Vandalia Health Network

HEDIS® TOOLKIT FOR PROVIDER OFFICES

Understanding Medicaid measure compliance and coding references

What is HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®)

NCQA defines HEDIS® as, "a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans."

- HEDIS® is a performance measurement tool that is coordinated and administered by NCQA and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations
- Results from HEDIS® data collection serve as measurements for quality improvement processes, educational initiatives, and preventive care programs
- All managed care companies that are NCQA accredited perform HEDIS® reviews at the same time each year
- HEDIS® consists of (95) measures across seven domains of care that address important health issues
- HEDIS® is a retrospective review of services and performance of care from the prior calendar year
- There are two types of HEDIS® data collected:
  - Administrative data – comes from submitted claims and encounters
  - Hybrid data – comes from chart collection/review

Annual HEDIS® timeline

February to early May	June	September/ October
Quality department staff collects and review HEDIS® data through on site provider office chart abstraction and fax requests.	HEDIS® results are certified and reported to NCQA and West Virginia's Bureau for Medical Services (BMS)	NCQA releases Quality Compass results nationwide for Medicaid

Remember that HEDIS® is a retrospective process. HEDIS® 2019 = Calendar Year 2018 Data

HEDIS® MEDICAL RECORD REQUEST PROCESS:

- Data collection methods include: fax, onsite visits, and remote electronic medical record (EMR) system access if available. Due to the limited data collection timeframe, a turnaround time of 3 5 days is appreciated.
- Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed by the health plan.
- For on site chart collections, the office will be contacted to schedule a time the abstractor can come to the office for chart review. A list of members' charts being reviewed will be provided ahead of time.

Tips and best practices

GENERAL TIPS AND INFORMATION THAT CAN BE APPLIED TO MOST HEDIS® MEASURES:

- Use your member roster to contact patients who are due for an exam or are new to your practice
- Take advantage of this guide, coding information, and the on line resources to help your practice understand HEDIS® measures, compliance, and requirements. **Most measures can be collected through claims when complete and accurate coding is used!**
- FQHCs/ RHCs – When billing a T1015 encounter code, it is essential to also list on the claim the actual CPT/HCPCS procedure codes to identify the services included in the encounter.
- Obtain Gaps in Care reports from the Medicaid payers
- Schedule the members' next well visit/preventive care at the end of the current appointment
- Provider office outreach to members to remind of appointments and preventative care screenings
- Assign a Quality or HEDIS® nurse to perform internal reviews and serve as a point of contact
- Most Electronic Health Records (EHRs) are able to create alerts and flags for required HEDIS® services. Be sure to have all these prompts turned on or check with your software vendor to have these alerts added
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- If you have HEDIS® related questions, call us. We'd be happy to help!

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. All of the health plans' contracted providers' records are protected by these laws.

- HEDIS® data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities

The importance of documentation

PRINCIPLES OF THE MEDICAL RECORD AND PROPER DOCUMENTATION:

- Enables physicians and other healthcare professionals to evaluate a patient's healthcare needs and assess the efficacy of the treatment plan
- Serves as the legal document to verify the care rendered and date of service
- Ensures date of care rendered is present and all documents are legible
- Serves as communication tool among providers and other healthcare professionals involved in the patient's care for improved continuity of care

- Facilitates timely claim adjudication and payment
- Appropriately documented clinical information can reduce many of the 'hassles' associated with claims processing and HEDIS® chart requests
- Supports the ICD 10 and CPT codes reported on billing statements

COMMON REASONS WHY MEMBERS WITH PCP VISITS REMAIN 'NON COMPLIANT' ARE:

- Missing or incomplete required documentation components
- Service provided without claim/encounter data submitted
- Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy, mammogram or other diagnostic testing)
- Service provided, but outside of the required time frame or anchor date (i.e. lead screening performed after age 2)
- Incomplete services (i.e. Tdap given but no Meningococcal vaccine for adolescent immunization measure)
- Failure to document or code exclusion criteria for a measure

Children's measures

WellChild Visits in the First 15 Months of Life (W15)

Members who turn 15 months of age in the measurement year and receive at least six comprehensive well child visits with a Primary Care Provider (PCP). The well child visits must be received on or before the child turning 15 months old.

WellChild Visits in the Third, Fourth, Fifth and Sixth Years of Age (W34)

Members who are 3 to 6 years of age and receive at least one comprehensive well child visit in the measurement year.

Adolescent WellCare Visits (AWC)

Members who are 12 to 21 years of age in the measurement year and receive at least one comprehensive well child visit with a PCP or an OB/GYN provider in the measurement year.

All WellChild exams (W15, W34, AWC) MUST include documentation of five criteria:

- Physical Exam
  - Documentation of vital signs alone without a full exam does NOT meet criteria
  - Must be a full physical exam, and not solely related to systems affected by an acute illness
- Health History
  - Assessment of the member's history of disease or illness. Health history can include but not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history
  - Notation of allergies, medications or immunization status alone does NOT meet Health History criteria. If all three are documented, this will meet compliance
- Physical Developmental History
  - Assesses specific age-appropriate physical developmental milestones, physical skills seen in children as they grow and develop
  - Notation of "well-developed", "well-nourished" or "well-appearing" does NOT meet

- Notation of "appropriate for age" without specific mention of "development" does NOT meet criteria
- Notation of "Tanner Stage/Scale" meets Physical Development criteria only for the Adolescent Well Care measure

- Mental Developmental History
  - Assesses specific age-appropriate mental developmental milestones, behaviors seen in children as they grow and develop
  - Notation of "appropriately responsive for age" does NOT meet criteria
  - Notation of "neurologic exam" does not meet criteria
- Health Education/Anticipatory Guidance
  - Given by the health care provider to members and/or parents/guardians in anticipation of emerging age-appropriate issues that a child or family may face
  - Documentation regarding medications, immunizations or side effects do not meet

COMMON CHART DEFICIENCIES AND TIPS:

- Missing or undocumented anticipatory guidance
- Sick visits in calendar year without well visit(s)
- Schedule next well visit at end of each appointment
- Sick visits present an opportunity to complete a well visit as long as all the required documentation is met
- Physical exam and health education documentation solely related to an acute illness will NOT meet criteria
- Newborn well visits are also opportunities to capture all required well-child component documentation

Lead Screening in Children (LSC)

Children who turn 2 years of age in the measurement year and receive one or more capillary or venous lead blood tests on or before their second birthday.

Lead poisoning information and the complete testing guidelines for children are available from the CDC at *cdc.gov*.

West Virginia Department of Health and Human Services guidelines for Health Check screenings and lead testing can be found at *dhhr.wv.gov/HealthCheck/healthcheckservices/Pages/default.aspx*.

COMMON CHART DEFICIENCIES AND TIPS:

- Fail to order blood lead test on Medicaid member
- A lead risk assessment tool does not satisfy the Medicaid venous blood lead requirement regardless of the risk score
- Test performed after 2nd birthday is late
- Obtain results of lead tests performed at the health department and/or WIC office and place in medical record
- Options exist for in-office testing, including blood lead analyzer testing
- Be aware of WV Medicaid Blood Lead Testing guidelines that may require more frequent lead testing than the HEDIS measure

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

Members who turn 3–17 years of age in the measurement year.

Ages 3–17 years on the date of service, documentation of:

- BMI percentile or BMI percentile plotted on growth chart (A BMI value alone is not acceptable for this age range)

- Counseling for nutrition
- Counseling for physical activity

COMMON CHART DEFICIENCIES AND TIPS:

- Chart review can be minimized by submitting complete coding on the claim when performed – see coding table at end of document.
- For paper charting, plot BMI percentile on the BMI growth chart (not only height and weight growth charts), or document the BMI percentile in the note
- For EMR charting, be sure system is activated to automatically plot the BMI percentile and/or automatically populate a BMI percentile field in the note. Also, make sure the EMR system will print the BMI percentile.
- Weight or Obesity counseling meets criteria for BOTH nutrition and physical activity. However, this must be clearly documented as weight and/or obesity counseling.
- Notation of "Health Education" or "Anticipatory guidance given" without specific mention of nutrition or physical activity does not meet criteria for the measure – notation must be specific
- Anticipatory guidance related solely to safety does not meet criteria for physical activity
- Notation solely related to screen time without specific mention of physical activity does not meet
- Nutritional status related to an acute illness does not meet criteria (i.e. BRAT diet, appetite poor)
- Notation related to appetite only does not meet criteria for nutrition
- Documentation regarding diet related medication side effects do NOT meet counseling for nutrition criteria (i.e. discussion of ADHD medication side effects on appetite)

Childhood Immunization Status (CIS)

Children who turn 2 years of age in the measurement year and receive the following vaccinations on or by their second birthday:

Vaccine	Dose(s)
DTaP	4
IPV	3
MMR	1
Hib	3
Hep B	3
VZV	1
PCV	4
Hep A	1
Rotavirus	*2 or 3
Influenza	2

*Be sure to give the correct number of doses based on manufacturer and code Rotavirus correctly.

- Rotarix® from GlaxoSmithKline is a two dose formula and the CPT code is 90681
- RotaTeq® from Merck is a three-dose formula and the CPT code is 90680

COMMON CHART DEFICIENCIES AND TIPS:

- Vaccines for DTaP, IPV, HiB, or PCV, given within 42 days of birth do not count as compliant for HEDIS®
- Record the immunizations in the state registry
- Use each visit to review vaccine schedule and opportunity to catch up on missing immunizations
- Document parent refusal and place a signed copy in the medical record (NOTE: this does not count towards compliance in HEDIS®)

- Document the date of the first hepatitis B vaccine given at the hospital and name of the hospital, if available
- Record date and immunization(s) provided at health department in the patient's medical record
- Provide vaccine log from medical record along with state registry documentation
- Rotavirus documentation should differentiate between a 2-dose or 3-dose vaccine (i.e. GlaxoSmithKline/Merck, Rotarix/Rotateq, 2-dose or 3-dose). If documentation is not clear which series was administered, a 3-dose series must be assumed. In instances where a 2-dose series was actually administered and documentation is not specific, this will NOT be HEDIS® compliant
- Billed or documented history of disease will also mark compliance for vaccinations designated with an asterisk

Immunizations for Adolescents (IMA)

Adolescents who turn 13 years of age in the measurement year and receive the following vaccinations by their 13th birthday:

- Meningococcal vaccine given between 11th and 13th birthdays
- Tdap/Td vaccine given between 10th and 13th birthdays
- At least two HPV vaccines (2 dose vaccination series) with different dates of service between the 9th and 13th birthdays (male and female) or at least three HPV vaccines with different dates of service between the 9th and 13th birthdays (male and female)
    - For more information to share with your patients regarding the importance of the HPV vaccine go to: *cdc.gov/hpv/resources.html*

COMMON CHART DEFICIENCIES AND TIPS:

- Final dose of vaccine given after age 13 – member will not be compliant if given after 13th birthday
- **Record the immunizations in the state registry**
- Provide vaccine log from medical record along with state registry documentation
- Use each visit to review vaccine schedule and catch-up on missing immunizations
- Document parent refusal and place a signed copy in the medical record (NOTE: this does not count towards compliance in HEDIS®, but it does prevent additional outreach to the office attempting to capture the immunization)
- Record date and immunization(s) provided at health department in the patient's medical record
- Educate parents, teens and guardians about the importance of vaccines

Appropriate Testing for Children with Pharyngitis (CWP)

Members 3–18 years of age in the measurement period who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A Strep Test for the episode. A higher rate represents better performance (i.e. appropriate testing).

- Perform a group A Strep Test on all children being treated with an antibiotic for pharyngitis
- Be sure to code for the test when you submit your claim
- Be sure to code for ALL appropriate diagnoses relevant to the visit

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Members 3 months–18 years of age in the measurement period who were diagnosed

with upper respiratory infection and were NOT dispensed an antibiotic prescription.

- Higher rate indicates appropriate treatment (i.e. the proportion for whom antibiotics were NOT prescribed)
- If there is a concurrent diagnosis requiring antibiotics, be sure documentation and coding accurately reflect diagnosis/diagnoses
- Use appropriate testing and symptom documentation to correlate with antibiotic prescription
- Educate members and parents regarding symptomatic treatment and when to contact the PCP.

Annual Dental Visit (ADV)

Members 2–20 years of age in the measurement year and had at least one dental visit during the measurement year.

- Dental visits can start before age 2, especially for children at risk for dental problems
- Assess for dental home at each well child visit, and refer members to see dentist
- Fluoride can be applied at the PCP office, but referral to dentist for appropriate care must occur to make ADV measure compliant

Additional oral health guideline information can be found on the West Virginia Department of Health and Human Services website at:

dhhr.wv.gov/HealthCheck/providerinfo/oralhealthtoolkit/Pages/default.aspx

dhhr.wv.gov/HealthCheck/providerinfo/Documents/HC%20periodicity%20schedule%2002 15.pdf

Adult measures

Adult BMI Assessment (ABA)

Members 18–74 years of age that have their BMI and weight documented in the measurement year or year prior.

For members younger than 20 years of age on the date of service the **BMI percentile** must be documented in the measurement year or year prior.

COMMON CHART DEFICIENCIES AND TIPS:

- Height and/or weight are documented but no documentation of the BMI
- Diagnosis Codes Z68.XX can be used to make this measure compliant without chart review. See table at end of document for a list of applicable codes.
- Most Electronic Health Systems will calculate a BMI automatically. Be sure this feature is turned on and add the appropriate ICD 10 code to your claim. This will help prevent the need for chart review.
- For members younger than 20 years of age where a BMI percentile is required, documentation of ranges or thresholds, such as "greater than 85th percentile, "less than 5th percentile", or "off the chart" do NOT meet compliance for HEDIS®

Annual Monitoring for Patients on Persistent Medications (MPM)

Members 18 years of age or older who received at least 180 treatment days of select medications, including but not limited to:

- Ace Inhibitors/ARBs
- Diuretic

After 6 months of medication therapy, members must receive at least one therapeutic monitoring event for each therapeutic agent in every year. All these medications require either a BMP or CMP annually.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

Members 18–64 with a diagnosis of acute bronchitis who were NOT dispensed an antibiotic.

- Higher rate indicates appropriate treatment of adults with Acute Bronchitis (i.e. the proportion for whom antibiotics were NOT prescribed)
- If there is a concurrent diagnosis requiring antibiotics, be sure documentation and coding accurately reflect diagnosis/diagnoses
- Use appropriate testing and symptom documentation to correlate with antibiotic prescription
- Educate members regarding symptomatic treatment and when to contact the PCP.

Use of Imaging Studies for Low Back Pain (LBP)

Members 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 diagnosis.

- Higher rate indicates appropriate treatment (the proportion for whom imaging studies did NOT occur)
- Avoid imaging studies within 28 days of new diagnosis for low back pain
- Educate members on comfort measures, non opioid pain relief and when to contact the PCP for symptoms
- Urgent care, observation and ED visits where the new diagnosis occurred do apply to the eligible population for this measure – consider discussing with members when to call your office versus seeking urgent/emergent care
- There are diagnosis exclusions for this measure (i.e. cancer, recent trauma, HIV); see chart at end of document for a complete list of exclusions

Women's measures

Breast Cancer Screening (BCS)

Women 52–74 years of age in the measurement year that had one or more mammograms any time on or between October 1, two years prior to the measurement year, and December 31 of the measurement year.

COMMON CHART DEFICIENCIES AND TIPS:

- Schedule member for mammogram and provide written order if needed
- Document history of mastectomy in the medical record, including date, facility/provider and unilateral or bilateral – See chart at end of document for history of mastectomy code

Women who have claims history of bilateral mastectomy are excluded from the measure.

Cervical Cancer Screenings (CCS)

Women 21–64 years of age in the measurement year that were screened for cervical cancer using either of the following criteria:

- Age 21–64: Cervical cytology performed every three years
- Age 30–64: Cervical cytology with human papillomavirus (HPV) co testing performed every five years

Women who have medical record documentation or claims history of complete, total, or radical hysterectomy are excluded.

COMMON CHART DEFICIENCIES AND TIPS:

- Documentation for members with hysterectomy, must include words such as "complete," "total," or "radical"
- Documentation of hysterectomy alone does not meet the NCQA guidelines because it does not indicate the cervix was removed

- Request results of screenings performed by OB/GYN for medical home record
- See chart at end of document for history of complete hysterectomy codes
- Maximize opportunities to complete cervical cancer screening during regular well woman visits, contraception visits, and other service visits where screening is appropriate to incorporate
- HPV Reflex testing does NOT meet criteria for HPV co-testing

Chlamydia Screening in Women (CHL)

Members 16–24 years of age in the measurement year identified as sexually active that had at least one chlamydia test during the measurement year. Members are identified as sexually active through administrative claim data either by pregnancy diagnosis codes or pharmacy data for contraceptives.

- Best Practice – Make chlamydia screening via urine test as part of the annual physical exam. Parental consent is not required.
- Test is still required even if the member reports being in a monogamous relationship.
- Members taking contraceptives solely for menstrual or dermatological conditions are not permitted to be excluded per NCQA guidelines.

Prenatal and Postpartum Care (PPC)

Women who delivered a live birth between November 6th of the year prior to the measurement year, and November 5th of the measurement year.

There are two components to this measure:

TIMELINESS OF PRENATAL CARE

Women who complete a Prenatal visit in the first trimester or within 42 days of enrollment into the health plan. Prenatal care documentation must include the visit date and evidence of one of the following:

- A basic physical obstetrical examination that includes:
  - Auscultation for fetal heart tone, or
  - Pelvic exam with obstetric observations, or
  - Measurement of fundus height (a standardized prenatal flow sheet may be used),
- Prenatal Care Procedure, such as:
  - obstetric panel TORCH antibody panel alone
  - rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
  - ultrasound/echography of a pregnant uterus
- Documentation of LMP or EDD with either:
  - prenatal risk assessment & counseling/education
  - complete obstetrical history

POSTPARTUM CARE

Postpartum visit between 21 and 56 days after delivery (excludes C section suture/staple removal appointment/contraceptive management)

- Documentation in the medical record that meets criteria for Postpartum Care includes the date when a postpartum visit occurred and one of the following:
  - Pelvic exam
  - Evaluation of weight, BP, breasts and abdomen
  - Notation of postpartum care, including "postpartum care", "PP care", "PP check", "6 week check"
  - A preprinted "Postpartum Care" form in which information was documented during the visit

COMMON CHART DEFICIENCIES AND TIPS

- Educate C Section patient upon suture/staple removal visit that she must return between 21–56 days after the delivery date for a complete postpartum visit
- Refer to and use the ACOG sheets to help ensure measure compliance
- Documentation missing one or more of the four required postpartum elements – weight, BP, breasts and abdomen
- Consider reminder phone calls prior to postpartum visit date

Chronic condition measures

Comprehensive Diabetes Care (CDC)

Members 18–75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) and that have each of the following performed annually:

- Hemoglobin A1c (HbA1c) testing
  - HbA1c control <8.0%
  - Nephropathy Screening including urine microalbumin, urine macroalbumin, or prescribed ACE inhibitor/ARB.
  - Dilated retinal eye exam
  - BP Control (<140/90 mm Hg)

COMMON CHART DEFICIENCIES AND TIPS:

- Failure to order lab tests or results not documented in chart
- Lab values show poor control
- No documentation or testing for Nephropathy screening
- No referral for retinal eye exam
- Incomplete or missing information from specialty or consulting providers – request results of tests performed by these providers such as retinal eye exams, HbA1c and nephropathy screening
- Consider using a flag to review potential need for diabetes services at each visit
- Retake blood pressure during visit if initially elevated
- Be sure to record all blood pressures taken
- Maintain copies in the medical record of letters received from the eye care professional with retinal eye exam results
- If the member's eye care provider, date the member last had a retinal eye exam or result is known, document this information in the chart
- Retinal eye exam results must be reviewed by an eye care professional (optometrist or ophthalmologist)

Statin Therapy for Patients with Diabetes

The percentage of members 40–75 years of age during the measurement year with diabetes (who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria). Two rates are reported:

- *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
- *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

BEST PRACTICE TIPS:

- Educate members regarding the importance of statin therapy
- Educate members regarding side effects and importance of reporting of any side effects to their PCP so medication can be adjusted if necessary

- Advise members not to stop taking without consulting their PCP

Controlling High Blood Pressure (CBP)

Members 18–85 years of age in the measurement year with a diagnosis of hypertension whose blood pressure is adequately controlled. The HEDIS® requirement is to review the last blood pressure reading in the measurement year.

- 18–85 years of age whose Blood Pressure is <140/90
- There are CPT II codes that are now acceptable to meet measure compliance administratively. When utilized, this step can potentially reduce the volume of medical record requests and on-site visits to the provider office during HEDIS® season. Please bill these CPT II codes as applicable:

Systolic Blood Pressure	
3074F	Most recent Systolic BP less than 130 mm Hg
3075F	Most recent Systolic BP 130–139 mm Hg
3077F	Most recent Systolic BP greater than or equal to 140 mm hg
Diastolic Blood Pressure	
3079F	Most recent Diastolic BP 80–89 mm Hg
3078F	Most recent Diastolic BP less than 80 mm Hg
3080F	Most recent Diastolic BP greater than or equal to 90 mm hg

COMMON CHART DEFICIENCIES AND TIPS:

Often times the patient's BP is taken first thing from walking to the exam room – and just after being weighed so:

- Retake the BP if elevated
- Check BP in both arms – HEDIS® allows lowest reading
- Ensure the BP cuff is the correct size for the patient's arm
- Both the systolic (<140) and diastolic (<90) numbers must be lower than the HEDIS® thresholds to be considered compliant.
- If blood pressures are high, re assess medication regimen

Statin Therapy for Patients With Cardiovascular Disease

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

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

BEST PRACTICE TIPS:

- Educate members regarding the importance of statin therapy in patients with diabetes
- Educate members regarding side effects and importance of reporting of any side effects to their PCP so medication can be adjusted if necessary
- Advise members not to stop taking without consulting their PCP

Medication Management for People with Asthma (MMA)

Members 5–64 years of age identified as having **persistent asthma** and were dispensed appropriate controller medications which they remained on during the **treatment period**.

Persistent asthma is defined as anyone who has at least one of the following:

- One Emergency Department visit with a primary diagnosis of asthma
- One Acute Inpatient stay with a primary diagnosis of asthma
- Four or more outpatient or observation visits with a diagnosis of asthma and at least two prescriptions filled for asthma medications (either rescue inhaler or controller)

The **treatment period** begins each year when the first prescription for a controller medication is filled. The treatment period continues through the end of the year for each member.

Two components are reported:

- Members who remained on an asthma controller medication for at least 50% of their treatment period
- Members who remained on an asthma controller medication for at least 75% of their treatment period

The goal is to have all members as close to 100% as possible.

Common **controller medications** for West Virginia Medicaid: Accolate, Advair, Asmanex, Dulera, Flovent, Montelukast, Pulmicort Respules, QVAR, Symbicort

BEST PRACTICE TIPS:

- Be sure the patient knows the difference between their controller medications and rescue medications
- Be sure the patient knows how to properly use their inhaler
- Work with the patient to develop an Asthma Action Plan
- Educate member/parents regarding importance of taking controller medication, even if they feel well
- Assess for environmental home and community risk factors that may contribute to exacerbation of symptoms and reliance on rescue versus controller medication
- Refer patient to the Medicaid payer's Case Management Program

Pharmacotherapy Management of COPD Exacerbation (PCE)

Adults age 40 and older who had an acute inpatient discharge or emergency department visit for COPD exacerbation and the following medications were dispensed:

- A systemic corticosteroid within 14 days of the event
- A bronchodilator within 30 days of the event

BEST PRACTICE TIPS:

- Always follow up with the member after an inpatient or emergency room event
- Confirm diagnosis of COPD for members with spirometry testing
- If medically appropriate consider modifying treatment to include systemic corticosteroid and bronchodilator

Behavioral health measures

Antidepressant Medication Management (AMM)

Members 18 years of age and older with a diagnosis of major depression and were treated with antidepressant medication, and that remained on an antidepressant medication treatment. This

measure runs between May 1 of the year prior to the measurement year and ends on April 30 of the measurement year.

It does not matter whether the antidepressants were described by a PCP or mental health practitioner.

Two components reported:

- Effective Acute Phase Treatment: Members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment: Members who remained on an antidepressant medication for at least 180 days (6 months)

Common antidepressants for West Virginia Medicaid include: citalopram, escitalopram , fluoxetine, fluvoxamine, paroxetine, sertraline.

BEST PRACTICE TIPS:

- Educate members regarding side effects, expected time for side effects to resolve and importance of staying on medication
- This measure includes medication prescribed by a PCP or mental health practitioner

Followup Care for Children Prescribed ADHD Medication (ADD)

Members 6–12 years of age in the measurement period, newly prescribed ADHD medication and had at least three follow up care visits within a 10 month period, one of which was within 30 days of when the first ADHD medication was dispensed.

The measurement period for this measure is March 1 of the year prior to measurement year through February 28 of the measurement period.

Two components reported:

- Initiation Phase – one follow up visit by a practitioner with prescribing authority within 30 days of initial dispensed prescription
- Continuation Phase – members who remained on ADHD medication for at least 210 days who in addition to the Initiation Phase visit, had at least two more follow up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

BEST PRACTICE TIPS:

- No refills until the initial follow up visit is complete
- Conduct initial follow up visit 2–3 weeks after member starts medication therapy
- Member needs 2 additional visits within 9 months of starting medication, schedule these appointments at initial visit
- If member cancels, reschedule appointment right away
- Educate members/parents regarding time it takes to reach therapeutic levels
- This measure includes medication prescribed by a PCP or mental health practitioner

FollowUp after Hospitalization for Mental Illness (FUH)

Members 6 years of age and older in the measurement year discharged after hospitalization for treatment of selected mental illness or intentional self harm diagnoses and had a follow up visit with a mental health practitioner.

New for 2019 – members with a principal diagnosis of "Intentional Self Harm" are now also included in the eligible population.

Two components reported:

- Members who received a follow up visit within 7 days of discharge.
- Members who received a follow up visit within 30 days of discharge.

For both indicators, any of the following meet criteria for a follow up visit (7 Day or 30 Day):

- An outpatient visit with a mental health practitioner
- An intensive outpatient encounter or partial hospitalization with a mental health practitioner
- A community mental health center visit with a mental health practitioner
- A telehealth visit with a mental health practitioner
- An observation visit with a mental health practitioner
- Electroconvulsive therapy with a mental health practitioner
- Transitional care management services with a mental health practitioner

BEST PRACTICE TIPS SECTION

- Ideally looking for a follow-up visit within 7 days – timeframe includes weekends
- A visit with a **mental health practitioner** is required
- Follow up timely with members after hospitalization and make appropriate referrals and/or assist member with scheduling mental health appointment – ideally schedule BEFORE discharge from hospital. Also consider looking at office workflows regarding inpatient notifications to allow prompt action and follow-up

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

The percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

The treatment period is the period of time beginning with the earliest prescription dispensing date through the last day of the measurement year.

BEST PRACTICE TIPS:

- Educate members about the importance of adhering to their medication therapy regimen
- Complete a medication review and reconciliation when the member is in the office
- Encourage follow up visits with all providers/ specialists

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

Members age 18–64 with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had an annual diabetes screening.

BEST PRACTICE TIPS:

- Glucose test or HbA1c should be done yearly on members meeting criteria
- If A1c testing is performed in office, be sure to include on claim the appropriate CPT II code
- Communication between PCP and Behavioral Health providers is key

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

Adolescent and adult members 13 and older with a new episode of alcohol and other drug (AOD) abuse or dependence who received the following:

- Initiation of AOD Treatment: members who initiate treatment through an AOD inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of diagnosis

- Engagement of AOD Treatment: members who initiate treatment and who had two or more additional AOD services via outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 34 days of the initiation visit

This measure is reported by diagnosis cohorts: Alcohol Abuse or Dependence, Opioid Abuse or Dependence, and Other Drug Abuse or Dependence.

BEST PRACTICE TIPS:

- New episodes of AOD abuse or dependence are identified with a diagnosis cohort. All follow up visits (for initiation and engagement phases) should be billed with a diagnosis that coincides with the cohort on the first episode.
- When substance abuse is identified, it's very important to schedule appropriate follow up treatment
- Refer member to an appropriate behavioral health provider as indicated.
- Refer member to the Medicaid payer's Case Management Program.

2019 HEDIS® Measures Added

Use of Opioids at High Dosages (UOD)

The proportion of members 18 years and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year at a high dosage (average milligram morphine dose [MME] > 120mg). A lower rate indicates better performance.

BEST PRACTICE TIPS:

- Screen patients for a personal or family history of dependence disorders
- Use alternative therapies if indicated
- Follow CDC Guideline for Prescribing Opioids for Chronic Pain
- Members with malignant neoplasms, sickle-cell disease or in hospice are excluded

Use of Opioids from Multiple Providers (UOP)

The proportion of members 18 years and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year who received opioids from multiple providers. A lower rate indicates better performance. Three rates are reported:

1. Multiple prescribers – the proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year
2. Multiple pharmacies – the proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year
3. 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

BEST PRACTICE TIPS:

- Set expectations with member regarding receiving opioids from one prescriber and one pharmacy
- Members in hospice are excluded from the measure

Risk of Continued Opioid Use (COU)

The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. A lower rate indicates better performance. Two rates are reported:

4. The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period
5. The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period

BEST PRACTICE TIPS:

- Screen patients for a personal or family history of dependence disorders
- Use alternative therapies if indicated
- Follow CDC Guideline for Prescribing Opioids for Chronic Pain
- Members with malignant neoplasms, sickle-cell disease or in hospice are excluded

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

This measure is looking for ***both*** of the following during the measurement year on the same or different dates of service:

- At least one blood glucose or HbA1c, ***and***
- At least one test for LDL-C ***or*** cholesterol test

BEST PRACTICE TIPS:

- Prescriber of medication should be responsible for ordering the appropriate lab screening needed with atypical antipsychotics; however this should be coordinated with child's primary provider to avoid duplication of services.
- Lab results should be made available to child's primary provider if they are not able to access the records electronically. If received, the primary care provider should ensure that any lab results received from the Behavioral Health provider are maintained in the medical record.
- Lab screening should ideally be done every 6 months along with regular monitoring of child's BMI while taking the medication
- The state of West Virginia requires testing for continuation of therapy that is completed within the last 6 months. Consider obtaining a baseline set of labs when these types of medications are initiated.

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

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

BEST PRACTICE TIPS:

- Non-pharmacologic interventions should be considered for first line care
- Exclusions – Members with at least one acute inpatient or at least two visits in an outpatient, intensive outpatient or partial hospitalization setting, on different dates of service, with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder during the measurement year

END OF HEDIS® MEASURES – The following pages provide guidelines along with billing code references

Helpful Website Links

Lead Screening for Children

West Virginia Department of Health and Human Services

http://www.dhhr.wv.gov/HealthCheck/healthcheckservices/Pages/default.aspx

CDC

https://www.cdc.gov/nceh/lead

Childhood and Adolescent Immunizations

CDC

https://www.cdc.gov/hpv/hcp/materials-resources.html

Annual Dental Visit

West Virginia Department of Health and Human Services

http://www.dhhr.wv.gov/HealthCheck/providerinfo/oralhealthtoolkit/Pages/default.aspx

http://www.dhhr.wv.gov/HealthCheck/providerinfo/Documents/HC%20periodicity%20schedule%2002-15.pdf

Well-Child Visits

American Academy of Pediatrics

www.aap.org

American Academy of Pediatrics-Bright Futures

www.Brightfutures.org

https://brightfutures.aap.org/Pages/default.aspx

Breast Cancer Screening

http://wvucancer.org/cancer-prevention-control/bonnies-bus/

Physician documentation guidelines and administrative codes

The use of correct billing codes is critical to ensuring your office receives credit for performing the exam, screening, or test performed. The following useful tips refer to HEDIS® requirements, member ages in the measurement period and corresponding codes per NCQA guidelines. These guidelines apply to all Medicaid members and are not managed care organization specific. **Measures are listed alphabetically.**

HEDIS® Measure	Documentation Requirements	Codes
Adolescent Well Care Visits (AWC) Members 12–21 years of age	Annual well Care visit with a PCP or OB/GYN during the measurement year with each of the following: ◦ Physical Exam ◦ Health History ◦ Physical Developmental History ◦ Mental Developmental History ◦ Health Education/Anticipatory Guidance **Never miss an opportunity! Sick visits present an opportunity to complete a well visit as long as all the required documentation is met.**	CPT: 99381–99385, 99391–99395, 99461 ICD 10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0 Z02.6, Z02.71, Z02.79, Z02.81 Z02.83, Z02.89, Z02.9 HCPCS: G0438, G0439
Adult BMI Assessment (ABA) Members 18–74 years of age	BMI documented during the measurement year or the year prior to the measurement year. This includes date and result for each of three elements: height, weight and BMI. **Avoid chart review by including the appropriate BMI or BMI percentile diagnosis code on the claim.**	**BMI Value (Age 20+)** ICD 10 CM: Z68.1, Z68.20 Z68.39, Z68.41–Z68.45 **BMI Percentile (Age <20)** ICD 10 CM: Z68.51–Z68.54
Annual Dental Visit (ADV) Members 2–20 years of age	At least one dental visit during the measurement year	**Visit with Dental Practitioner**

HEDIS® Measure	Documentation Requirements	Codes
Annual Monitoring for Patients on Persistent Medications (MPM) Members 18 and over who were received at least 6 months of treatment with any of the following medications: ◦ ACE inhibitor ◦ ARB ◦ Diuretic	Members taking **ACE inhibitors, ARBs and diuretics** require either of the following: ◦ Lab panel (BMP or CMP) ◦ Serum potassium test AND serum creatinine test	**Lab Panel** CPT: 80047, 80048, 80050, 80053, 80069 **Serum Potassium** CPT: 80051, 84132 **Serum Creatinine** CPT: 82565, 82575

HEDIS® Measure	Documentation Requirements	Codes
Antidepressant Medication Management (AMM) Members 18 and over who were treated with antidepressants and had a diagnosis of major depression then remained on medication treatment	Two rates are reported: ◦ Those who remained on antidepressant medication for at least 12 weeks ◦ Those who remained on antidepressant medication for at least 6 months	**Major Depression Diagnosis** ICD 10 CM: F32.0–F32.4, F32.9, F33.0–F33.3, F33.41, F33.9 **Monoamine oxidase inhibitors:** Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine **Phenylpiperazine antidepressants:** Nefazodone, Trazadone **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, Doxepine (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine
Appropriate Testing for Children with Pharyngitis (CWP) Children ages 3–18 who were diagnosed with pharyngitis in any setting and dispensed an antibiotic	Percentage of children with only a diagnosis of pharyngitis who had a group A streptococcus test prior to being dispensed an antibiotic	**Group A Strep Test** CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

HEDIS® Measure	Documentation Requirements	Codes
Appropriate Treatment for Children With Upper Respiratory Infection (URI) Members 3 months –18 years of age	Members 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription.	If there is a concurrent diagnosis requiring antibiotics, be sure documentation and coding accurately reflects diagnosis/ diagnoses.
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB) Members 18–64 years of age	Members 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	If there is a concurrent diagnosis requiring antibiotics, be sure documentation and coding accurately reflects diagnosis/ diagnoses.
Breast Cancer Screening (BCS) Women 50–74 years of age	Mammogram performed every two years. Exclusions include bilateral mastectomy or two unilateral mastectomies. Must be clearly documented in the medical record.	**Mammogram Codes** CPT: 77055–77057, 77061–77063, 77065–77067 HCPCS: G0202, G0204, G0206 UB Revenue: 0401, 0403 **Mastectomy Codes** CPT: 19180, 19200, 19220, 19240, 19303–19307 ICD 10 PCS: 0HTV0ZZ, 0HTU0ZZ, 0HTT0ZZ ICD 10 CM: Z90.13 (hx of bilateral mastectomy)

HEDIS® Measure	Documentation Requirements	Codes
Cervical Cancer Screening (CCS) Women 21–64 years of age	One of the following: ◦ Women age 21–64 who had cervical cytology performed every 3 years ◦ Women age 30–64 who had cervical cytology **and** HPV co testing (not reflex testing) performed on the same date of service in the past 5 years Exclusions include complete, total, or radical hysterectomy or cervical agenesis. Must be clearly documented in the medical record.	**Cervical Cytology Codes** CPT: 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091 UB Revenue: 0923 **HPV Test** CPT: 87620–87622, 87624, 87625 HCPCS: G0476 **Hysterectomy/Cervical Agenesis codes** CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58951, 58953, 58954, 58956, 59135 ICD 10 CM: Q51.5, ICD 10 CM: Z90.710, Z90.712 (hx of complete hysterectomy) ICD 10 PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ
Chlamydia Screening in Women (CHL) Women 16–24 years of age	Women identified as sexually active with a Chlamydia test annually. A prescription for contraceptives indicates sexual activity.	CPT: 87110, 87270, 87320, 87490–87492, 87810

<table>
<tr><th>HEDIS® Measure</th><th>Documentation Requirements</th><th>Codes</th></tr>
<tr>
<td>Childhood Immunization Status (CIS)

Members turning 2 years of age</td>
<td>Vaccines administered on or before second birthday:

<table>
<tr><th>Vaccine</th><th>Dose(s)</th></tr>
<tr><td>DTaP</td><td>4</td></tr>
<tr><td>IPV</td><td>3</td></tr>
<tr><td>MMR*</td><td>1</td></tr>
<tr><td>Hib</td><td>3</td></tr>
<tr><td>Hep B*</td><td>3</td></tr>
<tr><td>VZV*</td><td>1</td></tr>
<tr><td>PCV</td><td>4</td></tr>
<tr><td>Hep A*</td><td>1</td></tr>
<tr><td>Rotavirus</td><td>2 or 3</td></tr>
<tr><td>Influenza</td><td>2</td></tr>
</table>

*Billed or documented history of disease will also mark compliance for vaccinations designated with an asterisk.</td>
<td>DTaP Vaccine
CPT: 90698, 90700, 90721, 90723

IPV Vaccine
CPT: 90698, 90713, 90723

MMR Vaccine
CPT: 90707, 90710

Measles Vaccine
CPT: 90705

Measles and Rubella Vaccine
CPT: 90708

Mumps Vaccine
CPT: 90704

Rubella Vaccine
CPT: 90706

Hib Vaccine
CPT: 90644–90648, 90698, 90721, 90748

Hep B Vaccine
CPT: 90723, 90740, 90744, 90747, 90748

ICD 10 PCS: 3E0234Z (newborns only)

HCPCS: G0010

VZV Vaccine
CPT: 90710, 90716

PCV Vaccine
CPT: 90669, 90670

HCPCS: G0009

Hep A Vaccine
CPT: 90633

RV Vaccine
CPT: 90681 (2 dose), 90680 (3 dose)

Flu Vaccine
CPT: 90655, 90657, 90661, 90662, 90673, 90685–90688

HCPCS: G0008</td>
</tr>
</table>

HEDIS® Measure	Documentation Requirements	Codes
Comprehensive Diabetes Care (CDC) Members 18–75 years of age with type 1 or type 2 diabetes	Members 18–75 with diabetes who had each of the following annual screenings: ◦ HbA1c testing and result* ◦ Blood Pressure* ◦ Medical attention to nephropathy (urine test for protein *or* ACE/ARB medication therapy) ◦ Retinal eye exam performed by an eye care professional *Date and result of last screening in the measurement year **Reduce chart review by using CPT Category II codes for results.**	**HbA1c Test** CPT: 83036, 83037 **HbA1c Results** CPT Cat II: 3044F, 3045F, 3046F **Blood Pressure Reading** CPT Cat II: Systolic: 3074F, 3075F, 3077F Diastolic: 3078F–3080F (Please bill one code each for systolic and diastolic.) **Nephropathy Screening *or* ACE/ ARB Pharmacotherapy** CPT: 81000–81003, 81005, 82042–82044, 84156 CPT Cat II: 3060F–3062F, 3066F, 4010F ICD 10 CM: E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0–N08, N14.0–N14.4, N17.0–N17.2, N17.8–N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0 Q60.6, Q61.00–Q61.02, Q61.11, Q61.19–Q61.5, Q61.8, Q61.9, R80.0–R80.3, R80.8, R80.9 **Eye Exam with Eye Care Professional** CPT: 67028, 67030, 67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225 92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213 99215, 99242–99245 CPT Cat II: 2022F, 2024F, 2026F HCPCS: S0620, S0621, S3000 **Eye Exam billed by ANY Provider** CPT Cat II: 3072F

HEDIS® Measure	Documentation Requirements	Codes
Controlling High Blood Pressure (CBP) Members 18–85 years of age with diagnosis of hypertension	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.	**Hypertension diagnosis** ICD 10 CM: I10 **CPT II Codes:** **Systolic Blood Pressure:** **3074F** – Most recent Systolic BP less than 130 mm Hg **3075F** – Most recent Systolic BP 130–139 mm Hg **3077F** – Most recent Systolic BP greater than or equal to 140 mm hg **Diastolic Blood Pressure:** **3079F** – Most recent Diastolic BP 80–89 mm Hg **3078F** – Most recent Diastolic BP less than 80 mm Hg **3080F** – Most recent Diastolic BP greater than or equal to 90 mm hg **Billing these CPT II codes could potentially decrease the volume of chart review at your office for the CBP measure during HEDIS® season.**
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) Members 18–64 years of age	Members 18–64 years of age with schizophrenia or bipolar, who were dispensed an antipsychotic medication and had an annual diabetes screening test. Glucose test or HbA1c should be done yearly on members meeting criteria. Communication between PCP and Behavioral Health providers is key to ensuring needed lab testing is completed.	**Glucose Tests** CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1c Test** CPT: 83036, 83037 **HbA1c Results** CPT Cat II: 3044F–3046F

HEDIS® Measure	Documentation Requirements	Codes
Statin Therapy for Patients With Diabetes (SPD) Members 40–75 years of age	Members 40–75 years of age during the measurement year with diabetes who met the following criteria. Two rates are reported: ◦ ***Received Statin Therapy.*** Members who were dispensed at least one statin medication of any intensity during the measurement year. ◦ ***Statin Adherence 80%.*** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.	**High intensity statin therapy** Atorvastin 40–80mg, Amlodpine atorvastin 40–80mg, Ezetimibe atorvastatin 40–80mg, Rosuvastatin 20–40mg, Simvastatin 80mg,Ezetimibe simvastatin 80mg **Moderate intensity statin therapy** Atorvastatin 10–20 mg, Amlodipine atorvastatin 10–20 mg, Ezetimibe atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Ezetimibe simvastatin 20–40 mg, Niacin simvastatin 20–40 mg, Sitagliptin simvastatin 20–40 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Niacin lovastatin 40 mg, Fluvastatin XL 80 mg, Fluvastatin 40mg bid, Pitavastatin 2 4mg **Low intensity statin therapy** Simvastatin 10 mg, Ezetimibe simvastatin 10 mg, Sitagliptin simvastatin 10 mg, Pravastatin 10–20 mg, Lovastatin 20 mg, Niacin lovastatin 20 mg, Fluvastatin 20–40 mg, Pitavastatin 1 mg
Flu Vaccinations for Adults Ages 18–64 (FVA) Members 18–64 years of age	Members who receive an influenza vaccination between July 1 of the measurement year and the date when the CAHPS survey was completed. ◦ Educate members regarding the importance of annual influenza vaccinations. ◦ Encourage and offer annual influenza vaccinations. ◦ Document all flu vaccinations and refusals.	HEDIS® measure is met via CAHPS Member Survey

HEDIS® Measure	Documentation Requirements	Codes
Follow up After Hospitalization for Mental Illness (FUH) Members 6 years of age and older	Members 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 practitioner. Members should receive at least one follow up within each timeframe: ◦ 7 days of discharge ◦ 30 days of discharge	**Visit with Mental Health Practitioner** CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99495, 99496, 99510 HCPCS: G0155, G0176, G0177, G0409 G0411, G0463, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, M0064, S0201, S9480, S9484, S9485, T1015 UB Revenue: 0510, 0513, 0515–0517, 0519–0523, 0526–0529, 0900–0905, 0907, 0911–0917, 0919, 0982, 0983 Or CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 And POS: 02, 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 52, 53, 71, 72 Or CPT: 90870 ICD-10 PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ UB Revenue: 0901 And POS: 03, 05, 07, 09, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72

HEDIS® Measure	Documentation Requirements	Codes
Follow-up Care for Children Prescribed ADHD Medication (ADD) Children ages 6–12 who are newly prescribed ADHD medication who have at least 1 follow up visit in 30 days and 2 more in the following 9 months for a total of 3 visits.	A follow up visit can be outpatient, intensive outpatient, or partial hospitalization. Two rates are reported: ◦ One follow up visit with prescribing practitioner within 30 day initiation phase ◦ Two additional follow up visits with prescribing practitioner within the 9 months immediately following the initiation phase	**Visit with a Prescribing Practitioner** CPT: 96150–96154, 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99384, 99391–99394, 99401–99404, 99411, 99412, 99510 HCPCS: G0155, G0176, G0177, G0409–G0411, G0463, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, M0064, S0201, S9480, S9484, S9485, T1015 UB Revenue: 0510, 0513, 0515–0517, 0519–0523, 0526–0529, 0900, 0902–0905, 0907, 0911–0917, 0919, 0982, 0983 Or CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 And POS: 02, 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 52, 53, 71, 72
Immunizations for Adolescents (IMA) 13 year old adolescents	Vaccines administered by member's 13th birthday: ◦ 1 meningococcal vaccine on or between 11th and 13th birthdays ◦ 1 Tdap or 1 Td vaccine on or between 10th and 13th birthdays ◦ 3 HPV vaccines on or between 9th and 13th birthdays (or 2 HPV vaccines if administering 2 dose series) , at least 146 days apart)* *HPV includes both males and females	**Meningococcal** CPT: 90734 **Tdap** CPT: 90715 **HPV** CPT: 90649–90651

HEDIS® Measure	Documentation Requirements	Codes
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) Members 19–64 years of age	The percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period	**Antipsychotic Medications** ◦ Oral Antipsychotic Medications • Miscellaneous antipsychotic agents (oral) • Phenothiazine antipsychotics • Psychotherapeutic combinations • Thioxanthenes **Long Acting Injections 14 Days Supply Medications** HCPCS: J2794 **Long Acting Injections 28 Days Supply Medications** HCPCS: J0401, J1631, J2358, J2426, J2680
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Members 13 years of age and older with a new episode of alcohol or other drug (AOD) abuse or dependence via an outpatient, intensive outpatient, partial hospitalization, telehealth, detoxification or ED visit	**Two Phases of AOD Treatment** The follow up visits for the initiation and engagement phases must be billed with a diagnosis code in the same cohort as the diagnosis on the original claim identifying a new episode of AOD abuse or dependence. ◦ Initiation—inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) **within 14 days** of the diagnosis. ◦ Engagement—members who complete the Initiation phase **and** who had two or more additional AOD services via outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) **within 34 days** of the initiation visit.	**AOD Services/Treatment Codes** CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408, 99409, 99411, 99412, 99510 HCPCS: G0155, G0176, G0177, G0396, G0397, G0409–G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H2001, H2010–H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015 UB Revenue: 0510, 0513, 0515–0517, 0519–0523,0526–0529, 0900, 0902–0907, 0911–0917, 0919, 0944, 0945, 0982, 0983

HEDIS® Measure	Documentation Requirements	Codes
Lead Screening in Children (LSC) Members turning 2 years of age	At least one capillary or venous blood lead test on or before second birthday **A lead risk assessment screening alone is not sufficient for the measure.**	CPT: 83655
Medical Assistance With Smoking and Tobacco Use Cessation (MSC) Members 18 years of age and older	Three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation. ◦ Advise Smokers and Tobacco Users to Quit ◦ Discuss Cessation Medications ◦ Discuss Cessation Strategies Address smoking and tobacco use at every office visit opportunity.	HEDIS® measure is met via CAHPS Member Survey
Medication Management for People with Asthma (MMA) Members 5–64 years of age identified as having persistent asthma and were dispensed appropriate controller medications which they remained on during the treatment period (date of initial dispensing event through the remainder of the measurement year).	Members are excluded for any of the following diagnoses: emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, or acute respiratory failure.	**Asthma controller medications**: ◦ Antiasthmatic combinations ◦ Antibody Inhibitors ◦ Inhaled Steroid combinations ◦ Inhaled Corticosteroids ◦ Leukotriene Modifiers ◦ Mast cell stabilizers ◦ Methylxanthines

HEDIS® Measure	Documentation Requirements	Codes
Statin Therapy for Patients With Cardiovascular Disease (SPC) Males 21–75 years of age and females 40–75 years of age	The percentage of males 21–75 and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: ◦ ***Received Statin Therapy.*** Members who were dispensed at least one high intensity or moderate intensity statin medication during the measurement year ◦ ***Statin Adherence 80%.*** Members who remained on a high intensity or moderate intensity statin medication for at least 80% of the treatment period	**High intensity statin therapy** Atorvastin 40–80mg, Amlodpine atorvastin 40–80mg, Ezetimibe atorvastatin 40–80mg, Rosuvastatin 20–40mg, Simvastatin 80mg, Ezetimibe simvastatin 80mg **Moderate intensity statin therapy** Atorvastatin 10–20 mg, Amlodipine atorvastatin 10–20 mg, Ezetimibe atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Ezetimibe simvastatin 20–40 mg, Niacin simvastatin 20–40 mg, Sitagliptin simvastatin 20–40 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Niacin lovastatin 40 mg, Fluvastatin XL 80 mg, Fluvastatin 40mg bid,Pitavastatin 2 4mg EXCLUSIONS: Pregnancy, IVF, ESRD, Cirrhosis, Myalgia, myositis, myopathy or rhabdomyolysis
Pharmacotherapy Management of COPD Exacerbation (PCE) Members 40 years of age and older	Adults age 40 and older who had an acute inpatient discharge or emergency department visit for COPD exacerbation and the following medications were dispensed: ◦ A systemic corticosteroid within 14 days of the event ◦ A bronchodilator within 30 days of the event	**Medication List** Systemic Corticosteroid Medications: ◦ Glucocorticoids Bronchodilator Medications: ◦ Anticholinergic agents ◦ Beta 2 agonists ◦ Methylxanthines ◦ Antiasthmatic combinations

HEDIS® Measure	Documentation Requirements	Codes

Prenatal and Postpartum Care *Prenatal Rate* (PPC)
 	
Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year
	Prenatal Care visit in the first trimester or within 42 days of enrollment (if enrolled after first trimester) with an OB/GYN practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be billed.
	
	◦ Prenatal care documentation must include the visit date and evidence of **one** of the following:
	  ◦ A basic physical obstetrical examination that includes:
	  ◦ Auscultation for fetal heart tone, or
	  ◦ Pelvic exam with obstetric observations, or
	  ◦ Measurement of fundus height (a standardized prenatal flow sheet may be used),
	
	◦ Prenatal Care Procedure, such as:
	  ◦ obstetric panel
	  ◦ TORCH antibody panel alone
	  ◦ rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
	  ◦ ultrasound/echography of a pregnant uterus
	
	◦ Documentation of LMP or EDD with either:
	  ◦ prenatal risk assessment & counseling/education
	  ◦ complete obstetrical history
		Stand Alone Codes
		CPT: 59400, 59425, 59426, 59510, 59610, 59618, 99500
		
		CPT Cat II: 0500F–0502F
		
		HCPCS: H1000–H1005
		
		Routine Office Visit
		CPT: 99201–99205, 99211–99215, 99241–99245
		
		HCPCS: G0463, T1015
		
		UB Revenue: 0514
		
		to be billed with any one of the following:
		
		OB Panel
		CPT: 80055, 80081
		
		TORCH (must have all four components)
		◦ Toxoplasma Antibody CPT: 86777, 86778
		◦ Rubella Antibody CPT: 86762
		◦ Cytomegalovirus Antibody CPT: 86644
		◦ Herpes Simplex Antibody CPT: 86694–86696
		
		Rubella Antibody with ABO/Rh Blood Typing (both)
		◦ Rubella Antibody CPT: 86762
		◦ ABO CPT: 86900
		◦ Rh CPT: 86901
		
		Ultrasound/Echography
		CPT: 76801, 76805, 76811, 76813, 76815–76821, 76825–76828
		
		ICD 10 PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ

HEDIS® Measure	Documentation Requirements	Codes
Prenatal and Postpartum Care *Postpartum Rate* (PPC) Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	Postpartum visit to an OB/GYN practitioner, Midwife or PCP on or between 21 and 56 days after delivery. Documentation must indicate visit date and evidence of one of the following: ◦ Pelvic exam ◦ Examination of breasts (or notation of breastfeeding), abdomen, weight and blood pressure ◦ Notation of postpartum care, such as "6 week check", "postpartum" visit/care, PP care, or a preprinted form completed with patient specific information Postpartum visit required between 21 and 56 days after delivery – excludes visits solely for C section suture/staple removal/contraceptive management. Educate C Section patient upon suture/staple removal visit that she must return between 21–56 days after the delivery date for a complete postpartum visit.	**Postpartum Visits** CPT: 59430 Providers will need to bill the delivery code and the postpartum visit code separately to be reimbursed. Use code 59430 to indicate that a postpartum visit occurred.

HEDIS® Measure	Documentation Requirements	Codes
Use of Imaging Studies for Low Back Pain (LBP) Members 18–50 years of age	Members with a primary diagnosis of uncomplicated low back pain who did not have an imaging study (plain X ray, MRI, CT scan), within 28 days of the diagnosis. Avoid imaging studies within 28 days of new diagnosis for uncomplicated low back pain. Educate members on comfort measures, non opioid pain relief and when to contact the PCP for symptoms. Exclusions: ◦ Cancer ◦ Recent trauma ◦ Intravenous drug abuse ◦ Neurologic impairment ◦ HIV ◦ Spinal infection ◦ Major organ transplant ◦ Prolonged use of corticosteroids	For a diagnosis of uncomplicated low back pain, avoid these procedures unless clinically necessary. CPT: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131 33, 72141, 72142, 72146–49, 72156, 72158, 72200, 72202, 72220 UB Revenue: 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC) Members 3–17 years	Evidence of outpatient visit with PCP or OB/GYN containing the following documentation dated during the measurement year: ◦ BMI percentile or BMI percentile plotted on an age growth chart ◦ Weight ◦ Height ◦ Counseling or anticipatory guidance for nutrition (diet) ◦ Counseling or anticipatory guidance for physical activity (regular sports participation/exercise)	**BMI Percentile** ICD 10 CM: Z68.51–Z68.54 **Nutrition Counseling** CPT: 97802 97804 ICD 10 CM: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 **Physical Activity Counseling** ICD 10 CM: Z02.5 HCPCS: G0447, S9451

HEDIS® Measure	Documentation Requirements	Codes
Well Child Visits in the First 15 Months of Life (W15) Members turning 15 months of age	Minimum of six well care visits with a PCP during the first 15 months of life with the following documentation: ◦ Physical Exam ◦ Health History ◦ Physical Developmental History ◦ Mental Developmental History ◦ Health Education/Anticipatory Guidance **Never miss an opportunity! Sick visits present an opportunity to complete a well visit as long as all the required documentation is met.**	CPT: 99381–99385, 99391–99395, 99461 ICD 10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0–Z02.6, Z02.71, Z02.79, Z02.81–Z02.83, Z02.89, Z02.9 HCPCS: G0438, G0439
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) Members 3–6 years of age	Well Care visit with a PCP during the measurement year with the following: ◦ Physical Exam ◦ Health History ◦ Physical Developmental History ◦ Mental Developmental History ◦ Health Education/Anticipatory Guidance **Never miss an opportunity! Sick visits present an opportunity to complete a well visit as long as all the required documentation is met.**	CPT: 99381–99385, 99391–99395, 99461 ICD 10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0–Z02.6, Z02.71, Z02.79, Z02.81–Z02.83, Z02.89, Z02.9 HCPCS: G0438, G0439