Simply healthcare | CLEAR HEALTH ALLIANCE

HEDIS Benchmarks and Coding Guidelines for Quality Care

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This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) program for Simply.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

This HEDIS® measure looks at the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.

Exclusions:

- Members diagnosed with pharyngitis, or a competing diagnosis are excluded if during the period 30 days prior to the episode date through three days after the episode date (34 days total).
- Members with a diagnosis of the following during the 12 months prior to or on the episode date are excluded:
    - HIV.
    - HIV type 2.
    - Other malignant neoplasms of skin.
    - Malignant neoplasms.
    - Emphysema.
    - Chronic obstructive pulmonary disease (COPD).
    - Comorbid conditions.
    - Disorders of the immune system.
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT®/HCPCS/ICD-10-CM
Acute bronchitis	**ICD10CM:** J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

Helpful tips

If a patient insists on an antibiotic:

- Refer to the illness as a chest cold rather than bronchitis; members tend to associate the label with a less-frequent need for antibiotics.
- Write a prescription for symptom relief, such as an over-the-counter cough medicine.
- Treat with antibiotics if associated comorbid diagnosis.
- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We help you with avoidance of antibiotic treatment for members with acute bronchitis/bronchiolitis by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

Go to **https://www.cdc.gov/antibiotic-use/index.html**.

Notes

Adults' Access to Preventive/Ambulatory Health Services (AAP)

This HEDIS measure looks at the percentage of members 20 years of age and older who had an ambulatory or preventive care visit. The organization reports percentages for members who had an ambulatory or preventive care visit during the measurement year.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/ICD-10-CM
Ambulatory visits	**CPT:** 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 **ICD-10-CM**: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

This measure looks at the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- **Initiation phase:** the percentage of members 6 to 12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase.
- **Continuation and maintenance (C&M) phase:** the percentage of members 6 to 12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended.

Record your efforts:
When prescribing a new ADHD medication:

- Be sure to schedule a follow-up visit right away — within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while members are still in the office.
- Have your office staff call members at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor patient's progress.

Be sure that follow-up visits include the diagnosis of ADHD.

Exclusions:

- Exclude members who had an acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder during the 300 days (10 months) after the IPSD.
- Members with a diagnosis of narcolepsy
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS
Behavioral health (BH) outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510

Description	CPT/HCPCS
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Online assessments	**CPT®:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

Helpful tips:

- Telehealth can be used for 30-day follow up and only one of the two visits (during days 31 to 300) may be an e-visit or virtual check-in.
- Educate your members and their parents, guardians, or caregivers about the use of and compliance with long-term ADHD medications and the condition.
- Collaborate with other organizations to share information, research best practices about ADHD interventions and appropriate standards of practice and their effectiveness and safety.
- Contact your Provider Solutions representative for copies of our ADHD-related patient materials.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.
- We help you with follow-up care for children who are prescribed ADHD medications by:
    - Providing Clinical Practice Guidelines on our provider self-service website.
    - Providing the *HEDIS Measure Physician Desktop Reference Guide* and other helpful tools on our website.
    - Helping you schedule appointments for your members if needed.
    - Educating our members on ADHD through newsletters and health education fliers.

Other available resources

You can find more information and tools online at:

- **www.healthychildren.org**
- **www.brightfutures.org**

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- **www.chadd.org**

Notes

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2023 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Antidepressant Medication Management (AMM)

This measure looks at the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective acute phase treatment:** the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective continuation phase treatment:** the percentage of members who remained on an antidepressant medication for at least 180 days (six months).

Record your efforts:

- Identify all acute and nonacute inpatient stays.
- Identify the admission and discharge dates for the stay. Either an admission or discharge during the required time frame meets criteria.

Exclusions:

- Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the index prescription start date (IPSD), through the IPSD and the 60 days after the IPSD.
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/ICD-10-CM/PCS
Major depression	**ICD-10-CM:** F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
BH outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Electroconvulsive therapy	**CPT:** 90870 **ICD-10-PCS:** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

Helpful tips

Educate your members and their spouses, caregivers, and/or guardians about the importance of:

- Complying with long-term medications.
- Not abruptly stopping medications without consulting you.
- Contacting you immediately if they experience any unwanted/adverse reactions so that their treatment can be re-evaluated.
- Scheduling and attending follow-up appointments to review the effectiveness of their medications.
- Calling your office if they cannot get their medications refilled.
- Discuss the benefits of participating in a behavioral health case management program.
- Ask your members who have a behavioral health diagnosis to provide you access to their behavioral health records if you are their primary care provider.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

We help you with antidepressant medication management by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.

Other available resources

You can find more information and tools online at:

- **www.ahrq.gov**
- **www.ncbi.nlm.nih.gov**

Notes

Asthma Medication Ratio (AMR)

This HEDIS measure looks at the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Record your efforts:

- **Oral medication dispensing event:** Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events — If multiple prescriptions for the same medication are dispensed on the same day, sum up the days' supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different.
- **Inhaler dispensing event:** All inhalers (for example, canisters) of the same medication dispensed on the same day count as one dispensing event — Medications with different drug IDs dispensed on the same day are counted as different dispensing events.
- **Injection dispensing events:** Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.
- **Units of medications:** When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.

Exclusions:

- Members who had no asthma controller or reliever medications dispensed during the measurement year
- Members in hospice or using hospice services during the measurement year
- Members who died during the measurement year
- Member with any of the below listed conditions:
    - Emphysema
    - Other emphysema
    - Chronic obstructive pulmonary disease (COPD)
    - Obstructive chronic bronchitis
    - Chronic respiratory conditions due to fumes or vapors
    - Cystic fibrosis
    - Acute respiratory failure

Description	CPT/HCPCS/ICD-10-CM
Asthma	**ICD-10-CM:** J45.21, J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.991, J45.998
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
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.

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guid*elines on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:
The percentage of children and adolescents on antipsychotics who received blood glucose testing

- The percentage of children and adolescents on antipsychotics who received cholesterol testing
- The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

Record your efforts:

- At least one test for blood glucose or HbA1c
- At least one test for LDL-C or cholesterol
- If your office does not perform in-house lab testing, make sure your members labs results are recorded in the medical record with your initials where you have acknowledged review of results.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/CAT II/LOINC
Cholesterol lab test	**CPT:** 82465, 83718, 83722, 84478 **LOINC:** 2085-9, 2093-3, 2571-8, 3043-7, 9830-1
Glucose lab test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC:** 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c lab test	**CPT:** 83036, 83037 **LOINC:** 17856-6, 4548-4, 4549-2
HbA1c lab test results or findings	**CAT II:** 3044F, 3046F, 3051F, 3052F
LDL-C lab test	**CPT:** 80061, 83700, 83701, 83704, 83721 **LOINC:** 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

Description	CPT/CAT II/LOINC
LDL-C lab test results or findings	**CAT II:** 3048F, 3049F, 3050F

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tip

- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Record your efforts
Documentation of psychosocial care in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Exclusions:
At least one acute inpatient encounter during the measurement year with a diagnosis of:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder
- Psychotic disorder
- Autism
- Other developmental disorder
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS
Psychosocial care	**CPT:** 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 **HCPCS:** G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
BH outpatient	**CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
BH stand-alone nonacute inpatient	**CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 **HCPCS:** H0017-H0019, T2048

Description	CPT/HCPCS
Visit setting unspecified	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

Helpful tip:

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Blood Pressure Control for Patients with Diabetes (BPD)

This HEDIS measure looks at the percentage of members 18 to 75 years of age with diabetes (type 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts:

- Members 18 to 75 years of age whose BP is < 140/90 mm Hg

What does not count?

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Exclusions:

- Members who do not have a diagnosis of diabetes
- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care
- Members 66 years of age and with frailty and advanced illness — Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty
    - At least two outpatient visits with an advanced illness diagnosis
- Members who died during the measurement year

Description	CPT/HCPCS/CAT II/LOINC
Diastolic BP	**CAT II:** 3078F-3080F **LOINC:** 75995-1, 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9
Diastolic 80 to 89	**CAT II**: 3079F
Diastolic greater than/equal to 90	**CAT II**: 3080F
Diastolic Less Than 80	**CAT II**: 3078F
Systolic BP	**CAT II:** 3074F, 3075F, 3077F

Description	CPT/HCPCS/CAT II/LOINC
	LOINC: 75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7
Systolic greater than/equal to 140	**CAT II:** 3077F
Systolic less than 140	**CAT II:** 3074F, 3075F
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
    - Providing training materials from the American Heart Association.
    - Conducting BP competency tests to validate the education of each clinical staff member.
- Make a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all members with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs for additional education and support.
- Educate members and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
    - Heart-healthy eating and a low-salt diet.
    - Smoking cessation and avoiding secondhand smoke.
    - Adding regular exercise to daily activities.
    - Home BP monitoring.
    - Ideal body mass index (BMI).
    - The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We support you in helping members control high blood pressure by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.
- Helping you schedule, plan, implement and evaluate a health screening Clinic Day; call your Provider Solutions representative to find out more.
- Educating our members on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Other available resources

You can find more information and tools online at:

- **www.nhlbi.nih.gov**
- **https://www.cdc.gov/bloodpressure/index.htm**

Notes

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Controlling High Blood Pressure (CBP)

This HEDIS measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts
Document blood pressure and diagnosis of HTN. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension:
    - If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.
    - If no BP is recorded during the measurement year, assume that the member is not controlled.

What does not count?

- If taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen
- On or one day before the day of the test or procedure with the exception of fasting blood tests
- Taken during an acute inpatient stay or an ED visit
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope

Exclusions:

- End-stage renal disease (ESRD)
- Kidney transplant
- Pregnancy
- Nonacute inpatient stay
- Members 81 and above with frailty:
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:

- At least two indications of frailty
- At least two outpatient visits with an advanced illness diagnosis

Description	CPT/HCPCS/ICD-10-CM/CAT II
Essential HTN	**ICD-10-CM:** I10
Diastolic BP	**CAT II:** 3078F-3080F **LOINC:** 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9
Diastolic 80 to 89	**CAT II**: 3079F
Diastolic greater than/equal to 90	**CAT II**: 3080F
Diastolic less than 80	**CAT II**: 3078F
Systolic BP	**CAT II:** 3074F, 3075F, 3077F **LOINC:** 75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7
Systolic greater than/equal to 140	**CAT II:** 3077F
Systolic less than 140	**CAT II:** 3074F, 3075F
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
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 Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
  - Providing training materials from the American Heart Association.
  - Conducting BP competency tests to validate the education of each clinical staff member.
- Making a variety of cuff sizes available.

- Instruct your office staff to recheck BPs for all members with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs for additional education and support.
- Educate members and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
    - Heart-healthy eating and a low-salt diet.
    - Smoking cessation and avoiding secondhand smoke.
    - Adding regular exercise to daily activities.
    - Home BP monitoring.
    - Ideal body mass index (BMI).
    - The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We support you in helping members control high blood pressure by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.
- Helping you schedule, plan, implement and evaluate a health screening Clinic Day; call your Provider Solutions representative to find out more.
- Educating our members on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Other available resources

You can find more information and tools online at:

- **www.nhlbi.nih.gov**
- **https://www.cdc.gov/bloodpressure/index.htm**

Cervical Cancer Screening (CCS)

This HEDIS measure looks at the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- **Women 21 to 64 years of age** who had cervical cytology performed within the last three years.
- **Women 30 to 64 years of age** who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- **Women 30 to 64 years of age** who had cervical cytology/hrHPV cotesting within the last five years.

Record your efforts

Make sure your medical records reflect:

- The date when the cervical cytology was performed.
- The results or findings
- Notes in patient's chart if patient has a history of hysterectomy:
    - Complete details if it was a complete, total, or radical abdominal, vaginal, or unspecified hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix (Include, at a minimum, the year the surgical procedure was performed.)

Exclusions

Members who have one of the following in their history can be excluded:

- Absence of cervix
- Hysterectomy with no residual cervix, cervical agenesis or acquired absence of a cervix
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/LOINC/ICD10CM/PCS
Cervical cytology lab test	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
hrHPV lab test	**CPT:** 87624, 87625

Description	CPT/HCPCS/LOINC/ICD10CM/PCS
	HCPCS: G0476 **LOINC:** 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3
Absence of cervix Diagnosis	**ICD-10-CM:** Q51.5, Z90.710, Z90.712
Hysterectomy with no residual cervix	**CPT:** 51925, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956 **ICD-10-PCS:** 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Discuss the importance of well-woman exams, mammograms, Pap tests and HPV testing with all female members between ages 21 to 64 years.
- Be a champion in promoting women's health by reminding them of the importance of annual wellness visits.
- Refer members to another appropriate provider if your office does not perform Pap tests and request copies of Pap test/HPV co-testing results be sent to your office.
- Talk to your Provider Solutions representative to determine if a health screening Clinic Day has been scheduled in your community. Our staff may be able to help plan, implement and evaluate events for a particular preventive screening, like a cervical cancer screening or a complete comprehensive women's health screening event (only if this is offered in your practice area).
- Train your staff on the use of educational materials to promote cervical cancer screening.
- Use a tracking mechanism, (for example, EMR flags and/or manual tracking tool) to identify members due for cervical cancer screening.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about screening.
- Train your staff on preventive screenings or find out if we provide training.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We help you get our members this critical service by:

- Offering you access to our *Clinical Practice Guidelines* on our provider self-service website.
- Coordinating with you to plan and focus on improving health awareness for our members by providing health screenings, activities, materials, and resources if available or as needed.
- Educating members on the importance of cervical cancer screening through various sources, such as phone calls, post cards, newsletters, and health education fliers if available.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Other available resources

You can find more information and tools online at **www.uspreventiveservicestaskforce.org**.

Notes

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2023 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Childhood Immunization Status (CIS)

This measure looks at the percentage of children turning 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday:

- Hep B "initial dose" is the only vaccine that can be given before 42 days after birth.
- Influenza cannot be given until infant is 6 months of age.
- MMR, VZV and Hep A can only be given between first and second birthdays to close the gap.
- Second influenza vaccination may be the LAIV given on members second birthday.

Immunization	Dose(s)
DTaP	4
IPV	3
MMR	1
Hib	3
Hep B	3
VZV	1
PCV	4
Hep A	1
Rotavirus	• Two-dose (Rotarix®) • Three-dose (Rotateq®) vaccine
Influenza	2 — Second dose may be LAIV given on 2nd birthday

Record your efforts

Once you give our members their needed immunizations, let us and the state know by:

- Recording the immunizations in your state registry.
- Documenting the immunizations (historic and current) within medical records to include:
    - A note indicating the name of the specific antigen and the date of the immunization.
    - The certificate of immunization prepared by an authorized health care provider or agency.
    - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses, or seropositive test result.

- The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.
- A note that the "member is up to date" with all immunizations but which does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting.

Exclusions:

- Anaphylactic reaction due to vaccination
- Disorders of the immune system
- Encephalopathy due to the vaccination
- Immunocompromising Conditions
- HIV
- HIV type 2
- Intussusception
- Malignant neoplasm of lymphatic tissue
- Severe combined immunodeficiency
- Vaccine causing adverse effect
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Codes to identify immunizations:

Immunization	CPT	CVX
DTaP	**CPT:** 90697, 90698, 90700, 90723	20, 50, 106, 107, 110, 120, 146
IPV	**CPT:** 90697, 90698, 90713, 90723	10, 89, 110, 120, 146
MMR	**CPT:** 90707, 90710	03, 94
Hib	**CPT:** 90644, 90647, 90648, 90697, 90698, 90748	17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Hep B	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110, 146
VZV	**CPT:** 90710, 90716	21, 94
PCV	**CPT:** 90670,	109, 133, 152
Hep A	**CPT:** 90633	31, 83, 85
Rotavirus (two- or three-dose)	**Two-dose:** 90681 **Three-dose:** 90680	**Two-dose:** 119 **Three-dose:** 116, 122
Influenza	**CPT:** 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689	88, 140, 141, 150, 153, 155, 158, 161
Influenza: live attenuated for intranasal use	**CPT:** 90660,90672	**111:** Influenza virus vaccine, live attenuated, for intranasal

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2023 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Immunization	CPT	CVX
		149: Influenza, live, intranasal, quadrivalent

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

Helpful tips:

- If you use an EMR, create a flag to track members due for immunizations.
- Extend your office hours into the evening, early morning, or weekends to accommodate working parents.
- Develop or implement standing orders for nurses and physician assistants in your practice to allow staff to identify opportunities to immunize.
- Enroll in the Vaccines for Children (VFC) program to receive vaccines. For questions about enrollment and vaccine orders, contact your state VFC coordinator. Find your coordinator when you visit www.cdc.gov/vaccines/programs/vfc/contacts-state.html
- or call **1-800-CDC-INFO (1-800-232-4636)**.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We can help you get children in for their immunizations by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Chlamydia Screening in Women (CHL)

This HEDIS measure looks at the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Record your efforts
Indicate the date the test was performed and the results.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Based on a pregnancy test alone and who meet either of the following:

- A pregnancy test and a prescription for isotretinoin on the date of the pregnancy test or the six days after
- A pregnancy test and an X-ray on the date of the pregnancy test or the six days after

Description	CPT/LOINC
Chlamydia testing	**CPT:** 87110, 87270, 87320, 87490-87492, 87810 **LOINC:** 14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful resource:

- **www.cdc.gov/std/chlamydia/default.htm**

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Colorectal Cancer Screening (COL)

This HEDIS measure evaluates the percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer:

- **Colonoscopy** during measurement year or nine years prior
- **Fecal occult blood test (FOBT)** during measurement year
- **Computed tomography (CT**) colonography during measurement year or four years prior
- **Fecal immunochemical test (FIT)-DNA** test during measurement year or 2 years prior
- **Flexible sigmoidoscopy** during measurement year or four years prior

Note: A FIT DNA is a Cologuard test. A FIT test is the fecal occult blood test (FOBT) immunochemical test. They are not the same.

Record your efforts:
Acceptable:

- Colonoscopy indicating poor bowel prep or incomplete exam with documentation of scope advancing past splenic flexure for a colonoscopy or advancing into sigmoid colon for flexible sigmoidoscopy.
- Two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT/FIT). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance:
    - For FIT test: as long as the medical record indicates that a FIT was done, the member meets criteria regardless of how many samples were returned.
    - For gFOBT and unspecified type of test:
        - If the medical record does not indicate the number of samples (assume correct number returned) or indicates three or more samples were returned, the member meets criteria.
- The FOBT test must be processed, and results reported by a lab.
- The advanced illness exclusion can be identified from a telephone visit, e-visit, or virtual check-in.
- Documentation in the medical record of Colon Cancer Screening Done in 2021 without notation of type of screening can only be used as evidence of FOBT.
- Ensure chart captures members' ethnicity.

Not acceptable:

- Tests performed in an office setting or from any specimen collected during a digital rectal exam.
- CT scan of the abdomen and pelvis.

- Unclear documentation in medical record as COL or COLON 20XX by provider without mention of the actual screening test completed.

Exclusions:

- Diagnosis of colorectal cancer
- Total colectomy
- Members receiving palliative care
- Members enrolled in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members receiving palliative care
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty
    - At least two outpatient visits with an advanced illness diagnosis

Description	CPT/HCPCS
Colonoscopy	**CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378, 45379, 45380-45393, 45398 **HCPCS:** G0105, G0121
FOBT lab test	**CPT:** 82270, 82274 **HCPCS:** G0328
CT colonography	**CPT:** 74261-74263
Fit DNA lab test	**CPT:** 81528 **HCPCS:** G0464
Flexible sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
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.

How can we help?

- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tips and resources:

- Best practice to have the actual screening test and result. However, result is not required as long as documentation is part of the medical record and clearly indicates screening was completed and not merely ordered.
- Stress the importance of screening.
- Always include a date of service and place of service if known.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements.
- Educate the members about the importance of early detection and encourage screening.
- Submit claims and encounter data in a timely manner.
- CDC, Colorectal Cancer Screening Tests, **https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm**
- **www.cdc.gov/cancer/colorectal/index.htm**

Notes

Appropriate Testing for Pharyngitis (CWP)

This HEDIS measure evaluates the episodes for members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Record your efforts:

- Document results of all strep tests or refusal for testing in medical record.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

- Visits that result in an inpatient stay
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/ICD10CM
Pharyngitis	**ICD10CM:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80. J03.81, J03.90, J03.91
Group A streptococcal tests	**CPT:** 87070, 87071, 87081, 87430, 87650-87652, 87880 **LOINC:** 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If a patient tests negative for group A strep but insists on an antibiotic:
  - Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, like over-the-counter medications.
- Educate members on the difference between bacterial and viral infections. This is the key point in the success of this measure. Use CDC handouts or education tools as needed.
- Discuss with members ways to treat symptoms:

    - Get extra rest.
    - Drink plenty of fluids.
    - Use over-the-counter medications.
    - Use the cool-mist vaporizer and nasal spray for congestion.
    - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:
    - Washing hands frequently.
    - Disinfecting toys.
    - Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful resources:

- **www.CDC.gov/getsmart**
- **www.CDC.gov/antibiotic-use**

Notes

Eye Exam for Patients with Diabetes (EED)

This HEDIS measure looks at the percentage of members 18 to 75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Record your efforts:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.

Exclusions:

- Members who do not have a diagnosis of diabetes
- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty
    - At least two outpatient visits with an advanced illness diagnosis
- Members who died during the measurement year

Unilateral eye enucleation left

ICD-10-PCS
08T1XZZ

Unilateral eye enucleation right

ICD-10-PCS
08T0XZZ

Services	CPT/HCPCS/CAT II
Diabetic retinal screenings	**CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **HCPCS:** S0620, S0621, S3000

Services	CPT/HCPCS/CAT II
Diabetic retinal screening negative in prior year	**CAT II:** 3072F
Eye exam with evidence of retinopathy	**CAT II:** 2022F, 2024F, 2026F
Eye exam without evidence of retinopathy	**CAT II:** 2023F, 2025F, 2033F
Unilateral eye enucleation	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results or any specialist referral and document on your chart.
- Refer members to the network of eye providers for their annual diabetic eye exam.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
    - Taking all prescribed medications as directed.
    - Adding regular exercise to daily activities.
    - Having a diabetic eye exam each year with an eye care provider.
    - Regularly monitoring blood sugar and blood pressure at home.
    - Maintaining healthy weight and ideal body mass index.
    - Eating heart-healthy, low-calorie, and low-fat foods.
    - Stopping smoking and avoiding second-hand smoke.
    - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.

- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- We can help you with comprehensive diabetes care by:
- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Providing education at your office if available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Follow-up After Emergency Department Visit for Substance Use (FUA)

This HEDIS measure evaluates the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD. Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)
- The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days)

Record your efforts:
30-day follow-up: A member has a follow-up visit or a pharmacotherapy dispensing event 30 days after the ED visit (31 total days). Include events and visits that occur on the date of the ED visit.
Seven-day follow-up: A member has a follow-up visit or a pharmacotherapy dispensing event seven days after the ED visit (eight total days). Include events and visits that occur on the date of the ED visit.

Exclusions:

- ED visits that result in an inpatient stay
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/HCPCS/ICD-10-CM
Alcohol and other drug (AOD) us and dependence	**ICD-10-CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26,

Services	CPT/HCPCS/ICD-10-CM
	F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251,, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24 F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29
AOD medication treatment	**HCPCS**: H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
BH assessment	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Substance-induced disorders	**ICD-10-CM:** F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959,F16.980, F16.983, F16.988, F16.99, F18.90, F18.920, F18.921, F18.929, F18.94,

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2023 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/HCPCS/ICD-10-CM
	F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99
Substance use disorder services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Substance use services	**HCPCS:** H0006, H0028
OUD monthly office-based treatment	**HCPCS:** G2086, G2087
OUD weekly drug treatment service	**HCPCS:** G2067, G2068, G2069, G2070, G2072, G2073
OUD weekly nondrug service	**HCPCS:** G2071, G2074, G2075, G2076, G2077, G2080
Residential BH treatment	**HCPCS:** H0017, H0018, H0019, T2048
Online assessments	**CPT®:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
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.

How can we help?

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Other available resources

You can find more information and tools online at **www.qualityforum.org**.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2023 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Follow-Up After Hospitalization for Mental Illness (FUH)

This HEDIS measure evaluates the percentage of discharges for members ages 6 years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days after discharge.
- The percentage of discharges for which the member received follow-up within seven days after discharge.

Exclusions:

- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission.
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT
Transitional care management services	**CPT:** 99495, 99496
Telephone visits	**CPT:**98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02
Visit setting unspecified	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

Description	ICD-10-CM
Mental illness	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.9, F44.89, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9,

Description	ICD-10-CM
	F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9
Mental health diagnosis	F03.90, F03.91, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.29, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.0-F44.2, F44.4-F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20-F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00-F50.02, F50.2, F50.82, F50.89, F50.9, F51.01-F51.05, F51.09, F51.11-F51.13, F51.19, F51.3-F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F64.0-F64.2, F64.8, F64.9, F65.0-F65.4, F65.5-F65.52, F65.81, F65.89, F65.9, F66,F68.10-F68.13, F68.8, F69, F80.0-F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9, F95.0-F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3-F98.5, F98.8, F98.9, F99

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

Helpful tips:

- Educate your members and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage members to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach member's families to review all discharge instructions for members and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.

- Ask members with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- Telehealth services that are completed by a qualified mental health provider can be used for this measure.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

This HEDIS measure evaluates the percentage of emergency department (ED) visits for members ages 6 years and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)
2. The percentage of ED visits for which the member received follow-up within seven days of the ED visit (8 total days)

Exclusions:

- ED visits that result in an inpatient stay
- ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days)
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/HCPCS
BH outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483,99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Telehealth POS	02
Visit setting unspecified	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Online assessments	**CPT®:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

Description	ICD10CM
Mental illness	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9,

Description	ICD10CM
	F39, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89,, F53. F53.1,F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9
Mental health diagnosis	F03.90, F03.91, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.29, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.0-F44.2, F44.4-F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20-F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00-F50.02, F50.2, F50.82, F50.89, F50.9, F51.01-F51.05, F51.09, F51.11-F51.13, F51.19, F51.3-F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F64.0-F64.2, F64.8, F64.9, F65.0-F65.4, F65.5-F65.52, F65.81, F65.89, F65.9, F66, F68.10-F68.13, F68.8, F69, F80.0-F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9, F95.0-F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3-F98.5, F98.8, F98.9, F99

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How can we help?

- We help you with follow-up after hospitalization for mental illness by:
- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Other available resources:
You can find more information and tools online at **www.qualityforum.org**.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Hemoglobin A1c Control for Patients with Diabetes (HBD)

This measure looks at the percentage of members 18 to 75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c control (< 8%)
- HbA1c poor control (> 9%)

Record your efforts:

- Document the date when the HbA1c test was performed and the result.

Exclusions:

- Members who do not have a diagnosis of diabetes
- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
  - At least two indications of frailty
  - At least two outpatient visits with an advanced illness diagnosis
- Members who died during the measurement year

Description	CPT/CAT II/LOINC/HCPCS
HbA1c level greater than 9	**CAT II**: 3046F
HbA1c level less than 7	**CAT II**: 3044F
HbA1c level greater than or equal to 7 or less than 8	**CAT II**: 3051F
HbA1c Level greater than or equal to 8 or less than 9	**CAT II**: 3052F
HbA1c tests results or findings	**CAT II**: 3044F, 3046F, 3051F, 3052F
HbA1c lab test	**CPT:** 83036, 83037 **LOINC:** 17856-6, 4548-4, 4549-2
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
CDC race and ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American

Description	CPT/CAT II/LOINC/HCPCS
	2076-8: Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results and document on your chart.
- Draw labs in your office if accessible or refer members to a local lab for screenings.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
    - Taking all prescribed medications as directed.
    - Adding regular exercise to daily activities.
    - Regularly monitoring blood sugar and blood pressure at home.
    - Maintaining healthy weight and ideal body mass index.
    - Eating heart-healthy, low-calorie, and low-fat foods.
    - Stopping smoking and avoiding second-hand smoke.
    - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
    - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.
    - Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- We can help you with comprehensive diabetes care by:
- Providing online *Clinical Practice Guidelines* on our provider self-service website.

- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office if available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes:

Initiation and Engagement of Substance Use Disorder Treatment (IET)

This measure looks at the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

- **Initiation of SUD treatment:** the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.
- **Engagement of SUD treatment:** the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Initiation and engagement of alcohol and other drug dependence treatment (IET) codes:

Description	CPT/HCPCS/ICD-10-CM/PCS
Alcohol abuse and dependence	**ICD10CM:** F10.10**,** F10.120**,** F10.121**,** F10.129**,** F10.130**,** F10.131**,** F10.132**,** F10.139**,** F10.14**,** F10.150**,** F10.151**,** F10.159**,** F10.180**,** F10.181**,** F10.182**,** F10.188**,** F10.19**,** F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29
AOD abuse and dependence	**ICD-10-CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130 F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180,

Description	CPT/HCPCS/ICD-10-CM/PCS
	F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24 F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29
Detoxification	**HCPCS:** H0008-H0014 **ICD-10-PCS:** HZ2ZZZZ
Opioid abuse and dependence	**ICD-10-CM:** F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29,
Other drug abuse and dependence	**ICD-10-CM:** F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.229, F21.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121.F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F31.120, F13.221, F13.229-F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280-F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259. F14.280-F14.282, F14.288, F14.29, F15.10, F15.120-F15.122, F15.229, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280-F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180,

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2023 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Description	CPT/HCPCS/ICD-10-CM/PCS
	F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180-F19.182, F19.188, F19.19, F19.20, F19.220-F19.222, F19.229, F19.230-F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280-F19.282, F19.288, F19.29
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
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.

How can we help?

We can help you with monitoring initiation and engagement of alcohol and other drug dependence treatment by:

- Reaching out to providers to be advocates and providing the resources to educate our members.
- Calling our behavioral health Provider Service for additional information.
- Guiding with the above noted services to drive member success in completing alcohol and other drug dependence treatment.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes:

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2023 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Immunizations for Adolescents (IMA)

This measure reviews the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between 11th and 13th birthdays, and one Tdap or one Td vaccine on or between their 10th and 13th birthdays
- At least two doses of HPV vaccine with DOS at 146 days apart on or between the 9th and 13th birthdays:
    - Or at least three HPV vaccines with different dates of service on or between the 9th and 13th birthdays

Record your efforts

Immunization information obtained from the medical record:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.
- Document in the medical record parent or guardian refusal.

Two-dose HPV vaccination series:

- There must be at least 146 days between the first and second dose of the HPV vaccine.

Meningococcal:

- Do **not count** meningococcal recombinant (serogroup B) (Men B) vaccines.

Exclusions:

- Anaphylactic Reaction to Serum/vaccination
- Encephalopathy due to vaccination
- Vaccine causing adverse effect
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT	CVX
Meningococcal	90733, 90619, 90734	108, 114, 136, 147, 167
Tdap	90715	115
HPV	90649, 90650, 90651	62, 118, 137, 165
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.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Kidney Health Evaluation for Patients with Diabetes (KED)

This measure evaluates members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Exclusions:

- Members with evidence of ESRD
- Dialysis
- Member who did not have a diagnosis of diabetes in any setting during the measurement year or the year prior to the measurement year and had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes in any setting during the measurement year
- Members receiving palliative care
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty.
    - At least two outpatient visits with an advanced illness diagnosis.
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/LOINC
Estimated glomerular filtration rate lab test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565 **LOINC:** 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1
Urine albumin creatinine ratio lab test	**LOINC:** 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Urine creatinine lab test	**CPT:** 82570 **LOINC:** 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of members 18 years as of January 1 of the measurement year to 75 years as of December 31 of the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (for example, the proportion for whom imaging studies did not occur).

Exclusions:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids
- Osteoporosis
- Lumbar surgery
- Spondylopathy
- Fragility fractures
- Palliative care
- Advanced illness
- Frailty
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty.
    - At least two outpatient visits with an advanced illness diagnosis.

Services	CPT/HCPCS/ICD-10-CM
Uncomplicated low back pain	**ICD-10-CM:** M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48061, M48.07, 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, M54.50, M5.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, 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,

Services	CPT/HCPCS/ICD-10-CM
	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

Services	CPT/HCPCS/ICD-10-CM
Imaging study	**CPT:** 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
Osteopathic and chiropractic manipulative treatment	**CPT:** 98925-98929, 98940-98942
Physical therapy	**CPT:** 97110, 97112, 97113, 97124, 97140, 97161-97164
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Lead Screening in Children (LSC)

This HEDIS measure looks at the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Record your efforts
When documenting lead screening, include:

- Date the test was reported.
- Results or findings.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Codes to identify lead test:

Services	CPT/LOINC
Lead tests	**CPT:** 83655 **LOINC:** 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Draw patient's blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff member to follow up on results when members are sent to a lab for screening.
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We help you with lead screening in children by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Other available resources:

- **https://www.cdc.gov/nceh/lead/audience/healthcare-providers.html**

Notes

Oral Evaluation, Dental Services (OED)

This HEDIS measure looks at the percentage of members under 21 of age who received a comprehensive oral evaluation with a dental provider during the measurement year.

Record your efforts:

- Date of evaluation

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Codes to identify lead test:

Services	CDT
Oral evaluation	**CDT:** D0120, D0145, D0150

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

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at the percentage deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- **Timeliness of prenatal care:** the percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- **Postpartum care:** the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Record your efforts:
Prenatal care visit must include one of the following:

- Diagnosis of pregnancy
- A physical examination that includes one of the following:
    - Auscultation for fetal heart tone
    - Pelvic exam with obstetric observations
    - Measurement of fundus height
- Evidence that a prenatal care procedure was performed such as one of the following:
    - Obstetric panel including hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
    - TORCH antibody panel alone
    - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
    - Ultrasound of a pregnant uterus
- Documentation of LMP, EDD or gestational age in conjunction with either of the following:
    - Prenatal risk assessment and counseling/education
    - Complete obstetrical history

Postpartum care visit on or between seven and 84 days after delivery
Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- Pelvic exam
- Evaluation of weight, BP, breasts, and abdomen
- Notation of breastfeeding is acceptable for the evaluation of breasts component
- Notation of postpartum care, including, but not limited to:
    - Notation of *postpartum care, PP care, PP check, 6-week* check

    - A preprinted *Postpartum Care* form in which information was documented during the visit
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Glucose screening for women with gestational diabetes
- Documentation of any of the following topics:
    - Infant care or breastfeeding
    - Resumption of intercourse, birth spacing or family planning.
    - Sleep/fatigue
    - Resumption of physical activity and attainment of healthy weight

Exclusions:

- Nonlive births
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Pregnancy diagnosis

ICD10-CM
O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.619, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93, O09.A0-O09.A3, O10.011-O10.013, O10.019, O10.111-O10.113, O10.119, O10.211-O10.213, O10.219, O10.311-O10.313, O10.319, O10.411-O10.413, O10.419, O10.911-O10.913, O10.919, O11.1-O11.3, O11.9, O12.00-O12.03, O12.10-O12.13, O12.20-O12.23,O13.1-O13.3, O13.9, O14.00, O14.02, O14.03, 014.10, O14.12-O14.13, O14.20,O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0-O21.1, O21.2, O21.8, O21.9, O22.00-O22.03, O22.10-O22.13, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, 023.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23.513, O23.519, O23.521-O23.23, O23.529, O23.591-O23.593, O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.111-O24.113, O24.119, O24.311-O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811-O24.813, O24.819, O24.911-O24.913, O24.919, O25.10-O25.13, O26.00-O26.03, O26.10-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26.613, O26.619, O26.711-O26.713, O26.719, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872, O26.873,

ICD10-CM
O26.879, O26.891-O26.893, O26.899, O26.90-O26.93, O28.0-O28.5, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.023, O29.029, O29.091-O29.093, O29.099, O29.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-O29.193, O29.199, O29.211-O29.213, O29.219, O29.291-O29.293, O29.299, O29.3X1-O29.3X3, O29.3X9, O29.40-O29.43, O29.5X1-O29.5X3, O29.5X9, O29.60-O29.63, O29.8X1-O29.8X3, O29.8X9, O29.90-O29.93, O30.001-O30.003, O30.009, O30.011-O30.013, O30.019, O30.021-O30.023, O30.029, O30.031-O30.033, O30.039, O30.041-O30.043, O30.049, O30.091-O30.093, O30.099, O30.101-O30.103, O30.109, O30.111-O30.113, O30.119, O30.121-O30.123, O30.129, O30.131-O30.133, O30.139, O30.191-O30.193, O30.199, O30.201-O30.203, O30.209, O30.211-O30.213, O30.219, O30.221-O30.223, O30.229, O30.291-O30.293, O30.299, O30.231-O30.233, O30.239, O30.291-O30.293, O30.299, O30.801-O30.803, O30.809, O30.811-O30.813, O30.819, O30.821-O30.823, O30.829, O30.831-O30.833, O30.839, O30.891-O30.893, O30.899, O30.90-O30.93, O31.00X0-O31.00X5, 031.00X9, O31.01X0-O31.01X5, O31.01X9, O31.02X0-O31.02X5, O31.02X9, O31.03X0-O31.03X05, O31.03X9, O31.10X0-O31.1OX5, O31.10X9, O31.11X0-O31.11X5, O31.11X9, O31.12X0-O31.12X5, O31.12X9, O31.13X0-O31.13X5, O31.13X9, O31.20X0-O31.20X5, O31.20X9, O31.21X0-O31.21X5, O31.21X9, O31.22X0-O31.22X5, O31.22X9, O31.23X0-O31.23X5, O31.23X9, O31.30X0-O31.30X5, O31.30X9, O31.31X0-O31.31X5, O31.31X9, O31.32X0-O31.32X5, O31.32X9, O31.33X0-O31.33X5, O31.33X9, O31.8X10-O31.8X15, O31.8X19, O31.8X20-O31.8X25, O31.8X29, O31.8X30-O31.8X35, 031.8X39, 031.8X90-O31.8X95, 031.8X99, O32.0XX0-O32.0XX5, O32.0XX9, O32.1XX0-O32.1XX5, O32.1XX9, O32.2XX0-O32.2XX5, O32.2XX9, O32.3XX0-O32.3XX5, O32.3XX9, O32.4XX0-O32.4XX5, O32.4XX9, O32.6XX0-O32.6XX5, O32.6XX9, O32.8XX0-O32.8XX5, O32.8XX9, O32.9XX0-O32.9XX5, O32.9XX9, O33.0-O33.2, O33.3XX0-O33.3XX5, O33.3XX9, O33.4XX0-O33.4XX5, O33.4XX9, O33.5XX0-O33.5XX5, O33.5XX9, O33.6XX0-O33.6XX5, O33.6XX9, O33.7XX0-O33.7XX5, O33.7XX9, 33.8-33.9, O34.00-O34.03, O34.10-O34.13, O34.211, O34.212, O34.218, O34.219, O34.22, O34.29, O34.30-O34.33, O34.40-O34.43, O34.511-O34.513, O34.519, O34.521-O34.523, O34.529, O34.531-O34.533, O34.539, O34.591-O34.593, O34.599, O34.60-O34.63, O34.70-O34.73, O34.80-O34.83, O34.90-O34.93, O35.0XX0-O35.0XX5, O35.0XX9, O35.1XX0-O35.1XX5, O35.1XX9, O35.2XX0-O35.2XX5, O35.2XX9, O35.3XX0-O35.3XX5, O35.3XX9, O35.4XX0-O35.4XX5, O35.4XX9, O35.5XX0-O35.5XX5, O35.5XX9, O35.6XX0-O35.6XX5, 035.6XX9, O35.7XX0-O35.7XX5, O35.7XX9, O35.8XX0-O35.8XX5, O35.8XX9, O35.9XX0-O35.9XX5, O35.9XX9, O36.0110-O36.0115, O36.0119, O36.0120-O36.0125, O36.0129, O36.0130-O36.0135, O36.0139, O36.0190-O36.0195, O36.0199, O36.0910-O36.0915, O36.0919, O36.0920-O36.0925, O36.0929, O36.0930-O36.0935, O36.0939, O36.0990-O36.0995, O36.0999,

ICD10-CM
O36.1110-O36.1115, O36.1119, O36.1120-O36.1125, O36.1129, O36.1130-O36.1135, O36.1139, O36.1190-O36.1195, O36.1199, O36.1910-O36.1915, O36.1919, O36.1925, O36.1929, O36.1930-O36.1935, O36.1939, O36.1990-O36.1995, O36.1999, O36.20X0-O36.20X5, O36.20X9, O36.21X0-O36.21X5, O036.21X9, 36.22X0-O36.22X5, O36.22X9, O36.23X0-O36.23X5, O36.23X9, O36.4XX0-O36.4XX5, O36.4XX9, O36.5110-O36.5115, O36.5119, O36.5120-O36.5125, O36.5129, O36.5130-O36.5135, O36.5139, O36.5190-O36.5195, O36.5199, O36.5910-O36.5915, O36.5919, O36.5920-O36.5925, O36.5929, O36.5930-O36.5935, O36.5939, O36.5990-O36.5995, O36.5999, O36.60X0-O36.60X5, O36.60X9, O36.61X0-O36.61X5, O36.61X9, O36.62X0-O36.62X5, O36.62X9, O36.63X0-O36.63X5, O36.63X9, O36.70X0-O36.70X5, O36.70X9, O36.71X0-O36.71X5, O36.71X9, O36.72X0-O36.72X5, O36.72X9, O36.73X0-O36.73X5, O36.73X9, O36.80X0-O36.80X5, O36.80X9, O36.8120-O36.8125, O36.8129, O36.8130, O36.8135, O36.8139, O36.8190-O36.8195, O36.8199, O36.8210-O36.8215, O36.8219, O36.8220-O36.8225, O36.8229, O36.8230-O36.8235, O36.8239, O36.8290-O36.8295, O36.8299, O36.8310-O36.8315, O36.8319-O36.8325, O36.8329-O36.O36.8335, O36.8339, O36.8390-O36.8395, O36.8399, O36.8910-O36.8915, O36.8919, O36.8920-O36.8925, O36.8929, O36.8930-O36.8935, O36.8939, O36.8990-O36.8995, O36.8999, O36.90X0-O36.90X5, O36.90X9, O36.91X0-O36.91X5, O36.91X9, O36.92X0-O36.92X5, O36.92X9, O36.93X0-O36.93X5, O36.93X9, O40.1XX0-O40.1XX5, O40.1XX9-O40.2XX0-O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX5, O40.3XX9, O40.9XX0-O40.9XX5, O40.9XX9, O41.00X0-O41.00X5, O41.00X9, O41.01X0-O41.01X5, O41.01X9, 041.02X0-O41.02X5, O41.02X9, O41.03X0-O41.03X5, O41.03X9, O41.1010-O41.1015, O41.1019, O41.1020-O41.1025, O41.1029, O41.1030-O41.1035, O41.1039, O41.1090-O41.1095, O41.1099, O41.1210-O41.1215, O41.1219, O41.1220-O41.1225, O41.1229, O41.1230-O41.1235, O41.1239, O41.1290-O41.1295, O41.1299, O41.1410-O41.1415, O41.1419, O41.1420-O41.1425, O41.1429, O41.1430-O41.1435, O41.1439, O41.1490-O41.1495, O41.1499, O41.8X10-O41.8X15, O41.8X19, O41.8X20-O41.8X25, O41.8X29, O41.8X30-O41.8X35, O41.8X39, O41.8X90-O41.8X95, O41.8X99, O41.90X0-O41.90X5, O41.90X9, O41.91X0-O41.91X5, 041.91X9, O41.92X0-O41.92X5, O41.92X9, O41.93X0-O41.93X5, O41.93X9, O42.00-O42.013, O42.019, O42.02, O42.10, O42.111-O42.113, O42.119, O42.12, O42.90, O42.911-O42.913, O42.919, O42.92, O43.011-O43.013, O43.019, O43.021-O43.023, O43.029, O43.101-O43.103, O43.109, O43.111-O43.113, O43.119, O43.121-O43.123, O43.129, O43.191-O43.193, O43.199, 043.211-O43.213, O43.219, O43.221-O43.223, O43.229, O43.231-O43.233, O43.239, O43.811-O43.813, O43.819, O43.891-O43.893, O43.899, O43.90-O43.93, O44.00-O44.03, O44.10-O44.13, O44.20-O44.23, O44.30-O44.33, O44.40-O44.43, O44.50-O44.53, O45.001-O45.003, O45.009, 045.011-O45.013, O45.019, O45.021-O45.023, O45.029,

ICD10-CM
O45.091-O45.093, O45.099, O45.8X1-O45.8X3, O45.8X9, O45.90-O45.93, O46.001-O46.003, O46.009, O46.011-O46.013, O46.019, O46.021-O46.023, O46.029, O46.091-O46.093, O46.099, O46.8X1-O46.8X3, 046.8X9, O46.90-O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O60.10X0-O60.10X5, O60.10X9, O60.12X0-O60.12X5, O60.12X9, O60.13X5, O60.13X9-O60.14X5, O60.14X9, O60.20X0-O60.20X5, O60.20X9, O60.22X0-O60.22X5, O60.22X9, O60.23X0-O60.23X5, O60.23X9, O61.0, O61.1, O61.8-O62.4, O62.8, O62.9, O63.0-O63.2, O63.9, O64.0XX0-O64.0XX5, O64.0XX9, O64.1XX0-O64.1XX5, O64.1XX9, O64.2XX0-O64.2XX5, O64.2XX9, O64.3XX0-O64.3XX5, O64.3XX9, O64.4XX0-O64.4XX5, O64.4XX9, O64.5XX0-O64.5XX5, O64.5XX9, O64.8XX0-O64.8XX5, O64.8XX9, O64.9XX0-O64.9XX5, O64.9XX9, O65.0-O65.5, O65.8-066.3, O66.40, O66.41, O66.5, O66.6, O66.8, O66.9, O67.0, O67.8, O67.9, O68, O69.0XX0-O69.0XX5, O69.0XX9, O69.1XX0-O69.1XX5, O69.1XX9, O69.2XX0-O69.2XX5, O69.2XX9, O69.3XX0-O69.3XX5, O69.3XX9, O69.4XX0-O69.4XX5, O69.4XX9, O69.5XX0-O69.5XX5, O69.5XX9, O69.81X0-O69.81X5, O69.81X9-O69.82X5, O69.82X9, 069.89X0-O69.89X5, O69.89X9, O69.9XX0-O69.9XX5, O69.9XX9, O70.0-O70.4, O70.9-O71.00, O71.02-O71.03, O71.1-O71.7, O71.81-O71.82, O71.89, 071.9, O72.0-O72.3, 073.0, O73.1, 074.0-O74.9, O75.0-O75.5, O75.81, O75.82, O75, 89, O75.9, O76, O77.0, O77.1, O77.8, O77.9, O80, O82, O85, O86.00-O86.04, O86.09, O86.11-O86-13, O86.19-O86.22, O86.29, O86.4, O86.81, O86.89, O87.0-O87.4, O87.8, O87.9, O88.011-O88.013, O88.019, O88.02, O88.03, O88.111-O88.113, O88.119, O88.12, O88.13, O88.211-O88.213, O88.219, O88.22, O88.23, O88.311-O88.313, O88.319, O88.32, O88.33, O88.811-O88.813, O88.819, O88.82, O88.83, O88.811-O88.813, O88.819, O88.82, O88.83, O89.01, O89.09, O89.1-O89.6, O89.8, O89.9, O90.0-O90.6, O90.81, O90.89, O90.9, O91.011-O91.013, O91.019. O91.02, O91.03, O91.111-O91.113, O91.119, O91.12, O91.13, O91.211-O91.213, O91.219, O91.22, O91.23, O92.011-O92.013, O92.019, O92.02, O92.03, O92.111-O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3-O92.6, O92.70, O92.79, O98.011-O98.013, O98.019, O98.02, O98.03, O98.111-O98.113, O98.119, O98.12, O98.13, O98.211-O98.213, O98.219, O98.22, O98.23, O98.311-O98.313, 098.319, O98.32, O98.33, O98.411-O98.413, O98.419, O98.42, O98.43, O98.511-O98.513, O98.519, O98.52, O98.53, O98.611-O98.613, O98.619, O98.62, O98.63, O98.711-O98.713, O98.719, O98.72, O98.73, O98.811-O98.813, O98.819, O98.82, O98.83, O98.911-O98.913, 098.919, O98.92, O98.93, O99.011-O99.013, O99.019, O99.02, O99.03, O99.111-O99.113, O99.119, O99.12, O99.13, O99.210-O99.215, O99.280-O99.285, O99.310-O99.315, O99.320-O99.325, O99.330-O99.335, O99.340-O99.345, O99.350-O99.355, O99.411-O99.413, O99.419, O99.42, O99.43, O99.511-O99.513, O99.519, O99.52, O99.53, O99.611-O99.613, O99.619, O99.62, O99.63, O99.711-O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825, O99.830, O99.834,

ICD10-CM
O99.835, O99.840-O99.845, O99.89, O99.891, O9A.111-O9A.113, O9A.119, O9A.12-O9A.13, O9A.211-O9A.213, O9A.219, O9A.22-O9A.23, O9A.311-O9A.313, O9A.319, O9A.32, O9A.33, O9A.411-O9A.413, O9A.419, O9A.42, O9A.43, O9A.511-O9A.513, O9A.519, O9A.52, O9A.53, Z03.71-Z03.75, Z03.79, Z32.01, Z33.1-Z33.2, Z33.3, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36.1-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9

Deliveries

ICD-10-CM
10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3-10D07Z8, 10E0XZZ

Postpartum visits

ICD-10-CM
Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Services	CPT/ CAT II/HCPCS
Deliveries	**CPT:** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622
Prenatal bundled services	**CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005
Prenatal visits	**CPT:** 99202-99205, 99211-99215, 99241-99245, 99483 **HCPCS:** G0463, T1015
Stand-alone prenatal visits	**CPT:** 99500 **CAT II:** 0500F, 0501F, 0502F **HCPCS:** H1000-H1004
Postpartum bundles services	**CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Home Visit Prenatal Monitoring	**CPT:** 99500
Postpartum visit	**CPT:** 57170, 58300, 59430, 99501 **CAT II:** 0503F **HCPCS:** G0101
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

Services	CPT/ CAT II/HCPCS
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: These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tip

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Statin Therapy for Patients with Cardiovascular Disease (SPC)

This HEDIS measure looks at the percentage of males 21 to 75 years of age and females 40 to 75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- **Received statin therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- **Statin adherence 80%:** Members who remained on a high-intensity or
- moderate-intensity statin medication for at least 80% of the treatment period.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Pregnancy
- In vitro fertilization
- Dispensed at least one prescription for clomiphene
- ESRD
- Cirrhosis
- Dialysis
- Myalgia, myositis, myopathy, or rhabdomyolysis
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty
    - At least two outpatient visits with an advanced illness diagnosis
- Members receiving palliative care
- Members who died during the measurement year

Description	CPT/HCPCS/ICD-10-CM/PCS
Coronary artery bypass graft (CABG)	**CPT:** 33510-33514, 33516-33519, 33521-33523, 33530, 33533-33536 **HCPCS:** S2205-S2209 **ICD-10-PCS:** 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 212083,0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C,

Description	CPT/HCPCS/ICD-10-CM/PCS
	021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF
Myocardial infarction (MI)	**ICD-10-CM:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0-I22.2, I22.8, I22.9-I23.8, I25.2
Other revascularization	**CPT:** 37220, 37221, 37224-37231
Percutaneous coronary intervention (PCI)	**CPT:** 92920, 92924, 92928, 92933, 92937, 92941, 92943 **HCPCS:** C9600, C9602, C9604, C9606, C9607 **ICD-10-PCS:** 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02713E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 027234Z, 027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 027334Z,

Description	CPT/HCPCS/ICD-10-CM/PCS
	027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734TZ, 02734Z6, 02734ZZ
Ischemic vascular disease (IVD)	**ICD10CM:** I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708-I25.711, I25.718-I25.7021, I25.728-I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799 I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.51, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.53, I70.538, I70.53, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638,

Description	CPT/HCPCS/ICD-10-CM/PCS
	I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.92, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89, T82.855A, T82.855D, T82.855S, T82.856A, T82.856D, T82.856S
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Statin Therapy for Patients with Diabetes (SPD)

This HEDIS measures looks at the percentage of members 40 to 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

- **Received statin therapy:** members who were dispensed at least one statin medication of any intensity during the measurement year
- **Statin adherence 80%:** members who remained on a statin medication of any intensity for at least 80% of the treatment period

Record your efforts:

- Document review of continued use of prescribed medications during member visits.
- Document evidence of exclusion criteria.

Exclusions:

- CABG
- MI
- PCI
- Other revascularization procedures
- Ischemic vascular disease (IVD)
- Pregnancy
- Members who did not diagnosis of diabetes in any setting, during the measurement year ad who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes in any setting during the measurement year the year prior to the measurement year
- In vitro fertilization
- Prescription for clomiphene
- ESRD
- Cirrhosis
- Dialysis
- Myalgia, myositis, myopathy, or rhabdomyolysis
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty
    - At least two outpatient visits with an advanced illness diagnosis
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/HCPCS/ICD-10-CM
Diabetes	**ICD-10-CM:** E10.10-11, E10.21-22, E10.29, E10.311, E10.319, E10.3211-E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311-E10.3313, E10.3319, E10.3391-E10.3393, E10.3399, E10.3411-3413, E10.3419, E10.3491-E10.3493, E10.3499, E10.3511-E10.3513, E10.3519, E10.3522, E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.3591-E10.3593, E10.3599, E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-E10.44, E10.49, E10.51-E10.52, E10.59, E10.610, E10.618, E10.620-E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00-E11.01, E11.10-E11.11, E11.21-E11.22, E11.29, E11.311, E11.319, E11.3211-E11.3213, E11.3219, E11.3291-E11.3293, E11.3299, E11.3311-E11.3313, E11.3319, E11.3391-E11.3393, E11.3399, E11.341, E11.3411-E11.3413, E11.3419, E11.3491-E11.3493, E11.3499, E11.3511-E11.3513, E11.3519, E11.3521-E11.3523, E11.3529, E11.3531-E11.3533, E11.3539, E11.3541-E11.3543, E11.3549, E11.3551-E.11.3553, E11.3559, E11.359-E11.3593, E11.3599, E11.36, E11.37X1-E11.37X3, E11.37X9, E11.39-44, E11.49, E11.51-52, E11.59, E11.610, E11.618, E11.620-22, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21-22, E13.29, E13.311, E13.319, E13.3211-E13.3213, E13.3219, E13.3291-E13.3293, E13.3299, E13.3311-E13.3313, E13.3319, E13.339, E13.3391-E13.3393, E13.3399, E13.3411-E13.3413, E13.3419, E13.3491-E13.3493, E13.3499, E13.351, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3529, E13.3531-E13.3533, E13.3539, E13.3541-E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.3591-E13.3593, E13.3599, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39, E13.40, E13.41-44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620-22, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011-024.013, O24.019, O24.02, O24.03, O24.111-113, O24.119, O24.12, O24.13, O24.311-313, O24.319, O24.32, O24.33, O24.811-813, O24.819, O24.82, O24.83
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2023 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

This HEDIS measure looks at the percentage of members 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder and who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year.

Record your efforts:

- Document review of continued use of prescribed medications during member visits.
- Document evidence of exclusion criteria.

An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data **and** a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Exclusions:

- Members with diabetes by claim encounter data and by pharmacy data
- Members who had not antipsychotic medications dispensed during the measurement year
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/HCPCS/ICD-10-CM/LOINC
Glucose lab tests	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC:** 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c lab tests	**CPT:** 83036, 83037 **LOINC:** 17856-6, 4548-4, 4549-2
Long-acting injections	**HCPCS:** J0401, J1631, J1943, J1944, J2358, J2426, J2680, J2794, J2798
Bipolar disorder	**ICD-10-CM:** F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other bipolar disorder	**ICD-10-CM:** F31.81, F31.89, F31.9
Schizophrenia	**ICD-10-CM:** F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

Services	CPT/HCPCS/ICD-10-CM/LOINC
Visit setting unspecified	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful tip:

If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Notes

Topical Fluoride for Children

This HEDIS measure looks at the percentage of members 1 to 4 years of age who received at least two fluoride varnish applications during the measurement year.

Record your efforts
Two or more fluoride varnish applications on different dates of services

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Codes to identify lead test:

Services	CPT/CDT
Application of fluoride varnish	**CPT:** 99188 **CDT:** D1206

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

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Appropriate Treatment for Upper Respiratory Infection (URI)

This HEDIS measure looks at the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in a dispensed antibiotic dispensing event.

Record your efforts:

- Document results of all strep tests or refusal for testing in medical records.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

- Visits that result in an inpatient stay
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/ICD-10-CM
Pharyngitis	**ICD-10-CM:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
URI	**ICD-10-CM:** J00, J06.0, J06.9
Online assessments	**CPT:** 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

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

Helpful tips:

- If a patient tests negative for group A strep but insists on an antibiotic:
  - Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, like over-the-counter medications.
- Educate members on the difference between bacterial and viral infections. This is the key point in the success of this measure.
  - Discuss with members ways to treat symptoms.
    - Get extra rest.
    - Drink plenty of fluids.
    - Use over-the-counter medications.
    - Use the cool-mist vaporizer and nasal spray for congestion.

    - Eat ice chips or use throat spray/lozenges for sore throats.

- Educate members and their parents or caregivers that they can prevent infection by:
    - Washing hands frequently.
    - Disinfecting toys.
    - Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Helpful resources:

- **www.CDC.gov/getsmart**
- **www.CDC.gov/antibiotic-use**

Notes

Well-Child Visits in the First 30 Months of Life (W30)

This HEDIS measure looks at the percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

- **Well-Child Visits in the First 15 Months:** children who turned 15 months old during the measurement year: Six or more well-child visits.
- **Well-Child Visits for Age 15 Months to 30 Months:** children who turned 30 months old during the measurement year: Two or more well-child visits.

Record your efforts

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of **all** of the following:

- **A health history:** Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history:** Physical developmental history assesses specific
- age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history:** Mental developmental history assesses specific
- age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed).
- **Health education/anticipatory guidance:** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/ICD-10-CM
Well-care	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 **ICD-10-CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Description	CPT/HCPCS/ICD-10-CM
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.

Helpful tips:

- Use your member roster to contact members who are due for an exam or are new to your practice.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for a visit. If you do not use EMRs, consider creating a manual tracking method. Sick visits may be a missed opportunity for your patient to get a wellness exam.
- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents.
- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review!
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs. Contact your Provider Solutions representative for more information.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)

This HEDIS measure looks at the percentage of members ages 3 to 17 years who had an outpatient visit with a PCPs or OB/GYN and who had evidence of the following during the measurement year:

- BMI percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity.

Record your efforts

Three separate rates are reported:

- Height, weight, and BMI percentile (not BMI value):
  - May be a BMI growth chart if utilized
- Counseling for nutrition (diet):
  - Services rendered during a telephone visit, e-visit or virtual check-in meet criteria
- Counseling for physical activity (sports participation/exercise):
  - Services rendered for obesity or eating disorders may be used to meet criteria
  - Services rendered during a telephone visit, e-visit or virtual check-in meet criteria

Exclusions:

- Members who have a diagnosis of pregnancy during the measurement year
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	HCPCS/ICD10CM/LOINC
BMI percentile	**ICD-10-CM:** Z68.51-Z68.54 **LOINC:** 59574-4, 59575-1, 59576-9
Nutrition counseling	**CPT:** 97802, 97803, 97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 **ICD-10-CM:** Z71.3
Physical activity counseling	**HCPCS:** G0447, S9451 **ICD-10-CM:** Z02.5, Z71.82

Note: The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Measure height and weight at least annually and document the BMI percentile for age in the medical record.
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the patient.
- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.
- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

Child and Adolescent Well-Care Visits (WCV)

This HEDIS measure looks at the percentage of members ages 3 to 21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Record your efforts
Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of **all** of the following:

- **A health history:** Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history:** Physical developmental history assesses specific
- age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history:** Mental developmental history assesses specific
- age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed).
- **Health education/anticipatory guidance:** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/ICD-10-CM
Well-care	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 **ICD-10-CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Description	CPT/HCPCS/ICD-10-CM
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.

Helpful tips:

- Use your member roster to contact members who are due for an annual exam.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your patient to get health checks.
- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents.
- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review!
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs.
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangement.

Notes

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