, Priority Health's pharmacy claims vendor, received every 10 days. Claims processed and paid by February 28, 2009.
<b>Patient Eligibility</b>	The patient must have pharmacy coverage in at least one of the applicable product lines on the fill date for the month supply of the prescription to be included in the measure.
<b>Provider Data Input</b>	None
<b>Scoring Threshold for Minimum Payment</b>	Specialty 50th percentile for 2007 for network OB/Gyns
<b>Scoring Threshold for Maximum Payment</b>	Specialty 90th percentile for 2007 for network OB/Gyns

# Conservative Treatment of Dysfunctional Uterine Bleeding (DUB) and Uterine Fibroids

<b>Identified Measure</b>	Percentage of members with DUB or uterine fibroids who had a procedure other than hysterectomy
<b>SPFP Category</b>	Efficiency
<b>Event Time Period</b>	1/1/2008 to 12/31/2008
<b>Measurement Period</b>	1/1/2008 to 12/31/2008
<b>Anchor Date</b>	Date of procedure with diagnosis of DUB or uterine fibroids
<b>Age Criteria</b>	None
<b>Exclusionary Criteria</b>	Diagnosis of cervical dysplasia, cervical cancer, endometrial dysplasia or endometrial cancer on or before the procedure date
<b>Denominator</b>	Patients who had a procedure of ablation, uterine artery embolization or hysterectomy with a diagnosis of DUB or uterine fibroids on the same day. Hysterectomies billed with a procedure modifier of 53 do not count as a qualifying procedure. If two procedures are billed during the measurement time period, Priority Health will only include the first billed service when scoring this measure.
<b>Numerator</b>	Patients meeting the denominator with conservative treatment, identified as ablation, fibroid resection, or uterine artery embolization.
<b>Patient Eligibility</b>	Patient must be enrolled within applicable product lines.
<b>Provider Assignment</b>	OB/Gyn who billed for the procedure. Physicians who bill with a 53, 80, 82 or AS procedure modifier will not be measured on the patient's results.
<b>Level of Measure</b>	Obstetrics and gynecology practice group
<b>Minimum Members</b>	10 members with a qualifying diagnosis
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (claims and authorizations) processed and paid by February 28, 2009.
<b>Provider Data Input</b>	None
<b>Scoring Threshold for Minimum Payment</b>	Specialty 50th percentile for 2007 for network OB/Gyns

**Scoring Threshold for  
Maximum Payment**

Specialty 90th percentile for 2007 for network OB/Gyns

**CPT Codes for Ablation, Fibroid Resection, UAE**

CPT Code	Description	
58353	Endometrial Ablation, Thermal, without Hysteroscopic Guidance	Ablation
58563	Hysteroscopy, surgical; w/ endometrial ablation (any method)	Ablation
0071T	Focus US ablation uterine leiomyomata with MR guided, total	MRGU
0072T	Focus US ablation uterine leiomyomata with MR guided, total	MRGU
58140	Myomectomy Abdominal Appr	Myomectomy
58145	Myomectomy Vaginal Appr	Myomectomy
S2250	Uterine artery embolization for uterine fibroids	UAE
37210	Uterine fibroid embolization	UFE

**CPT Codes for Hysterectomy**

CPT Code	Description
58150	Hysterectomy Total
58152	Hysterectomy Tot W Urethrocytopexy
58180	Supracerv. Abd. Hysterect.;w/Wo Rem.Tube
58260	Hysterectomy Vaginal
58262	Vag Hyst W/Remov Tube/Ovary
58263	Vag Hyst W/Remov Tube/Ova W/Repair
58267	Hysterectomy Vag W Urethrocytopexy
58270	Vag Hyst W/Repair Enterocoele
58275	Hysterectomy Vag W Colpectomy
58280	Vag.Hyst,Colpectomy;repr Enterocoele
58290	Vaginal hysterectomy, for uterus greater than 250 grams
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc
58293	Vaginal hysterectomy, for uterus greater than 250 grams, with colpo-urethrocytopexy; Marshall-Marchetti-Krantz type, Pe
58294	Vaginal hysterectomy, for uterus greater than 250 grams, with repair of enterocoele
58550	Laparoscopy; w vaginal hyster w/wo removal of tube(s) and/or ovary(s)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less, with removal of tube(s) and/ or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g

58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary(s)
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;with removal of tube(s) and/or ovary
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams, with removal of tube(s) and/or ovary(s)
52078	Laparoscopic supracervical hysterectomy, subtotal hysterectomy

**ICD-9 Codes for DUB and Uterine Fibroids**

ICD-9 Codes	Description
218	Uterine leiomyoma
218.0	Submucous leiomyoma of uterus
218.1	Intramural leiomyoma of uterus
218.2	Subserous leiomyoma of uterus
218.9	Leiomyoma of uterus, unspecified
219.0	Benign neoplasm of cervix uteri
219.1	Benign neoplasm of corpus uteri
625.3	Dysmenorrhea
626.2	Excessive or frequent menstruation
626.4	Irregular menstrual cycle
626.6	Metrorrhagia
626.8	Other disorders of menstruation and other abnormal bleeding from female genital tract
626.9	Unspecified disorders of menstruation and other abnormal bleeding from female genital tract

**ICD-9 Codes for Exclusions**

ICD-9 Codes	Description
179	Malignant neoplasm of uterus, part unspecified
180.0	Malignant neoplasm of endocervix and one her
180.1	Malignant neoplasm of exocervix

180.8	Malignant neoplasm of other specified sites of cervix
180.9	Malignant neoplasm of cervix uteri, unspecified site
182.0	Malignant neoplasm of corpus uteri, except isthmus
182.1	Malignant neoplasm of isthmus
182.8	Malignant neoplasm of other specified sites of body of uterus
233.1	Carcinoma in situ of cervix uteri
233.2	Carcinoma in situ of other and unspecified parts of uterus
233.3	Carcinoma in situ of other and unspecified female genital organs
236.0	Neoplasm of uncertain behavior of uterus
621.30	Endometrial hyperplasia, unspecified
621.31	Simple endometrial hyperplasia without atypia
621.32	Complex endometrial hyperplasia without atypia
621.33	Endometrial hyperplasia with atypia
622.10	Dysplasia of cervix, unspecified
622.11	Mild dysplasia of cervix
622.12	Moderate dysplasia of cervix

# Hysterectomy Preference

<b>Identified Measure</b>	The percentage of minimally invasive hysterectomies to the total number of all hysterectomies.
<b>SPFP Category</b>	Efficiency
<b>Event Time Period</b>	1/1/2008 to 12/31/2008
<b>Measurement Period</b>	1/1/2008 to 12/31/2008
<b>Age Criteria</b>	None
<b>Exclusionary Criteria</b>	Diagnosis of cervical dysplasia, cervical cancer, endometrial dysplasia or endometrial cancer on the same day as the hysterectomy.
<b>Denominator</b>	Patients with either a minimally invasive hysterectomy or an abdominal hysterectomy during the event time period. Hysterectomies billed with a procedure modifier of 53, 86, 81, 82, or AS are excluded.
<b>Numerator</b>	Patients with a minimally invasive hysterectomy.
<b>Patient Eligibility</b>	Patients must have medical coverage in HMO or POS on the date of hysterectomy.
<b>Provider Assignment</b>	OB/Gyn who billed for the primary qualifying procedure. Physicians who bill with a 53, 86, 81, 82 or AS procedure modifier will not be measured on the patient's results.
<b>Level of Measure</b>	Obstetrics and gynecology practice group
<b>Minimum Members</b>	10 members with a qualifying diagnosis
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (claims and authorizations) processed and paid by February 28, 2009.
<b>Provider Data Input</b>	None
<b>Scoring Threshold for Minimum Payment</b>	Specialty 50th percentile for 2007 for network OB/Gyns
<b>Scoring Threshold for Maximum Payment</b>	Specialty 90th percentile for 2007 for network OB/Gyns

**CPT Codes for Abdominal Hysterectomy**

CPT Codes	Description
51925	Closure Vesicouterine Fistula; w/Hysterectomy
58150	Hysterectomy Total
58152	Hysterectomy Tot W Urethrocystopexy
58180	Supracerv. Abd. Hysterect.;w/Wo Rem.Tube

**CPT Codes for Minimally Invasive Hysterectomy**

CPT Codes	Description
58260	Hysterectomy Vaginal
58262	Vag Hyst W/Remov Tube/Ovary
58263	Vag Hyst W/Remov Tube/Ova W/Repair
58267	Hysterectomy Vag W Urethrocystopexy
58270	Vag Hyst W/Repair Enterocele
58275	Hysterectomy Vag W Colpectomy
58280	Vag.Hyst,Colpectomy;repr Enterocele
58290	Vaginal hysterectomy, for uterus greater than 250 grams
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc
58293	Vaginal hysterectomy, for uterus greater than 250 grams, with colpo-urethrocystopexy; Marshall-Marchetti-Krantz type, Pe
58294	Vaginal hysterectomy, for uterus greater than 250 grams, with repair of enterocele
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less, with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary(s)
58550	Laparoscopy; w vaginal hyster w/wo removal of tube(s) and/or ovary(s)
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;with removal of tube(s) and/or ovary
S2078	Laparoscopic supracervical hysterectomy, subtotal hysterectomy
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams with removal of tube(s) and/or ovary(s)

**ICD-9 Codes for Exclusions**

<b>ICD-9 Codes</b>	<b>Description</b>
179	Malignant neoplasm of uterus, part unspecified
180.0	Malignant neoplasm of endocervix
180.1	Malignant neoplasm of exocervix
180.8	Malignant neoplasm of other specified sites of cervix
180.9	Malignant neoplasm of cervix uteri, unspecified site
182.0	Malignant neoplasm of corpus uteri, except isthmus
182.1	Malignant neoplasm of isthmus
182.8	Malignant neoplasm of other specified sites of body of uterus
233.1	Carcinoma in situ of cervix uteri
233.2	Carcinoma in situ of other and unspecified parts of uterus
233.3	Carcinoma in situ of other and unspecified female genital organs
236.0	Neoplasm of uncertain behavior of uterus
621.30	Endometrial hyperplasia, unspecified
621.31	Simple endometrial hyperplasia without atypia
621.32	Complex endometrial hyperplasia without atypia
621.33	Endometrial hyperplasia with atypia
622.10	Dysplasia of cervix, unspecified
622.11	Mild dysplasia of cervix
622.12	Moderate dysplasia of cervix

# Gynecology Goal Attainment Rate for Outpatient Procedures, Observation Stays and Inpatient Care

<b>Identified Measure</b>	Percentage of outpatient procedures, observation stays and admissions, with a length of stay at or below the target, for selected gynecologic care.
<b>SPFP Category</b>	Efficiency
<b>Event Date</b>	Discharge date from hospital or outpatient procedure date
<b>Measurement Period</b>	1/1/2008 to 12/31/2008
<b>Age Criteria</b>	Patients 18 to 75 years of age by December 31, 2008
<b>Exclusionary Criteria</b>	Patients who died while in the hospital. Assistant surgery modifiers will be excluded, including 80, 81, 82 and AS. Patients with multiple birth deliveries.
<b>Denominator</b>	Outpatient procedure, observation stay or inpatient admissions with a qualifying CPT code, by an obstetrician and/or gynecologist at a participating practice or hospital.
<b>Numerator</b>	Identify all outpatient procedures and discharges in the denominator at, or below, the target length of stay. The length of stay is determined by counting an outpatient visit as < 23 hours, the observation day as <23 hours, or inpatient admission as day of admission through the last full day as an inpatient. For inpatient admissions, the day of discharge is not counted. For example, a patient admitted on Monday and discharged on Friday would have a four-day length of stay: Monday, Tuesday, Wednesday and Thursday.  If a claim has multiple primary procedures, the CPT with the longest length of stay is used for measurement.
<b>Patient Eligibility</b>	Patient must have medical coverage in at least one of the applicable product lines on the discharge or outpatient procedure date.
<b>Provider Assignment</b>	Primary obstetrician and/ or gynecologist that billed for the primary qualifying service during the hospital observation stay or admission.
<b>Level of Measure</b>	Obstetrician and gynecology practice group
<b>Minimum Number of Admissions</b>	10
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (claims and authorizations) processed and paid by February 28, 2009.

## Gynecology Goal Attainment Rate for Outpatient Procedures, Observation Stays and Inpatient Care

**Provider Data Input** Requests for correction of inaccurate length of stay must be made by January 31, 2009.

**Scoring Threshold for Specialty Minimum Payment** 50th percentile for 2007 for network OB/Gyns

**Scoring Threshold for Maximum Payment** Specialty 90th percentile for 2007 for network OB/Gyns

### Gynecology Goal Attainment Rate Measures

CPT Codes	Description	Goal LOS
49000	Laparotomy/ceiotomy exploratory	2 days
49320	Peritoneoscopy, diagnostic	<23 hours
57240	Colporrhaphy anterior	1 day
57250	Colporrhaphy proterior	1 day
57260	Colporrhaphy Anteposterior	1 day
57265	Colporrhaphy A&P W Enterocele Rep	1 day
57268	Repair Enterocele Vaginal Appr	1 day
57282	Colpopexy, vaginal; ectraperitoneal approach (sacrospinous)	1 day
57288	Sling operation for stress incontinence	<23 hours
58140	Myomectomy Abdominal Appr.	2 days
58150	Hysterectomy total	2 days
58152	Hysterectomy total with urethrocystopexy	2 days
58180	Supracerv. Adb. Hysterectomy without removal of tube	1 day
58260	Hysterectomy Vaginal	1 day
58262	Vag Hysterectomy with Removal of tube/ovary	1 day
58263	Vag Hyst with Removal Tube/ovary with repair	1 day
58267	Hysterectomy Vag with urethrocystopexy	1 day
58270	Vag Hyst with Repair Enterocele	1 day
58290	Vaginal Hysterectomy, for uterus greater than 250 grams	1 day
58550	Laparascopy; with vaginal hyster without removal of tubes	1 day
58552	Laparascopy surgical with vaginal hysterectomy, for uterus 250 grams	1 day
58553	Laparascopy, surgical, with vaginal hysterectomy	1 day
58554	Laparascopy, surgical, with vaginal hysterectomy for uterus	1 day
58570	Laparascopy, surgical, with total hysterectomy, for uterus 250 grams or less	1 day
58571	Laparascopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	1 day
58572	Laparascopy, surgical, with total hysterectomy, for uterus greater than 250 grams	1 day

Gynecology Goal Attainment Rate for Outpatient Procedures, Observation Stays and Inpatient Care

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58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams with removal of tube(s) and/or ovary(s)	1 day
58661	Laparoscopy; without removal of adnexal structure (part total)	< 23 hours
58720	Salp-Oophorec, Complt/Part, Unil/Bil	1 day
58925	Cystectomy Ovarian	1 day
58940	Oophorectomy, Part/Total, Unil/Bil	1 day

# Obstetrics Goal Attainment Rate for Inpatient Care

<b>Identified Measure</b>	Percentage of admissions with a length of stay at or below the target, for selected obstetrical care.
<b>SPFP Category</b>	Efficiency
<b>Event Date</b>	Discharge date from hospital
<b>Measurement Period</b>	1/1/2008 to 12/31/2008
<b>Age Criteria</b>	Patients 18 to 75 years of age by December 31, 2008.
<b>Exclusionary Criteria</b>	Patients who died while in the hospital. Admission with assistant surgery modifiers will be excluded including 80, 81, 82 and AS.
<b>Denominator</b>	Observation stay or inpatient admission by an obstetrician/gynecologist at a participating practice or hospital with a qualifying CPT code.
<b>Numerator</b>	<p>Identify all discharges in the denominator at, or below, the target length of stay. The length of stay is determined by counting the observation day as &lt;23 hours, or inpatient admission as day of admission through the last full day as an inpatient. For inpatient admissions, the day of discharge is not counted. For example, a patient admitted on Monday and discharged on Friday would have a four-day length of stay: Monday, Tuesday, Wednesday and Thursday.</p> <p>If a claim has multiple primary procedures, the CPT with the longest length of stay is used for measurement.</p>
<b>Patient Eligibility</b>	Patient must have medical coverage in at least one of the applicable product lines on the discharge date.
<b>Provider Assignment</b>	Primary obstetrician/gynecologist who billed for the primary qualifying service during the hospital observation stay or admission.
<b>Level of Measure</b>	Obstetrician and gynecology practice group
<b>Minimum Number of Admissions</b>	10
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (claims and authorizations) processed and paid by February 28, 2009.
<b>Provider Data Input</b>	Requests for correction of inaccurate length of stay must be made by January 31, 2009.

## Obstetrics Goal Attainment Rate for Inpatient Care

**Scoring Threshold for Minimum Payment**

Specialty 50th percentile for 2007 for network OB/Gyns

**Scoring Threshold for Maximum Payment**

Specialty 90th percentile for 2007 for network OB/Gyns

**Obstetrics Goal Attainment Rate Measures**

CPT Codes	Description	Goal LOS
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	1 day
59409	Vaginal delivery only (with or without episiotomy and/or forceps)	1 day
59410	Vaginal delivery only (with or Without episiotomy and/or forceps) Including postpartum care	1 day
59510	Routine obstetric care including antepartum care, cesarean delivery and postpartum care	3 days
59514	Cesarean delivery only	3 days
59515	Cesarean delivery only; including Postpartum care	3 days
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after Previous cesarean delivery	1 day
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)	1 day
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	1 day
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	3 days
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	3 days
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	3 days

**ICD-9 Codes For Exclusions**

<b>ICD-9 Codes</b>	<b>Description</b>
651.00	Twin pregnancy, unspecified as to episode of care
651.01	Twin pregnancy, delivered
651.03	Twin pregnancy, antepartum condition
651.11	Triplet pregnancy, delivered
651.21	Quadruplet pregnancy, delivered
651.31	Twin pregnancy with fetal loss and retention
652.61	Multiple gestation with malpresentation of one
652.63	Multiple gestation with malpresentation
V27.2	Mother with twins, both liveborn
V33.01	Twin birth, unspecified whether mate liveborn

# Mammography

<b>Identified Measure</b>	Percentage of women 40-69 years of age in group practice receiving one mammogram in 2007 or 2008.
<b>SPFP Category</b>	Quality
<b>Event Time Period</b>	1/1/2008 to 12/31/2008
<b>Measurement Period</b>	1/1/2007 to 12/31/2008
<b>Age Criteria</b>	Women age 42-69 years by December 31, 2008.
<b>Exclusionary Criteria</b>	Providers may exclude women from this measure with bilateral mastectomy by submitting this data to Priority Health through Patient Profile.
<b>Denominator</b>	Number of women in the practice group who reach the age of 42-69 by January 31, 2008.
<b>Numerator</b>	Number of same women in the practice group with mammography screening as defined above.
<b>Patient Eligibility</b>	Women must be continuously enrolled with Priority Health in 2007 and 2008 with no more than a 45-day gap each year. Patients must be members with Priority Health on December 31, 2008.
<b>Provider Assignment</b>	OB/Gyn providing care in 2008 for members included in this measure. More than one OB/Gyn may be measured for an individual member.
<b>Level of Measure</b>	Obstetrics and gynecology practice group
<b>Minimum Patients</b>	15
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (claims) processed by February 28, 2009 and physician-reported information to Patient Profile by January 31, 2009.
<b>Provider Data Input</b>	<p>Surgical information of bilateral mastectomies may be provided by January 31, 2009 to Patient Profile. These patients are removed from 2008 and future SPFP mammogram calculations. Provider-reported data will be subject to audit.</p> <p>Any demographic changes must be communicated to your physician account executive by January 31, 2009.</p>
<b>Scoring Threshold for Minimum Payment</b>	Specialty 50th percentile in 2007 for network OB/Gyns
<b>Scoring Threshold for Maximum Payment</b>	Specialty 90th percentile in 2007 for network OB/Gyns

**CPT Codes for Mammography**

<b>CPT Codes</b>	<b>Description</b>
76090	Mammography, unilateral
76091	Mammography, bilateral
76092	Screening Mammography; bilateral (two-view film study of each breast)
77052	Computer aided detection with further physician review; screening mammogram
77055	Mammography, unilateral
77056	Mammography, bilateral
77057	Screening mammography, bilateral (2-view film study of each breast)

# Prenatal Care in the First Trimester

<b>Identified Measure</b>	The percentage of members with a live birth delivery, who received a prenatal care visit in the first trimester, or within 42 days of enrollment for members enrolling with Priority Health mid-term.
<b>SPFP Category</b>	Quality
<b>Event Time Period</b>	11/06/2007 to 11/05/2008
<b>Measurement Period</b>	1/1/2008 to 12/31/2008
<b>Anchor Date</b>	Date of delivery
<b>Age Criteria</b>	None
<b>Exclusionary Criteria</b>	Deliveries not resulting in a live birth
<b>Denominator</b>	All women with a live birth between 11/6/2007 and 11/5/2008.
<b>Numerator</b>	Women who received a prenatal visit in the first trimester (176-280 days prior to delivery) or within 42 days of enrollment. A prenatal visit is defined as any prenatal care visit to the OB practitioner, midwife or PCP with documentation of when prenatal care was initiated. A nurse-only visit will satisfy this requirement.
<b>Patient Eligibility</b>	<p>Continuously enrolled 43 days prior to delivery with no gap in coverage.</p> <p>Women who had two separate deliveries on different dates during the event time period will be counted twice. Women who had multiple births during one pregnancy will be counted once in the measure.</p>
<b>Provider Assignment</b>	Obstetrician who billed for delivery and maternity care.
<b>Level of Measure</b>	Obstetrics and gynecology practice group
<b>Minimum Patients</b>	15
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (claims) processed and paid by February 28, 2009.
<b>Provider Data Input</b>	Priority Health OB precertification form with estimated date of confinement (EDC) and date of first prenatal visit.
<b>Scoring Threshold for Minimum Payment</b>	Specialty 50th percentile average in 2007 for network OB/Gyns
<b>Scoring Threshold for Maximum Payment</b>	Specialty 90th percentile in 2007 for network OB/Gyns

**Note**

For the complete HEDIS definition of prenatal care, please request details from your physician account executive.

**CPT Codes for First Trimester Care**

<b>CPT Codes</b>	<b>Description</b>
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only
59515	Cesarean delivery only; including postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	Vaginal delivery only; after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care

**ICD-9 Codes for Live Birth Deliveries**

<b>ICD-9 Codes</b>	<b>Description</b>
650	Normal delivery
V27.0	Single liveborn
V27.2	Twins, both liveborn
V27.3	Twins, one liveborn and one stillborn
V27.5	Other multiple birth, all liveborn
V27.6	Other multiple birth, some liveborn

# Postpartum Care

<b>Identified Measure</b>	Members with a postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days of delivery.
<b>SPFP Category</b>	Quality
<b>Event Time Period</b>	11/06/2007 to 11/05/2008
<b>Measurement Period</b>	1/01/2008 to 12/31/2008
<b>Anchor Date</b>	Date of delivery
<b>Age Criteria</b>	None
<b>Exclusionary Criteria</b>	None
<b>Denominator</b>	All women with delivery between 11/06/2007 and 11/05/2008.
<b>Numerator</b>	Women with a postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery, as documented through either administrative data or medical record review.
<b>Patient Eligibility</b>	<p>Continuously enrolled for 56 days after delivery, with no gap in coverage.</p> <p>Women who had two separate deliveries on different dates during the event time period will be counted twice. Women who had multiple births during one pregnancy will be counted once in the measure.</p>
<b>Provider Assignment</b>	Obstetrician who billed for delivery and maternity care.
<b>Level of Measure</b>	Obstetrics and gynecology practice group
<b>Minimum Patients</b>	15
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (claims) processed and paid by February 28, 2009. Claims with delivery codes must include documentation of postpartum care date.
<b>Provider Data Input</b>	Priority Health OB precertification form. And, documented postpartum care not supplied by claims may be entered into Patient Profiles by January 31, 2009.
<b>Scoring Threshold for Minimum Payment</b>	Specialty 50th percentile in 2007 for network OB/Gyns

**Scoring Threshold for Maximum Payment**

Specialty 90th percentile in 2007 for network OB/Gyns

**Note**

For the complete HEDIS definition of postpartum care, please request details from your physician account executive.

**CPT Codes for Postpartum Care**

CPT Codes	Description
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of intrauterine device (IUD)
59400	Routine obstetric care including antepartum care, vaginal delivery and postpartum care
59410*	Uterine suspension with or without shortening or round ligament, with or without shortening of sacrotine ligaments, with presacram sympathectomy
59430	Postpartum care only
59510*	Routine obstetric care including antepartum care, cesarean delivery and postpartum care
59515*	Cesarean delivery only; including postpartum care
59610*	Routine obstetric care including postpartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59614*	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy, and/ or forceps) including postpartum care
59618*	Routine obstetric care including antepartum care, cesarean delivery and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59622*	Cesarean delivery only, following attempted vaginal delivery
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservation fluid, automated thin layer preparation; manual screening under physician supervision
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservation fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision

88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal, collected in preservation fluid, automated thin layer preparation; screening by automated system under physician supervision
88175	Cytopathology, cervical or vaginal collected in preservation fluid, automated thin layer preparation; with screening by automated system and manual rescreening on review under physician supervision

ICD-9 Codes	Description
V24.1	Postpartum care and examination; immediately after delivery
V24.2	Postpartum care and examination; routine postpartum care
V25.1	Insertion of intrauterine contraceptive device (IUD)
V72.3	Gynecological examination
V76.2	Special screening for malignant neoplasm of cervix

Revenue Code
0923

# Chlamydia Screenings

<b>Identified Measure</b>	The percentage of women 16-25 years of age who were identified as sexually active who had at least one test for Chlamydia during 2008.
<b>SPFP Category</b>	Quality
<b>Event Time Period</b>	1/1/2008 to 12/31/2008
<b>Measurement Period</b>	1/1/2008 to 12/31/2008
<b>Anchor Date</b>	Women enrolled as of December 31, 2008.
<b>Age Criteria</b>	Women 16-25 years of age as of December 31, 2008.
<b>Exclusionary Criteria</b>	Women with a billed pregnancy test during 2008 followed within 7 days by either a prescription for Accutane (Isotretinoin) or an X-ray.
<b>Denominator</b>	Sexually active women 16 – 25 years of age.
<b>Numerator</b>	Women with at least one Chlamydia test during 2008 as documented through administrative data. A woman is counted as having had a test if she had a claim with a service date during 2008 with a Chlamydia screening code.
<b>Patient Eligibility</b>	Members continually enrolled in 2008 with no more than one gap in enrollment of up to 45 days. Patients must be members with Priority Health on December 31, 2008.
<b>Provider Assignment</b>	OB/Gyn providing care in 2008 for members included in this measure. More than one OB/Gyn may be measured for an individual member.
<b>Level of Measure</b>	Obstetrics and gynecology practice group
<b>Minimum Patients</b>	15
<b>Applicable Product Lines</b>	Fully-funded HMO, POS
<b>Method of Measurement</b>	Administrative data (pharmacy and medical claims) processed and paid by February 28, 2009.
<b>Provider Data Input</b>	None
<b>Scoring Threshold for Minimum Payment</b>	Specialty 50th percentile in 2007 for network OB/Gyns
<b>Scoring Threshold for Maximum Payment</b>	Specialty 90th percentile in 2007 for network OB/Gyns

**CPT Codes to Identify Sexually Active Women**

<b>CPT Code</b>	<b>Description</b>
11975	Insertion, implantable contraceptive capsules
11976	Removal, implantable contraceptive capsules
11977	Removal with reinsertion, implantable contraceptive capsules
57022	Incision and drainage of vaginal hematoma; obstetrical/ postpartum
57170	Diaphragm or cervical cap fitting
58300	Insertion of intrauterine device
58301	Removal of intrauterine device
58600	Ligation or transection of fallopian tubes
58605	Ligation or transection of fallopian tubes. postpartum
58611	Ligation or transection of fallopian tubes when done at time of cesarean delivery
58615	Occlusion of fallopian tubes by device
58970	Follicle puncture for oocyte retrieval, any method
58974	Embryo transfer, intrauterine
58976	Gamete, zygote, or embryo intrafallopian transfer
59000	Amniocentesis, diagnostic
59001	Amniocentesis, therapeutic
59012	Cordocentesis (intrauterine)
59015	Chorionic villus sampling, any method
59020	Fetal contraction stress test
59025	Fetal non-stress test
59030	Fetal scalp blood sampling
59050	Fetal monitoring during labor
59051	Fetal monitoring during labor; interpretation only
59070	Transabdominal amnionfusion
59072	Fetal umbilical cord occlusion
59074	Fetal fluid drainage
59076	Fetal shunt placement
59100	Hysterotomy, abdominal
59120	Surgical treatment of ectopic pregnancy
59121	Surgical treatment of ectopic pregnancy, without
59130	Surgical treatment of ectopic pregnancy, abdominal
59135	Surgical treatment of ectopic pregnancy, interstitial
59136	Surgical treatment of ectopic pregnancy, uterine
59140	Surgical treatment of ectopic pregnancy, cervical
59150	Laparoscopic treatment of ectopic pregnancy

59151	Laparoscopic treatment of ectopic pregnancy, without
59160	Curretage, postpartum
59200	Insertion of cervical dilator
59300	Episiotomy or vaginal repair
59320	Cerclage of cervix, vaginal
59325	Cerclage of cervix, abdominal
53930	Hysterrhaphy of ruptured uterus
59400	Routine obstetric care including antepartum
59409	Vaginal delivery only
59410	Vaginal delivery only including postpartum care
59412	External cephalic version
59414	Delivery of placenta
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only, 7 or more visits
59430	Postpartum care only
59510	Routine obstetric care including antepartum care, cesarean delivery
59514	Cesarean delivery only
59515	Cesarean delivery only, including postpartum care
59525	Subtotal or total hysterectomy after cesarean care
59610	Routine obstetric care including antepartum care, vaginal delivery
59612	Vaginal delivery only after previous cesarean
59614	Vaginal delivery only after previous cesarean, including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery
59620	Cesarean delivery only, following attempted vaginal delivery
59622	Cesarean delivery only, following attempted vaginal delivery, including postpartum care
59812	Treatment of incomplete abortion
59820	Treatment of missed abortion, first trimester
59821	Treatment of missed abortion, second trimester
59830	Treatment of septic abortion
59840	Induced abortion, by dilation and curretage
59841	Induced abortion, by dilation and evacuation
59580	Induced abortion, delivery of fetus and secundines
59581	Induced abortion, delivery of fetus and secundines, with dilation and curettage and/or evacuation
59582	Induced abortion, delivery of fetus and secundines, with hysterotomy
59885	Induced abortion, with or without cervical dilation
59856	Induced abortion, with or without cervical dilation, delivery of fetus and secundines, with dilation and curretage

59857	Induced abortion, with or without cervical dilation, deliver of fetus and secundines, with hysterotomy
59866	Multifetal pregnancy reduction
59870	Uterine evacuation and curettage for hydatidiform mole
59871	Removal of cerclage suture under anesthesia
59897	Unlisted fetal invasive procedure
59898	Unlisted laparoscopic procedure, maternity care and delivery
59899	Unlisted procedure, maternity care and delivery
76801	Ultrasound pregnancy, transabdominal approach; single or first gestation
76805	Ultrasound pregnancy, after first trimester
76811	Ultrasound pregnancy, transabdominal approach, fetal anatomic examination, single or first gestations
76813	Ultrasound, pregnant uterus, real time with image documentation
76815	Ultrasound, pregnancy, one or more fetuses
76816	Ultrasound pregnancy, transabdominal approach, per fetus
76817	Ultrasound pregnancy, transvaginal
76818	Fetal biophysical profile
76819	Fetal biophysical profile, without non-stress testing
76820	Doppler velocimetry, fetal, umbilical artery
76821	Doppler velocimetry, fetal, middle cerebral artery
76825	Echocardiography, fetal, cardiovascular system
76826	Echocardiography, fetal, cardiovascular system, follow-up or repeat study
76827	Doppler echocardiography, fetal, complete
76828	Doppler echocardiography, fetal, follow-up or repeat study
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	Ultrasonic guidance for amniocentesis
80055	Obstetric panel
81025	Urine pregnancy test
82105	Alpha-fetoprotein
82106	Alpha-fetoprotein, amniotic fluid
82143	Amniotic fluid scan
82731	Fetal fibronectin, cervicovaginal secretions
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin
83661	Fetal lung maturity assessment
83662	Fetal lung maturity assessment, foam stability test
83663	Fetal lung maturity assessment, fluorescence polarization
83664	Fetal lung maturity assessment, lamellar body density

84163	Pregnancy-associated plasma protein-A (PAPP-A)
84703	Gonadotropin, chorionic (hCG); quantitative
86592	Syphilis test; qualitative
86593	Syphilis test; quantitative
86631	Antibody; Chlamydia
86632	Antibody; Chlamydia IgM
87110	Culture, Chlamydia
87164	Dark field examination, any source
87166	Dark field examination, without collection
87270	Infectious agent antigen detection by immunofluorescent technique, Chlamydia
87320	Infectious agent antigen detection by enzyme, Chlamydia
87490	Infectious agent detection by nucleic acid, Chlamydia, direct probe
87491	Infectious agent detection by nucleic acid, Chlamydia, amplified probe
87492	Infectious agent detection by nucleic acid, Chlamydia, quantification
87590	Infectious agent detection by nucleic acid, Neisseria gonorrhoeae, direct probe technique
87591	Infectious agent detection by nucleic acid, Neisseria gonorrhoeae, amplified probe technique
87592	Infectious agent detection by nucleic acid, Neisseria gonorrhoeae, quantification
87620	Infectious agent detection by nucleic acid, papillomavirus, human, direct probe technique
87621	Infectious agent detection by nucleic acid, papillomavirus, human, amplified probe technique
87622	Infectious agent detection by nucleic acid, papillomavirus, human, quantification
87660	Trichomonas vaginalis, direct probe technique
87800	Infectious agent detection by nucleic acid, multiple organisms, direct probe technique
87801	Infectious agent detection by nucleic acid, multiple organisms, amplified probe technique
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis
87810	Infectious agent detection by immunoassay with direct optical observation, Chlamydia
87850	Infectious agent detection by immunoassay with direct optical observation, Neisseria gonorrhoeae
88141	Cytopathology, cervical or vaginal
88142	Cytopathology, cervical or vaginal, automated thin layer prep
88143	Cytopathology, cervical or vaginal, automated thin layer prep, rescreening
88147	Cytopathology smears, cervical or vaginal, automated system
88148	Cytopathology smears, cervical or vaginal, automated with manual rescreening

88150	Cytopathology, slides, cervical or vaginal, manual screening
88152	Cytopathology, slides, cervical or vaginal with manual screening
88153	Cytopathology, slides, cervical or vaginal, with manual screening and rescreening
88154	Cytopathology, slides, cervical or vaginal, with manual screening and computer rescreening using cell selection
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation
88164	Cytopathology, slides, cervical or vaginal, the Bethesda system
88165	Cytopathology, slides, cervical or vaginal, the Bethesda system, with manual screening and rescreening
88166	Cytopathology slides, cervical or vaginal, the Bethesda system, manual screening and computer-assisted rescreening
88167	Cytopathology, slides, cervical or vaginal, the Bethesda system, with manual screening and computer assisted rescreening using cell selection
88174	Cytopathology, cervical or vaginal, automated thin layer prep, screening by automated system
88175	Cytopathology, cervical or vaginal, automated thin layer prep, screening by automated system and manual rescreening
88235	Tissue culture for non-neoplastic disorders
88267	Chromosome analysis, amniotic fluid or chorionic villus
88269	Chromosome analysis, in situ for amniotic fluid cells

**ICD-9 Codes to Identify Sexually Active Women**

ICD-9 Code	Description
042	Human Immunodeficiency Virus (HIV)
054.10	Genital herpes, unspecified
054.11	Herpetic vulvovaginitis
054.12	Herpetic ulceration of vulva
054.19	Herpes simplex, other
078.1	Viral warts
078.88	Other specified diseases due to Chlamydiae
079.4	Human papillomavirus
079.51	Human T-cell lymphotropic virus, type 1
079.52	Human T-cell lymphotropic virus, type 2
079.53	Human immunodeficiency virus, type 2 (HIV type 2)
079.88	Other specified chlamydial infection
079.98	Other specified viral infection
091.0	Genital syphilis (primary)
092.0	Early syphilis, latent
093.0	Cardiovascular syphilis
094.0	Neurosyphilis

095.0	Other forms of late syphilis, with symptoms
096.0	Late syphilis, latent
097.0	Other and specified syphilis
098.0	Gonococcal infections
098.10	Gonococcal infections (acute) of upper genitourinary tract
098.11	Gonococcal cystitis (acute)
098.15	Gonococcal cervicitis (acute)
098.16	Gonococcal endometriosis (acute)
098.17	Gonococcal salpingitis, specified as acute
095.19	Gonococcal infections, other
098.2	Gonococcal infection, chronic, or lower genitourinary tract
098.30	Chronic gonococcal infection of upper genitourinary tract, site unspecified
098.31	Gonococcal cystitis, chronic
098.35	Gonococcal cervicitis, chronic
098.36	Gonococcal endometriosis, chronic
098.37	Gonococcal salpingitis (chronic)
098.39	Gonococcal infections, chronic of upper genitourinary tract, other
098.4	Gonococcal infection of eye
098.8	Gonococcal infection of other specified sites
099	Other venereal disease
131.00	Urogenital trichomoniasis, unspecified
614	Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue, and peritoneum
615	Inflammatory disease of uterus, excluding cervix
616	Inflammatory disease of cervix, vagina, and vulva
622.3	Old laceration of cervix
623.4	Old vaginal laceration
626.7	Postcoital bleeding
628	Infertility, female
630-677	
795.0	Abnormal Papanicolaou smear of cervix and cervical HPV
996.32	Mechanical implantation of genitourinary device, implant, and graft, due to intrauterine contraceptive device
V01.6	Venereal diseases
V02.7	Gonorrhea
V02.8	Other venereal diseases
V08	Asymptomatic HIV
V15.7	Psychological trauma; contraception
V22	Normal pregnancy
V23	Supervision of high-risk pregnancy

V24	Postpartum care and examination
V25	Encounter for contraceptive management
V26	Procreative management
V27	Outcome of delivery
V28	Encounter for antenatal screening of mother
V45.5	Presence of contraceptive device
V61.5	Multiparity
V61.6	Illegitimacy or illegitimate pregnancy
V61.7	Other unwanted pregnancy
V69.2	High-risk sexual behavior
V72.3	Gynecological examination
V72.4	Pregnancy examination or test
V73.88	Other specified chlamydial diseases
V73.98	Other specified viral diseases
V74.5	Special screening examination for bacterial and spirochetal diseases; venereal disease
V76.2	Special screening for malignant neoplasms, cervix

**UB-92 Revenue Codes to Identify Sexually Active Women**

**UB-02 Revenue Code**

923
925
0122
0122
0132
0142
0152
0720
0724
0729
0722
0923
0925

**CPT Codes for Chlamydia Screenings**

87110
87270
87320
87490
87491
87492
87810

**Exclusion CPT Codes for Pregnancy Tests (when billed with Diagnostic Radiology)**

81025 (payable lab code in PCP office)
84702
84703

**Exclusion CPT Codes for Diagnostic Radiology**

70010-76499
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**Exclusion Rev Code for Pregnancy Test**

0925
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