



# Helpful HEDIS Documentation Tips for PCPs

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>BCS - Breast Cancer Screening</b></p> <p>Women 52-74 years of age with one or more mammograms within the last 2 years (starting at age 50).</p>	<p>Educate women regarding the benefit of early detection of breast cancer through routine mammograms</p> <p>Encourage mammography to all women who are within measure age group.</p> <p>Submit the appropriate mastectomy code to exclude women from this measure if it is part of their history</p>	<p><b>Breast Cancer Screening Codes</b>  <b>CPT Codes:</b> 77055-77057, 77061-77067  <b>HCPCS</b> G0202, G0204, G0206    <b>UB Rev Codes</b> 0401, 0403</p> <p><b>Exclusions:</b>  <b>Bilateral Mastectomy</b>  <b>ICD-PCS:</b> 0HTV0ZZ    <b>ICD-10CM :</b> Z90.13 (history of)  <b>Unilateral Mastectomy</b>  <b>CPT:</b> 19180, 19200, 19220, 19240, 19303-19307 with LT (left) or RT (Right) modifier  <b>ICD-10CM Codes:</b> 0HTU0ZZ (Left) 0HTT0ZZ (Right)  <b>Absence of Breast</b>  <b>ICD-10 CM Codes:</b> Z90.12 (Left) Z90.11 (Right)</p> <p>* See exclusion note on last page</p>
<p><b>CCS - Cervical Cancer Screening</b></p> <p>Women 21-64 years of age with one or more Pap tests within the last 3 years or for women 30-64 years of age, a cervical cytology and human papillomavirus (HPV) co-testing within the last 5 years.</p>	<p>Women who have had a total hysterectomy with no residual cervix are excluded. This must be documented in patient history or on the problem list.</p> <p>Notation of Pap test located in progress notes MUST include the lab results in order to meet NCQA® requirements. Reflex testing: performing HPV test <i>after</i> determining cytology result, does not count</p> <p>Cervical cytology and human papillomavirus test must be completed four or less days apart in order to qualify for every 5 year testing.</p>	<p><b>Cervical Cytology</b>  <b>CPT Codes:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175  <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091    <b>UB Rev Codes :</b> 0923</p> <p><b>HPV</b>  <b>CPT Codes:</b> 87620-87622, 87624-87625  <b>HCPCS:</b> G0476</p>
<p><b>CHL - Chlamydia Screening in Women</b></p> <p>Women 16-24 years of age who are identified as sexually active with a Chlamydia test annually.</p>	<p>Educate women about STDs, transmission and the importance of testing.</p> <p>Perform routine urine test for Chlamydia, document and submit claims timely.</p>	<p><b>CPT Codes:</b> 87110, 87270, 87320, 87490-87492, 87810</p>
<p><b>PPC - Prenatal and Postpartum Care</b></p> <p>Women who delivered a live baby and had:</p> <ul style="list-style-type: none"> <li>• prenatal care during 1st trimester or within 42 days of enrollment</li> <li>• postpartum care between 21-56 days after delivery.</li> </ul>	<p>Educate office staff to schedule first appointment with the provider in the first trimester (asap if late entry to care).</p> <p>Documentation of a prenatal care visit must be by an OB/GYN, other prenatal care practitioner, or PCP. Visits to a PCP must include a diagnosis of pregnancy. Documentation by a registered nurse alone does not meet compliance for HEDIS.</p> <p>Explain the importance of and encourage attendance for the postpartum visit.</p> <p><b>Please Note:</b> a C-section incision check is <b>not</b> a postpartum visit, the member must return for the full postpartum checkup 21 to 56 days after delivery.</p>	<p><b><u>Codes to Identify First Prenatal Visit</u></b>  <b>Prenatal Stand Alone Visit</b>  <b>CPT Codes :</b> 99500    <b>CPT II Codes:</b> 0500F, 0501F, 0502F  <b>HCPCS :</b> H1000-H1004  <b>Prenatal Bundled Services</b>  <b>CPT Codes:</b> 59400, 59425, 59426, 59510, 59610, 59618  <b>HCPCS:</b> H1005  <b>Or one of the following visit codes</b>  <b>CPT Codes :</b> 99201-99205, 99211-99215, 99241-99245  <b>HCPCS</b> T1015, G0463    <b>UB Rev Code</b> 0514  <b>With a code for a pregnancy diagnosis, prenatal US, obstetric panel or other prenatal blood tests.</b></p> <p><b><u>Postpartum</u></b>  <b>CPT Codes</b> 57170, 58300, 59430, 99501    <b>CPT II Code:</b> 0503F  <b>ICD-10 CM Codes:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2  <b>HCPCS:</b> G0101  <b>Postpartum Bundled Services</b>  <b>CPT Codes:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622  <b>Or</b> Any of the cervical cytology codes listed in the cervical cancer screening measure above.</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>ABA - Adult BMI Assessment</b></p> <p>Members 18-74 years of age with body mass index (BMI) and weight documented during the year or the year prior.</p>	<p>Perform and document criteria of Ht/Wt/BMI calculation at each visit or at least annually.</p> <p>Patients younger than 20 years old need to have a BMI percentile documented *Pregnant members are excluded from this measure*</p>	<p><b>ICD-10 CM Codes:</b> <b>BMI</b> - Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45</p> <p><b>BMI Percentile</b> - Z68.51-Z68.54</p>
<p><b>CBP - Controlling High Blood Pressure</b></p> <p>Members 18-85 years of age with a diagnosis of hypertension (HTN) and have adequately controlled BP (&lt;140/90)</p>	<p>If BP is elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and <b>retake BP during exam.</b></p> <p>Make sure you use the correct size cuff If using a machine, record the actual number, do NOT round up. Schedule follow up visits to monitor effectiveness of BP medication.</p> <p>BP readings taken from remote monitoring devices and electronically submitted to the provider can be use</p>	<p><b>ICD-10 CM Code: I10</b> Blood pressure value CPT II codes are now acceptable to meet compliance <b>Blood Pressure CPT Codes:</b> <b>Systolic BP:</b> &lt; 130 3074F, 130-139 3075F ; &gt;/= to 140 3077F <b>Diastolic BP:</b> 80-89 3079F; &lt; 80 3078F; &gt;/= 90 3080F</p> <p><b>Exclusions:</b> End Stage Renal Disease (ESRD) or a kidney transplant on or prior to December 31st of the measurement year or a diagnosis of pregnancy during the measurement year.</p> <p>* See exclusion note on last page</p>
<p><b>CDC—Comprehensive Diabetes Care</b></p> <p>Members 18-75 years of age with diabetes should have each of the following:</p> <ul style="list-style-type: none"> <li>HbA1C testing,</li> <li>HbA1C control</li> <li>Medical attention for nephropathy</li> <li>Retinal eye exam (refer for exam)</li> <li>Blood pressure control</li> </ul>	<p>Order screenings annually or more often as needed and educate member on importance of compliance with testing and medications.</p> <p>Include all current medications on the medication list. Be sure to indicate if a member is on an ACE/ARB medication Refer member to Optometrist or Ophthalmologist for Dilated Retinal Eye Exam annually. Explain why this is important and that it is different than an eye for glasses or contacts.</p> <p>Document Stage 4 chronic kidney disease or End State Renal Disease (ESRD) with appropriate codes: <b>Stage 4 chronic kidney disease</b> <b>ICD-10 CM:</b> N18.4 <b>ESRD</b> <b>ICD-10 CM:</b> N18.5, N18.6, Z91.15, Z99.2 <b>ICD-10 PCS:</b> 3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z</p>	<p><b>Diabetes ICD-10 CM Codes:</b> E10.10-E13.9, O24.011-O24.33, O24.811-O24.83</p> <p><b>HbA1c CPT Codes:</b> 83036, 83037 <b>CPT II HbA1c Result Codes</b> <b>HbA1c level less than 7.0:</b> 3044F <b>HbA1c level 7.0-9.0:</b> 3045F <b>HbA1c level greater than 9.0:</b> 3046F</p> <p><b>Urine Protein Tests—check annually, especially if not on an ACE/ARB medication</b> <b>CPT Codes:</b> 81000-81003, 81005, 82042-82044, 84156 <b>CPT II Codes:</b> 3060F-3062F</p> <p><b>Blood Pressure CPT Codes:</b> <b>Systolic BP:</b> &lt; 130 3074F, 130-139 3075F ; &gt;/= to 140 3077F <b>Diastolic BP:</b> 80-89 3079F; &lt; 80 3078F; &gt;/= 90 3080F</p> <p>* See exclusion note on bottom of last page</p>
<p><b>COL - Colorectal Cancer Screening</b></p> <p>Adults 50-75 years of age with an appropriate screening for colorectal cancer.</p> <p>*Refer to new exclusions listed on last page for members age 66 or older as of 12/31 of the measurement year</p>	<p>Educate members on importance of screening to enable early detection of colon cancer.</p> <p>A guaiac test in the office during a rectal exam <b>does not count.</b></p> <p>Any of the following meet compliance if done in the correct time period:</p> <p>Colonoscopy: 2009-2018 Flexible sigmoidoscopy: 2014-2018 CT colonography: 2014-2018 FIT-DNA test : 2016-2018 Fecal occult blood test (3 samples): 2018</p>	<p><b>Colonoscopy</b> <b>CPT Codes:</b> 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 <b>HCPCS</b> G0105, G0121</p> <p><b>Flexible Sigmoidoscopy</b> <b>CPT Codes:</b> 45330-45335, 45337-45342, 45345-45347, 45349-45350 <b>HCPCS:</b> G0104</p> <p><b>CT Colonography CPT Code:</b> 74261-74263</p> <p><b>FIT-DNA test CPT Code:</b> 81528 <b>HCPCS:</b> G0464 <b>Fecal Occult Blood Test (FOBT)</b> <b>CPT Codes:</b> 82270, 82274 <b>HCPCS:</b> G0328 * See exclusion note on bottom of last page</p>
<p><b>ART - Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</b></p> <p>Members 18 years of age or older who were diagnosed with rheumatoid arthritis and were prescribed a disease-modifying anti-rheumatic drug (DMARD) during the measurement year.</p>	<p>Prescribe DMARDs to members with rheumatoid arthritis. <b>Exclusions:</b> A diagnosis of HIV anytime during the member's history through December 31, of the measurement year or a diagnosis of pregnancy in the measurement year.</p>	<p><b>ICD-10 CM Codes:</b> M05.00-M06.9</p> <p><b>DMARD HCPCS:</b> J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310</p> <p>* See exclusion note on bottom of last page</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>PBH - Persistence of Beta-Blocker Treatment After a Heart Attack</b></p> <p>Members 18 years of age and older who were hospitalized and discharged with a diagnosis of AMI and received persistent beta-blocker treatment for six months after discharge.</p>	<p>Stress the importance of medication compliance and explain why they need to take a beta blocker at follow-up visits.</p> <p>Advise member not to stop medication without talking with provider first.</p> <p>Consider ordering a 90 day supply if permitted by member's benefit.</p> <p>* See exclusion note on bottom of last page</p>	<p><b>ICD-10 Codes to Identify Exclusions:</b></p> <p><b>History of Asthma:</b> J45.20-J45.998  <b>COPD:</b> J44.0, J44.1, J44.9  <b>Chronic Respiratory Conditions due to Fumes/Vapors:</b> J68.4</p> <p><b>Hypotension:</b> I95.0-I95.9  <b>Heart Block &gt; 1st degree:</b> I44.1-I44.7, I45.0-I45.3, I45.6, I49.5  <b>Unspecified Bradycardia:</b> R00.1</p> <p><b>Adverse effect of Beta-Adrenoreceptor Antagonists:</b> T44.7X5A, T44.7X5D, T44.7X5S</p>
<p><b>Antidepressant Medication Management (AMM)</b></p> <p>Patients 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment.</p> <p><b>Two rates are reported:</b></p> <ul style="list-style-type: none"> <li><b>Effective Acute Phase:</b> Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li><b>Effective Continuation Phase:</b> Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)</li> </ul>	<p>Educate patients that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions</p> <p>Stress that they should not stop medication abruptly or without consulting you first for assistance</p> <p>Schedule follow up appointments prior to patient leaving your office</p> <p>Outreach patients that cancel appointments and have not rescheduled</p> <p>Stress the importance of medication compliance.</p>	<p><b>ICD-10 CM Codes for Major Depression:</b></p> <p>F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>
<p><b>SPR -Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b></p> <p>Members age 40years or older with a new diagnose of COPD or newly active COPD, who received appropriate spirometry to confirm the diagnosis.</p>	<p>Educate members that are newly diagnosed with COPD or newly active COPD about the importance of spirometry testing.</p> <p>Testing look back period is 2 years prior to through 6 months after new diagnosis .</p> <p>Submit timely claims for spirometry testing performed in your office.</p>	<p><b>COPD ICD-10 Codes: J44.0, J44.1, J44.9,</b></p> <p><b>Chronic Bronchitis ICD-10CM:</b> J41 .0, J41.1, J41.8, J42</p> <p><b>Emphysema ICD-10 CM Codes:</b> J43.0- J43.2, J43.8, J43.9</p> <p><b>Spirometry CPT Codes:</b>  94010, 94014-94016, 94060, 94070, 94375, 94620</p>
<p><b>OMW - Osteoporosis Management in Women Who Had a Fracture</b></p> <p>Women 67-85 years of age who suffered a fracture and had either a bone mineral density test or were prescribed a drug to treat osteoporosis in the 6 months after a fracture.</p>	<p>Schedule women age 67-85 years old for a bone mineral density test (BMD) within six months after a fracture if they have not had a BMD test in the prior 24 months.</p> <p>Prescribe medications to treat osteoporosis when indicated.</p> <p>* See exclusion note on bottom of last page</p>	<p><b>Bone Density:</b>  <b>CPT Codes:</b> 76977, 77078, 77080-77082, 77085-77086  <b>ICD-10 PCS Codes:</b> BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1 <b>HCPCS</b> G0130  <b>Osteoporosis Medications</b>  J0630, J0897, J1740, J3110, J3487-J3489, Q2051</p>
<p><b>LBP - Use of Imaging Studies for Low Back Pain</b></p> <p>Adults age 18-50 years old with a primary diagnosis of low back pain, who did <b>not</b> have an imaging study (plain x-ray, MRI or CT scan) within 28 days of the diagnosis</p>	<p>Occasional uncomplicated low back pain in adults often resolves within the first 28 days. Imaging before 28 days is usually unnecessary.</p> <p><b>Exclusions to this measure</b>—a diagnosis of HIV, major organ transplant or cancer any-time in the patients history .</p> <p>Diagnosis of trauma during the 3 months prior to dx of back pain</p> <p>IV drug use, spinal infection or neurological impairment during the 12 months prior to the low back pain diagnosis.</p> <p>90 consecutive days of corticosteroid treatment any time 12 months prior to the dx of low back pain</p>	<p><b>ICD-10 CM Codes for Uncomplicated Low Back Pain:</b></p> <p>M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M 99.23-M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>Well Child Visits — 3 age groups:</b></p> <p><b><u>W15 - Well Child 15 months</u></b></p> <p>Members 0-15 months of age with 6 comprehensive well child visits.</p> <p><b>Minimum of 6 well visits required before 15 months old</b></p> <p><b><u>W34 - Well Child 3-6 years</u></b></p> <p>Members 3-6 years of age with at least 1 comprehensive well child visits annually.</p> <p><b>Minimum of 1 visit required annually</b></p> <p><b><u>AWC - Adolescent Well Care Visits</u></b></p> <p>Members 12-21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually.</p> <p><b>Minimum of 1 required annually</b></p>	<p><b>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</b></p> <p>Documentation <b>MUST</b> include <b>ALL</b> of the following:</p> <ul style="list-style-type: none"> <li>• A health history – assessment of member’s history of disease or illness and family health history</li> <li>• A physical development history- assessment of specific age appropriate physical development milestones</li> <li>• A mental development history – assessment of specific age-appropriate mental development milestones</li> <li>• A physical exam</li> <li>• Health education/anticipatory guidance – guidance given in anticipation of emerging issues that a child/family may face</li> </ul>	<p><b>ICD-10 CM Codes:</b> Z00.11 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9, Z76.1-Z76.2, Z00.00-Z00.01</p> <p><b>CPT Codes:</b> 99381—99385, 99391 - 99395, 99461</p> <p><b>HCPCS:</b> G0438, G0439</p> <p><b>Documentation that <u>Does NOT</u> count as compliant:</b></p> <ul style="list-style-type: none"> <li>• <b>For Health History:</b> notation of allergies or medications or immunization status alone. If all three are documented it meets health history</li> <li>• <b>For Physical Development History:</b> notation of appropriate for age without specific mention of development; ; notation of well-developed/nourished; tanner stage (except for adolescents— then it meets compliance)</li> <li>• <b>For Mental Development History:</b> notation of appropriately responsive for age; neurological exam; notation of well-developed</li> <li>• <b>For Physical Exam—vital signs alone; for adolescent visits to an OB/GYN they do not meet compliance if the visit is limited to OB/GYN topics</b></li> <li>• <b>For Health Education/Anticipatory Guidance - information regarding medications or immunizations or their side effects</b></li> </ul>
<p><b>WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b></p> <p>Children age 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity</p>	<p>Document height, weight and BMI <u>percentile</u> at least annually.</p> <p><b>Discussion and documentation of nutrition and physical activity during at least one office visit annually.</b></p> <p><b>Examples</b></p> <p><b>Nutrition—</b> discussion of current nutrition behaviors; weight or obesity counseling</p> <p><b>Physical Activity—</b>discussion of current physical activity behaviors, exercise routine, sports activities; sports physical, weight or obesity counseling</p>	<p><b>BMI ICD-10 CM Codes:</b> Z68.51-Z68.54</p> <p><b>Nutrition Counseling</b></p> <p><b>CD-10 CM Code:</b> Z71.3</p> <p><b>CPT Codes:</b> 97802-97804</p> <p><b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470</p> <p><b>Physical Activity Counseling</b></p> <p><b>ICD-10 CM Code:</b> Z02.5 (Sports physical), Z71.82 (Exercise counseling)</p>
<p><b>IMA - Immunizations in Adolescents</b></p> <p>Members who turned 13 years of age in the measurement year and received by age 13:</p> <p><b>Tdap vaccine—</b>one dose between the 10th and 13th birthday</p> <p><b>Meningococcal Conjugate vaccine -</b> one dose of meningococcal serogroups A,C,W, Y vaccine between the 11th and 13th birthday</p> <p><b>HPV—</b>either two doses of HPV vaccine between the 9th and 13th birthday with at least 146 days between doses OR three doses with different dates of service between the 9th and 13th birthday.</p>	<p>Educate staff to schedule <b>PRIOR</b> to 13th birthday. Give call reminders for series vaccines</p> <p>Meningococcal recombinant (serogroup B) vaccines <u>Do Not Count</u>. <b>Be sure your immunization claims and records are clear about which meningococcal was given!</b></p> <p>Document and submit claim timely with correct code.</p> <p>HPV rates are now reported for both females and males.</p> <p>Educate families on the importance of these immunizations.</p>	<p><b>Tdap</b></p> <p><b>CPT Code:</b> 90715</p> <p><b>CVX Code:</b> 115</p> <p><b>Meningococcal</b></p> <p><b>CPT Codes:</b> 90734</p> <p><b>CVX Codes:</b> 108, 114, 136, 147, 167</p> <p><b>HPV</b></p> <p><b>CPT Codes:</b> 90649, 90650, 90651</p> <p><b>CVX Codes:</b> 62, 118, 137, 165</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>CIS/LCS – Childhood Immunization Status and Lead Screening in Children</b></p> <p>Children who received recommended vaccinations prior to second birthday.</p> <p>Children who had one or more lead blood tests for lead poisoning by their second birthday.</p> <p><b>*Document parental refusal. *</b></p>	<p>Educate office staff to schedule appointments <b>PRIOR</b> to 2nd birthday. Call families to schedule appointments for those that are behind.</p> <p>Any vaccines after the age of 2 are considered <b>late</b> in HEDIS reporting.</p> <p>Educate parents/guardians regarding the importance of having their child immunized as well as keeping appointments.</p> <p>Immunizations recommended: 4 DTaP, 3 IPV, 1 MMR , 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus and 2 Influenza vaccines by the second birthday.</p> <p>Document in the medical record if member has evidence of the disease for which immunization is intended or if a contraindication to the vaccine exists.</p> <p>Lead screening test should be completed on all children before their second birthday. A lead risk questionnaire does not count - it must be a capillary or venous blood lead test.</p>	<p><b>Vaccine Codes</b></p> <p><b>DTaP CPT Codes:</b> 90698, 90700, 90721, 90723 <b>CVX Codes:</b> 20, 50, 106, 107, 110, 120</p> <p><b>IPV CPT Codes:</b> 90698, 90713, 90723 <b>CVX Codes:</b> 10, 89, 110, 120</p> <p><b>HiB CPT Codes:</b> 90644-90648, 90698, 90721, 90748 <b>CVX Codes:</b> 17, 46 –51, 120, 148</p> <p><b>HepB CPT Codes:</b> 90723, 90740, 90744, 90747, 90748 <b>CVX Codes:</b> 08, 44, 45, 51, 110 <b>HCPCS:</b>G0010</p> <p><b>PCV CPT Codes:</b> 90669, 90670 <b>CVX Codes:</b> 100, 133, 152 <b>HCPCS:</b> G0009</p> <p><b>VZV CPT Codes:</b> 90710, 90716 <b>CVX Codes:</b> 21, 94</p> <p><b>MMR CPT Codes:</b> 90707, 90710 <b>CVX Codes:</b> 03, 94</p> <p><b>Measles CPT Code:</b> 90705 <b>CVX Code:</b> 05</p> <p><b>Measles/Rubella CPT Code:</b> 90708 <b>CVX Code:</b> 04</p> <p><b>Mumps CPT Code:</b> 90704 <b>CVX Code:</b> 07</p> <p><b>Rubella CPT Code:</b> 90706 <b>CVX Code:</b> 06</p> <p><b>Rotavirus 2 dose CPT Code:</b> 90681 <b>CVX Code:</b> 119</p> <p><b>Rotavirus 3 dose CPT Code:</b> 90680 <b>CVX Code:</b> 116,122</p> <p><b>HepA CPT Code:</b> 90633 <b>CVX Code:</b> 31, 83, 85</p> <p><b>Flu CPT Code:</b> 90655, 90657, 90661, 90662, 90673, 90685 -90688 <b>HCPCS:</b> G0008 <b>CVX Codes:</b> 88, 135, 140, 141, 150, 153, 155, 158, 161</p> <p><b>Lead CPT Code:</b> 83655</p>
<p><b>ADV—Annual Dental Visit</b></p> <p>Members 2-20 years of age who had at least one dental visit during the measurement year.</p>	<p>Educate parents/guardians about the importance of brushing from an early age as well as dental visits as early as age 2</p> <p>Ask when the last dental visit was and remind them to schedule one if they have not been.</p>	<p>Any claim with a dental practitioner during the measurement year meets compliance.</p>
<p><b>ADD - Follow-Up Care for Children Prescribed ADHD Medication</b></p> <p>Children 6-12 years of age, newly prescribed ADHD medication who had at least 3 follow-up visits within a 10 month period, one of which was within 30 days of when the ADHD medication was dispensed. Two rates are reported:</p> <p><b>Initiation Phase:</b> A follow-up visit with a <b>practitioner with prescribing</b> authority during the 30 day initiation phase</p> <p><b>Continuation Phase:</b> children that remained on the ADHD medication for at least 210 days, and in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	<p>When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office.</p> <p>Explain to the parent/guardian the importance of follow-up care</p> <p>Schedule the initial follow-up for 2-3 weeks after starting the medication</p> <p>No refills unless the child has the initial follow-up visit</p> <p>After the initial follow-up visit, schedule at least 2 more visits over the next 9 months to check the child’s progress</p> <p>Encourage parents/caregivers to ask questions about their child’s ADHD</p> <p><b>One follow-up visit in the Continuation phase can also be completed via telephone</b></p> <p><b>Telephone Visit CPT Codes:</b> 98966-98968, 99441-99443 or a <b>Telehealth Modifier:</b> 95, GT or <b>Telehealth POS:</b> 2</p>	<p><b>BH Stand Alone OP Visit Codes</b></p> <p><b>CPT :</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010-H2011, H2013-H220, M0064, T1015</p> <p><b>UB REV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914 -0917, 0919, 0982, 0983</p> <p><b>Observation Visit CPT Codes:</b> 99217-99220</p> <p><b>Health &amp; Behavior Assessment/Intervention CPT Codes:</b> 96150-96154</p> <p><b>Intensive OP encounter/Partial Hospitalization Codes</b> HCPCS: G0410-0411, H0035, H2001, H2012, S0201, S9480, S9484-9485 <b>UBREV:</b> 905, 907, 912, 913</p> <p><b>CPT codes that require a POS code:</b></p> <p><b>CPT :</b> 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b>POS :</b> 2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 (POS 2 (telehealth) permitted for only one of the follow-up visits in the continuation phase)</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>URI - Appropriate Treatment for Children with Upper Respiratory Infection</b></p> <p>Report of children age 3 months to 18 years that were given only a diagnosis of URI and were NOT dispensed an antibiotic prescription</p>	<p>Do not prescribe antibiotics for URI treatment.</p> <p>Document and submit appropriate diagnosis on claims if more than one diagnosis is appropriate. A competing diagnosis of pharyngitis or other infection on the same date or 3 days after will exclude the member.</p>	<p><b>ICD-10 CM Codes :</b> J00, J06.0, J06.9</p>
<p><b>CWP - Appropriate Testing for Children with Pharyngitis</b></p> <p>Children age 2-18 years that receive a group A strep test when dispensed an antibiotic for only a diagnosis of pharyngitis</p>	<p>Test all children for group A strep before prescribing an antibiotic for a diagnosis of pharyngitis only.</p> <p>Document and submit claims for all appropriate diagnoses established at the visit</p> <p>Submit claim for in-office rapid strep test</p>	<p><b>Pharyngitis ICD-10 CM Codes:</b> J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91</p> <p><b>Group A Strep Tests</b></p> <p><b>CPT Codes:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880</p>
<p><b>AAB - Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</b></p> <p>Adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</p>	<p>Treat acute bronchitis primarily with home treatments to relieve symptoms. Antibiotics don't usually help (viral).</p> <p>Of course, some patients have comorbid conditions and require antibiotics. These patients would be excluded from this measure reporting.</p> <p>Educate patients about overuse of antibiotics and resistance.</p>	<p>Acute Bronchitis: ICD-10 CM Codes: J20.3-J20.9</p>
<p><b>MMA– Medication Management for People With Asthma</b></p> <p>Members age 5-64, identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period (end of calendar year)</p> <p><b>Two rates reported:</b></p> <ol style="list-style-type: none"> <li>1. Remained on asthma controller medication for at least 50% of the treatment period.</li> <li>2. Remained on asthma controller medication for at least 75% of the treatment period.</li> </ol>	<p>Schedule regular follow-up for people with persistent asthma</p> <p>Patient education about benefits of medication compliance</p> <p>Order medications that are on the member's health plan formulary</p>	<p><b><u>Asthma Controller Medications</u></b></p> <p><b>Antiasthmatic Combinations</b> - Dyphylline-guaifenesin, <b>Antibody Inhibitor</b> - Omalizumab <b>Anti-interleukin-5</b>— Mepolizumab, Reslizumab <b>Inhaled Steroid Combinations</b> - Budesonise-formoterol, Mometasone-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol <b>Inhaled Corticosteroids</b> - Beclomethasone, Budesonise, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone <b>Leukotriene Modifiers</b> - Montelukast, Zafirlukast, Zileuton <b>Mast Cell Stabilizers</b> - Cromolyn <b>Methylxanthines</b> - Aminophylline, Theophylline</p> <p><b><u>Asthma Reliever Medications</u></b></p> <p><b>Short-acting, inhaled beta-2 agonists</b> - Albuterol, Levalbuterol</p> <p><b>Exclusions—anytime in patient's history</b> <b>Acute Respiratory Failure ICD-10:</b> J96.00-J96.02, J96.20-J96.22 <b>Chronic Respiratory Conditions due to Fumes/Vapors ICD-10:</b> J68.4 <b>COPD ICD-10:</b> J44.0, J44.1, J44.9 <b>Cystic Fibrosis ICD-10:</b> E84.0, E84.11, E84.19, E84.8, E84.9 <b>Emphysema ICD-10:</b> J43.0-J43.2, J43.8-J43.9 <b>Other Emphysema ICD-10:</b> J98.2, J98.3</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>PCE - Pharmacotherapy Management of COPD Exacerbation</b></p> <p>Members age 40 and older who had an acute IP discharge or ED visit with a diagnosis of COPD exacerbation and were dispensed appropriate medications. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid (or evidence of an active prescription within 14 days of the event)</li> <li>2. Dispensed a bronchodilator (or evidence of an active prescription) within 30 days of the event.</li> </ol>	<p>Schedule follow-up appointments with these members within a few days of their hospital discharge or ED visit</p> <p>Medication reconciliation is key</p> <p>Member education to include filling the prescriptions, appropriate use and side effects</p> <p>Order medications that are on the member's health plan formulary</p>	<p><b>Systemic Corticosteroids</b></p> <p><b>Glucocorticosteroids</b> - Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone</p> <p><b>Bronchodilators</b></p> <p><b>Anticholinergic Agents</b> - Albuterol-ipratropium, Ipratropium, Aclidinium-bromide, Tiotropium, Umeclidium</p> <p><b>Beta 2-agonists</b> - Albuterol, Levalbuterol, Arformoterol, Mometasone-formoterol, Budesonide-formoterol, Metaproterenol, Fluticasone-salmeterol, Olodaterol-hydrochloride, Olodaterol-tiotropium, Fluticasone-vilanterol, Formoterol, Salmeterol, Indacaterol, Umeclidinium-vilanterol, Formoterol-glycopyrrolate, Indacaterol-glycopyrrolate</p> <p><b>Antiasthmatic combinations</b>— Dyphylline-guaifenesin,</p>
<p><b>AMR—Asthma Medication Ratio</b></p> <p>Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the year.</p> <p>Four age bands and a total rate are reported:</p> <ul style="list-style-type: none"> <li>• 5–11 years.</li> <li>• 12–18 years.</li> <li>• 19–50 years</li> <li>• 51-64 years</li> <li>• Total</li> </ul>	<p>Perform a thorough review of medications at each visit to ensure medication is being utilized</p> <p>Provide medication compliance education</p>	<p><b>Asthma ICD-10:</b> J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p><b>Exclusions to this measure:</b></p> <p><b>Emphysema ICD-10:</b> J43.0-J43.2, J43.8-J43.9  <b>Other Emphysema ICD-10:</b> J98.2, J98.3  <b>COPD ICD-10:</b> J44.0, J44.1, J44.9  <b>Chronic Respiratory Conditions due to Fumes/Vapors ICD-10:</b> J68.4  <b>Cystic Fibrosis ICD-10:</b> E84.0, E84.11, E84.19, E84.8, E84.9  <b>Acute Respiratory Failure ICD-10:</b> J96.00-J96.02, J96.20-J96.22</p>
<p><b>SSD—Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</b></p> <p>Patients 18 – 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test annually</p>	<p>Screen your patients with Schizophrenia or Bipolar Disorder that are taking antipsychotic medications for diabetes every year.</p> <p>Check at each visit for the completed test and reorder if not done.</p> <p>Explain to the patient the importance of completing lab work ordered</p>	<p><b>Glucose Test CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1C Test CPT:</b> 83036, 83037 <b>CPT II:</b> 3044F-3046F</p>
<p><b>APM—Metabolic Monitoring for Children and Adolescents on Antipsychotic Medication</b></p> <p>Children and adolescents age 1 through 17 years who had 2 or more antipsychotic prescriptions dispensing events and had metabolic testing (glucose or A1C test AND LDL-C or other cholesterol test)</p>	<p>As a PCP, you may not be the prescriber of the antipsychotic, but hopefully you are aware if a patient is taking one. If the BH provider prescribing the antipsychotic has not ordered metabolic screening, please do so.</p> <p>Stress the importance of completing the testing to the parent/guardian.</p>	<p><b>Glucose Test CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1C Test CPT:</b> 83036, 83037; <b>CPT II :</b> 3044F-3046F</p> <p><b>LDL—C Test CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>CPT II:</b> 3048F - 3050F</p> <p><b>Cholesterol tests other than LDL CPT:</b> 82465, 83718, 84478</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p><b>SPC—Statin Therapy for Patients with Cardiovascular Disease</b></p> <p>Males age 21-75 and females age 40-75 during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and</p> <ol style="list-style-type: none"> <li>Received Statin Therapy—had at least one high-intensity or moderate-intensity statin medication dispensed during the measurement year</li> <li>Statin Adherence 80% - remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period</li> </ol>	<p>Educate patients about the importance of statin therapy</p> <p>Educate patients on side effects and importance of reporting any side effects to you so their medication can be adjusted/changed if necessary</p> <p>Advise patients not to stop taking without consulting you</p> <p><b>Exclusions:</b> ESRD, cirrhosis, myalgia, myopathy, myositis, or rhabdomyolysis. Pregnancy during the measurement year, IVF during the measurement year or year prior, or dispensed a prescription for clomiphene during the measurement year or year prior.</p> <p>* See exclusion note on bottom of page</p>	<p><b>High-intensity statin therapy</b>  Atorvastatin 40-80 mg  Rosuvastatin 20-40mg  Amlodipine-atorvastatin 40-80 mg  Simvastatin 80mg  Ezetimibe-simvastatin 80 mg</p> <p><b>Moderate-intensity statin therapy</b>  Atorvastatin 10-20 mg  Lovastatin 40 mg  Amlodipine-atorvastatin 10-20 mg  Pravastatin 40-80mg  Ezetimibe-simvastatin 20-40mg  Fluvastatin XL 80mg  Fluvastatin 40 mg BID  Pitavastatin 2-4 mg  Simvastatin 20-40 mg  Rosuvastatin 5-10mg</p>
<p><b>SPD– Statin Therapy for Patients with Diabetes</b></p> <p>Patients 40-75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and</p> <ol style="list-style-type: none"> <li>Received Statin Therapy—had at least one statin medication of any intensity dispensed during the measurement year</li> <li>Statin Adherence 80% - remained on a statin medication of any intensity for at least 80% of the treatment period</li> </ol>	<p>Review medication list at every visit.</p> <p>Educate the patient why they are taking the medication, the relation between diabetes and potential effect it can have on the cardiovascular system and the importance of medication compliance</p> <p>Exclusions:</p> <p>During the year prior to the measurement year (MY): MI, CABG, PCI, other revascular procedure During the MY or year prior: Pregnancy, IVF, one Rx for Clomiphene, ESRD, Cirrhosis. During both the MY &amp; year prior: IVD. During the MY: Myalgia, Myositis, Myopathy or Rhabdomyolysis.</p>	<p>In addition to the high and moderate intensity statins listed above, the following low-intensity statins pertain to this measure:</p> <p>Simvastatin 10 mg  Lovastatin 20 mg  Ezetimibe-simvastatin 10 mg  Fluvastatin 20-40 mg  Pravastatin 10-20 mg  Pitavastatin 1 mg</p> <p>* See exclusion note on bottom of page</p>
<p><b>FMC– Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions</b></p> <p>The percentage of emergency department (ED) visits for patients 18 and older who have high-risk multiple chronic conditions and had a follow-up service within <b>7 days</b> of the ED visit</p>	<p>An ED visit that changes to a IP stay is not included in this measure.</p> <p>To be included in this measure, prior to the ED visit, the patient must have 2 or more of the chronic conditions listed during the measurement year or the year prior - identified by 2 OP visits, ED visits or non-acute IP admit or 1 acute IP stay :</p> <p>COPD and asthma, Alzheimer’s disease and related disorders, chronic kidney disease, Depression, Heart failure, Acute MI, Atrial fibrillation, Stroke and TIA.</p>	<p><b>In addition to an Outpatient Visit or BH visit code, the following are compliant codes for a follow-up visit within 7 days:</b></p> <p><b>Telephone Visit:: CPT Code:</b> 98966-98968, 99441-99443</p> <p><b>Transitional Care Management:: CPT Code:</b> 99495, 99496</p> <p><b>Case Management Visit/Encounter: CPT code:</b> 99366</p> <p><b>HCPCS:</b> T1016, T1017, T2022, T2023</p> <p><b>Complex Case Management Services: HCPCS:</b> G0506  CPT Code: 99487, 99489, 99490</p>
<p><b>Data collected through member surveys</b></p> <ul style="list-style-type: none"> <li>- Flu Vaccination for Adults</li> <li>- Medical Assistance With Smoking and Tobacco Use Cessation</li> <li>- Pneumococcal Vaccination Status for Older Adults</li> </ul>	<p>Encourage all patients to get a flu shot annually unless it is contraindicated.</p> <p>Ask you patients if they smoke. If they do, advise them to quit, discuss cessation medications and other quitting strategies.</p> <p>Encourage patients over 65 to get the pneumococcal vaccine unless contraindicated</p>	
<p>*Exclusion note: The exclusions in the middle column apply to these measures: ART, BCS, CDC, COL, OMW, PBH, SPC and SPD if the member was 66 years old by 12/31 of the measurement year. One exception - OMW exception starts at age 67.</p>	<ul style="list-style-type: none"> <li>• If enrolled in an institutional SNP or living in a long-term institution any time during the measurement year OR</li> <li>• If at least one claim for frailty AND specific claims for advanced illness or dispensed dementia medication.</li> </ul>	<p>*Additional exception for ART, CBP, OMW, and PBH:</p> <p>Exclude members age 81 and older as of 12/31 of the measurement year that had at least one frailty claim.</p>