

HEDIS prenatal and postpartum care coding bulletin electronic clinical data systems 2025

Anthem Blue Cross and Blue Shield | Serving Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging

HEDIS® is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

The HEDIS quality measures reported using the electronic clinical data systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices. Organizations that report HEDIS using ECDS encourage the electronic exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time:

- ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a digital quality system and is aligned with the industry's move to digital measures.
- The ECDS reporting standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.
- According to the NCQA, the HEDIS hybrid data collection (medical record collection) will be phased out in the coming years.
- Health plans and healthcare providers will need to take advantage of electronic data streams to ensure accurate reporting of measures that require data not typically found in a claim.
- CPT® Category II codes can be used for performance measurement. The use of the CPT II decreases the need for record abstraction and chart review.
- CVX codes (vaccine administered code set) represent the type of product used in an immunization. Every immunization that uses a given type of product will have the same CVX, regardless of who received it.
- Logical Observation Identifiers Names and Codes (LOINC) codes and SNOMED codes (supports the development of comprehensive high-quality clinical content in electronic health records) do not appear on claims and are quickly becoming vital to HEDIS reporting, especially for ECDS measures:
 - LOINC codes — while typically associated with lab data, there are several behavioral health and social determinants of health screenings that can only be represented by LOINC codes for the purposes of HEDIS reporting and can be extracted from electronic medical record (EMR) systems.
 - SNOMED codes represent both diagnoses and procedures as well as clinical findings. SNOMED codes are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.

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

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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- Because LOINC codes and SNOMED codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our members are receiving.

How can we help?

- Utilize this bulletin as a reference to understand the ECDS measures and the coding associated with electronic data transmission.
- Contact your health plan representative to establish an electronic data transfer with the plan if your organization does not already have one.
- Make full use of CPT II codes to submit care quality findings, many HEDIS gaps could be closed via claims if CPT II codes were fully utilized.
- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost:
 - For transportation benefits, members can contact Member Services for help with getting a ride to nonemergent medically necessary appointments and treatments.
- Other social health need resources, such as assistance with food, may also be available at no cost. Contact Member Services for more information.

Our Supplemental Data team is here to help

For additional support in submitting supplemental data for ECDS measures, send inquiries to supplementaldata@anthem.com.

Helpful tips:

- Educate expectant mothers on the importance of vaccines during pregnancy. If you do not have flu vaccines available, refer the patient to another healthcare provider, pharmacy, or community vaccination center.
- Educate expectant mothers that influenza can result in serious illness, including a higher chance of progressing to pneumonia when it occurs during the antepartum or postpartum period.
- Educate the mother on how the flu vaccine will protect both her and her baby.
- Educate mothers on passive immunity that the maternal immunization will pass on to their newborns.
- The Tdap vaccine is recommended in the third trimester as this will boost the neonatal antibody levels in the baby. Babies whose mothers had the Tdap vaccine during pregnancy are better protected against whooping cough during the first two months of life.
- Explain to expectant mothers that the Tdap vaccine will protect them and their baby from pertussis and its life-threatening complications.
- Optimize your charting system to prompt your providers to perform any of the specified prenatal depression screening tools at the first prenatal visit as part of your standard initial prenatal exam.
- Whenever possible, depression screening and treatment are culturally appropriate and offered in the patient's first language.
- Members of the care team understand the importance of depression screening to recognize the risk factors for depression in pregnancy.
- Medication:
 - Advise moms even when pregnant that they may be able to take medication to treat their depression.
 - Advise moms even when breastfeeding that they may be able to take medication to treat their depression.
- Have options for community counselors and psychiatry available for patients interested in that option if screened positive. Advise that these organizations offer confidential help.

Prenatal Immunization Status (PRS-E)

This measure discusses the percentage of deliveries in the measurement period (January 1 to December 31) in which women had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

Description	CPT®/CVX/SNOMED CT
Deliveries	CPT 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 SNOMED CT 2321005: Delivery by Ritgen maneuver (procedure) 199771001: Piper forceps delivery by application to aftercoming head (procedure)
37 Weeks Gestation	SNOMED CT 43697006: Gestation period, 37 weeks (finding)
38 Weeks Gestation	SNOMED CT 13798002: Gestation period, 38 weeks (finding)
39 Weeks Gestation	SNOMED CT 80487005: Gestation period, 39 weeks (finding)
40 Weeks Gestation	SNOMED CT 46230007: Gestation period, 40 weeks (finding)
41 Weeks Gestation	SNOMED CT 63503002: Gestation period, 41 weeks (finding)
42 Weeks Gestation	SNOMED CT 36428009: Gestation period, 42 weeks (finding)
Adult Influenza Immunization	CVX 88: Influenza virus vaccine, unspecified formulation 135: Influenza, high dose seasonal, preservative-free 140: Influenza, seasonal, injectable, preservative-free 141: Influenza, seasonal, injectable 144: Seasonal influenza, intradermal, preservative-free 150: Influenza, injectable, quadrivalent, preservative-free 153: Influenza, injectable, Madin Darby Canine Kidney, preservative-free 155: Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative-free 158: Influenza, injectable, quadrivalent, contains preservative 166: Influenza, intradermal, quadrivalent, preservative-free, injectable 168: Seasonal trivalent influenza vaccine, adjuvanted, preservative-free 171: Influenza, injectable, Madin Darby Canine Kidney, preservative-free, quadrivalent 185: Seasonal, quadrivalent, recombinant, injectable influenza vaccine, preservative-free 186: Influenza, injectable, Madin Darby Canine Kidney, quadrivalent with preservative 197: Influenza, high-dose seasonal, quadrivalent, 0.7mL dose, preservative-free 205: Influenza, seasonal vaccine, quadrivalent, adjuvanted, 0.5mL dose, preservative-free

Description	CPT®/CVX/SNOMED CT
Adult Influenza Vaccine Procedure	CPT 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 SNOMED CT 86198006: Administration of vaccine product containing only Influenza virus antigen (procedure)
Tdap Vaccine Procedure	CPT 90715 SNOMED CT 390846000: Administration of booster dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) 412755006: Administration of first dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) 412756007: Administration of second dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) 412757003: Administration of third dose of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure) 428251000124104: Tetanus, diphtheria and acellular pertussis vaccination (procedure) 571571000119105: Administration of vaccine product containing only acellular Bordetella pertussis and Clostridium tetani and Corynebacterium diphtheriae antigens (procedure)
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Prenatal Depression Screening and Follow-up (PND-E)

This measure discusses the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care during the measurement year:

- *Depression Screening* — The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- *Follow-up on Positive Screen* — The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

Description	CPT/SNOMED CT
Deliveries	CPT 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 SNOMED CT 2321005: Delivery by Ritgen maneuver (procedure) 199771001: Piper forceps delivery by application to aftercoming head (procedure)
37 weeks gestation	SNOMED CT 43697006: Gestation period, 37 weeks (finding)
38 weeks gestation	SNOMED CT 13798002: Gestation period, 38 weeks (finding)
39 weeks gestation	SNOMED CT 80487005: Gestation period, 39 weeks (finding)
40 weeks gestation	SNOMED CT 46230007: Gestation period, 40 weeks (finding)
41 weeks gestation	SNOMED CT 63503002: Gestation period, 41 weeks (finding)
42 weeks gestation	SNOMED CT 36428009: Gestation period, 42 weeks (finding)
Weeks of Gestation Less Than 37	SNOMED CT 931004: Gestation period, 9 weeks (finding) 6678005: Gestation period, 15 weeks (finding) 15633004: Gestation period, 16 weeks (finding) 23464008: Gestation period, 20 weeks (finding) 25026004: Gestation period, 18 weeks (finding) 26690008: Gestation period, 8 weeks (finding) 37005007: Gestation period, 5 weeks (finding) 38039008: Gestation period, 10 weeks (finding) 41438001: Gestation period, 21 weeks (finding) 44398003: Gestation period, 4 weeks (finding) 46906003: Gestation period, 27 weeks (finding) 48688005: Gestation period, 26 weeks (finding) 50367001: Gestation period, 11 weeks (finding) 54318006: Gestation period, 19 weeks (finding) 57907009: Gestation period, 36 weeks (finding) 62333002: Gestation period, 13 weeks (finding) 63110000: Gestation period, 7 weeks (finding) 65035007: Gestation period, 22 weeks (finding) 65683006: Gestation period, 17 weeks (finding)

Description	CPT/SNOMED CT
	72544005: Gestation period, 25 weeks (finding) 72846000: Gestation period, 14 weeks (finding) 74952004: Gestation period, 3 weeks (finding) 79992004: Gestation period, 12 weeks (finding) 82118009: Gestation period, 2 weeks (finding) 86801005: Gestation period, 6 weeks (finding) 86883006: Gestation period, 23 weeks (finding) 87178007: Gestation period, 1 week (finding) 313178001: Gestation less than 24 weeks (finding) 313179009: Gestation period, 24 weeks (finding) 428058009: Gestation less than 9 weeks (finding) 428566005: Gestation less than 20 weeks (finding) 428567001: Gestation 14 - 20 weeks (finding) 428930004: Gestation 9 - 13 weeks (finding)
Depression Case Management Encounter	CPT 99366, 99492, 99493, 99494 HCPCS T1016: Case management, each 15 minutes T1017: Targeted case management, each 15 minutes T2022: Case management, per month T2023: Targeted case management; per month SNOMED CT 182832007: Procedure related to management of drug administration (procedure) 225333008: Behavior management (regime/therapy) 385828006: Health promotion management (procedure) 386230005: Case management (procedure) 409022004: Dispensing medication management (procedure) 410216003: Communication care management (procedure) 410219005: Personal care management (procedure) 410328009: Coping skills case management (procedure) 410335001: Exercises case management (procedure) 410346003: Medication action/side effects case management (procedure) 410347007: Medication set-up case management (procedure) 410351009: Relaxation/breathing techniques case management (procedure) 410352002: Rest/sleep case management (procedure) 410353007: Safety case management (procedure) 410354001: Screening case management (procedure) 410356004: Signs/symptoms-mental/emotional case management (procedure) 410360001: Spiritual care case management (procedure) 410363004: Support group case management (procedure) 410364005: Support system case management (procedure) 410366007: Wellness case management (procedure) 416341003: Case management started (situation) 416584001: Case management ended (situation) 424490002: Medication prescription case management (procedure) 425604002: Case management follow-up (procedure) 737850002: Daycare case management (procedure) 621561000124106: Psychiatric case management (procedure)

Description	CPT/SNOMED CT
	661051000124109: Education about Department of Veterans Affairs Military2VA Case Management Program (procedure) 662081000124106: Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure) 662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure) 842901000000108: Multidisciplinary case management (procedure)
Symptoms of Depression	SNOMED CT 394924000: Symptoms of depression (finding) 788976000: Leaden paralysis (finding)
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Instruments for adolescents (≤ 17 years)	Total score LOINC Codes	Positive finding
<i>Patient Health Questionnaire (PHQ-9)</i> [®]	44261-6	Total score ≥ 10
<i>Patient Health Questionnaire Modified for Teens (PHQ-9M)</i> [®]	89204-2	Total score ≥ 10
<i>Patient Health Questionnaire-2 (PHQ-2)</i> ^{*1}	55758-7	Total score ≥ 3
<i>Beck Depression Inventory-Fast Screen (BDI-FS)</i> ^{*1,2}	89208-3	Total score ≥ 8
<i>Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</i>	89205-9	Total score ≥ 17
<i>Edinburgh Postnatal Depression Scale (EPDS)</i>	99046-5	Total score ≥ 10
<i>PROMIS Depression</i>	71965-8	Total score (T score) ≥ 60
Instruments for adults (18+ years)	Total score LOINC Codes	Positive finding
<i>Patient Health Questionnaire (PHQ-9)</i> [®]	44261-6	Total score ≥ 10
<i>Patient Health Questionnaire-2 (PHQ-2)</i> ^{*1}	55758-7	Total score ≥ 3
<i>Beck Depression Inventory-Fast Screen (BDI-FS)</i> ^{*1,2}	89208-3	Total score ≥ 8
<i>Beck Depression Inventory (BDI-II)</i>	89209-1	Total score ≥ 20
<i>Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</i>	89205-9	Total score ≥ 17

Instruments for adults (18+ years)	Total score LOINC Codes	Positive finding
<i>Duke Anxiety-Depression Scale (DUKE-AD)^{®2}</i>	90853-3	Total score ≥ 30
<i>Edinburgh Postnatal Depression Scale (EPDS)</i>	99046-5	Total score ≥ 10
<i>My Mood Monitor (M-3)[®]</i>	71777-7	Total score ≥ 5
<i>PROMIS Depression</i>	71965-8	Total score (T score) ≥ 60
<i>Clinically Useful Depression Outcome Scale (CUDOS)</i>	90221-3	Total score ≥ 31

Note: The codes listed are informational only; this information does not guarantee reimbursement.

* There are many approved NCQA codes used to identify the services included in the measures listed below. The following are just a few of the approved codes. Please see the NCQA website for a complete list: <https://ncqa.org/>.

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

- 1 Brief screening instrument. All other instruments are full-length.
- 2 Proprietary; may be cost or licensing requirement associated with use.

Postpartum Depression Screening and Follow-up (PDS-E)

This measure discusses the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care during the measurement year:

- *Depression Screening* — The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period (7-84 days following the delivery date).
- *Follow-up on Positive Screen* — The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding (31 total days).
 - Any of the following on or up to 30 days after the first positive screen:
 - An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
 - A diagnosis of encounter for exercise counseling (ICD-10-CM code Z71.82). Do not include laboratory claims (claims with POS code 81).
 - A dispensed antidepressant medication.
 - Or:
 - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (such as a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: The codes listed are informational only; this information does not guarantee reimbursement.

* There are many approved NCQA codes used to identify the services included in the measures listed below. The following are just a few of the approved codes. Please see the NCQA website for a complete list: <https://ncqa.org>.

Description	CPT/SNOMED CT/HCPCS
Deliveries	CPT 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 SNOMED CT 2321005: Delivery by Ritgen maneuver (procedure) 199771001: Piper forceps delivery by application to aftercoming head (procedure)
Depression Case Management Encounter	CPT 99366, 99492, 99493, 99494 HCPCS G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral healthcare manager and consultation with a psychiatric consultant, per calendar month

Description	CPT/SNOMED CT/HCPCS
	T1016: Case management, each 15 minutes T1017: Targeted case management, each 15 minutes T2022: Case management, per month T2023: Targeted case management; per month SNOMED CT 182832007: Procedure related to management of drug administration (procedure) 225333008: Behavior management (regime/therapy) 385828006: Health promotion management (procedure) 386230005: Case management (procedure) 409022004: Dispensing medication management (procedure) 410216003: Communication care management (procedure) 410219005: Personal care management (procedure) 410328009: Coping skills case management (procedure) 410335001: Exercises case management (procedure) 410346003: Medication action/side effects case management (procedure) 410347007: Medication set-up case management (procedure) 410351009: Relaxation/breathing techniques case management (procedure) 410352002: Rest/sleep case management (procedure) 410353007: Safety case management (procedure) 410354001: Screening case management (procedure) 410356004: Signs/symptoms-mental/emotional case management (procedure) 410360001: Spiritual care case management (procedure) 410363004: Support group case management (procedure) 410364005: Support system case management (procedure) 410366007: Wellness case management (procedure) 416341003: Case management started (situation) 416584001: Case management ended (situation) 424490002: Medication prescription case management (procedure) 425604002: Case management follow-up (procedure) 737850002: Daycare case management (procedure) 621561000124106: Psychiatric case management (procedure) 661051000124109: Education about Department of Veterans Affairs Military2VA Case Management Program (procedure) 662081000124106: Assistance with application for Department of Veterans Affairs Military2VA Case Management Program (procedure) 662541000124107: Evaluation of eligibility for Department of Veterans Affairs Military2VA Case Management Program (procedure)
Symptoms of Depression	SNOMED CT 394924000: Symptoms of depression (finding) 788976000: Lethargy (finding)
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

- 1 Brief screening instrument. All other instruments are full-length.
- 2 Proprietary; may be cost or licensing requirement associated with use.

Instruments for adolescents (≤ 17 years)	Total score LOINC Codes	Positive finding
<i>Patient Health Questionnaire (PHQ-9)</i> [®]	44261-6	Total score ≥ 10
<i>Patient Health Questionnaire Modified for Teens (PHQ-9M)</i> [®]	89204-2	Total score ≥ 10
<i>Patient Health Questionnaire-2 (PHQ-2)</i> ^{*1}	55758-7	Total score ≥ 3
<i>Beck Depression Inventory-Fast Screen (BDI-FS)</i> ^{*1,2}	89208-3	Total score ≥ 8
<i>Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</i>	89205-9	Total score ≥ 17
<i>Edinburgh Postnatal Depression Scale (EPDS)</i>	99046-5	Total score ≥ 10
<i>PROMIS Depression</i>	71965-8	Total score (T score) ≥ 60
Instruments for adults (18+ years)	Total score LOINC Codes	Positive finding
<i>Patient Health Questionnaire (PHQ-9)</i> [®]	44261-6	Total score ≥ 10
<i>Patient Health Questionnaire-2 (PHQ-2)</i> ^{*1}	55758-7	Total score ≥ 3
<i>Beck Depression Inventory-Fast Screen (BDI-FS)</i> ^{*1,2}	89208-3	Total score ≥ 8
<i>Beck Depression Inventory (BDI-II)</i>	89209-1	Total score ≥ 20
<i>Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</i>	89205-9	Total score ≥ 17
<i>Duke Anxiety-Depression Scale (DUKE-AD)</i> ^{*2}	90853-3	Total score ≥ 30
<i>Edinburgh Postnatal Depression Scale (EPDS)</i>	99046-5	Total score ≥ 10
<i>My Mood Monitor (M-3)</i> [®]	71777-7	Total score ≥ 5
<i>PROMIS Depression</i>	71965-8	Total score (T score) ≥ 60
<i>Clinically Useful Depression Outcome Scale (CUDOS)</i>	90221-3	Total score ≥ 31

Additional codes

Description	CPT/CAT II/HCPCS
Prenatal Visits	CPT 99202-99205, 99211-99215, 99242-99245, 99483 HCPCS G0463: Hospital outpatient clinic visit for assessment and management of a patient T1015: Clinic visit/encounter, all-inclusive
Stand-Alone Prenatal Visits	CPT 99500 CAT II 0500F: Initial prenatal care visit (report at first prenatal encounter with healthcare professional providing obstetrical care. Report also the date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal) 0501F: Prenatal flow sheet documented in the medical record by first prenatal visit (documentation includes [at minimum] blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also the date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal) 0502F: Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care)] HCPCS 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 SNOMED CT 169600002: Antenatal care assessment (procedure) 169602005: Antenatal care: 10 years plus since last pregnancy (regime/therapy) 169603000: Antenatal care: primiparous, under 17 years (regime/therapy)
Home Visit Prenatal Monitoring	CPT 99500
Postpartum Visit	CPT 57170, 58300, 59430, 99501 CAT II 0503F: Postpartum care visit HCPCS G0101: Cervical or vaginal cancer screening; pelvic and clinical breast examination (G0101)
Online Assessments	CPT 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS

Description	CPT/CAT II/HCPCS
	<p>G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p>G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment</p> <p>G2012: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion</p> <p>G2250 Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p>G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion</p> <p>G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion</p>
Telephone Visits	CPT 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Please visit [My Diverse Patients](#) for additional information about eLearning experiences on provider cultural competency and health equity.