



2026 Coding for Success: Understanding Maternal Health & Pregnancy HEDIS® Measures

Presenters: Holly Conk, DHA, MBA-HM, BSN, RN
Vice President, Quality and RISK Adjustment

Jennifer Howland, MSHIA, RHIA, CPC
Director, Quality Improvement

Julie Olsen, MBA, RN, CPC
Manager, HEDIS® Operations





Oklahoma Complete Health has Care Managers who activate resources for members. Supporting a young mother transitioning from the hospital, Oklahoma Complete Health sent her 14 meals to her home, provided Start Smart for Your Baby resources and a \$100 Food Rx voucher. This member also received a \$50 quarterly Over-the-Counter benefit for everyday needs.

2026 Pay-for-Performance (P4P) PCP – SoonerSelect Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Glycemic Status Assessment for Patients with Diabetes (GSD) <8% (18-75 yrs)	56.69%	\$40.00	63.75%	\$80.00	74.62%	\$100.00
Controlling High Blood Pressure (CBP) (18-75 yrs)	63.87%	\$40.00	70.56%	\$80.00	74.62%	\$100.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three (3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18 – 75 years old	\$ 40.00

2026 Pay-for-Performance (P4P) PCP – Children’s Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three 3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18-26 yrs	\$ 40.00

New 2026 Pay-for-Performance (P4P) PCP and OB/GYN – SoonerSelect and Children's Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	77.83%	\$40.00	84.67%	\$80.00	88.85%	\$100.00
Prenatal and Postpartum Care (PPC) – Timeliness of Postpartum Care	75.99%	\$40.00	81.92%	\$80.00	86.10%	\$100.00

New 2026 Pay-for-Performance (P4P) Behavioral Health Provider – SoonerSelect and Children's Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 7 Day	27.78%	\$40.00	36.64%	\$80.00	46.72%	\$100.00
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 30 Day	56.44%	\$40.00	67.18%	\$80.00	77.60%	\$100.00
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	43.54%	\$40.00	54.35%	\$80.00	60.22%	\$100.00
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	49.74%	\$40.00	58.97%	\$80.00	66.60%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 7 Day	26.98%	\$40.00	35.33%	\$80.00	45.54%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 30 Day	52.74%	\$40.00	52.91%	\$80.00	59.86%	\$100.00

2026 Pay-for-Performance (P4P) – Ambetter Measures

2026 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Breast Cancer Screening (BCS-E)	\$25.00	73.20%	77.10%
Cervical Cancer Screening (CCS-E)	\$25.00	47.30%	57.50%
Child and Adolescent Well-Care Visits (WCV)	\$25.00	49.50%	60.30%
Chlamydia Screening in Women (CHL)	\$25.00	45.70%	52.80%
Colorectal Cancer Screening (COL-E)	\$25.00	54.10%	60.80%
Blood Pressure Control for Patients with Hypertension (BPC-E)	\$25.00	68.10%	73.80%
Eye Exam for Patients with Diabetes (EED)	\$25.00	44.60%	53.30%
Glycemic Status Assessment for Patients with Diabetes (<9) (GSD)	\$25.00	73.50%	79.10%
Kidney Health Evaluation for Patients with Diabetes (KED)	\$25.00	49.90%	56.90%
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)*	\$25.00	42.30%	50.40%

2026 Partnership for Quality (P4Q) – Wellcare Measures

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Annual Preventive Visit (APV)	\$25	\$25	\$50	Annual Wellness Visit and/or Routine Physical Exam
Breast Cancer Screening (BCS)	\$50	\$10	\$60	Mammogram
Controlling High Blood Pressure (CBP)	\$100	\$25	\$125	Documented blood pressure reading
Colorectal Cancer Screen (COL)	\$50	\$10	\$60	Fit kit, colonoscopy, CT colonography
Diabetes – Dilated Eye Exam (EED)	\$25	\$10	\$35	Comprehensive eye exam or retinal screening with proper diagnosis codes

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Diabetes HbA1C ≤ 9 (GSD)	\$100	\$25	\$125	Blood test
Kidney Health Evaluation for Patients with Diabetes (KED)	\$50	\$10	\$60	Urine screening and blood test
Medication Adherence – Blood Pressure Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Diabetes Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Statins	\$35	N/A	\$35	Medication regimen
Osteoporosis Management in Women with Fracture (OMW)	\$50	\$10	\$60	BMD, osteoporosis medication therapy or long-acting osteoporosis medications
Statin Therapy for Patients with CVD (SPC)	\$35	\$10	\$45	Medication regimen
Statin Use in Persons with Diabetes (SUPD)	\$35	\$10	\$45	Medication regimen
Medication Reconciliation Post Discharge (TRC)	\$50	\$10	\$60	Medication reconciliation encounter/intervention: 99483, CPT II Code 1111F



Clinical Priority Members

Clinical Priority Members may require a greater level of medical attention due to chronic illnesses, disabilities, age, or other factors that necessitate the need for more frequent provider visits, specialized treatments and chronic care support. These members will be indicated in Gap in Care Reports beginning in March 2026. For questions, please reach out to your Provider Representative.

Key Components & Proper Coding for PRS-E HEDIS[®] Measure

Understanding the PRS-E HEDIS® Measure & Proper Coding

Measure Name:

- PRS-E – Prenatal Immunization Status

Target Population:

- The percentage of members with deliveries during the measurement year who have received the 2 recommended immunizations.

Measure Requirements:

- ✓ Influenza (on or between July 1 of the year prior to the measurement year and the delivery date)
- ✓ Tdap (received during the pregnancy – including the date of delivery)

Why It Matters:

- Changes in the immune system & physiology put pregnant women at higher risk for hospitalization & death from influenza than other populations.
- Transfer of antibodies from an immunized mother to her fetus is the primary means of protecting infants from influenza & pertussis after birth.
- Impacts **HEDIS® compliance, quality reporting.**

Understanding the PRS-E HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

CPT Codes:

- 90715 – Tdap
- 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694 or 90756 – Influenza

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change*

PRs-E Medical Record Example

The claim and record shown below are an example for training purposes. For 2026, claims with service dates in 2025 and 2026 will be counted for PRs-E based on the date of visit for the vaccine and measure.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.			
A	B	C	D	E	F	G	H	I	J	K	L		
Z23	00993											0	
Encounter for immunization													
24. A. DATE(S) OF SERVICE										B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	E.
From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS POINTER			
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER				
10	21	25				11		90715	Tdap	B			
N458160084252 ML 0.5													
10	21	25				11		90656	Flu	A			
N419515090452 ML 0.5													
10	21	25				11		90471		A			
10	21	25				11		90472		A			

RETURN OB VISIT

Chief Complaint

Patient presents with

- Prenatal Care

HPI:

is a 25 year old G P: Body mass index is 32.01 kg/m². woman at w d

is without complaint. Denies vaginal bleeding, leakage of fluid, or contractions. Reports normal fetal movement.

OBJECTIVE:

Vitals:

BP 106/56 | Ht 1.575 m (5' 2") | Wt 79.4 kg (175 lb)

Fundal Height (cm): cm

Fetal Heart Rate:

Movement: Present

ASSESSMENT/PLAN: Estimated Date of Delivery: //26.

Supervision of high risk pregnancy in third trimester (HCC)

ROB at 28w6d by L=15

- NOB Labs: O+/Abs-, 11.9/36.2/387, A1c %

- Pap (12/01/2023): NILM

- NIPT LR, XY

- s/p 3TM labs

- Flu and Tdap today; RSV at 32-36 weeks

- 3-hour GTT ordered

Return to clinic in 2 weeks

Orders Placed This Encounter

- TDAP VACCINE >7YO IM (ADACEL)
- INFLUENZA VACCINE, TRIV. (FLUZONE; FLULAVAL; FLUARIX; AFLURIA TRIVALENT; 6MO+), 0.5 ML (IIV3)
- GTT 3 HR (100G) GESTATIONAL DIAGNOSTIC

Electronically Signed by MD on 10/21/2025 AM

Updated on: 10/21/2025 AM			
Name	Date	Status	Dose
TDAP (7yrs+)	10/21/2025	Given	0.5 mL

Updated on: 10/21/2025 AM			
Name	Date	Status	Dose
INFLUENZA VACCINE, TRIV.	10/21/2025	Given	0.5 mL

PRS-E Medical Record Example – Best Practice Observed

PRS-E HEDIS® Measure Components:


Vaccine clearly documented as administered:

- Tdap received during pregnancy
- Influenza received on or between July 1 of the year prior to the measurement year and the delivery date

Key Finding: Vaccine was accurately billed using appropriate CPT codes:

- 90715 – Tdap vaccine
- 90656 – Influenza virus vaccine

Best Practice Observed:

 The influenza vaccines was properly documented and submitted with the correct CPT code on the claim, supporting PRS-E HEDIS® compliance and timely gap closure

- The immunizations were clinically documented and accurately coded on the claim, successfully closing the PRS-E care gap

Understanding the PRS-E HEDIS® Measure & Proper Coding

Coding/Documentation Tips:

1. Use CPT codes* (e.g., 90715 for Tdap, 90686 for Influenza) or CVX codes in EHRs to ensure proper capture
2. Z23 diagnosis code is required
3. Offer vaccines during routine prenatal visits or upon admission for delivery.
4. Vaccines must be administered and documented during the pregnancy window; pre-pregnancy or postpartum doses do not count.
5. Report all immunizations to the state immunization registry.
6. Use prenatal visit templates that prompt for immunization status.

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

Key Components & Proper Coding for PPC - TOPC HEDIS[®] Measure

Understanding the PPC-TOPC HEDIS® Measure & Proper Coding

Measure Name:

- PPC – Timeliness of Prenatal Care

Target Population:

- The percentage of deliveries of live births on or between October 8 of the year prior to October 7 of the measurement year that received a prenatal care visit in the first trimester (280-176 days prior to deliver or estimated delivery date)

Measure Requirements:

- ✓ Prenatal care visit with OB/GYN, or PCP with diagnosis of pregnancy.
 - **Examples of Prenatal Care:** Positive pregnancy test, prenatal flow sheet, LMP, EDD or gestational age, gravidity and parity, complete obstetrical history, basic physical obstetrical exam, obstetrical panel, ultrasound of pregnant uterus, OR prenatal risk assessments and counseling/education.

Why It Matters:

- Timely and adequate prenatal care can set the stage for the long-term health and well-being of new mothers.
- Impacts **HEDIS® compliance, quality reporting, and member incentives.**

Understanding the PPC-TOPC HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Standalone Prenatal Visits:

CPT II Codes:

- 0500F – Initial prenatal care, report also date of visit, and date of LMP
- 0501F – Prenatal flow sheet documented in medical record by first prenatal visit
- 0502F – Subsequent prenatal care visit

HCPCS Codes:

- H1000 – Prenatal care, at-risk assessment
- H1001 – Prenatal care, at-risk enhanced service; antepartum management
- H1002 – Prenatal care, at risk enhanced service; care coordination
- H1003 – Prenatal care, at-risk enhanced service; education
- H1004 – Prenatal care, at-risk enhanced service; follow-up home visit

CPT Codes:

- 99500 – Home visit for prenatal monitoring and assessment.

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the PPC-TOPC HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Bundled Prenatal Visits:

CPT Codes:

- 59400 – Routine obstetric care including antepartum care, vaginal delivery and postpartum care
- 59425 – Antepartum care only; 4-6 visits
- 59426 – Antepartum care only; 7 or more visits
- 59510 – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
- 59610 – Routine obstetric care including antepartum care, vaginal and postpartum care, after previous cesarean delivery
- 59618 – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

HCPCS Codes:

- H1005 – Prenatal care, at-risk enhanced service package

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the PPC-TOPC HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Prenatal Visits with a Pregnancy Diagnosis ICD-10-CM Code (e.g., 009.0x or Z34.xx)

CPT Codes must (not all CPT codes listed):

- 99202-99202 – New patient outpatient office visits
- 99211-99215 – Established patient outpatient office visits
- 99242-99242 – Outpatient Consults

HCPCS Codes (not all HCPCS codes listed):

- G0463 – Hospital outpatient clinic visit for assessment and management of a patient
- T1015 – Clinic visit/encounter, all-inclusive

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

PPC-TOPC Medical Record Review – DOS 2/5/2025

The claim shown below is an example from 2025 for training purposes

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QAL 484					15. OTHER DATE QUAL MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a			
					17b NPI			
19. ADDITIONAL CLAIM INFORMATION (Designated by NJCC)								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0								
A	Z3490		R110		C	Z3A09		
E					G			
I					K			
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER
MM	DD	YY	MM	DD	YY			
02	05	25				11	0500F	ABC

LMP+ Qualifier code

Encounter for supervision of normal pregnancy

Initial prenatal care visit

Department of Family Medicine Routine Prenatal Visit and Care Plan

Subjective _____ is a 18 y.o. G2P0010 at 9w0d with an EDD of 9/10/2025 by Last Menstrual Period who presents for a initial physician prenatal visit.

LMP: Patient's last menstrual period was 12/18/2024.

OB History					
Gravida	Para	Term	Preterm	AB	Living
2	0	0	0	1	0

Orders/Results Today:
No results found for this visit on 02/05/25.

Genetic History: review in nurse intake note
MOB: history of genetic conditions? No
FOB: history of genetic conditions? Yes, describe: father has sickle cell trait

Gynecologic History:
Menses: occurs every month
History of STIs: denies
History of abnormal pap smears: not applicable

Genetic Screening: (Quad 15-20w; cfDNA >10w) discussed, patient desires, plan to order at future appt

- Assessment/Plan** _____
- Discussed patient specific medication or medical history implications.
 - Genetic Screening/Carrier options reviewed as above. Patient does desire testing, order at future visit
 - Discussed Routine Prenatal Care schedule. Appts scheduled. Return for routine care in 4 weeks
 - Upcoming testing or vaccinations: flu and covid vaccines offered and previously received flu vaccine, deferred COVID-vaccine today
 - Dating Ultrasound: ordered . Due Date confirmations completed? Ordered ultrasound but not completed yet
 - Updates to Running Prenatal Care Plan completed

Problem List Items Addressed This Visit

9 weeks gestation of pregnancy - Primary

- Intake Behavior:**
- Intake PHQ9: Score of 6
 - IPV screen: Patient states she feels safe at home
 - Pap: not indicated, not 21 yo

Electronically signed by _____, DO at 2/5/2025 4:15 PM

PPC-TOPC Visit Medical Record Review – DOS 2/5/2025

PPC-TOPC HEDIS® Measure Components:

✓ Prenatal Care Services

- LMP, EDD, gravidity and parity, and complete obstetrical history documented

✓ Date of prenatal care visit and occurred 280-176 days prior to EDD

- Prenatal visit on 2/5/2025, occurring 217 days prior to estimated delivery date

Key Finding:

✓ ICD-10-CM and CPT II codes submitted on claim:

- Z34.90 – Encounter for supervision of normal pregnancy, unspecified trimester
- 0500F – Initial prenatal care visit
- LMP with qualifier code 484 to indicate medical services for pregnancy

Best Practice Observed:

PPC-TOPC HEDIS® measure gap successfully closed, and member incentive earned.

- Visit meets both **clinical documentation** and **coding requirements**.
- Supports **member incentive eligibility** and ensures accurate **quality reporting**.

Understanding the PPC-TOPC HEDIS® Measure & Proper Coding

Coding/Documentation Tips:

1. Use CPT II codes 0500F, 0501F, or 0502F to close the gap in care during prenatal time frame.
2. Apply CPT II code to **global OB package code** (e.g., 59400), with a charge of \$0.
 - Claim form must include the actual date the prenatal care was rendered if used with global code.
3. Use the appropriate pregnancy diagnosis codes that support the services performed.
4. Include in the medical record: Pregnancy diagnosis, LMP, EED or gestational age, prenatal risk assessment flow sheet, fetal heart tones, fundal height, or pelvic exam, relevant labs.
5. Acceptable Provider types: OB/GYN, PCP, CNM, NP, PA
6. Telehealth visits count if properly documented and coded.
7. EMR populating CPT II codes during claim submission when providing prenatal care.

Key Components & Proper Coding for PPC - P HEDIS[®] Measure

Understanding the PPC-P HEDIS® Measure & Proper Coding

Measure Name:

- PPC – Postpartum Care

Target Population:

- The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

Measure Requirements:

- ✓ Postpartum care within the timeframe with OB/Gyn or PCP
 - **Postpartum care examples:** notation of postpartum care, documentation of breastfeeding or infant care, screening for depression & anxiety

Why It Matters:

- New moms can experience emotional challenges, including postpartum blues & depression, anxiety and stress from sleep deprivation and adjusting to life with a newborn.
- Impacts **HEDIS® compliance, quality reporting, and member incentives.**

Understanding the PPC-P HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Standalone Postpartum Visits:

CPT II Code:

- 0503F – Postpartum care visit (Prenatal)

HCPCS Codes:

- G0101 – Cervical or vaginal cancer screening; pelvic and clinical breast examination

CPT Codes:

- 57170 – Diaphragm or cervical cap fitting with instructions
- 58300 – Insertion of an intrauterine device (IUD) for contraception
- 59430 – Postpartum Care performed 21 to 56 days from delivery
- 99501 – Home visit for postnatal assessment and follow-up care

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the PPC-P HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

Bundled Postpartum (PP) Visits:

CPT Codes:

- 59400 – Routine OB care including antepartum care, vaginal delivery and PP care
- 59410 – Vaginal delivery only; including PP care
- 59510 – Routine OB care including antepartum care, cesarean delivery, and PP care
- 59515 – Cesarean delivery only; including PP care
- 59610 – Routine OB care including antepartum care, vaginal and PP care, after previous cesarean delivery
- 59614 – Vaginal delivery only, VBAC; including PP care
- 59618 – Routine OB care including antepartum care, cesarean delivery, and PP care, following attempted VBAC
- 59622 – Cesarean delivery only, following attempted VBAC; including PP care

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

Understanding the PPC-P HEDIS® Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

ICD-10-CM Codes:

- Z01.411 or Z01.419 – gynecological exam, with or without abnormal findings
- Z01.42 – Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
- Z01.430 – Encounter for insertion of intrauterine contraceptive device
- Z39.1 – Encounter for care and examination of lactating mother
- Z39.2 – Encounter for routine postpartum follow-up

Cervical Cytology CPT Codes:

- 88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175

Cervical Cytology HCPCS Codes:

- G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

PPC-P Medical Record Example

The claim shown below is an example from 2025 for training purposes

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	
		17b.	NPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD-10			
A.	Z392	E282	0
E.			
24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS			
MM DD YY	MM DD YY	EMG	CPT/HCPCS MODIFIER POINTER
07 18 25	11	0503F	AB
07 18 25	11	3078F	A
07 18 25	11	3074F	A

Encounter for postpartum follow-up

Postpartum Care Visit

Progress Notes

, NP (Nurse Practitioner) • Obstetrics

Postpartum Visit

Subjective:

is a 28 y.o. G3P2012 who presents for postpartum examination. Wants to restart metformin for management of PCOS. Was dx'd with PCOS at OB/GYN provider at Health. Plans to continue future OB/GYN care and prefers to receive refill today. She declines contraception as she hopes to get pregnant again soon. She states she conceived while taking metformin previously.

Psychiatric/Behavioral: Negative for behavioral problems, dysphoric mood, self-injury and suicidal ideas. The patient is not nervous/anxious.

Delivery Info	
Date	5/27/2025
Gestational Age	39w1d
Postpartum Info	
Feeding	Formula
Bleeding	Ceased 4 weeks. No distinct periods.
Pain	None
Bowel/Bladder	Some urinary hesitancy since delivery. Improving slowly.
Fuction	
Depression	APSQ SCORE OR EDINBURGH SCORE =
Intercourse	Yes, resumed at 5wks.
Contraception	Declines
Pap	Due, but will return for WWE & pap smear in Sept 2025

Objective:

Pregravid BMI: 54.90 Pregravid Wt: 154.2 kg (340 lb)

Visit Vitals

BP 116/74
 Ht 1.676 m (5' 6")
 Wt 152.4 kg (336 lb)
 LMP 08/18/2024
 BMI 54.23 kg/m²
 OB Status Recent pregnancy

is a 28 y.o. G3P2012 presenting for postpartum visit

1. Contraception: Declines
2. Pap: Has children with her and wants to return another day. Requested WWE be scheduled in Sept 2025.
3. Received MMR immunization on 5/29/2025.
4. Pregnancy/delivery complications:
5. PCP: MD
6. Next appointment: per above.

Assessment & Plan

Postpartum exam

Per above. Scheduled for WWE on 9/2/2025

Electronically signed by , NP at 7/18/2025 4:42 PM

PPC-P Visit Medical Record Example – Best Practice Observed

PPC-P HEDIS® Measure Components:

Postpartum Care Services

- Family planning, notation of postpartum, and screening for anxiety documented

Date of postpartum care visit and occurred 7-84 days after delivery

- Postpartum visit on 7/18/2025, occurring 53 days after delivery

Key Finding:

ICD-10-CM and CPT II codes submitted on claim:

- Z39.2 – Encounter for routine postpartum follow-up
- 0503F – Postpartum Care Visits

Best Practice Observed:

PPC-P HEDIS® measure gap successfully closed, and member incentive earned.

- Visit meets both **clinical documentation** and **coding requirements**.
- Supports **member incentive eligibility** and ensures accurate **quality reporting**.

Understanding the PPC-P HEDIS® Measure & Proper Coding

Coding/Documentation Tips:

1. Use CPT II code 0503F to close the gap in care during postpartum time frame.
2. Apply CPT II code to **global OB package code** (e.g., 59400), with a charge of \$0.
 - Claim form must include the actual date the postpartum care was rendered if used with global code.
3. Use the appropriate pregnancy diagnosis codes that support the services performed.
4. Include in the medical record: notation of postpartum, pelvic exam, Pap, IUD, evaluation (that includes BP, breasts, abdomen and weight) perineal or cesarean incision/wound check, depression screening, infant care, breastfeeding **OR** family planning.
5. Acceptable Provider types: OB/GYN, PCP, CNM, NP, PA
6. Telehealth visits count if properly documented and coded.
7. EMR populating CPT II codes during claim submission when providing postpartum care.

Key Components & Proper Coding for CHL HEDIS[®] Measure

Understanding the CHL HEDIS® Measure & Proper Coding

Measure Name:

- CHL – Chlamydia Screening

Target Population:

- Members 16 to 24 years of age and are sexually active

Measure Requirements:

- ✓ Had at least one test for chlamydia during the measurement year

Why It Matters:

- Symptoms are rare so people may not know they are infected and could unknowingly spread it to others.
- Chlamydia can cause serious pregnancy complication, including preterm birth and infection transmission to the newborn, making early screening essential for maternal and infant health.
- Impacts **HEDIS® compliance, P4P incentive, and quality reporting.**

Understanding the CHL HEDIS[®] Measure & Proper Coding*

Coding Requirements (Must Be Documented & Coded**):

CPT Codes:

- 87110 – Culture, chlamydia, any source
- 87270 – Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
- 87320 – Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Chlamydia trachomatis
- 87490 – Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
- 87491 – Infectious agent by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
- 87492 – Infectious agent by nucleic acid (dna or rna); Chlamydia trachomatis, quantification
- 87810 – Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change*

CHL Visit Medical Record Example

The claim shown below is an example from 2025 for training purposes. For 2026, only claims with service dates in 2026 will be counted for CHL.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.	
DN										17b.	NPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NJCC)											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))										ICD Ind.	0
A	O98319			B	A568			C		D	
E				F				G		H	
I				J				K		L	
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	
MM	DD	YY	MM	DD	YY		OPT/HCPCS	MODIFIER			
03	24	25				81	87491			AB	
03	24	25				81	87591			AB	
03	24	25				81	87661			AB	

Chlamydia trachomatis, amplified probe technique

Progress Notes by [Redacted], DO at 03/24/25

Author:	[Redacted]	Author Type:	[Redacted]
Note Status:	Signed	Cosign:	[Redacted]
Editor:	[Redacted]	DO	[Redacted]
(Physician)			

GBS today. No UC, LOF or VB. Good FM. Cervix closed.

G1P0 female

ASA for preE risk reduction
 Baseline preE labs WNL
 25-35lb total weight gain encouraged
 Fetal anatomy WNL, XY!
 Passed her GTT (102)
 03/20 EFW 7#4 (68%), AC 79%, AFI 11.6cm

Chlamydia in pregnancy

Intolerance of azithromycin 1g on two occasions
 Amoxicillin 500mg TID x7 days previously prescribed
 12/10 CT TOC negative
 Repeat screening with GBS

Chlamydia/GC by RNA, TMA

Status: Final result Next appt: None

Test Result Released: Yes (seen)

Chlamydia by RNA, TMA NOT DETECTED

Neisseria gonorrhoeae RNA TMA NOT DETECTED

Specimen Collected: 03/24/25 12:09

Last Resulted: 03/25/25 08:41

CHL Visit Medical Record Example – Best Practice Observed


CHL HEDIS® Measure Components:

- ✓ **Member in age range 16-24**
 - Member 16 years old
- ✓ **Identified as sexually active**
 - “*Chlamydia in pregnancy*”
- ✓ **Had at least one test for chlamydia during the measurement year**
 - 03/24/2025 documentation of specimen collected & resulted

Key Finding:

- ✓ **Correct CPT code billed**
 - 87491 Infectious agent detection by nucleic acid (DNA or RNA)); Chlamydia

Best Practice Observed:

-  **CHL HEDIS® measure gap successfully closed.**
 - Visit meets both **clinical documentation** and **coding requirements**.
 - Supports and ensures P4P incentive and accurate **quality reporting**.

Understanding the CHL HEDIS® Measure & Proper Coding

Coding/Documentation Tips:

1. Apply appropriate CPT code for chlamydia test performed on the medical claim form.
2. Include date of service (DOS) and test type (e.g., NAAT, urine, or swab).
3. Add chlamydia screening as a standard lab for women 16-24 years old. Use well-child exams and well women exams for this purpose.
4. A urine specimen is the least invasive way to screen for chlamydia. It can be provided to the patient at any office visit.
5. Chlamydia screening may not be captured via claims if the service is performed and billed under prenatal and postpartum global billing.
6. A chlamydia screening should occur with or without symptoms.
7. For any visit where oral contraceptive, sexually transmitted diseases (STD) or urinary symptoms are discussed, a Chlamydia screening should occur.

Summary & Resources

Summary Coding for Success: PRS-E, PPC-TOPC, PPC-P & CHL

Key Takeaways:

1. Use CPT II codes as \$0 line items to flag key visits (e.g., 0500F for prenatal, 0503F for postpartum).
2. Ensure actual date of service (DOS) is listed on claims, especially when services are bundled under global OB codes.
3. Submit appropriate ICD-10 codes to support the service (e.g., Z34 series for prenatal, Z39.2 for postpartum, Z11.3 for chlamydia screening).
4. Telehealth visits count if properly documented and coded.
5. For P4P incentive, documentation alone isn't enough, it must be coded properly.
6. Use EMR prompts or flags to identify eligible members (e.g., age 16–24 for CHL, postpartum window for PPC-P).
7. Regularly review coding updates and examples with your team to stay current and avoid omissions.

*OCH reviews less than 10% of all charts. That means if you're not coding it, you're not getting credit — even if it's documented in the chart.

Quick Reference Guide HEDIS®

Quick Reference
Guide HEDIS® with
codes are available
on Oklahoma
Complete Health
Website:

<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

Quick Reference Guide HEDIS®

FOR MORE INFORMATION, VISIT [NCQA.ORG](https://www.ncqa.org)

Medicaid | Medicare | Marketplace



oklahoma
complete health™

HEDIS® Adult Pocket Guide

Adult Pocket Guide
with codes are
available on
Oklahoma Complete
Health Website:

<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

HEDIS® Adult Pocket Guide: 2025 Measurement Year		
For a complete list of codes, please visit the NCQA website at ncqa.org , or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.		
Prevention and Screening		
Measure	Best Practice	Codes
(AAP) Adults' Access to Preventive/Ambulatory Health Services (Age 20+) ^{1,2,3} Also known as Annual Preventive Visit (APV)	Once a year. Commercial member who had an ambulatory or preventive care visit during the MY or the two years prior to the MY.	99381-99387, 99391-99397, G0402, G0438, G0439, S0620, S0621
(BCS-E) Breast Cancer Screening (Female Age 50-74) ^{1,2,3}	Mammogram - every 2 years	77061-77063, 77065-77067, G9054, Z90.13
(CCS-E) Cervical Cancer Screening (Female Age 21-64) ^{1,3}	Cervical Cytology Lab Test (age 21-64)	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175, G0123, G0124, G0141, G0143-G0145, G0147, G1048, P3000, P3001, Q0091
	hrHPV Test (age 30-64)	87624, 87625, G0476
(CHL) Chlamydia Screening (Age 16-24) ^{1,3}	Chlamydia Test	87110, 87270, 87320, 87490-87492, 87810
(COL-E) Colorectal Cancer Screening (Age 45-75) ^{1,2,3}	Colonoscopy - within past 10 years	44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398, G0105, G0121
	Flexible Sigmoidoscopy - within past 5 years	45330-45335, 45337-45338, 45340-45342, 45346, 45347, 45349, 45350, G0104
	CT Colonography - within past 5 years	74261-74263
	sDNA FIT Lab Test - within past 3 years	81528
	FOBT Lab Test - within measurement year	82270, 82274, G0328
Colorectal Cancer		C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Cardiovascular Conditions		
Measure	Best Practice	Codes
(CBP) Controlling High Blood Pressure (Age 18-85) ^{1,2,3}	Essential Hypertension	I10
	Systolic Greater Than/Equal to 140	3077F
	Systolic Less Than 140	3074F, 3075F
	Diastolic Greater Than/Equal to 90	3080F
	Diastolic 80-89	3079F
	Diastolic Less Than 80	3078F
	Telephone Visits	98966-98968, 99441-99443

Feedback Survey



Coding for Success Feedback Survey - Pregnancy HEDIS® Measures



Thank you for your participation. The purpose of this questionnaire is to collect your feedback, which will help us improve this event in the future. All information will remain confidential.



AAPC CEU Approved Certificate Index# OKL0908251157RGA

Oklahoma Complete Health

Certificate of Approval

Name

**Coding for Success Understanding PRS-E, PPC-TOPC, PPC-P & CHL HEDIS®
Measures**

Index # OKL0908251157RGA

This Index # is valid for education purchased prior to
9/30/2026

Date

This program meets AAPC
guidelines for 1.0 CEUs. Can be
split between Core A and all
specialties except CIRCC for
continuing education units.

*This program has the prior approval of AAPC for continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

Questions?

Email: Quality_OCH@OklahomaCompleteHealth.com
