

Presumptive eligibility (PE)*	Notification of pregnancy (NOP)*	
<p>Become a qualified provider (QP) for presumptive eligibility and get reimbursed for prenatal services beginning the first visit!</p> <p>Get access to specialty services, lab work, medications and transportation to appointments. Enroll today at:</p> <p>https://interchange.indianamedicaid.com</p> <p>Training available!</p>	<p>Completing an NOP risk assessment form on Web InterChange will assist in identifying those patients with health risk factors as early in their pregnancy as possible, and connect them with resources such as case management and Anthem's New Baby, New LifeSM program.</p> <p>Providers are reimbursed \$60 for each valid NOP they submit through Web InterChange</p> <ul style="list-style-type: none"> Complete the NOP before the woman is at 30 weeks gestation Submit the NOP using Web interChange within five days of a prenatal visit 	<p>Bill Anthem using the procedure code 99354 with the modifier TH.</p>

* For more information on PE and NOP, contact your Anthem practice consultant or visit www.indianamedicaid.com.

Each measure identified has criteria that are required for our adult members' chart review to be considered valid according to HEDIS[®] measurement. To make the most of your office visits toward meeting HEDIS quality measures, please document the following criteria as applicable.

Note: Other codes may be appropriate for use per the National Committee for Quality Assurance (NCQA). This is not designed as an exclusive list but to be used as a guide for the following topics:

- Physical and mental development history
- Health history and physical exam
- Health education/anticipatory guidance

Measure	Screening and care documentation guidelines	Code(s)
Adult BMI Assessment (ABA) 18- to 74-year-old member	Documentation of BMI (For 18-20 years, include BMI percentile. For 21+ years, include BMI value.) Documentation of weight	Value ICD-10-CM: Z68.1, Z68.250-Z68.45 Percentile ICD-10-CM: Z68.51-Z68.54
Controlling High Blood Pressure (CBP) 18- to 85-year-old member	The percentage of members who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled based on the following criteria: <ul style="list-style-type: none"> Members 18-85 years of age whose BP was < 140/90 	Hypertension diagnosis ICD-10-CM: I10
Adults' Access to Preventive/Ambulatory Health Services (AAP) 20+-year-old member	Documentation of an ambulatory or preventive care visit during the measurement year	ICD-10-CM: Z00.00, Z00.01, Z00.8, Z02.0, Z02.1, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.83, Z02.89, Z02.9 CPT: 99201-99205, 92011-99215, 99241-99245, 99341-99350, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429
Comprehensive Diabetes Care (CDC) 18- to 75-year-old member with type 1 or type 2 diabetes	Adults with annual screening of the following: <ul style="list-style-type: none"> HbA1c testing and lab value Retinal eye exam with an optometrist or ophthalmologist Diabetic nephropathy assessment (i.e., microalbumin, macroalbumin)¹ Angiotensin converting enzyme (ACE) or angiotensin receptor blocker (ARB) therapy in measurement year² BP < 140/90 in measurement year³ <p>1 A urine test for protein in the measurement year. 2 If the member is already on an ACE or ARB therapy, or has identified kidney disease, this meets the requirements. 3 BP >140/90 needs to be retaken during same visit.</p>	Diabetes diagnosis ICD-10-CM: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.3211, E10.3212, E10.3213, E10.3219, E10.329, E10.3291- E10.3293, E10.3299, E10.331, E10.3311, E10.3312, E10.3313, E10.3319, E10.339, E10.3391-E10.3393, E10.3399, E10.341, E10.3411, E10.3412, E10.3413, E10.3419, E10.349, E10.3491, E10.3492, E10.3493, E10.3499, E10.351, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521-E10.3513, E10.3519, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549. E10.3551, E10.3552, E10.3553, E10.3559, E10.359, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X3, E10.37X9, E10.39-E10.44, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, (Continued on next page)



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HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Measure	Screening and care documentation guidelines	Code(s)
<p>Continued:</p> <p>Comprehensive Diabetes Care (CDC) 18- to 75-year-old member with type 1 or type 2 diabetes</p>		<p>E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.3211-E11.3213, E11.3219, E11.329, E11.3291-E11.3293, E11.3299, E11.331, E11.3311, E11.3312, E11.3313, E11.3319, E11.339, 311.3391-E11.3393, E11.3399, E11.341, E11.3411-E11.3413, E11.3419, 311.349, E11.3491-E11.3493, E11.351, E11.3511-E11.3513, E11.3519, E11.3521-E11.3523, E11.3529, E11.3531-E11.3533, E11.3539, E11.3541-E11.3543, E11.3551, E11.3552, E11.3553, E11.3559, E11.359, E11.3591-E11.3591, E11.3593, E11.3509, E11.36, E11.37X1-E11.37X3, E11.37X9, E11.39-E11.45, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620-E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.3211-E13.3213, E13.3219, E13.329, E13.3291-E13.3293, E13.3299, E13.331, E13.3311-E13.3313, E13.3319, E13.339, E13.3391-E13.3393, E13.3399, E13.341, E13.3411-E13.3413, E13.3419, E13.349, E13.3491-E13.3493, E13.3499, E13.351, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3529, E13.3531-E13.3533, E13.3539, E13.3541-E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.359, E13.3591-E13.3593, E13.3599, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39-E13-52, E13.59, E13.610, E13.618, E13.620-E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9</p> <p>Gestational diabetes ICD-10-CM: O24.11-O24.13, O24.19, O24.02-O21.03, O24.111-O24.113, O24.119, O24.12-O21.13, O24.311-O24.313, O24.319, O24.32, O24.811-O24.813, O24.819, O24.82, O24.83</p> <p>Eye care professional CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134</p> <p>Retinal exam CPT: 67028-67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228</p> <p>HbA1c screen CPT: 83036, 83037</p> <p>CPT-CAT-II: 3044F, 3045F, 3046F</p> <p>Nephropathy screening CPT-CAT-II: 3066F, 4010F</p> <p>ICD-10-CM: E02.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N00.9, N01.0-N01.9, N02.0-N02.9, N03.0-N03.9, N04.0-N04.9, N05.0-N05.9, N06.0-N06.9, N07.0-N07.9, N08, N14.0-N14.4, N17.0-N17.2, N17.8, N17.9, N18.1-N18.9, N19M, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8, Q61.9, R80.0-R80.3, R80.8</p>

Women-only measures	Screening and care documentation guidelines	Code(s)
<p>Cervical Cancer Screening (CCS) 21- to 64-year-old women</p>	<p>Evidence of pap exam within last three years with result documented or documentation of total hysterectomy with no residual cervix.</p>	<p>Cervical cytology CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174-88175</p> <p>Absence of cervix CPT: 51925, 57540, 57545, 57550, 57555, 575256, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135</p> <p>Absence of cervix ICD 10 CM: Q51.5, Z90.710, Z90.712</p>
<p>Prenatal and Postpartum Care (PPC) Pregnant women</p> <p>Delivered women postpartum delivery results in live birth</p>	<p>Prenatal care in the first trimester or within 42 days of enrollment. Documentation of when prenatal care was initiated with obstetrician (OB) (including fetal heart rate, fundal height, etc.).</p> <p>Documentation of any one of the following: OB panel, torch antibody screen, rubella antibody titer with Rh incompatibility or ultrasound of pregnant uterus.</p> <p>Documentation of LMP or EDD with either a completed obstetrical history or risk assessment and counseling/education.</p> <p>A minimum of 14 visits for a 40-week pregnancy.</p> <p>Postpartum care within 21-56 days from delivery date; documentation must indicate evidence of pelvic exam, examination of breasts, abdomen, weight and blood pressure or notation of "postpartum" visit/care.</p>	<p>Prenatal care CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828, 99201-99205, 99211-99215, 99241-99245, 99500</p> <p>CPT-CAT-II: 0500F, 8501F, 0502F</p> <p>ICD 10 PCS: BY49ZZZ, BYRBZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ</p> <p>Postpartum Visits CPT: 57170, 58300, 59430, 99501 ICD 10 CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p>
<p>Chlamydia Screening in Women (CHL) 16- to 24-year old women who were identified as sexually active</p>	<p>At least one chlamydia test during the measurement year.</p>	<p>CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810</p>
<p>Breast Cancer Screening (BCS) 50- to 74-year-old women</p>	<p>Women who had one or more mammograms on or between October 1, two years prior to the measurement year, and December 31 of the measurement year (MY).</p>	<p>Mammography CPT: 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067</p> <p>Mastectomy CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307</p> <p>ICD 10 PCS: 8HTV0ZZ, 0HTU0ZZ, 0HTT0ZZ</p> <p>ICD 10 CM: Z90.13</p>