



# HEDIS Benchmarks and Coding Guidelines for Quality Care

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

Since there is considerable evidence that prescribing antibiotics for uncomplicated acute bronchitis/bronchiolitis is not indicated unless they are associated comorbid diagnosis, this HEDIS® measure looks at the percentage of members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did **not** result in an antibiotic dispensing event.

### Exclusions:

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

Description	CPT®/HCPCS/ICD-10
Acute bronchitis	ICD-10: J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J121.0, J21.1, J21.8, J21.9
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

### Helpful tips:

- If prescribing an antibiotic for a bacterial infection (or comorbid condition) in members with acute bronchitis, be sure to use the diagnosis code for the bacterial infection and/or comorbid condition.
- If a patient insists on an antibiotic:
  - Refer to the illness as a chest cold rather than bronchitis; members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, such as an over-the-counter cough medicine.
  - Treat with antibiotics if associated comorbid diagnosis.

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## How can we help?

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

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

**Other available resources:**

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

## Notes

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

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

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

### Record your efforts

When prescribing a new ADHD medication:

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

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

### Exclusions

Exclude members who had an acute inpatient encounter for a mental, behavioral or neurodevelopmental disorder during the 300 days (10 months) after the IPSD.

Description	CPT/HC
Behavioral health (BH) outpatient	<b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
BH stand-alone nonacute inpatient	<b>CPT:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99292 <b>HCPCS:</b> H0017-H0019, T2048
Telephone visits	<b>CPT:</b> , 98966, 98967, 98968, 99441, 99442, 99443

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Telehealth place of service (POS)	02
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063

### Helpful tips:

- Educate your members and their parents, guardians, or caregivers about the use of and compliance with long-term ADHD medications and the condition.
- Collaborate with other organizations to share information; research best practices about ADHD interventions and appropriate standards of practice and their effectiveness and safety.
- Contact your Provider Relations representative for copies of our ADHD-related patient materials.

### How can we help?

We help you with follow-up care for children who are prescribed ADHD medications by:

- Providing *Clinical Practice Guidelines* on our provider self-service website.
- Providing the *HEDIS Measure Physician Desktop Reference Guide* and other helpful tools on our website.
- Helping you schedule appointments for your members if needed.
- Educating our members on ADHD through newsletters and health education fliers.

### Other available resources

You can find more information and tools online at:

- [www.healthychildren.org](http://www.healthychildren.org)
- [www.brightfutures.org](http://www.brightfutures.org)
- [www.chadd.org](http://www.chadd.org)

### Notes

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## Antidepressant Medication Management (AMM)

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

- **Effective Acute Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 180 days (six months)

### Record your efforts:

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

### Exclusions

Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSP, through the IPSP and the 60 days after the IPSP.

Description	CPT/HCPCS/ICD-10
Major depression	<b>ICD-10:</b> F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
BH outpatient	<b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Electroconvulsive therapy	<b>CPT:</b> 90870 <b>ICD-10PCS:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02

### Helpful tips

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

- Complying with long-term medications.
- Not abruptly stopping medications without consulting you.

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## Asthma Medication Ratio (AMR)

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

### Record your efforts:

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

### Exclusions:

- Members who had no asthma controller or reliever medications dispensed during the measurement year.
- Emphysema
- Other emphysema
- Chronic obstructive pulmonary disease (COPD)
- Obstructive chronic bronchitis
- Chronic respiratory conditions due to fumes or vapors
- Cystic fibrosis
- Acute respiratory failure

Description	ICD-10
Asthma	<b>ICD-10:</b> J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
Online Assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063

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## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

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

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

### Record your efforts:

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

Description	CPT/CAT II/LOINC
Cholesterol lab test	<b>CPT:</b> 82465, 83718, 83722, 84478 <b>LOINC:</b> 2085-9, 2093-3, 2571-8, 3043-7, 5830-1
Glucose lab test	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 <b>LOINC:</b> 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c lab test	<b>CPT:</b> 83036, 83037 <b>LOINC:</b> 17856-6, 4548-4, 4549-2
HbA1c lab test results or findings	<b>CAT II:</b> 3044F, 3046F, 3051F, 3052F
LDL-C lab test	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>LOINC:</b> 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
LDL-C lab test results or findings	<b>CAT II:</b> 3048F, 3049F, 3050F

### Notes

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

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

### Record your efforts

Documentation of psychosocial care in the 121-day period from 90 days prior to the IPSP through 30 days after the IPSP.

### Exclusions

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

- Schizophrenia.
- Schizoaffective disorder.
- Bipolar disorder.
- Psychotic disorder.
- Autism.
- Other developmental disorder.

Description	CPT/HCPCS/LOINC
Psychosocial care	<b>CPT:</b> 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880, H0035 <b>HCPCS:</b> G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
BH outpatient	<b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
BH stand-alone nonacute inpatient	<b>CPT:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99292 <b>HCPCS:</b> H0017-H0019, T2048
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02

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## Breast Cancer Screening (BSC)

This HEDIS measure looks at women 50 to 74 years of age who had a mammogram to screen for breast cancer.

### Record your efforts

Include documentation of all types and methods of mammograms including:

- Screening.
- Diagnostic.
- Film.
- Digital.
- Digital breast tomosynthesis.

Do not include the following as they are performed as an adjunct to mammography:

- Breast ultrasounds.
- MRIs.
- Biopsies.

### Exclusions:

- Women who had a bilateral mastectomy or two unilateral mastectomies with a bilateral modifier
- Members receiving palliative care

Description	CPT/HCPCS
Mammography	<b>CPT:</b> 77061-76063, 77065-77067 <b>LOINC:</b> 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
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## Controlling High Blood Pressure (CBP)

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

### Record your efforts

Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members 18 to 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.
- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension
  - If no BP is recorded during the measurement year, assume that the member is “not controlled.”

### What does not count?

- If taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen
- On or one day before the day of the test or procedure with the exception of fasting blood tests
- Taken during an acute inpatient stay or an ED visit

### Exclusions:

- End-stage renal disease (ESRD)
- Kidney transplant
- Pregnancy
- Non acute inpatient stay
- Members ages 66 to 80 with frailty and advanced illness
- Members 81 and above with frailty
- Members receiving palliative care

Description	CPT/HCPCS/ICD-10/CAT II
Essential HTN	ICD-10: I10
Diastolic BP	CAT II: 3078F-3080F LOINC: 8462-4
Diastolic 80 to 89	CAT-11: 3079F
Diastolic greater than/equal to 90	CAT-11: 3080F
Diastolic less than 80	CAT-11: 3078F

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Online assessment	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Remote BP monitoring	<b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
Systolic BP	<b>CAT II:</b> 3074F, 3075F, 3077F <b>LOINC:</b> 8480-6
Systolic greater than/equal to 140	<b>CAT II:</b> 3077F
Systolic less than 140	<b>CAT II:</b> 3074F, 3075F
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443

### Helpful tips:

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

### How can we help?

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

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.

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- Helping you schedule, plan, implement and evaluate a health screening Clinic Day; call your Provider Relations representative to find out more.
- Educating our members on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.

## Other available resources

You can find more information and tools online at:

- [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)
- <https://www.cdc.gov/bloodpressure/index.htm>

## Notes

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## Cervical Cancer Screening (CCS)

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

- Women 21 to 64 years of age who had cervical cytology performed within the last three years
- Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Women 30 to 64 years of age who had cervical cytology/hrHPV cotesting within the last five years.

### Record your efforts

Make sure your medical records reflect:

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

### Exclusions:

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

- Absence of cervix
- Members receiving palliative care

Description	CPT/HCPCS/LOINC
Cervical cytology lab test	<b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 <b>LOINC:</b> 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
High Risk HPV Lab Test	<b>CPT:</b> 87620-87622, 87624-87625 <b>HCPCS:</b> G0476 <b>LOINC:</b> 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0
Absence of cervix diagnosis	<b>ICD-10-CM:</b> Q51.5, Z90.710, Z90.712

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Hysterectomy with no residual cervix	<b>CPT:</b> 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135 <b>ICD10PCS:</b> 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ
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**Note:** The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

### Helpful tips:

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

### How can we help?

We help you get our members this critical service by:

- Offering you access to our *Clinical Practice Guidelines* on our provider self-service website.
- Coordinating with you to plan and focus on improving health awareness for our members by providing health screenings, activities, materials and resources if available or as needed.
- Educating members on the importance of cervical cancer screening through various sources, such as phone calls, post cards, newsletters and health education fliers if available.

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Contact your Provider Relations representative for any questions during office visits.

## Other available resources

You can find more information and tools online at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).

## Notes

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## Comprehensive Diabetes Care (CDC)

This HEDIS measure evaluates members ages 18 to 75 years with type 1 or type 2 diabetes. Each year, members with type 1 or type 2 diabetes should have:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (> 9%)
- HbA1c control (< 8%)
- Eye exam (retinal) performed
- Medical attention for nephropathy
- BP control (< 140/90 mm Hg)

### Record your efforts

Though only the most recent result matters, document all diabetes evaluation notes, blood pressure, lab tests, nephrologist visit if indicated, treatment with ACE inhibitors/ARB and eye exam results in the member's medical record. If exams listed above were not done as recommended, document the reasons.

### Exclusions:

- End-stage renal disease
- Kidney transplant
- Pregnancy
- Non-acute inpatient stay
- Members ages 66 and older with
  - Frailty and Advanced Illness
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year
- Living long-term in an institution any time during the measurement year
- Members receiving palliative care

### Diabetes

ICD-10
E10.10-11, E10.21-22, E10.29, E10.311, E10.319, E10.321, E10.3211- E10.3213, E10.3219, E10.329, E10.3291, E10.3292, E10.3293, E10.3299, E10.331, E10.3311-E10.3313, E10.3319, E10.339, E10.3391-E10.3393, E10.3399, E10.341, E10.3411-3413, E10.3419, E10.349, E10.3491-E10.3493, E10.3499, E10.351, E10.3511-E10.3513, E10.3519, E10.3521-E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.359, E10.3591-E10.3593, E10.3599, E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-E10.44, E10.49, E10.51-E10.52, E10.59, E10.610, E10.618, E10.620-E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00-E11.01, E11.10-E11.11, E11.21-E11.22, E11.29, E11.311, E11.319, E11.321, E11.3211-E11.3213, E11.3219, E11.329, E11.3291-E11.3293, E11.3299, E11.331, E11.3311-E11.3313, E11.3319,

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E11.339, E11.3391-E11.3393, E11.3399, E11.341, E11.3411-E11.3413, E11.3419, E11.349, E11.3491-E11.3493, E11.3499, E11.351, E11.3511-E11.3513, E11.3519, E11.3521- E11.3523, E11.3529, E11.3531- E11.3533, E11.3539, E11.3541- E11.3543, E11.3549, E11.3551-E.11.3553, E11.3559, E11.359-E11.3593, E11.3599, E11.36, E11.37X1-E11.37X3, E11.37X9, E11.39-44, E11.49, E11.51-52, E11.59, E11.610, E11.618, E11.620-22, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21-22, E13.29, E13.311, E13.319, E13.321, E13.3211-E13.3213, E13.3219, E13.329, E13.3291- E13.3293, E13.3299, E13.331, E13.3311-E13.3313, E13.3319, E13.339, E13.3391-E13.3393, E13.3399, E13.341, E13.3411-E13.3413, E13.3419, E13.349, E13.3491-E13.3493, E13.3499, E13.351, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3529, E13.3531-E13.3533, E13.3539, E13.3541- E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.359, E13.3591-E13.3593, E13.3599, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39, E13.40, E13.41-44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620-22, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011- O24.013, O24.019, O24.02, O24.03, O24.111-113, O24.119, O24.12, O24.13, O24.311-313, O24.319, O24.32, O24.33, O24.811-813, O24.819, O24.82, O24.83,

#### Chronic kidney disease (CKD) stage 4

ICD-10
N18.4

#### Diabetes mellitus without complications

ICD-10
E10.9, E11.9, E13.9

#### ESRD diagnosis

ICD-10
N18.5, N18.6, Z99.2

#### Kidney transplant

ICD-10
ICD-10-PCS: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2

#### Unilateral eye enucleation left

ICD-10-PCS
08T1XZZ,

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## Unilateral eye enucleation right

ICD-10-PCS
08TOXZZ

## Codes to identify comprehensive diabetes care:

Services	CPT
BP: systolic greater than/equal to 140	<b>CPT-CAT-II:</b> 3077F
Systolic less than 140	<b>CPT-CAT-II:</b> 3074F, 3075F
Diabetic retinal screenings	<b>CPT:</b> 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 <b>HCPCS:</b> S0620, S0621, S3000
Diabetic retinal screening negative in prior year	<b>CPT-CAT II:</b> 3072F
Eye exam with evidence of retinopathy	<b>CPT-CAT II:</b> 2022F, 2024F, 2026F,
Eye exam without evidence of retinopathy	<b>CPT-CAT II:</b> 2023F, 2025F, 2033F,
Diastolic 80 to 89	<b>CPT-CAT-11:</b> 3079F
Diastolic greater than/equal to 90	<b>CPT-CAT-11:</b> 3080F
Diastolic less than 80	<b>CPT-CAT-11:</b> 3078F
HbA1c level greater than 9	<b>CPT-CAT II:</b> 3046F
HbA1c Level less than 7	<b>CPT-CAT II:</b> 3044F
HbA1c level greater than or equal to 7 or Less than 8	<b>CPT-CAT II:</b> 3051F
HbA1c level greater than or equal to 8 or less than 9	<b>CPT-CAT II:</b> 3052F
HbA1c tests results or findings	<b>CPT-CAT II:</b> 3044F, 3046F, 3051F, 3052F
HbA1c lab test	<b>CPT:</b> 83036, 83037 <b>LOINC:</b> 17856-6, 4548-4, 4549-2
Kidney transplant	<b>CPT®:</b> 50360, 50365, 50380 <b>HCPCS:</b> S2065
Remote BP monitoring	93784, 93788, 93790, 99091, 99453, 99454, 99457
Unilateral eye enucleation	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

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Urine protein tests	<b>CPT:</b> 81000-81003, 81005, 82042-82044, 84156 <b>CPT-CAT-II:</b> 3060F, 3061F, 3062F <b>LOINC:</b> 11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 89998-9, 89999-7, 90000-1, 9318-7, 93746-6, 95232-5, 95233-3
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	<b>02:</b> the location where health services and health-related services are provided or received, through telehealth telecommunication technology  When billing telehealth services, providers must bill with place of service code “02” and continue to bill modifier “95” or “GT.”
Telehealth modifier	<b>GT:</b> via interactive audio and video telecommunication systems <b>95:</b> synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

### Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient’s screenings are due.

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- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results or any specialist referral and document on your chart.
- Draw labs in your office if accessible or refer members to a local lab for screenings.
- Refer members to the network of eye providers for their annual diabetic eye exam.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
  - Taking all prescribed medications as directed.
  - Adding regular exercise to daily activities.
  - Having the above-noted tests and screening at least once a year.
  - Having a diabetic eye exam each year with an eye care provider.
  - Regularly monitoring blood sugar and blood pressure at home.
  - Maintaining healthy weight and ideal body mass index.
  - Eating heart-healthy, low-calorie and low-fat foods.
  - Stopping smoking and avoiding second-hand smoke.
  - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
  - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.

### How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office if available in your area.

Please contact your local Provider Relations representative for more information.

### Notes

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## Childhood Immunization Status (CIS)

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

- Hep B “initial dose” is the only vaccine that can be given before 42 days after birth.
- Influenza cannot be given until infant is 6 months of age.
- MMR, VZS and Hep A can only be given between 1st and 2nd birthday to close the gap.

Immunization	Dose(s)
DTaP	4
IPV	3
MMR	1
Hib	3
Hep B	3
VZV	1
PCV	4
Hep A	1
Rotavirus	2 to 3
Influenza	2

### Record your efforts

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

- Recording the immunizations in your state registry.
- Documenting the immunizations (historic and current) within medical records to include:
  - A note indicating the name of the specific antigen and the date of the immunization.
  - The certificate of immunization prepared by an authorized health care provider or agency.
  - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses or seropositive test result.
  - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.
  - A note that the “member is up to date” with all immunizations but which does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting.

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**Exclusions:**

- Anaphylactic reaction due to vaccination
- Disorders of the immune system
- Encephalopathy due to the vaccination
- HIV
- HIV type 2
- Intussusception
- Malignant neoplasm of lymphatic tissue
- Severe combined immunodeficiency
- Vaccine causing adverse effect

**Codes to identify immunizations:**

<b>Immunization</b>	<b>CPT/HCPCS/ICD-10</b>	<b>CVX</b>
DTaP	<b>CPT:</b> 90698, 90700, 90723	20, 50, 106, 107, 110, 120,
IPV	<b>CPT:</b> 90698, 90713, 90723	10, 89, 110, 120
MMR	<b>CPT:</b> 90707, 90710	03, 94
Measles and rubella	<b>CPT:</b> 90708	04
Measles or mumps or rubella	<b>Mumps:</b> <b>CPT:</b> 90704	<b>Measles</b> 05
		<b>Mumps:</b> 07
	<b>Rubella:</b> <b>CPT:</b> 90706	<b>Rubella:</b> 06
Hib	<b>CPT:</b> 90644, 90647-90648, 90698, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148
Hep B	<b>CPT:</b> 90723, 90740, 90744, 90747, 90748	08, 44-45, 51, 110
	<b>HCPCS:</b> G0010	
VZV	<b>CPT:</b> 90710, 90716	21, 94
PCV	<b>CPT:</b> 90670,	133, 152
	<b>HCPCS:</b> G0009	
Hep A	<b>CPT:</b> 90633	31, 83, 85
Rotavirus (two-or three-dose)	<b>Two-dose:</b> 90681	<b>Two-dose:</b> 119
	<b>Three-dose:</b> 90680	<b>Three-dose:</b> 116, 122
Influenza	<b>CPT:</b> 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689 <b>HCPCS:</b> G0008	88, 140, 141, 150, 153, 155, 158, 161

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**Helpful tips:**

- If you use an EMR, create a flag to track members due for immunizations.
- Extend your office hours into the evening, early morning or weekends to accommodate working parents.
- Develop or implement standing orders for nurses and physician assistants in your practice to allow staff to identify opportunities to immunize.
- Enroll in the Vaccines for Children (VFC) program to receive vaccines. For questions about enrollment and vaccine orders, contact your state VFC coordinator. Find your coordinator when you visit [www.cdc.gov/vaccines/programs/vfc/contacts-state.html](http://www.cdc.gov/vaccines/programs/vfc/contacts-state.html) or call **1-800-CDC-INFO**.

## How can we help?

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

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.

Call your Provider Relations representative for more information.

## Notes

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## Chlamydia Screening in Women (CHL)

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

## Record your efforts

Indicate the date the test was performed and the results

## Exclusions

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

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

Description	CPT/HCPCS/LOINC
Chlamydia testing	<b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810

### Helpful resource

- [www.cdc.gov/std/chlamydia/default.htm](http://www.cdc.gov/std/chlamydia/default.htm)

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## Colorectal Cancer Screening (COL)

This HEDIS measure evaluates the percentage of members 50 to 75 years of age who had appropriate screening for colorectal cancer.

### Record your efforts

Documentation (date and result) of one or more of these screenings:

- **Colonoscopy** during measurement year or 9 years prior
- Fecal occult blood test (**FOBT**) during measurement year
- **CT colonography** during measurement year or 4 years prior
- **FIT-DNA test** during measurement year or 2 years prior
- **Flexible sigmoidoscopy** during measurement year or 4 years prior

### Exclusions:

- Diagnosis of colorectal cancer
- Total colectomy
- Members who receive palliative care

Description	CPT/HCPCS/ICD-10
Colonoscopy	<b>CPT:</b> 44388-44394, 44397, 44401-44408, 45355, 45378, 45379, 45380-45393, 45398 <b>HCPCS:</b> G0105, G0121
FOBT	<b>CPT:</b> 82270, 82274 <b>HCPCS:</b> G0328
CT colonography	<b>CPT:</b> 74261-74263
Fit DNA	<b>CPT:</b> 81528 <b>HCPCS:</b> G0464
Flexible sigmoidoscopy	<b>CPT:</b> 45330-45335, 45337-45342, 45345-45347, 45349-45350 <b>HCPCS:</b> G0104
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457, <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443

### Helpful resource:

- [www.cdc.gov/cancer/colorectal/index.htm](http://www.cdc.gov/cancer/colorectal/index.htm)

### Notes

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## Appropriate Testing for Pharyngitis (CWP)

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

### Record your efforts:

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

### Exclusions:

- Visits that result in an inpatient stay

Description	CPT/HCPCS/ICD-10/ LOINC
Pharyngitis	<b>ICD10:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Group A streptococcal tests	<b>CPT:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880 <b>LOINC:</b> 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443

### Helpful tips:

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

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- Educate members and their parents or caregivers that they can prevent infection by:
  - Washing hands frequently.
  - Disinfecting toys.
  - Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.

**Helpful resources:**

- [www.CDC.gov/getsmart](http://www.CDC.gov/getsmart)
- [www.CDC.gov/antibiotic-use](http://www.CDC.gov/antibiotic-use)

## Notes

[illegible]

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## Follow-Up After Hospitalization for Mental Illness (FUH)

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

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

### Exclusions:

- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission.

Services	CPT/HCPCS
Transitional care management services	CPT: 99495, 99496
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02
Visit setting unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Mental illness	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.8, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9

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

### Helpful tips:

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

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- Telehealth services that are completed by a qualified mental health provider can be used for this measure.

## How can we help?

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

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

## Other available resources

You can find more information and tools online at:

- [www.mhpa.org](http://www.mhpa.org)
- [www.qualityforum.org](http://www.qualityforum.org)

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

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

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

### Exclusions:

- ED visits that result in an inpatient stay
- ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days)

Services	CPT/HCPCS
BH outpatient	<b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02
Visit setting unspecified	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

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Description	ICD-10
Mental illness	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.8, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9
Mental health diagnosis	F03.90, F03.91, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10- F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.8, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.29, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F42.2- F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.0-F44.2, F44.4-F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20-F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00-F50.02, F50.2, F50.8, F50.82, F50.89, F50.9, F51.01-F51.05, F51.09, F51.11-F51.13, F51.19, F51.3-F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53, F53.0, F53.1, F59, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F64.0-F64.2, F64.8, F64.9, F65.0-F65.4, F65.5-F65.52, F65.81, F65.89, F65.9, F66, F68.10-F68.13, F68.8, F69, F80.0-F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9, F95.0-F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3-F98.5, F98.8, F98.9, F99

### How can we help?

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

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

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## Other available resources

You can find more information and tools online at:

- [www.mhpa.org](http://www.mhpa.org)
- [www.qualityforum.org](http://www.qualityforum.org)

## Notes

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

This measure monitors members ages 13 years and older with a new episode of alcohol and other drug dependence or use (AOD), who received the following treatment:

- **Initiation of AOD treatment:** the 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 diagnosis
- **Engagement of AOD treatments:** the percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit

### Record your efforts:

- At each follow-up appointment use the same diagnosis for substance use

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

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

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Description	Codes
	F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29
IET stand-alone visits	<b>CPT:</b> 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 <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015
IET visits group 1	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
IET visits group 2	<b>CPT:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255
Detoxification	<b>HCPCS:</b> H0008-H0014 <b>ICD-10-PCS:</b> HZ2ZZZZ
Opioid abuse and dependence	<b>ICD-10-CM:</b> F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29,

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Description	Codes
Other drug abuse and dependence	<b>ICD-10:</b> F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.229, F21.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F31.120, F13.221, F13.229-F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280-F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.282, F14.288, F14.29, F15.10, F15.120-F15.122, F15.229, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.21, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280-F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180-F19.182, F19.188, F19.19, F19.20, F19.220-F19.222, F19.229, F19.230-F19.232, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280-F19.282, F19.288, F19.29
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443

### How can we help?

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

- Reaching out to providers to be advocates and providing the resources to educate our members.
- Calling our behavioral health Provider Service for additional information.
- Guiding with the above noted services to drive member success in completing alcohol and other drug dependence treatment.

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## Immunizations for Adolescents (IMA)

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

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between 11th and 13th birthdays and
- One Tdap or 1 Td vaccine on or between their 10th and 13th birthdays
- At least two doses of HPV vaccine with DOS at 146 days apart on or between the 9th and 13th birthdays **or**:
  - At least three HPV vaccines with different dates of service on or between the 9th and 13th birthdays

### Record your efforts

Immunization information obtained from the medical record:

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

### Two-dose HPV vaccination series:

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

### Meningococcal:

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

### Exclusions:

- Anaphylactic Reaction to Serum/Vaccination
- Encephalopathy Due to Vaccination
- Vaccine Causing Adverse Effect
- Members in hospice

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

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## How can we help?

We help you meet this benchmark by:

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

## Notes

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## Kidney Health Evaluation for Patients with Diabetes (KED)

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

### Exclusions:

- Members with evidence of ESRD
- Members receiving palliative care

Description	CPT/HCPCS/ICD-10/LOINC
Estimated glomerular filtration rate lab test	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82565 <b>LOINC:</b> 48642-3, 48643-1, 50044-7, 50210-4, 62238-1, 70969-1
Urine albumin creatinine ratio lab test	<b>LOINC:</b> 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Urine creatinine lab test	<b>CPT:</b> 82570 <b>LOINC:</b> 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02
Telehealth modifier	<b>GT:</b> via interactive audio and video telecommunication systems <b>95:</b> synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

### How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.

Contact your local Provider Relations representative for more information.

### Notes

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## Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of members 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

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

### Exclusions:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Services	CPT/HCPCS/ICD-10
Uncomplicated low back pain	<b>ICD10CM:</b> M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06, M48.061, M48.062, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS
Imaging study	<b>CPT:</b> 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
Osteopathic and chiropractic manipulative treatment	<b>CPT:</b> 98925-98929, 98940-98942
Physical therapy	<b>CPT:</b> 97110, 97112, 97113, 97124, 97140, 97161-97164
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443

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## How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.

Contact your local Provider Relations representative for more information.

## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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## Lead Screening in Children (LSC)

This HEDIS measure looks at members who turned 2 years old during the year and had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.

### Record your efforts

When documenting lead screening, include:

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

### Codes to identify lead test:

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

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

### Helpful tips:

- Draw patient's blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff member to follow up on results when members are sent to a lab for screening.
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.

### How can we help?

We help you with lead screening in children by:

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

### Other available resources

<https://www.cdc.gov/ncch/lead/audience/healthcare-providers.html>

### Notes

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## Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at women who delivered a live birth between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

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

### Record your efforts

Prenatal care visit must include one of the following:

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

### Postpartum care visit on or between seven and 84 days after delivery

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following:

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

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

#### Exclusions:

- Nonlive births

#### Pregnancy diagnosis

ICD-10
O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.619, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93, O09.A0-O09.A3, O10.011-O10.013, O10.019, O10.02, O10.03, O10.111-O10.113, O10.119, O10.211-O10.213, O10.219, O10.311-O10.313, O10.319, O10.411-O10.413, O10.419, O10.911-O10.913, O10.919, O11.1-O11.3, O11.9, O12.00-O12.03, O12.20-O12.23, O13.1-O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12-O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0-O21.1, O21.2, O21.8, O21.9, O22.00-O22.03, O22.10-O22.13, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, O23.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23.513, O23.519, O23.521-O23.23, O23.529, O23.591-O23.593, O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.111-O24.113, O24.119, O24.311-O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811-O24.813, O24.819, O24.911-O24.913, O25.10-O25.13, O25.2, O25.3, O26.00-O26.03, O26.10-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26.613, O26.619, O26.711-O26.713, O26.719, O26.72, O26.73, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891-O26.893, O26.899, O26.90-O26.93, O28.0-O28.5, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.023, O29.029, O29.091-O29.093, O29.099, O29.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-O29.193, O29.199,

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 044.10-044.13, 044.20-044.23, 044.30-044.33, 044.40-044.43, 044.50-044.53,  
 045.001-045.003, 045.009, 045.011-045.013, 045.019, 045.021-045.023, 045.029,  
 045.091-045.093, 045.099, 045.8X1-045.8X3, 045.8X9, 045.90-045.93, 046.001-046.003,  
 046.009, 046.011-046.013, 046.019, 046.021-046.023, 046.029, 046.091-046.093,  
 046.099, 046.8X1-046.8X3, 046.8X9, 046.90-046.93, 047.00, 047.02, 047.03, 047.1,  
 047.9, 048.0, 048.1, 060.00, 060.02, 060.03, 060.10X0-060.10X5, 060.10X9,  
 060.12X0-060.12X5, 060.12X9, 060.13X5, 060.13X9-060.14X5, 060.14X9,  
 060.20X0-060.20X5, 060.20X9, 060.22X0-060.22X5, 060.22X9, 060.23X0-060.23X5,  
 060.23X9, 061.0, 061.1, 061.8-062.4, 062.8, 062.9, 063.0-063.2, 063.9,  
 064.0XX0-064.0XX5, 064.0XX9, 064.1XX0-064.1XX5, 064.1XX9, 064.2XX0-064.2XX5,  
 064.2XX9, 064.3XX0-064.3XX5, 064.3XX9, 064.4XX0-064.4XX5, 064.4XX9,

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O64.5XX0-O64.5XX5, O64.5XX9, O64.8XX0-O64.8XX5, O64.8XX9, O64.9XX0-O64.9XX5, O64.9XX9, O65.0-O65.5, O65.8-O66.3, O66.40, O66.41, O66.5, O66.6, O66.8, O66.9, O67.0, O67.8, O67.9, O68, O69.0XX0-O69.0XX5, O69.0XX9, O69.1XX0-O69.1XX5, O69.1XX9, O69.2XX0-O69.2XX5, O69.2XX9, O69.3XX0-O69.3XX5, O69.3XX9, O69.4XX0-O69.4XX5, O69.4XX9, O69.5XX0-O69.5XX5, O69.5XX9, O69.81X0-O69.81X5, O69.81X9-O69.82X5, O69.82X9, O69.89X0-O69.89X5, O69.89X9, O69.9XX0-O69.9XX5, O69.9XX9, O70.0-O70.4, O70.9-O71.00, O71.02-O71.03, O71.1-O71.7, O71.81-O71.82, O71.89, O71.9, O72.0-O72.3, O73.0, O73.1, O74.0-O74.9, O75.0-O75.5, O75.81, O75.82, O75, 89, O75.9, O76, O77.0, O77.1, O77.8, O77.9, O80, O82, O85, O86.00-O86.04, O86.09, O86.11-O86.13, O86.19-O86.22, O86.29, O86.4, O86.81, O86.89, O87.0-O87.4, O87.8, O87.9, O88.011-O88.013, O88.019, O88.02, O88.03, O88.111-O88.113, O88.119, O88.12, O88.13, O88.211-O88.213, O88.219, O88.22, O88.23, O88.311-O88.313, O88.319, O88.32, O88.33, O88.811-O88.813, O88.819, O88.82, O88.83, O88.811-O88.813, O88.819, O88.82, O88.83, O89.01, O89.09, O89.1-O89.6, O89.8, O89.9, O90.0-O90.6, O90.81, O90.89, O90.9, O91.011-O91.013, O91.019, O91.02, O91.03, O91.111-O91.113, O91.119, O91.12, O91.13, O91.211-O91.213, O91.219, O91.22, O91.23, O92.011-O92.013, O92.019, O92.02, O92.03, O92.111-O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3-O92.6, O92.70, O92.79, O98.011-O98.013, O98.019, O98.02, O98.03, O98.111-O98.113, O98.119, O98.12, O98.13, O98.211-O98.213, O98.219, O98.22, O98.23, O98.311-O98.313, O98.319, O98.32, O98.33, O98.411-O98.413, O98.419, O98.42, O98.43, O98.511-O98.513, O98.519, O98.52, O98.53, O98.611-O98.613, O98.619, O98.62, O98.63, O98.711-O98.713, O98.719, O98.72, O98.73, O98.811-O98.813, O98.819, O98.82, O98.83, O98.911-O98.913, O98.919, O98.92, O98.93, O99.011-O99.013, O99.019, O99.02, O99.03, O99.111-O99.113, O99.119, O99.12, O99.13, O99.210-O99.215, O99.280-O99.285, O99.310-O99.315, O99.320-O99.325, O99.330-O99.335, O99.340-O99.345, O99.350-O99.355, O99.411-O99.413, O99.419, O99.42, O99.43, O99.511-O99.513, O99.519, O99.52, O99.53, O99.611-O99.613, O99.619, O99.62, O99.63, O99.711-O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825, O99.830, O99.834, O99.835, O99.840-O99.845, O99.89, O99.891, O9A.111-O9A.113, O9A.119, O9A.12-O9A.13, O9A.211-O9A.213, O9A.219, O9A.22-O9A.23, O9A.311-O9A.313, O9A.319, O9A.32, O9A.33, O9A.411-O9A.413, O9A.419, O9A.42, O9A.43, O9A.511-O9A.513, O9A.519, O9A.52, O9A.53, Z03.71-Z03.75, Z03.79, Z32.01, Z33.1-Z33.2, Z33.3, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9

## Deliveries

### ICD-10

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

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## Postpartum visits

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

Services	CPT/ CPT CAT II/ HCPCS/LOINC
Deliveries	<b>CPT:</b> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622
Prenatal bundled services	<b>CPT:</b> 59400, 59425, 59426, 59510, 59610, 59618 <b>HCPCS:</b> H1005
Prenatal visits	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99483 <b>HCPCS:</b> G0463, T1015
Stand-alone prenatal visits	<b>CPT:</b> 99500 <b>CPT CAT II:</b> 0500F, 0501F, 0502F <b>HCPCS:</b> H1000-H1004
Postpartum bundles services	<b>CPT:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Postpartum visit	<b>CPT:</b> 57170, 58300, 59430, 99501, 0503F <b>HCPCS:</b> G0101
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337

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

### How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.

Contact your local Provider Relations representative for more information.

### Notes

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## Statin Therapy for Patients with Cardiovascular Disease (SPC)

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

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

### Exclusions:

- Members in hospice
- Pregnancy
- In vitro fertilization
- At least one prescription for clomiphene
- ESRD
- Cirrhosis
- Myalgia, myositis, myopathy or rhabdomyolysis
- Members 66 years or older with frailty or advanced illness
- Members receiving palliative care

Description	CPT/HCPCS/ICD10
Coronary artery bypass graft (CABG)	<b>CPT:</b> 33510-33514, 33516-33519, 33521-33523, 33530, 33533, 33536 <b>HCPCS:</b> S2205-S2209 <b>ICD-10-PCS:</b> 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF,

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	02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF
Myocardial infarction (MI)	<b>ICD-10-CM:</b> I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0-I22.2, I22.8, I22.9-I23.8, I25.2
Other revascularization	<b>CPT:</b> 37220, 37221, 37224-37231
Percutaneous coronary intervention (PCI)	<b>CPT:</b> 92920, 92924, 92928, 92933, 92937, 92941, 92943 <b>HCPCS:</b> C9600, C9602, C9604, C9606, C9607 <b>ICD-10-PCS:</b> 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02713E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 027234Z, 027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 027334Z, 027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734TZ, 02734Z6, 02734ZZ

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Ischemic vascular disease (IVD)	<b>ICD-10-CM:</b> I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708-I25.711, I25.718-I25.7021, I25.728-I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799 I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.51, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.53, I70.538, I70.53, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744,
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## Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

This measure looks at the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

### Exclusions:

- Members in hospice
- Nonacute inpatient stays

Services	CPT/HCPCS/ICD10
Chronic bronchitis	ICD-10: J41.0, J41.1, J41.8, J42
COPD	ICD-10: J44.0, J44.1, J44.9
Emphysema	ICD-10: J43.0, J43.1, J43.2, J43.8, J43.9
Spirometry	CPT: 94010, 94014, 94015, 94016, 94060, 94070, 94375, 94620
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

### How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.

Contact your local Provider Relations representative for more information.

### Notes

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

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

### Record your efforts

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

### Exclusions:

- Members with diabetes by claim encounter data and by pharmacy data.

Services	CPT/HCPCS/ICD-10
Glucose lab tests:	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 <b>LOINC:</b> 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
Hba1c Lab Tests:	<b>CPT:</b> 83036, 83037 <b>LOINC:</b> 17856-6, 4548-4, 4549-2
Long-acting injections	<b>HCPCS:</b> C9035, C9037, J0401, J1631, J1943, J1944, J2358, J2426, J2680, J2794, J2798
Bipolar disorder	<b>ICD-10:</b> F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other bipolar disorder	<b>ICD-10:</b> F31.81, F31.89, F31.9
Schizophrenia	<b>ICD-10:</b> F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Online assessments	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02
Visit setting unspecified	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

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## Appropriate Treatment for Upper Respiratory Infection (URI)

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

Since there is considerable evidence that prescribing antibiotics is not the first line of treatment for cold or sore throat caused by viruses; *Clinical Practice Guidelines* recommend only individuals with lab-confirmed group A strep or other bacteria-related ailments be treated with appropriate antibiotics.

### Record your efforts:

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

### Exclusions:

- Visits that result in an inpatient stay

Description	CPT/HCPCS/ICD-10
Pharyngitis	ICD10CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
URI	ICD10CM: J00, J06.0, J06.9
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

### Helpful tips:

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

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

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

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

### Record your efforts

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

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

Description	CPT/HCPCS/ICD-10
Well-care	<b>CPT:</b> 99381-99385, 99391-99395, 99461 <b>HCPCS:</b> G0438, G0439, S0302 <b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

### Helpful tips:

- Use your member roster to contact members who are due for an exam or are new to your practice.
- Schedule the next visit at the end of the appointment.

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

This HEDIS measure looks at members ages 3 to 17 years who had one or more outpatient visits with PCPs or OB/GYNs during the year and documented evidence of weight assessment, physical activity and nutritional counseling.

### Record your efforts

Three separate rates are reported:

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

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

### Helpful tips:

- Measure height and weight at least annually and document the BMI percentile in the medical record.
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the patient.
- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.

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## Child and Adolescent Well-Care Visits (WCV)

This HEDIS measure looks at members ages 3 to 21 years who had one or more well-care visits with a PCP or OB/GYN during the measurement year.

### Record your efforts

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

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

Description	CPT/HCPCS/ICD-10
Well-care	<b>CPT:</b> 99381-99385, 99391-99395, 99461 <b>HCPCS:</b> G0438, G0439, S0302 <b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

### Helpful tips:

- Use your member roster to contact members who are due for an annual exam.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your patient to get health checks.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.

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- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review!

## How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs.
- Contacting your Provider Relations representative for more information.

## Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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## Tips to improve CAHPS results

**Amerigroup Washington, Inc. strives to make the members experience a positive one!**

Each year, from January to May, our members receive a survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) to rate and evaluate their healthcare experiences comprised of several categories. Both enrolled members adults and children receive a survey.

This tip guide will focus on four of those categories:

- Getting Care Quickly
- Coordination of Care
- Getting Needed Care
- How Well Doctors Communicate

The information from this survey is used to improve the quality of services we give to our members. Amerigroup suggest the following tips to address the above-mentioned CAHPS categories.

### **Getting Care Quickly**

This category measures the member's perception of how quickly they received routine or urgent care within the last six months.

#### **How to improve:**

- Offer weekend/evening appointments to accommodate your patients' schedules.
- Include clear instruction on how to access after-hours care such as dialing **911** in the case of an emergency.
- Consider assigning staff dedicated to preliminary work-up activities.
- If possible, leave a few appointments available each day for urgent visits.
- Offer visits to members to see nurse practitioners or physician assistants.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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Understand Amerigroup standards for routine and urgent visit wait time for an appointment. Review our standards in your provider manual at <https://providers.amerigroup.com/WA>:

- Remind patients they can call the 24/7 NurseLine, located on the back of their member ID card, available seven days a week for health-related questions.
- Remind patients when you are not able to accommodate appointments, that Amerigroup covers visits to Live Health Online (LHO) telemedicine at no cost to them. They can call Member Services **1-800-600-4441 (TTY 711)** if they need help using LHO or visit [www.livehealthonline.com](http://www.livehealthonline.com) to sign up.

### Getting Needed Care

This category measures the member's perception of how easily they were able to get the care they needed from their doctor or specialist within the last six months, including tests, screenings, visits and treatments.

#### How to improve:

- Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
- Write down details regarding visits and referrals to a specialist for the patient.
- If possible, leave a few appointments available each day for urgent visits.
- Review all available treatment options for the patient in their language. Amerigroup offers both telephone and face-to-face interpreter services, which you can access by calling Provider Services at **1-800-454-3730**. Twenty-four hours are required to schedule services.
- Avoid using medical terms that could confuse the patient.
- Provider offices should schedule follow-up appointments for needed screenings, tests, treatments and exams for patients while they are in the office for their visit.
- Patients can also schedule appointments by contacting Member Services at the number located on the back of their member ID card.

### Coordination of Care

This category measures the member's perception of how informed their doctor seemed regarding the care they received with other physicians or health providers within the last six months.

#### How to improve:

- Regularly talk to your patients about any specialists or other physicians they have seen. Ask about the care they received and if they were given any reports or notes.
- Consider implementing a reminder in the medical record to request test results or follow-up reports. This will ensure appropriate follow-up for the patient.
- Keep an open dialogue with your patient and discuss their previous medical history.

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- Set an expectation for the patient so they know when they will receive a follow-up call or test results. If this process is not part of the office protocol, make sure the patient is aware so they understand how they can obtain their results or follow-up.

### **How Well Doctors Communicate**

This category measures the member's perception of how well their physician communicated with them within the last six months. Questions in this category take into account how the physician explained things regarding the patient's health, how well the patient understood the information, if the doctor listened to the patient, if the doctor was respectful and how much time the physician spent with the patient.

#### **How to improve:**

- Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
- Ensure there is enough time for each patient's appointment to allow time for communication between physician and patient. Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit.
- Listen to your patient's needs. Avoid using terms that could confuse the patient.
- Take feedback from your patients by providing short survey cards to see how the office can improve.
- Offer a visit summary to the patient that includes any treatment, goals or action plans that were discussed, prescriptions and what the medications are for, including side effects. Include the next appointment time or recommended next appointment time-frame. If the patient is being referred to a specialist, include that information in the summary along with the option to email this information to the patient with the appropriate signatures and permissions for (HIPAA compliance etc.) during the visit.
- Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit. Use the teach-back method with patients to promote understanding.

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