

Quick Reference Guide

HEDIS® 2021



For more information, visit www.ncqa.org

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WHAT IS HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans.

NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.

HOW ARE RATES CALCULATED?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan.

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data.

Accurate and timely claim/encounter data (Administrative) reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Iowa Total Care strives to enhance quality of care through a focus on preventative and screening services while promoting engagement with our members and utilize HEDIS Scores to measure impact. HEDIS scores can also be utilized to evaluate your practice's preventive care efforts.

PAY FOR PERFORMANCE (P4P)

P4P is an activity-based reimbursement, with an incentive payment based on achieving defined and measurable goals related to access, continuity of care, member satisfaction and clinical outcomes. Based on program performance, you are eligible to earn compensation in addition to what you are paid through your Participating Provider Agreement.

HOW CAN I IMPROVE MY HEDIS SCORES?

- Submit claim/encounter data for each and every service rendered
- Make sure that chart documentation reflects all services billed
- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Consider including CPT® II codes to provide additional details and reduce medical record requests

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HEDIS and HIPAA

As a reminder, protected health information (PHI) that is used or disclosed for purposes of treatment, payment or health care operations is permitted by HIPAA Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the member/member. The medical record review staff and/or vendor will have a signed HIPAA compliant Business Associate Agreement.

Glossary of Terms

Numerator - The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment or service.

Denominator - The number of members who qualify for the measure criteria, based on NCQA technical specifications.

Measurement year - In most cases, the 12-month timeframe between which a service was rendered – generally Jan. 1 through Dec. 31.

Reporting year - The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.



Admin

Administrative - Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.



Hybrid

Hybrid - Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters and medical record data. In some cases, health plans use auditor-approved supplemental data for the numerator.

Updates to HEDIS Measures (effective for calendar year 2020 and 2021)

This guide has been updated with information from the release of the HEDIS® 2020/2021 Volume 2 Technical Specifications by NCQA and is subject to change.

New Measures

(CRE) Cardiac Rehabilitation

(KED) Kidney Health Evaluation for Patients with Diabetes

Retired Measures

(ABA) Adult BMI Assessment

(MMA) Medication Management for People with Asthma

(CAP) Children/Adolescents Access to Primary Care Practitioners

Revised Measures

(W15) Well-Child Visits in First 15 Months of Life – Revised to (W30)

(W34) Well-Child Visits in the 3rd, 4th, 5th, 6th Years of Life - Revised to (WCV)

(AWC) Adolescent Well-Care Visits- Revised to (WCV)

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For additional information or questions related to HEDIS, please contact the Quality Improvement Department:



Provider Services Hours: Monday through Friday, 7:30 a.m. - 6:00 p.m. Central Time



Provider Services Phone Number: 1-833-404-1061 TTY: 711



Provider Website: www.iowatotalcare.com/providers/quality-improvement

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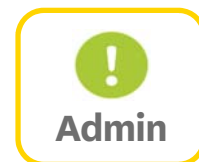
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(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis



The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription between July 1 of the year prior to the measurement year and June 30 of the measurement year.

A higher rate indicates appropriate treatment (i.e., the proportion for whom antibiotics were *not* prescribed).

Description	Prescription		
Aminoglycosides	Amikacin Gentamicin	Streptomycin Tobramycin	
Aminopenicillin	Amoxicillin	Ampicillin	
Beta-lactamase inhibitors	Amoxicillin-clavulanate Ampicillin-sulbactam	Piperacillin-tazobactam	
First-generation cephalosporin	Cefadroxil	Cefazolin	Cephalexin
Fourth-generation cephalosporin	Cefepime		
Ketolides	Telithromycin		
Lincomycin derivatives	Clindamycin	Lincomycin	
Macrolides	Azithromycin Clarithromycin	Erythromycin Erythromycin ethylsuccinate	Erythromycin lactobionate Erythromycin stearate
Miscellaneous antibiotics	Aztreonam Chloramphenicol Dalfopristin-quinupristin	Daptomycin Linezolid	Metronidazole Vancomycin
Natural penicillin	Penicillin G benzathine-procaine Penicillin G potassium	Penicillin G procaine Penicillin G sodium	Penicillin V potassium Penicillin G benzathine
Penicillinase resistant penicillin	Dicloxacillin	Nafcillin	Oxacillin
Quinolones	Ciprofloxacin Gemifloxacin	Levofloxacin Moxifloxacin	
Rifamycin derivatives	Rifampin		
Second-generation cephalosporin	Cefaclor Cefotetan	Cefoxitin Cefprozil	Cefuroxime

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Description	Prescription		
Sulfonamides	Sulfadiazine	Sulfamethoxazole-trimethoprim	
Tetracycline	Doxycycline	Minocycline	Tetracycline
Third-generation cephalosporin	Cefdinir	Cefotaxime	Ceftibuten
	Cefditoren	Cefpodoxime	Ceftriaxone
	Cefixime	Ceftazidime	
Urinary anti-infective	Fosfomycin	Nitrofurantoin macrocrystals-	
	Nitrofurantoin	monohydrate	
	Nitrofurantoin macrocrystals	Trimethoprim	

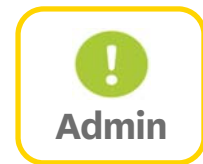
*codes subject to change

To Improve HEDIS Measure:

- Instruct patients on the difference between viral and bacterial infections.
- Ensure testing performed to distinguish between viral and bacterial infections are properly coded on claim.
- Educate members on comfort measures without antibiotics (e.g., extra fluids and rest).
- If you are treating a member for another condition or illness, document the other diagnosis code on the claim.

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(AAP) Adult Access to Preventive/Ambulatory Health Services



Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit.

Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/ home care oversight, preventive medicine, and counseling.

CPT®/CPT® II	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 98966 - 98969, 98972, 99421- 99423, 99441 - 99443, 99444, 99483, 99458	G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063T1015, S0620, S0621	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

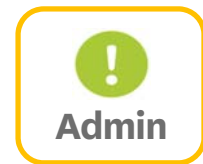
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To Improve HEDIS Measure:

- Ensure members 20 years and older receive preventive visits during the calendar year.
- Educate members on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- Appropriate coding will ensure the visit is captured through claims.

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



The percentage of children ages 6–12 newly prescribed an ADHD medication that had **at least three** follow-up care visits within 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The visit should be with a practitioner with prescribing authority. Two rates are reported:

Initiation Phase:

- A follow up visit with the prescribing practitioner must be within 30 days after the date the ADHD medication was newly prescribed.

Continuation and Maintenance (C&M) Phase:

- Members 6–12 years of age who remained on the dispensed ADHD medication for at least 210 days and in addition to the visit in the Initiation Phase, had **at least two follow-up visits** with a practitioner within 270 days after the Initiation Phase ended.
 - One of the two visits may be a telephone or telehealth visit with the prescribing practitioner.

Note:

The following ADHD medications dispensed during the 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year identify members for this measure.

Description	Prescription
CNS stimulants	Dexmethylphenidate Dextroamphetamine Methylphenidate Lisdexamfetamine Methamphetamine
Alpha-2 receptor agonists	Clonidine Guanfacine
Miscellaneous ADHD medications	Atomoxetine

*codes subject to change

Codes to Close Measure

Description	Codes
An Outpatient Visit	CPT®/CPT® II : 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

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Description	Codes
BH Outpatient Visit	CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, , T1015
Observation Visit	CPT: 99217 - 99220
Telephone Visits	CPT: 98966-98968, 99441-99443
On Line Assessments	CPT: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
Health and Behavior Assessment/Intervention	CPT: 96150 - 96159, 96164-96171
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 52
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 53

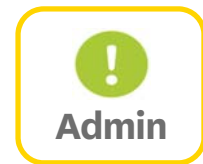
*codes subject to change

To Improve HEDIS Measure:

- Prescribe a quantity of less than 30 pills to ensure member returns by 30 days.
- Schedule a 6-week, 3-month and 6-month visit to ensure child has at least 2 visits in 10 months.

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(AMM) Antidepressant Medication Management



Measure evaluates 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: percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Antidepressant Medications

Description	Prescription		
Miscellaneous antidepressants	Bupropion	Vilazodone	Vortioxetine
Monoamine oxidase inhibitors	Isocarboxazid Phenelzine	Selegiline Tranylcypromine	
Phenylpiperazine antidepressants	Nefazodone	Trazodone	
Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine		Fluoxetine-olanzapine
SNRI antidepressants	Desvenlafaxine Duloxetine	Levomilnacipran Venlafaxine	
SSRI antidepressants	Citalopram Escitalopram	Fluoxetine Fluvoxamine	Paroxetine Sertraline
Tetracyclic antidepressants	Maprotiline	Mirtazapine	
Tricyclic antidepressants	Amitriptyline Amoxapine Clomipramine	Desipramine Doxepin (>6 mg) Imipramine	Nortriptyline Protriptyline Trimipramine

*subject to change

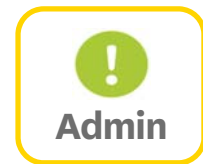
To Improve HEDIS Measure:

- Ensure members remain adherent to antidepressant medication treatment. Ongoing monitoring is critical to adherence.

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(AMR) Asthma Medication Ratio

Measure evaluates the percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater during the measurement year.



Asthma Controller Medications

Description	Prescription	Medication Lists	Route
Antiasthmatic combinations	Dyphylline-guaifenesin	Dyphylline Guaifenesin	Oral
Antibody inhibitors	Omalizumab	Omalizumab Medications List	Subcutaneous
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Subcutaneous
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Subcutaneous
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Intravenous
Inhaled steroid combinations	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

*subject to change

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Asthma Reliever Medications

Description	Prescription	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

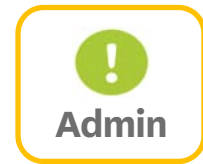
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To Improve HEDIS Measure:

- Members 5 and older with persistent asthma should be prescribed and remain on an asthma controller and be provided with an asthma action plan.
- Ensure members referred for asthma keep their appointment.
- Keep list of member medications current to include medications from other providers.

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(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics



Measure demonstrates the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year. Both of the following are needed to be compliant:

- Blood Glucose OR HbA1c.
- LDL-C Cholesterol.

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol	Iloperidone Loxapine Lurasidone Molindone Olanzapine Paliperidone	Pimozide Quetiapine Risperidone Ziprasidone
Phenothiazine antipsychotics	Chlorpromazine Fluphenazine Perphenazine	Thioridazine Trifluoperazine	
Thioxanthenes	Thiothixene		
Long-acting injections	Aripiprazole Fluphenazine decanoate Haloperidol decanoate	Olanzapine Paliperidone palmitate Risperidone	

Antipsychotic Combination Medications

Description	Prescription	
Psychotherapeutic combinations	Fluoxetine-olanzapine	Perphenazine-amitriptyline

Prochlorperazine Medications

Description	Prescription
Phenothiazine antipsychotics	Prochlorperazine

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Test Types

Description	Codes
HbA1C Tests	CPT®/CPT® II : 83036, 83037 CPT-CAT-II: 3044F, , 3046F, 3051F, 3052F
Glucose Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F

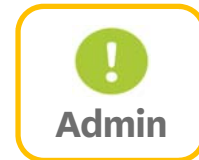
*codes subject to change

To Improve HEDIS Measure:

- Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.
- The use of CPT Category II codes helps identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.

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



The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment (90 days prior to new prescription through 30 days after).

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol Iloperidone	Loxapine Lurisdone Molindone Olanzapine Paliperidone Pimozide Quetiapine	Risperidone Ziprasidone
Phenothiazine antipsychotics	Chlorpromazine Fluphenazine Perphenazine	Thioridazine Trifluoperazine	
Thioxanthenes	Thiothixene		
Long-acting injections	Aripiprazole Fluphenazine decanoate Haloperidol decanoate	Olanzapine Paliperidone palmitate	Risperidone

*subject to change

Antipsychotic Combination Medications

Description	Prescription	
Psychotherapeutic combinations	Fluoxetine-olanzapine	Perphenazine-amitriptyline

*subject to change

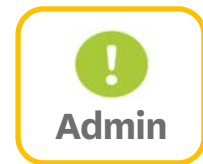
To Improve HEDIS Measure:

- Psychosocial care, which includes behavioral interventions, psychological therapies, and skills training, among others, is the recommended first-line treatment option for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit disorder and disruptive behaviors.
- When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- Periodically review the ongoing need for continued therapy with antipsychotic medications.

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(BCS) Breast Cancer Screening

Measure evaluates the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer anytime on or between October 1 two years prior to the measurement year through December 31 of the measurement year.



CPT®/CPT® II	HCPCS	ICD-10 (bilateral mastectomy)
77055 - 77057, 77061 - 77063, 77065 - 77067	G0202, G0204, G0206	Z90.13

*codes subject to change

To Improve HEDIS Measure:

- Ensure that an order or prescription for a mammogram is given at well-woman exams for women 50–74 years old.
- It's important to submit the appropriate ICD-10 diagnosis code that reflects a member's history of bilateral mastectomy, Z90.13.
 - Code should be submitted with the initial visit claim and annually thereafter.

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(CBP) Controlling High Blood Pressure



Summary of Changes:

Removed exclusion for BP readings reported or taken by a member
 Telephone visits, e-visits, and virtual check-ins are now appropriate settings for BP readings.

Measure evaluates the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Note:

The blood pressure reading must be taken during an outpatient visit, telephone visit, e-visit or virtual check in, a non-acute inpatient encounter, or remote monitoring event.

Description	Codes
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring Codes	CPT/CPT II : 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
Outpatient codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient Codes	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337
Telephone Visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Online Assessments	CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457

*codes subject to change

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To Improve HEDIS Measure:

- BP reading must be the latest performed within the measurement year.
- BP readings reported by and taken by a member are acceptable.
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading.
- The use of CPT Category II codes helps to identify clinical outcomes such as systolic and diastolic BP readings. It can also reduce the need for some chart review.

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(CCS) Cervical Cancer Screening



This measure demonstrates the percentage of women 21–64 years of age who were screened for cervical cancer using **any** of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years or,
- Women 30–64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

Description	Codes
Cervical Cytology (20-64)	CPT®/CPT® II : 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30-64)	CPT: 87620 - 87622, 87624, 87625 HCPCS: G0476
Absence of Cervix	ICD-10: Q51.5, , Z90.710, Z90.712

*codes subject to change

To Improve HEDIS Measure:

- Use ICD 10 Q51.5, Z90.710 or Z90.712 to indicate the exclusion (acquired absence of cervix/uterus).
- Medical record must have cervical cytology test results and hrHPV results documented, even if member self-reports being previously screened by another provider.

Quick Reference Guide

(CDC) Comprehensive Diabetes Care



Summary of Changes:

Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings.
 BP readings reported or taken by member are acceptable.
 Medical Attention for Nephropathy sub measure removed for Medicaid population.
 Eye exam results read by system that provides artificial intelligence (AI) meet criteria.

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1C (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye Exam (retinal) performed
- BP control (<140/90 mmHg)

Note:

- The last blood pressure reading of the measurement year is the one utilized in the measure.
- If multiple HbA1c tests were performed in the measurement year, the result from the last test is utilized.

Description	Codes
Outpatient Codes	CPT®/CPT® II : 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341-99345, 99347 -99350, 99381 - 99387, 99391 - 99397, 99401- 99404, 99411, 99412, 99429, 99455, 99456, 99483, HCPCS: G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334-99337
Remote BP Monitoring	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
Telephone Visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Online Assessments	CPT: 98969, 989870, 98971, 98972, 99421, 99422, 99423, 99444, 99457
Diastolic Less Than 80	CPT-CAT II: 3078F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/Equal To 90	CPT-CAT-II: 3080F
Systolic Less Than 140	CPT-CAT-II: 3074F, 3075F
Systolic Greater Than/Equal 140	CPT-CAT-II: 3077F

Quick Reference Guide

Description	Codes
Diabetic Retinal Screening With Eye Care Professional	CPT-CAT-II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F
Unilateral Eye Enucleation with a bilateral modifier	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 CPT Modifier: 50
HbA1c	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F

*codes subject to change

To Improve HEDIS Measure:

CDC HbA1c Testing and Control

- Always list the date of service, result and test together. If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result.
- The use of CPT Category II codes helps identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.

CDC Blood Pressure

- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the member's BP after they've had time to rest.
- The use of CPT Category II codes helps identify clinical outcomes such as diastolic and systolic readings. It can also reduce the need for some chart review.

CDC Eye Exam

- The medical record must indicate that a dilated or retinal exam was performed.
- A slit-lamp examination will not meet the criteria for the dilated eye exam measure. There must be additional documentation of dilation or evidence that the retina was examined for a slit-lamp exam to be considered compliant.
- The following are acceptable screenings for monitoring diabetic retinal disease:
 - Retinal or dilated eye exam by an optometrist or ophthalmologist every year OR
 - A negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior OR
 - Bilateral eye enucleation anytime during the member's history OR
 - A chart or photograph indicating the date when fundus photography was performed AND one of the following:
 - Evidence an eye care professional (optometrist/ophthalmologist) reviewed the results
 - Evidence results were read by a qualified reading center operating under the direction of a medical director who is a retinal specialist
 - Evidence results were read by a system that provides an artificial intelligence (AI) interpretation

Quick Reference Guide

(CHL) Chlamydia Screening in Women

Measure evaluates the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.



Sexually active is defined as any member who:

- Had a pregnancy test.
- Had any other STD testing completed.
- Had a prescription filled for contraceptives.

CPT®/CPT® II

87110, 87270, 87320, 87490 - 87492, 87810

*codes subject to change

To Improve HEDIS Measure:

- Ensure females 16-24 years of age receive appropriate screening for Chlamydia each year.
- Chlamydia infections often have no symptoms so routine screening when at risk is important. The CDC recommends non-invasive nucleic acid amplification test or NAAT for chlamydia screening. This can be completed through a urine test. Use CPT code 87491.
- Add chlamydia screening as a standard lab for women 16-24 years old. Use well child exams and well women exams for this purpose.

Quick Reference Guide

(CIS) Childhood Immunization Status

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday.



DTap (4)
HIB (3)

Hep B (3)
IPV (3)
MMR (1)

PCV (4)
VZV (1)
Hep A (1)

Flu (2)
RV (2- or 3-dose series)

NOTE:

If the child is 2 years and 1 day old, services will not count towards HEDIS scores. Parental refusal is not a valid exclusion. If the member has history of anaphylactic reaction due to vaccination, the appropriate codes should be used to account for this.

Description	Codes
DTAP (4 dose)	CPT®/CPT® II : 90698, 90700, , 90723 CVX: 20, 50, 106, 107, 110, 120
HIB (3 dose)	CPT: 90644, , 90647, 90648, 90698, , 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148
Newborn Hep B (3 dose)	CPT: 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110 HCPCS: G0010 ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11,
IPV (3 dose)	CPT: 90698, 90713, 90723 CVX: 10, 89, 110, 120
MMR (1 dose)	CPT: 90704, 90705, 90706, 90707, 90708, 90710, CVX: 03, 04, 05, 06, 07, 94 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4 dose)	CPT: 90670 CVX: 133, 152 HCPCS: G0009
Varicella VZV (1 dose)	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Hep A (1 dose)	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9

Quick Reference Guide

Description	Codes
Influenza Flu (2 dose)	CPT: 90655, 90657, 90660, 90661, 90672, 90673, 90685, 90686, 90687, 90688, 90689, CVX: 88, 111, , 140, 141, 149, 150, 153, 155, 158, 161, HCPCS: G0008
Rotavirus (2 Dose) *	CPT: 90681 CVX: 119
Rotavirus (3 Dose)*	CPT: 90680 CVX: 116, 122

*codes subject to change

*Rotavirus is either 2 dose **OR** 3 dose for compliancy

To Improve HEDIS Measure:

- Check compliance with immunizations and lead screening at 18-month well-child visit (not 2 years old).
- Schedule a visit to “catch up” on immunizations and lead screenings.
- Encourage and offer flu shots during the months of September through April.
- Complete overdue immunizations at sick visits as medically appropriate.
- Anaphylactic reaction due to vaccination: submit ICD-10 codes T80.52XA, T80.52XD, or T80.52XS.
- When documenting the rotavirus vaccine, always include “Rotarix®” or “two-dose,” or “RotaTeq®” or “three-dose” with the date of administration.
 - If medical record documentation doesn’t indicate whether the two-dose schedule or three-dose schedule was used, it is assumed that the three-dose regimen was used.

Quick Reference Guide

(CRE) Cardiac Rehabilitation (*New Measure*)



Measure evaluates percentage of members 18 and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement following a qualifying cardiac event between July 1 of year prior to measurement year – June 30 of measurement year.

Four rates are reported:

Initiation: percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.

Engagement 1: percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after qualifying event.

Engagement 2: percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after qualifying event.

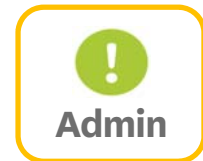
Achievement: percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after qualifying event.

Description	Codes
Cardiac Rehabilitation	CPT®: 93797, 93798 HCPCS: G0422, G0423, S9472

*codes subject to change

Quick Reference Guide

(CWP) Appropriate Testing for Pharyngitis



This measure demonstrates the percentage of episodes for member's ages 3–18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

A pharyngitis diagnosis can be from an outpatient or emergency department visit between July 1 of the year prior to the measurement year and June 30 of the measurement year.

Description	Codes
Group A Strep Test	CPT®/CPT® II: 87070 -71, 87081, 87430, 87650 -52, 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
Pharyngitis (Can Be the Only Diagnosis from the Visit)	ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

*codes subject to change

CWP Antibiotic Medications

Description	Prescription		
12	Amoxicillin	Ampicillin	
Beta-lactamase inhibitors	Amoxicillin-clavulanate		
First generation cephalosporins	Cefadroxil Cefazolin	Cephalexin	
Folate antagonist	Trimethoprim		
Lincomycin derivatives	Clindamycin		
Macrolides	Azithromycin Clarithromycin Erythromycin	Erythromycin ethylsuccinate	Erythromycin lactobionate Erythromycin stearate
Natural penicillins	Penicillin G potassium Penicillin V potassium	Penicillin G benzathine	Penicillin G benzathine
Penicillinase-resistant penicillins	Dicloxacillin		
Quinolones	Ciprofloxacin Levofloxacin	Moxifloxacin Ofloxacin	
Second generation cephalosporins	Cefaclor Cefprozil	Cefuroxime	
Sulfonamides	Sulfamethoxazole-trimethoprim		

Quick Reference Guide

Description	Prescription		
Tetracyclines	Doxycycline Minocycline		Tetracycline
Third-generation cephalosporins	Cefdinir Cefixime	Cefpodoxime Ceftibuten	Cefditoren Ceftriaxone

*subject to change

To Improve HEDIS Measure:

- Instruct patients on the difference between viral and bacterial infections.
- Ensure testing performed to distinguish between viral and bacterial infections are properly coded on claim.
- Educate members on comfort measures without antibiotics (e.g., extra fluids and rest).
- If you are treating a member for another condition or illness, document the other diagnosis code on the claim.

Quick Reference Guide

(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence



Admin

The percentage of Emergency Department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.
- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.

AOD Diagnosis Codes

Description	Codes
ICD-10	F10.10 - F16.29; F18.10 - F19.29

*codes subject to change

To Improve HEDIS Measure:

- Explain the importance of follow-up to your patients. Reach out to patients that do not keep initial follow-up appointments and reschedule them ASAP.
- A principle diagnosis of alcohol and other drug dependence must be used to meet follow-up criteria.
- A telehealth visit with a principle diagnosis of alcohol and other drug dependence will meet criteria for a follow-up visit.
- If you are seeing the patient for multiple issues, the AOD diagnosis must be listed as the principal diagnosis to meet compliance for this measure.

Quick Reference Guide

(FUH) Follow-Up After Hospitalization for Mental Illness



Measure evaluates percentage of discharges for members 6 years of age 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:

- Discharges for which the member received follow-up within 7 days after discharge.
- Discharges for which the member received follow-up within 30 days after discharge.

Note:

Visits that occur on the date of discharge will not count toward compliance. Telehealth visits with a behavioral health provider are acceptable to address the care opportunity.

Codes:

Description	Codes
Outpatient Visit with Mental Health Provider	CPT®/CPT® II: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Provider	CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Intensive Outpatient Encounter or Partial Hospitalization	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99255 POS: 52
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Community Mental Health Center. POS: 53 Partial Hospitalization POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, , 24, 33, 49, 50, 52, 53, 71, 72

Quick Reference Guide

Description	Codes
Telehealth Visit with a Mental Health Provider	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 02
Telephone Visit with a Mental Health Provider	CPT: 98966-98968, 99441-99443
E-visit- Virtual Check In with Mental Health Provider	CPT: 98969-98972, 99421-99423, 99444-99458
Observation	CPT: 99217-99220
Transitional Care Management	CPT: 99495, 99496

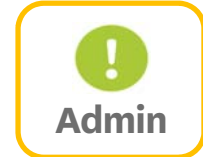
*codes subject to change

To Improve HEDIS Measure:

- Visit must be with a mental health provider.
- Telehealth services, completed by a qualified mental health provider, do count for this HEDIS measure.
- Schedule a follow-up appointment for the patient before discharge.

Quick Reference Guide

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



The percentage of Emergency Department (ED) visits for members 6 years of age 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:

- Percentage of ED visits for which the member received follow-up within 7 days after discharge.
- Percentage of ED visits for which the member received follow-up within 30 days after discharge.

Description	Codes
Outpatient Visit	CPT/CPT II: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853,, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, ,49, 50, 71, 72
BH Outpatient	CPT®/CPT® II: 9860-9862, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Observation	CPT: 99217-99220
Electroconvulsive Therapy / Ambulatory Surgical Center, Community Mental Health Center, Outpatient, Partial Hospitalization	CPT: 9087 Ambulatory POS: 24 Community Mental Health Center POS: 53 Partial Hospitalization POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24,, 33, 49, 50, 52, 53, 71, 72
Intensive Outpatient Encounter or Partial Hospitalization	CPT: 90791, 90792, 90832-90834, 90836,-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, POS: 52
Telehealth Visit	CPT: 90791, 90792, 90832-90834, 90836,-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221,-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 02
Telephone Visit	CPT: 98966-98968, 99441-99443
E-visit/ Virtual Check In	CPT: 98969-98972, 99421-99423, 99444-99458

*codes subject to change

Quick Reference Guide

To Improve HEDIS Measure:

- Explain the importance of follow-up to your patients. Schedule the second appointment before the patient leaves your office and be sure it is within 30 days of discharge.
- Reach out to patients that do not keep initial follow-up appointments and reschedule them ASAP.
- A telehealth visit with a principle diagnosis of a mental health disorder will meet criteria for a follow-up visit.
- The follow up can be with any type of provider to meet compliance. The principal diagnosis for the visit must be a mental health disorder.

Quick Reference Guide

(HDO) Use of Opioids at High Dosage



Proportion of members ages 18 and older receiving prescription opioids at high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year

**A lower rate indicates better performance.*

- MME- Morphine milligram equivalent. The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.
- To identify the treatment period: For all dispensing events, identify the start and end date for each dispensing event individually. The treatment period start date is the start date of the earliest dispensing event during the measurement year. The treatment period end date is the last end date during the measurement year.

Types of Opioids	
Benzhydrocodone	Levorphanol
Butorphanol	Meperidine
Codeine	Methadone
Dihydrocodeine	Morphine
Fentanyl	Opium
Fentanyl transdermal film/patch	Oxycodone
Fentanyl oral spray	Oxymorphone
Fentanyl nasal spray	Pentazocine
Hydrocodone	Tapentadol
Hydromorphone	Tramadol

*subject to change

To Improve HEDIS Measure:

- Information to help you stay informed about the latest opioid research and guidelines is also available at cdc.gov, hhs.gov or the Iowa public health department website.

Quick Reference Guide

(IET) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment



Measure evaluates percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

Initiation of AOD Treatment: percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.

Engagement of AOD Treatment: percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.

Description	CPT®/CPT® II	HCPCS	POS
Initiation and Engagement Treatment	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99217-99220	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 58, 71-72
Telephone Visits	98966, 98968, 99441-99443		
E-visit/ Virtual Check In	98969-98972, 99421-99423, 99444, 99458	G2010, G2012, G2061, G2062, G2063	

*codes subject to change

To Improve HEDIS Measure:

- For the follow up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation and management consultation or counseling service.
- Initiation of AOD Treatment must take place within 14 days of the episode date.
- Claims must include the visit code, original episode diagnosis and, when applicable, a place of service code.

Quick Reference Guide

(IMA) Immunizations for Adolescents

Measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member's 13th birthday.



Notes:

HPV (2 or 3 doses)

- Dose must be administered on or between the 9th and 13th birthdays.
- There must be at least 146 days between the first and second dose of HPV vaccine.

Meningococcal (1 dose)

- Dose must be administered on or between the 11th and 13th birthdays.

Tdap (1 dose)

- Dose must be administered on or between the 10th and 13th birthdays.

Description	Codes
Men: Meningococcal -serogroup A,C,W, and Y (1 dose)	CPT: 90734 CVX: 108, 114, 136, 147, 167
Tdap: Tetanus, Diphtheria, Pertussis (1 dose)	CPT: 90715 CVX: 115
HPV: Human Papillomavirus Vaccine (2 or 3 dose series)	CPT: 90649 - 90651 CVX: 62, 118, 137, 165

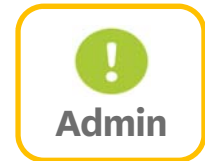
*codes subject to change

To Improve HEDIS Measure:

- Documentation that a member is up-to-date with all immunizations, but doesn't include a list of the immunizations and dates they were administered, will NOT meet compliance.
- Boys were added to the HPV vaccine denominator as of July 1, 2016.
- Parental refusal of vaccinations will not remove an eligible member from the denominator.
- Overdue immunizations can be administered at sick visits (as medically appropriate).
- Anaphylactic reaction can happen and should be documented with ICD-10 diagnosis codes: T80.52XA, T80.52XD, or T80.52XS.

Quick Reference Guide

(KED) Kidney Health Evaluation for Patients with Diabetes (New Measure)



The percentage of members 18–85 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.

Note:

Members who received **both** of the following during the measurement year on the same or different dates of service:

- At least one eGFR.
- At least one uACR identified by **both** a quantitative urine albumin test and a urine creatinine test **with** service dates four or less days apart.

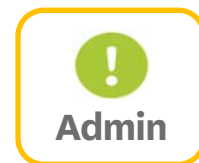
Description	Codes
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	CPT: 82043, 82570

*codes subject to change

Quick Reference Guide

(LBP) Use of Imaging Studies for Low Back Pain

Percentage of member's ages 18–50 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.



Note:

This measure is reported as an inverted measure and a higher score indicates appropriate treatment of low back pain.

Imaging Studies

Description	Codes
CPT®/CPT® II	72020, 72052, 72100, 72110, 72114, 72120, 72131-33, 72141-42, 72146 -49, 72156, 72158, 72200, 72202, 72220

*codes subject to change

To Improve HEDIS Measure:

- Avoid ordering diagnostic studies in the first 6 weeks of new-onset back pain in the absence of red flags (e.g. cancer, recent trauma, neurologic impairment, or IV drug abuse).
- Use of correct exclusion codes where necessary (e.g. code for cancer or other secondary diagnoses if these are why you are ordering the studies).

Quick Reference Guide

(LSC) Lead Screening in Children

Measure evaluates percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.



CPT
83655

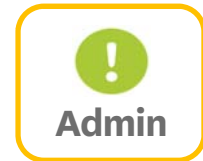
*codes subject to change

To Improve HEDIS Measure:

- Lead screening must be performed prior to the child's 2nd birthday in order to be compliant.
- A lead risk assessment does not satisfy the venous blood lead requirement for Medicaid members regardless of the risk score
 - EPSDT: Blood lead testing is required at 12 months and 24 months for all Medicaid- eligible children regardless of the responses to the questions in the lead screening assessment.

Quick Reference Guide

(PCE) Pharmacotherapy Management of COPD Exacerbation



Measure evaluates percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 and were dispensed appropriate medications. Two rates are reported:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Systemic Corticosteroid Medications

Description	Prescription		
Glucocorticoids	Cortisone-acetate	Hydrocortisone	Prednisolone
	Dexamethasone	Methylprednisolone	Prednisone

*subject to change

Bronchodilator Medications

Description	Prescription	
Anticholinergic agents	Acclidinium-bromide Ipratropium	Tiotropium Umeclidinium
Beta 2-agonists	Albuterol Arformoterol Formoterol Indacaterol	Levalbuterol Metaproterenol Salmeterol
Bronchodilator combinations	Albuterol-ipratropium Budesomide-formoterol Dyphylline-guaifenesin Fluticasone-salmeterol, Fluticasone-vilanterol, Fluticasone-furoate-umeclidinium-vilanterol,	Formoterol-aclidinium, Formoterol-glycopyrrolate, Formeterol-mometasone, Indacaterol-glycopyrrolate, Olodaterolhydrochloride, Olodaterol-tiotropium, Umeclidinium-vilanterol

*subject to change

To Improve HEDIS Measure:

- The denominator for this measure is based on acute inpatient discharges and Emergency Department visits, not members specifically. It is possible that members may have multiple events.
- Schedule a follow-up appointment within 7–14 days of discharge.

Quick Reference Guide

(PCR) Plan All-Cause Readmissions

For members ages 18–64 years of age , the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.



Note:

A lower rate indicates a better score for this measure.

To Improve HEDIS Measure:

- The denominator for this measure is based on discharges and not members specifically.
- Ensure all clinical support systems are in place prior to discharge.
- Follow up with members within one week of their discharge.
- Ensure members filled their new prescriptions post discharge

Quick Reference Guide

(PPC) Prenatal and Postpartum Care



Summary of Changes:

Telephonic, e-visits and virtual check-ins meet criteria.

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior and October 7 of the measurement year. For these women, the measure assesses the following:

- **Timeliness of Prenatal Care:** 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:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Description	Codes
Prenatal Visits	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99483 HCPCS: G0463, T1015
Stand Alone Prenatal Visits	CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical Cytology	CPT: 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	CPT: 98966-98968, 99441-99443

*codes subject to change

Quick Reference Guide

To Improve HEDIS Measure:

Prenatal Care:

- Ensure that a Notification of Pregnancy form has been sent to the Health Plan.
- Encourage patient to attend all scheduled prenatal visits.
- Ensure that an antepartum flow sheet is completed at each visit.

Postpartum Care:

Ensure postpartum visit is completed 7–84 days after delivery and includes one of the following:

- Pelvic exam
- Evaluation of weight, BP, breast, and abdomen or notation of breastfeeding
- Notation of postpartum care
 - pp check, pp care, postpartum care, 6-week check, preprinted form
- 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
 - Attainment of healthy weight

Quick Reference Guide

(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia



Percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of the treatment period.

Note:

To comply with this measure, a member must have remained on one of the following antipsychotic medications for at least 80 percent of the treatment period.

Drug Category	Medications	
Miscellaneous antipsychotic agents (oral)	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol Iloperidone Loxapine	Lurisdone Molindone Olanzapine Paliperidone Quetiapine Risperidone Ziprasidone
Phenothiazine antipsychotics (oral)	Chlorpromazine Fluphenazine Perphenazine	Prochlorperazine Thioridazine Trifluoperazine
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine	
Thioxanthenes (oral)	Thiothixene	
Long-acting injections 30 day supply	Risperidone (Perseris)	
Long-acting injections 28-day supply	Aripiprazole Fluphenazine decanoate Haloperidol decanoate	Olanzapine Paliperidone palmitate
Long-acting injections 14-day supply	Risperidone (excluding Perseris)	

* subject to change

To Improve HEDIS Measure:

- Encourage patients to enroll in auto refill programs at their pharmacy.
- Avoid giving samples, only prescriptions with a pharmacy claim are utilized to measure adherence.
- Assess if long acting injectable is appropriate.

Quick Reference Guide

(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia



Percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Description	CPT	CPT CAT II
HbA1c	83036, 83037	3044F, 3046F, 3051F, 3052F
LDL-C	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

*codes subject to change

To Improve HEDIS Measure:

- Member must have both tests to meet this measure. Use appropriate documentation and correct coding.
- Teach the patient the need for follow up appointments to empower shared decision-making between the provider and the patient.
- Ensure quality communication between behavioral and physical health providers in the coordination of care.
- Maintain appointment availability for patients with immediate concern.
- Outreach to patients that cancel appointments and reschedule as soon as possible.
- Collaborate with health plan case management on assisting with social determinants.

Quick Reference Guide

(SPC) Statin Therapy for Patients with Cardiovascular Disease



Percentage of males ages 21–75 and females ages 40–75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

Received statin therapy:

Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year.

Statin adherence 80 percent:

Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period.

Note:

The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of at least moderate intensity through the last day of the measurement year.

Medications

Drug Category	Medications	
High-intensity statin therapy	Amlodipine-atorvastatin 40–80 mg Atorvastatin 40–80 mg Ezetimibe-simvastatin 80 mg	Rosuvastatin 20–40 mg Simvastatin 80 mg
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10–20 mg Atorvastatin 10–20 mg Ezetimibe-simvastatin 20–40 mg Fluvastatin 40–80 mg	Lovastatin 40 mg Pitavastatin 2–4 mg Pravastatin 40–80 mg Rosuvastatin 5–10 mg Simvastatin 20–40 mg

*subject to change

To Improve HEDIS Measure:

- Encourage patients to enroll in auto refill programs at their pharmacy.
- Avoid giving samples, only prescriptions with a pharmacy claim are utilized to measure adherence.

Quick Reference Guide

(SPD) Statin Therapy for Patients with Diabetes



Percentage of members ages 40–75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

Received statin therapy:

Members who were dispensed at least one statin medication of any intensity during the measurement year.

Statin adherence 80 percent:

Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period.

Note:

The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of any intensity through the last day of the measurement year.

Medications

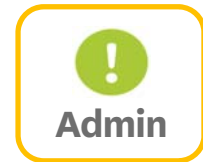
Drug Category	Medications	
High-intensity statin therapy	Amlodipine-atorvastatin 40–80 mg Atorvastatin 40–80 mg Ezetimibe-simvastatin 80 mg	Rosuvastatin 20–40 mg Simvastatin 80 mg
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10–20 mg Atorvastatin 10–20 mg Ezetimibe-simvastatin 20–40 mg Fluvastatin 40–80 mg	Lovastatin 40 mg Pitavastatin 2–4 mg Pravastatin 40–80 mg Rosuvastatin 5–10 mg Simvastatin 20–40 mg
Low-intensity statin therapy	Ezetimibe-simvastatin 10mg Fluvastatin 20 mg Lovastatin 10–20mg	Pitavastatin 1 mg Pravastatin 10–20mg Simvastatin 5–10mg

To Improve HEDIS Measure:

- Encourage patients to enroll in auto refill programs at their pharmacy.
- Avoid giving samples, only prescriptions with a pharmacy claim are utilized to measure adherence.

Quick Reference Guide

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



Percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had diabetes screening test during the measurement year.

Description	CPT	CPT CAT II
HbA1c	83036, 83037	3044F, 3046F, 3051F, 3052F
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	

*codes subject to change

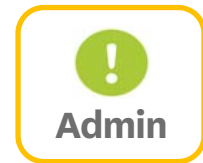
To Improve HEDIS Measure:

Use appropriate documentation and correct coding.

- Teach the patient the need for follow up appointments to empower shared decision-making between the provider and the patient.
- Ensure quality communication between Behavioral and Physical Health Providers in the coordination of care.
- Maintain appointment availability for patients.
- Outreach to patients that cancel appointments and reschedule as soon as possible.
- Collaborate with health plan case management on assisting with social determinants.

Quick Reference Guide

(UOP) Use of Opioids from Multiple Providers



Percentage of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers.
Three rates are reported:

Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.

Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.

Multiple Prescribers and Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note:

A lower rate indicates better performance for all three rates.

Opioid Medications	
Buprenorphine transdermal patch	Meperidine
Buprenorphine buccal film	Methadone
Butorphanol	Morphine
Codeine	Opium
Dihydrocodeine	Oxycodone
Fentanyl	Oxymorphone
Hydrocodone	Pentazocine
Hydromorphone	Tapentadol
Levorphanol	Tramadol

*subject to change

To Improve HEDIS Measure:

- Information to help you stay informed about the latest opioid research and guidelines is also available at cdc.gov, hhs.gov or the Iowa public health department website.
- Utilize the prescription drug monitoring program (PMP).
- Consider creating a patient/provider opioid/pain contract regarding agreement that patient utilizes only one prescriber and one pharmacy.

Quick Reference Guide

(URI) Appropriate Treatment for Upper Respiratory Infection

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 an antibiotic dispensing event.



Note:

- This measure is reported per episode and not per member.
- A lower rate indicates better performance.

Antibiotic Medications

Description	Prescription	
Aminopenicillins	Amoxicillin	Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate	
First generation cephalosporins	Cefadroxil Cefazolin	Cephalexin
Folate antagonist	Trimethoprim	
Lincomycin derivatives	Clindamycin	
Macrolides	Azithromycin Clarithromycin Erythromycin	Erythromycin ethylsuccinate Erythromycin lactobionate Erythromycin stearate
Natural penicillins	Penicillin G potassium Penicillin G sodium	Penicillin V potassium Penicillin G benzathine
Penicillinase-resistant penicillins	Dicloxacillin	
Quinolones	Ciprofloxacin Levofloxacin	Moxifloxacin Ofloxacin
Second generation cephalosporins	Cefaclor Cefprozil	Cefuroxime
Sulfonamides	Sulfamethoxazole-trimethoprim	
Tetracyclines	Doxycycline Minocycline	Tetracycline
Third-generation cephalosporins	Cefdinir Cefixime Cefpodoxime	Ceftibuten Cefditoren Ceftriaxone

*codes subject to change

To Improve HEDIS Measure:

- Instruct patients on the difference between viral and bacterial infections.
- Educate members on comfort measures without antibiotics (e.g., extra fluids and rest).

Quick Reference Guide

(W30) Well-Child Visits in the First 30 Months (New Measure)



Summary of Changes:

This measure replaces W15.
Telehealth visits meet criteria.

The percentage of members who had the following number of well child visits with a PCP. The following rates are reported:

- Well-child visits in the first 15 months. (Children who turn 15 months in the measurement year)
 - Six or more well-child visits
- Well-child visits age 15–30 months. (Children who turn 30 months in the measurement year)
 - Two or more well-child visits

Components of a comprehensive well care visit include:

- A health history.
- A physical exam.
- A physical developmental history.
- Health education/anticipatory guidance.
- A mental developmental history.

Visits must be with a PCP and assessment or treatment of an acute or chronic condition do not count towards the measure. Be sure to use age-appropriate codes.

CPT	HCPCS	ICD-10
99381, 99382, 99391, 99392, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z76.2

*codes subject to change

Remember to:

- Ensure shots are up to date for children on or before their 2nd birthday.
- Ensure 2 blood lead **levels** are completed before the 2nd birthday (all members on Medicaid are considered at risk for lead exposure and should be tested).

Quick Reference Guide

To Improve HEDIS Measure:

- Ensure documentation includes all appropriate screening requirements.
- Reference the American Academy/Bright Futures site for additional guidance on appropriate documentation.
- Appropriate coding for the members age will ensure the visit is captured through claims.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. (Published by the National Center for Education in Maternal and Child Health.)

Quick Reference Guide

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



Hybrid

Summary of Changes:

Member reported height, weight and BMI percentile are acceptable.
Counseling for Nutrition and Physical Activity during telephonic, e-visits and virtual check-ins meet criteria.

This measure demonstrates the percentage of members ages 3–17 who had an outpatient visit with a primary care provider or OB/GYN and had evidence of the following during the measurement year:

- Body mass index (BMI) percentile.
- Counseling for nutrition.
- Counseling for physical activity.

Note:

Services rendered for obesity or eating disorders will meet criteria for the counseling for nutrition and counseling for physical activity indicators.

Description	Codes
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54
Nutrition Counseling	CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10: Z71.3
Physical Activity	HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82

*codes subject to change

To Improve HEDIS Measure:

- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide education on physical activity and nutrition and BMI percentile calculations.
- Documentation must include height, weight and BMI percentile documented in the medical record or plotted on a BMI age-growth chart.
- Handouts given during a visit without evidence of a discussion does not meet the criteria for health education/anticipatory guidance.

Quick Reference Guide

(WCV) Child and Adolescent Well-Care Visits (New Measure)



Summary of Changes:

This measure replaces W34 and AWC.
Added members 7-11 years of age.
Telehealth visits meet criteria.

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or OBGYN practitioner during the measurement year.

Components of a comprehensive well care visit include:

- A health history.
- A physical developmental history.
- A mental developmental history.
- A physical exam.
- Health education/anticipatory guidance.

CPT	HCPCS	ICD-10
99382-99385, 99392-99395,	G0438, G0439, S0302	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z76.2

*codes subject to change

To Improve HEDIS Measure:

- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- Handouts given during a visit without evidence of discussion does not meet the criteria for health education/anticipatory guidance.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health.) Visit the Bright Futures website for more information about well-child visits (<https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide>).