

HEDIS® Guidelines Related to Quality Care

Last Updated: April 12, 2024



Table of Contents

Page Number

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	3
Adults' Access to Preventive/Ambulatory Health Services (AAP)	4
Antidepressant Medication Management (AMM)	5
Asthma Medication Ratio (AMR)	7 – 8
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	9 – 10
Blood Pressure Control for Patients With Diabetes (BPD)	11 – 12
Controlling High Blood Pressure (CBP)	13 – 14
Cervical Cancer Screening (CCS)	15 – 16
Chlamydia Screening in Women (CHL)	17
Appropriate Testing for Pharyngitis (CWP)	18 – 19
Eye Exam for Patients With Diabetes (EED)	20 – 21
Follow-Up After Emergency Department Visit for Substance Use (FUA)	22 – 23
Follow-Up After Hospitalization for Mental Illness (FUH)	24 – 25
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	26
Glycemic Status Assessment for Patients With Diabetes (GSD)	27 – 28
Initiation and Engagement of Substance Use Disorder Treatment (IET)	29 – 30
Kidney Health Evaluation for Patients With Diabetes (KED)	31
Use of Imaging Studies for Low Back Pain (LBP)	32
Lead Screening in Children (LSC)	33
Oral Evaluation, Dental Services (OED)	34
Prenatal and Postpartum Care (PPC)	35 – 37
Statin Therapy for Patients With Cardiovascular Disease (SPC)	38
Statin Therapy for Patients With Diabetes (SPD)	39
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	40 – 41
Topical Fluoride for Children (TFC)	42
Appropriate Treatment for Upper Respiratory Infection (URI)	43 – 44
Well-Child Visits in the First 30 Months of Life (W30)	45 – 46
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	47 – 48
Child and Adolescent Well-Care Visits (WCV)	49 – 50

BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association.

To report fraud, call our confidential Fraud Hotline at 800-763-0703. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email FraudRes@scdhhs.gov.

Please Note: 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 and provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and appropriate care decrease the need for a high volume of medical record review requests and provider audits. It also helps us review the quality of care you provide to our members and meet the HEDIS measure for quality reporting based on the care you provide.

Please note: The information provided is based on HEDIS 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.

Additional Resources:

- ◆ www.ahrq.gov
- ◆ www.cdc.gov/antibiotic-use
- ◆ www.cdc.gov/bloodpressure
- ◆ www.cdc.gov/nceh/lead/audience/healthcare-providers.html
- ◆ www.cdc.gov/std/chlamydia
- ◆ www.chadd.org
- ◆ www.HealthyChildren.org
- ◆ www.ncbi.nlm.nih.gov
- ◆ www.nhlbi.nih.gov
- ◆ www.QualityForum.org
- ◆ www.USPreventiveServicesTaskForce.org

These are links to third-party websites. These organizations are responsible for the content and privacy policies on their sites.

Customer Service: 866-781-5094 (TTY: 866-773-9634) Monday – Friday from 8 a.m. – 6 p.m.

24-Hour Nurseline: 800-830-1525 (TTY: 711)

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 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:
 - 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	ICD-10-CM: J20.3 – 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

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 using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations representative for more information.

How can we help?

- ◆ We help you avoid 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. They can contact Member Services to see if they qualify.

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	<p>CPT: 99202 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 9940 – 99404, 99411, 99412, 99429, 99483</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>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</p>
Online assessments	<p>CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250, G2251, G2252</p>
Telephone visits	<p>CPT: 98966, 98967, 98968, 99441, 99442, 99443</p>

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 Relations representative for more information.

How can we help?

Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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 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 12-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
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 – 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

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 reevaluated.

- 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 using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations representative for more information.

How can we help?

- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.
- ◆ We help you with antidepressant medication management by offering current Clinical Practice Guidelines on our provider self-service website.

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 day's 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 these conditions:
 - Emphysema
 - Chronic respiratory conditions due to fumes or vapors
 - Other emphysema
 - Cystic fibrosis
 - Chronic obstructive pulmonary disease (COPD)
 - Acute respiratory failure
 - Obstructive chronic bronchitis

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

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

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations representative for more information.

How can we help?

- ◆ We offer current Clinical Practice Guidelines on our provider self-service website.
- ◆ We provide you with individual reports of your members overdue for services if needed.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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:

Document psychosocial care in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Exclusions:

- ◆ Patients with 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 – 90834, 90836 – 90840, 90845 – 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409 – G0411, H0004, H0035 – H0040, H2000, H2001, H2011 – H2014, H2017 – H2020, S0201, S9480, S9484, S9485, T2048
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: G0176, G0177, G0409, G0512, H0004, H0036 – H0040, H2000, H2010 – H2020
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
Visit setting unspecified	CPT: 90791, 90792 – 90834, 90836 – 90840, 90845 – 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

Helpful tip:

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

How can we help?

- ◆ We offer current Clinical Practice Guidelines on our provider self-service website.
- ◆ We provide you with individual reports of your members overdue for services if needed.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

*This link leads to a third-party website. That organization is solely responsible for the content and privacy policy on its site.

Customer Service: 866-781-5094 (TTY: 866-773-9634) Monday – Friday from 8 a.m. – 6 p.m.

24-Hour Nurseline: 800-830-1525 (TTY: 711)

Blood Pressure Control for Patients With Diabetes (BPD)

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

Record your efforts:

Document members 18 – 75 years of age whose BP is less than 140/90 mmHg.

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 nondigital 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 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 or 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, 85464, 8547-2, 89268-7
Systolic greater than or 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.
 - 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 mmHg and diastolic of 90 mmHg 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 your members and their spouses, caregivers and/or guardians about the importance of:
 - 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 using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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.
 - 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. They can contact Member Services to see if they qualify.

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 mmHg) 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 mmHg) 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?

Readings do 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 nondigital device such as with a manual blood pressure cuff and a stethoscope.

Exclusions:

- ◆ End-stage renal disease
- ◆ Kidney transplant
- ◆ Pregnancy
- ◆ Nonacute inpatient stay
- ◆ 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/LOINC/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 or 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 or equal to 140	CAT II: 3077F

DESCRIPTION	CPT/LOINC/ICD-10-CM/CAT II
Systolic less than 140	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Online assessments	CPT: 98966, 98967, 98968, 99441, 99442, 99443
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

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 mmHg and diastolic of 90 mmHg 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 using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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.
 - 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. They can contact Member Services to see if they qualify.

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 measurement year or up to two years prior to the measurement year
- ◆ Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the measurement year or up to four years prior to the measurement year
- ◆ Women 30 to 64 years of age who had cervical cytology/hrHPV co-testing within the measurement year or up to four years prior to the measurement year

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. Include complete details if it was a complete, total or radical abdominal, vaginal or unspecified hysterectomy with no residual cervix. Document history of cervical agenesis or acquired absence of cervix. Include, at a minimum, the year the surgical procedure was performed.

Exclusions:

- ◆ 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/ICD-10-CM/PCS
Cervical cytology lab test	<p>CPT: 88141 – 88143, 88147, 88148, 88150, 88152 – 88154, 88164 – 88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143 – G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9 33717-0, 47527-7, 47528-5</p>
hrHPV lab test	<p>CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>HCPCS: G0476</p> <p>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</p>
Absence of cervix diagnosis	<p>ICD-10-CM: Q51.5, Z90.710, Z90.712</p>
Hysterectomy with no residual cervix	<p>CPT: 51925, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260 – 58263, 58270, 58275, 58280, 58285, 58294, 58552 – 58554, 58570 – 58573, 58951, 58953, 58954, 58956</p> <p>ICD-10-PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ</p>

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.
- ◆ 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.
- ◆ If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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, postcards, newsletters and health education flyers.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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

Helpful tip:

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

How can we help?

Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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. A higher rate represents better performance (i.e., appropriate testing).

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.
- ◆ Documentation of a group A strep test must include the test date and result and be performed during the time period of three days prior through three days following the antibiotic being filled.

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
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

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, such as 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 a 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 using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations representative for additional details and questions.

How can we help?

Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

Eye Exam for Patients With Diabetes (EED)

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

Record your efforts:

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

Exclusions:

- ◆ Members who do not have a diagnosis of diabetes in any setting, during the measurement year or the year prior to the measurement year and who had one of the following:
 - Polycystic ovarian syndrome
 - Gestational diabetes
 - Steroid-induced diabetes
- ◆ Members in hospice or using hospice services anytime during the measurement year
- ◆ Members receiving palliative care
- ◆ 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: 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260 HCPCS: S3000
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

SERVICES	CPT/HCPCS/CAT II
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

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 retinal or dilated 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 secondhand 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 on the claim form to help reduce the burden of HEDIS medical record review.
- ◆ If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

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
AOD abuse and dependence	Please refer to the most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.
AOD medication treatment	HCPCS: H0020, H0033, J0570 – J0575, J2315, Q9991, Q9992, S0109 CPT: 99408, 99409
Behavioral health assessment	HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Substance-induced disorders	Please refer to the most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes. CPT: 99408, 99409
Substance use disorder services	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 – G2070, G2072, G2073
OUD weekly nondrug service	HCPCS: G2071, G2074 – G2077, G2080
Residential behavioral health treatment	HCPCS: H0017 – H0019, T2048 CPT: 98970 – 98972, 99421 – 99423, 99457, 99458
Online assessments	HCPCS: G0071, G2010, G2012, G2250 – G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

SERVICES**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**Helpful tip:**

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

How can we help?

- ◆ We offer current Clinical Practice Guidelines on our provider self-service website.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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 with a mental health provider
- ◆ The percentage of discharges for which the member received follow-up within seven days after discharge with a mental health provider

Exclusions:

- ◆ 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 – 90834, 90836 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231 – 99233, 99238, 99239, 99251 – 99255

DESCRIPTION	ICD-10-CM
Mental illness	Please refer to the most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.
Mental health diagnosis	Please refer to the most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.

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

How can we help?

- ◆ We offer current Clinical Practice Guidelines on our provider self-service website.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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:

- ◆ 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)

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, 99242 – 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
Visit setting unspecified	CPT: 90791, 90792, 90832 – 90834, 90836 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 – 99223, 99231 – 99233, 99238, 99239, 99252 – 99255
Online assessments	CPT: 98970 – 98972, 99421 – 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250 – G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

DESCRIPTION	ICD-10-CM
Mental illness	Please refer to the most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.
Mental health diagnosis	Please refer to the most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.

Helpful tip:

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

How can we help?

- ◆ We offer current Clinical Practice Guidelines on our provider self-service website.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

Glycemic Status Assessment for Patients With Diabetes (GSD)

This measure looks at the percentage of members 18 to 75 years of age with diabetes (Type 1 and Type 2) whose most recent hemoglobin A1C (HbA1C) or glucose management indicator (GMI) was at the following levels during the measurement year:

- ◆ Glycemic status less than 8.0 percent
- ◆ Glycemic status greater than 9.0 percent

Record your efforts:

Document the date when the most recent A1C or GMI was performed and result documented.

Exclusions:

- ◆ Members in hospice or using hospice services anytime during the measurement year
- ◆ Members receiving palliative care anytime during the measurement year
- ◆ 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 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

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 secondhand 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 using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

This measure looks at the percentage of adolescent and adult members with a new episode of substance use disorder (SUD) or dependence who received treatment. 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 visits 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

DESCRIPTION	CPT/HCPCS/ICD-10-CM/PCS
Behavioral health encounter	<p>CPT: 90791, 90792, 90832–90834, 90836 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960 – 98962, 98966 – 98968, 98970 – 98972, 99078, 99202 – 99205, 99211 – 99215, 9921 – 99223, 99231 – 99233, 99238, 99239, 99241 – 99245, 99251 – 99255, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99408 – 99412, 99441 – 99443, 99457, 99483, 99510</p> <p>HCPCS: G0071, G0155, G0176, G0177, G0396, G0397, G0409 – G0411, G0443, G0463, G2010 – G2012, G2067 – G2077, G2080, G2086, G2087, H0001 – H0002, H0004 – H0016, H0020, H0022, H0031, H0034 – H0037, H0039, H0040, H0047, H2000 – H2001, H2010 – H2020, H2035 – H2036, J5070 – J0575, J2315, S0109, S020, S9480, S9484 – S9485, T1006, T1012, T1015, Q9991, Q9992</p> <p>ICD-10-CM: Please refer to most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.</p>
Detoxification	<p>HCPCS: H0008 – H0014</p> <p>ICD-10-PCS: HZ2ZZZZ</p>
Online assessments	<p>CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250, G2251, G2252</p>
Telephone visits	<p>CPT: 98966, 98967, 98968, 99441, 99442, 99443</p>
CDC race and ethnicity	<p>1002-5: American Indian or Alaska Native</p> <p>2028-9: Asian</p> <p>2054-5: Black or African American</p> <p>2076-8: Native Hawaiian or Other Pacific Islander</p> <p>2106-3: White</p> <p>2135-2: Hispanic or Latino</p> <p>2186-5: Not Hispanic or Latino</p>

Helpful tip:

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

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 services to drive member success in completing alcohol and other drug dependence treatment.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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:

- ◆ Dialysis
- ◆ Members with evidence of ESRD
- ◆ 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
Estimated glomerular filtration rate lab test	CPT: 80047, 80048, 80050, 80053, 80069, 82565 LOINC: 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-177147-7, 94677-2
Urine albumin creatinine ratio lab test	LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 591594,76401-9, 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
Quantitative urine albumin	CPT: 82570 LOINC: 1754-1, 14957-5, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7, 100158-5

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of members 18 years as of Jan. 1 of the measurement year to 75 years as of Dec. 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
- ◆ Fragility fractures
- ◆ 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
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

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

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 on or 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

Helpful tip:

- ◆ 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 using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

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:

Document the 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

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at the percentage of live births on or between Oct. 8 of the year prior to the measurement year and Oct. 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 seven and 84 days after delivery

Record your efforts:

The 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
 - Measurement of fundus height
 - Pelvic exam with obstetric observations
- ◆ 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 and six-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 pre-existing 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:

- ◆ Non-live births
- ◆ Members in hospice or using hospice services anytime during the measurement year
- ◆ Members who died during the measurement year

Pregnancy diagnosis

ICD-10-CM

Please refer to most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.

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
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

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

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 percent 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 receiving palliative care
- ◆ Members who died during the measurement year

Codes to identify lead test

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: Please refer to most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.
Myocardial infarction (MI)	ICD-10-CM: Please refer to most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.
Other revascularization	CPT: 37220, 37221, 37224 – 37231
Ischemic vascular disease (IVD)	ICD-10-CM: Please refer to most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.
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

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

Statin Therapy for Patients With Diabetes (SPD)

This HEDIS measure 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 percent 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
- ◆ In vitro fertilization
- ◆ Prescription for clomiphene
- ◆ ESRD
- ◆ Cirrhosis
- ◆ Dialysis
- ◆ Myalgia, myositis, myopathy or rhabdomyolysis
- ◆ 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: Please refer to the most recent ICD-10 codes and HEDIS Value Set Directory for applicable codes.
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

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

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.

Exclusions:

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

DESCRIPTION	CPT/HCPCS/ICD-10-CM/PCS
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
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
Visit setting unspecified	CPT: 90791, 90792, 90832 – 90834, 90836 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 – 99223, 99231 – 99233, 99238, 99239, 99251 – 99255
Online assessments	CPT: 98970 – 98972; 99421 – 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966 – 98968, 99441 – 99443

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

Topical Fluoride for Children (TFC)

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:

Document 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

SERVICES	CPT/CDT
Application of fluoride varnish	CPT: 99188 CDT: D1206

Helpful tip:

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

How can we help?

- ◆ We offer current Clinical Practice Guidelines on our provider self-service website.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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

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

How can we help?

Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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 first 15 or 30 months of life. The following rates are reported:

- ◆ Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year must have 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 must have two or more well-child visits.

Record your efforts:

Documentation from the medical record must include a note indicating a visit with a PCP and the date when the well-child visit occurred. Documentation of specific elements of a well-child visit are no longer required. However, they are a good reference to validate a well-child visit did occur. The elements are:

- ◆ 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
CDC race and ethnicity	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
	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

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 using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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 Relations representative for more information.
- ◆ Members may be eligible for transportation assistance at no cost. They can contact Member Services to see if they qualify.

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 PCP or OB-GYN and who had evidence of the following during the measurement year:

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

The visit in the measurement year can be with any provider type and any setting. The PCP and OB-GYN outpatient visit relates to the member being pulled into the measure/denominator.

Record your efforts:

Three separate rates are reported:

- ◆ Height, weight, and BMI percentile (not BMI value):
 - A BMI growth chart may be used.
- ◆ 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/ICD-10-CM/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

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 using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.

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, and the date when the well child visit occurred. Documentation of specific elements of a well-child visit are no longer required. However, they are a good reference to validate a well-child visit did occur. The elements are:

- ◆ 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	<p>CPT: 99381 – 99385, 99391 – 99395, 99461</p> <p>HCPCS: G0438, G0439, S0302, S0610, S0612, S0613</p> <p>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</p>
CDC race and ethnicity	<p>1002-5: American Indian or Alaska Native</p> <p>2028-9: Asian</p> <p>2054-5: Black or African American</p> <p>2076-8: Native Hawaiian or Other Pacific Islander</p> <p>2106-3: White</p> <p>2135-2: Hispanic or Latino</p> <p>2186-5: Not Hispanic or Latino</p>

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 on the claim form to help reduce the burden of HEDIS medical record review.
- ◆ If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relations 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. They can contact Member Services to see if they qualify.


HEALTHY BLUE ♦ PO BOX 100317 ♦ COLUMBIA, SC ♦ 29202-3317

Customer Service: 866-781-5094 (TTY: 866-773-9634) Monday – Friday from 8 a.m. – 6 p.m.
24-Hour Nurseline: 800-830-1525 (TTY: 711)

 @HealthyBlueSC

 @HealthyBlueSC

 @HealthyBlueSC

 @HealthyBlueSC

www.HealthyBlueSC.com



Healthy Connections 