Weight Assessment and Counseling	for Nutrition and Physical Activity	3 – 17 years
Members who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:  BMI percentile documentation Counseling for nutrition Counseling for physical activity	CPT Codes  97802–97804, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99420, 99429, 99455, 99456	IDC-9 CM Diagnosis V85.5 V65.3 V65.41

# **Women's Measures**

Breast Cancer Screening 40 – 69 years

A mammogram should be performed for your members yearly.

No Amerigroup authorization is required for a screening mammogram.

CPT Codes	ICD-9 CM Procedure
77055–77057	87.36, 87.37

### **Cervical Cancer Screening**

21 – 64 years

A Pap test should be ordered/performed for your members yearly. Precertification is not required.

CPT Codes	ICD-9 CM Procedure
88141–88143, 88147, 88148, 88150, 88175,	91.46
88152-88155, 88164-88167, 88174	

# Chlamydia Screening

16 – 24 year

Women identified as high risk should have at least one screening test done yearly. The screening can be performed via urine test or cervical exam.

CPT Codes

87110, 87270, 87320, 87490–87492, 87810

### **Prenatal and Postpartum Care**

Any pregnant member

- The initial prenatal visit with an order for pregnancy test, which indicates a principal diagnosis of pregnancy
- Refer to OB/GYN for duration of pregnancy
- Postpartum care on or between 21 and 56 days after delivery

CPT Codes
81025, 84702, 84703
59430 (Use TH modifier)
• •



# Texas

# **Quick Code Reference Guide**

for HEDIS 2012 Measures



The Healthcare Effectiveness Data and Information Set (HEDIS®) is a national performance measurement tool established by the National Committee for Quality Assurance (NCQA) to measure the effectiveness of providers and health plans on specific clinical measures. Amerigroup wants to make sure your office demonstrates the quality care you provide through provision of necessary medical services and correct submission of claims data.

This guide is provided to help you:

- Know the types of conditions Amerigroup reviews to assess clinical performance based on HEDIS measurement standards; for more information about HEDIS, visit www.ncqa.org
- Become familiar with the diagnosis and procedures codes most frequently reviewed to assess clinical performance
- Review your practice to determine changes you may need to make to provide and bill needed services
- Position your practice to be eligible for Pay-for-Performance incentive payments

# **Respiratory Measures**

### Adults with Acute Bronchitis — Avoiding Antibiotic Treatment

18 – 64 years

Members who were diagnosed with bronchitis and were not dispensed an antibiotic (Antibiotic Tx is not recommended)

Description	ICD-9 Diagnosis Code
Acute Bronchitis	466.0

# Asthma — Use of Appropriate Medications

5 – 11 years 12 – 50 years

- Members identified as having persistent asthma and were appropriately prescribed medication
- A minimum of three dispensing events
- One dispensing event an amount lasting 30 days or less
- Encourage members to fill all prescriptions written and fill refills

CPT Codes	ICD-9 Diagnosis Code
99201–99205, 99211–99215, 99217–99220, 99241–99245,	493.xx
99341–99345, 99347–99350, 99382–99386, 99392–99396,	493.8
99401–99404, 99411, 99412, 99420, 99429	493.9

## Children with Pharyngitis

2 – 18 years

Members must receive a group A streptococcus test with a diagnosis of pharyngitis to be dispensed an antibiotic.

Description	ICD-9 DX Code	CPT Codes
Acute Pharyngitis	462	87070, 87071, 87081, 87430
Acute Tonsillitis	463	87650–87652, 87880
Streptococcal Sore Throat	034.0	Identifies a Group A Strep test

# Spirometry Testing Used in Assessment and Diagnosis of COPD

40 years and olde

Members with a new diagnosis or newly active COPD must receive Spirometry testing to confirm diagnosis.

Description	ICD-9 DX Code	CPT Codes
Chronic Bronchitis	491.x	94010, 94014–94016, 94060
Emphysema	492.x	94070, 94375, 94620
COPD	496	Identifies a Spirometry test

#### Children with Upper Respiratory Infection

3 months — 18 years

Members who were diagnosed with upper respiratory infection and were not dispensed an antibiotic (Antibiotic Tx is not recommended)

Description	ICD-9 Diagnosis Code
Acute Nasopharyngitis	460
Upper Respiratory Infection	465.0

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# **Adult Measures**

Hypertension Age 18 – 85 years

Document a blood pressure reading on every visit.

401 **ICD-9 CM Diagnosis** 

Cholesterol Age 18 – 75 years Screen all members diagnosed with cardiovascular conditions for LDL-C. (A goal value <100 mg/dl indicates good control) **CPT Codes** 80061, 83700, 83701, 83704, 83721, 92980, 92982,

92995, 99201–99205, 99211–99215, 99217–99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 **ICD-9 CM Diagnosis** 410.X1, 411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 440.4, 444, 445

Diabetes Age 18 – 75 years

Screen all diabetic members for HbA1C, LDL-C, nephropathy and retinopathy.

Service Description	CPT Codes			
HbA1c	83036, 83037			
LDL-C	80061, 83700, 83701, 83704, 8372	80061, 83700, 83701, 83704, 83721		
Nephropathy Screening Test	82042, 82043, 82044, 84156			
Urine Macroalbumin Test	8100-8103, 81005			
Evidence of Treatment of Nephropathy	36800, 36810, 36815, 36818, 36819–36821, 36831–36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90957–90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512			
	ICD-9 CM Codes	250.4x, 403.x, 404.x, 405.1x, 405.11, 405.91, 580.x–588.x, 753.0, 753.1x, 791.00, v42.0, v45.1x, v56		
Evidence of Eye Exam	ICD-9 CM Codes	14.1–14.5, 14.9, 95.02–95.04, 95.11, 95.12, 95.16, v72.0		
CPT Codes	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, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245			
Codes to Identify Diabetes	*Diagnosis code indicates evidence of disease			
ICD-9 CM Diagnosis	250.xx, 357.2, 362.0, 366.41, 648.0			

Adult BMI Age 18 – 75 years

Members who had an outpatient visit and whose Body Mass Index (BMI) was documented

**CPT Codes** 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411,

99412, 99420, 99429, 99455, 99456

**ICD-9 CM Diagnosis** V85.0-V85.5

### Medical Assistance with Smoking and Tobacco Use Cessation

Age 18 and older

Members will be surveyed if advised to quit smoking and/or using tobacco.

- Advising smokers and tobacco users to quit
- Discussing cessation medications
- Discussing cessation strategies

# **Behavioral Health Measures**

Members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health provider within seven days of discharge and within 30 days of discharge

**IDC-9 CM Diagnosis** 

296.20-296.25, 296.30-296.35, 298.0, 300.4, 309.1, 311

## Follow-up Care for Children Prescribed ADHD **Medication (ADD)**

Age 6 – 12 years

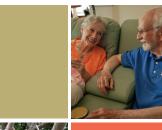
Children newly prescribed ADHD medications who had at least three follow-up care visits within a 10-month period of prescribing authority — one visit within 30 days (initiation phase) of prescribing and at least two additional visits in the next nine months (continuation phase)

**CPT Codes** 

90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401–99404, 99411, 99412, 99510, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862 90875, 90876, 99221–99223, 99231–99233, 99238 99239, 99251-99255, 98966-98968, 99441-99443

















**Immunizations** 

Diphtheria

Birth – 2 years 11 – 13 years

Members should complete their vaccine series with lead screening by 2 years of age, and adolescents should complete their vaccine series between 11 – 13 years.

Immunization	CPT Codes	ICD-9 CM Diagnosis
<b>Childhood Immunizations</b>		Birth – 2 years
DTaP	90698, 90700, 90721, 90723	
IPV	90698, 90713, 90723	
MMR	90707, 90710	
Measles/Rubella	90708	
Measles	90705	055.x*
Mumps	90704	072.xx*
Rubella	90706	056.x*
HiB	90645-90648, 90698, 90721, 90748	
Hepatitis B	90723, 90740, 90744, 90747, 90748	070.2x* 070.3x* V02.61*
VZV	90710, 90716	052.x* 053.xx*
Pneumococcal Conjugate	90669, 90670	
Hepatitis A	90633	070.0* 070.1*
Rotavirus 2 Dose Series	90681	V04.89*
Rotavirus 3 Dose Series	90680	V04.89*
Influenza	90655, 90657, 90661, 90662	V04.81*
Lead Testing (Venous/Capillary)	83655	* ICD-9 CM diagnosis codes should only be used to indicate evidence of disease
Adolescent Immunizations		11 – 13 years
Meningococcal	90733, 90734	
Tdap	90715	
Td	90714, 90718	
Tetanus	90703	

**Well-child Visits** Document all anticipatory guidance in the medical record. Examples: toileting/safety/milestones/feedings/etc.

0 - 15 months 3 – 6 years 12 – 21 years

Members should have the required number of well-child visits during the measurement year.

These recommended codes indicate a complete well-child exam was performed.

These recommended codes indicate a co	implete well eilild exal	n was perioritica.	
Measures		CPT Code (Use AM Modifier)	
Infant well visit Six or more well visits	0 – 15 months	s 99381, 99382, 99391, 99392, 9461	
Child well visit One or more well-child visit	3 – 6 years	<b>3 and 4 years old</b> 99382, 99392	<b>5 – 11 years old</b> 99383, 99393
Adolescent well visit One or more adolescent well visits	12 – 21 years	99383–99385, 99393, 99395	

90719

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