

HEDIS measures

Adult prevention and screening
(HEDIS measurement year 2022)

Agenda

Adult screening and prevention measures (50 minutes):

- Chlamydia Screening in Women (CHL)
- Cervical Cancer Screening (CCS)
- Breast Cancer Screening (BCS)
- Prenatal And Postpartum Care (PPC)
- Prenatal Depression Screening and Follow-up (PND-E)
- Postpartum Depression Screening and Follow-up (PDS-E)
- Flu Vaccinations For Adults Ages 18 To 64 (FVA)
- Flu Vaccinations For Adults Ages 65 And Older (FVO)

Resources (10 minutes):

- Question and answer session
- Patient resources
- Provider resources

Continuing education credit

This training awards one continuing medical education unit approved by the American Academy of Family Physicians (AAFP). Healthcare providers should check with accrediting organizations to ensure that AAFP-approved medical education is accepted.

Coding guidance provided does not, nor is it intended to, replace the official coding guidelines or professional coding expertise. Providers should always ensure that documentation supports all codes submitted for conditions and services. Please contact Provider Services at **800-454-3730** for billing or claim-specific questions.

Chlamydia Screening in Women (CHL)

Focus group

- Women ages 16 to 24
- Sexually active in the measurement year

Service

- A chlamydia test

Frequency

- At least one test during the measurement year

CHL (cont.)

- Tips:
 - Urine screen for chlamydia for members 16 years and older can be done during adolescent well-care visits.
 - Testing should be done yearly.
 - Sexual history of adolescent members should be noted.
 - If chlamydia testing is not done by your providers, refer members to an OB/GYN and have results sent to you.
 - Documentation must contain the date of the test and the results.



CHL (cont.)

Understand the codes that apply to the CHL measure:

CPT®	LOINC*
87110, 87270, 87320, 87490-87492, 87810	14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6

* LOINC— *Logical Observation Identifiers Names and Codes*

This chart is informational only and is not a guarantee of reimbursement.

Refer to Amerigroup Washington, Inc. billing guides for allowable codes.

Cervical Cancer Screening (CCS)

Focus group

Women ages
24 to 64 as of
December 31 of
the measurement
year

Service

Cervical cytology

High-risk HPV
testing

Cervical
cytology/hrHPV
cotesting

Frequency

Ages 21 to 64 — cervical
cytology every three
years

Ages 30 to 64 — cervical
high-risk HPV testing
every five years

Ages 30 to 64 — cervical
cytology/hrHPV cotesting
every five years

CCS (cont.)

SPECIMEN SOURCE: A. THIN LAYER PAP (SurePath) with HPV Regardless, Cervical/ Endocervical
PROVIDED INFORMATION:

FINAL DIAGNOSIS

CYTOLOGIC INTERPRETATION:

Negative for Intraepithelial lesion or malignancy.

MOLECULAR PATHOLOGY RESULTS:

HPV DNA Probe High Risk - Negative

MOLECULAR PATHOLOGY COMMENT:

No high-risk HPV DNA is detected in the current testing.

The Cervista HPV HR test is an in vitro diagnostic test for the qualitative detection of DNA from the 14 high-risk Human Papillomavirus (HPV) types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) in cervical specimens. The Cervista HPV HR test cannot determine the specific HPV type present.

SPECIMEN ADEQUACY:

Satisfactory for evaluation.
Endocervical and/or benign metaplastic cells absent.

TECHNICAL NOTES:

This specimen was received in a vial of liquid-based fixative and was processed using thin layer Pap technology.

The Pap smear is a screening test designed to aid in the detection of premalignant conditions of the uterine cervix. It is not a diagnostic procedure and should not be used as the sole means of detecting cervical cancer. Both false-positive and false-negative reports do occur.

This document contains private and confidential health information by state and federal law. If you have received in error, please call 888-814-6277.

FDA GUIDELINES NOTE:

The HPV test was performed using Surepath Liquid-Based Cytology media. Performed testing was internally validated. FDA approval is not required for Cervista HPV HR invader when proper internal validation studies have been completed. This test was performed at InCytia Diagnostics, 13103 E. Mansfield Ave., Spokane Valley, WA 99216 using the Cervista HPV HR invader chemistry, a signal amplification method for detection of specific nucleic acid sequences.

CCS (cont.)

SPECIMEN DESCRIPTION: ThinPrep Imaged Liquid Pap Test

Test type

CLINICAL INFORMATION: Date Previous Pap: 5 years

DATE OF LAST MENSTRUAL PERIOD: 07/03/2019

PAP INTERPRETATION:

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.

SPECIMEN ADEQUACY:

Satisfactory for evaluation. Endocervical/transformation zone component present.

Result

NOTES:

ThinPrep specimen imaged unsuccessfully requiring manual screening.

[ThinPrep Imager Duo. Hologic, Inc, Marlborough, MA]

MOLECULAR RESULTS

NEGATIVE for High Risk HPV.

HPV Result

CCS (cont.)

- **Exceptions:**

- Mandatory exception = palliative care
- Hysterectomy exceptions that apply:
 - Evidence of hysterectomy with no residual cervix
 - Complete, total, or radical hysterectomy (abdominal, vaginal, or unspecified)
 - Hysterectomy plus vaginal PAP smear
 - Vaginal hysterectomy (new this year)
 - Documentation of hysterectomy and PAP smear is no longer required

CCS (cont.)

Understand the codes that apply to the CCS measure:

Cervical cytology codes

CPT	ICD-10	LOINC
88141-88143, 88147, 88148	G0123, G0143-G0145	10524-7, 18500-9, 19762-4
88150, 88152-88154,	G0147, G0148, P3000	19764-0, 19765-7, 19766-5
88164-88167, 88174, 88175	P3001, Q0091	19774-9, 33717-0, 47527-7 47528-5

HPV codes*

CPT	LOINC
87624	21440-3, 30167-1, 38372-9, 49896-4, 59263-4 59420-0, 69002-4, 71431-1, 75406-9, 75694-0 77379-6, 77399-4, 77400-0

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Breast Cancer Screening (BCS)

Focus group: Women ages 52 to 74 as of December 31 of the measurement year

Service: Mammogram or digital breast tomosynthesis

Frequency: One or more tests – October 1 two years prior through December 31 of measurement year

Not counted for HEDIS®: biopsies, MRIs, ultrasounds



HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

BCS (cont.)

- Tips:
 - Digital breast tomosynthesis is an approved method of screening:
 - Provides 3-D imaging (11 images) of the breast compared to two views of the breast with a traditional mammogram
 - More comfortable as it requires less compression pressure to hold the breast tissue in place
 - Check for availability at radiology centers
 - Palliative care a required exclusion

BCS (cont.)

Reason For Exam

Screening

Report

Exam: Bilateral mammogram

TEST

Breast tomosynthesis was performed. Images are viewed using a high-resolution digital screen. The results of the Hologic computer-aided detection were incorporated in the final assessment.

Comparison studies 5/17/2017, 1/20/2016, 8/21/2013, 8/29/2011, 8/31/2009, 8/27/2029

Bilateral Breast Findings:

The breasts are mostly scattered fibroglandular tissue. Loose grouping of calcifications left breast stable. No significant masses, calcifications or other abnormalities are seen.

Impression:

Bilateral breasts, BI-RADS category 2:

Benign, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

Overall assessment: Benign.

BCS (cont.)

- Tips:
 - Reach out to members to schedule screenings prior to their annual exam visits.
 - Include a schedule for breast screening on a preventive medicine chart in the medical record.
 - If breast screening is done by another provider, request a copy of the test.
 - Discuss the need for testing with patients.
 - Ask about patient's previous experiences to determine likelihood of complying with testing.

BCS (cont.)

- Understand the codes that apply to the BCS measure.
- Digital breast tomosynthesis has been added to coding below:

Procedure	CPT Codes
Unilateral mammogram with CAD*	77065
Bilateral mammogram with CAD	77066
Bilateral screening with CAD	77067
Digital breast tomosynthesis, unilateral	77061
Digital breast tomosynthesis, bilateral	77062
Screening digital breast tomosynthesis, bilateral	77063

* Computer-aided detection (CAD) no longer needs to be coded separately.

This chart is informational only and is not a guarantee of reimbursement.
Refer to Amerigroup billing guides for allowable codes.

Prenatal and Postpartum Care (PPC)

Focus group

Who: pregnant women whose deliveries resulted in a live birth

When: on or between October 8 of the previous year and October 7 of the measurement year

Prenatal care

What: a prenatal care visit

When: In the first trimester on or before the enrollment start date or within 42 days of enrollment

Postpartum care

What: a postpartum care visit

When: On or between 7 to 84 days after delivery

PPC: types of prenatal care visits

- A visit with a diagnosis of pregnancy by **one** of the following:
 - Documentation in a standard prenatal flow sheet
 - Last menstrual period (LMP), estimated date of delivery (EDD), or gestational age
 - Positive pregnancy test result
 - Gravity and parity
 - Complete OB history
 - Prenatal risk assessment and counseling/education
- A basic OB exam including **one** of the following:
 - Auscultation for fetal heart tone
 - Pelvic exam with OB observations
 - Measurement of fundus height

PPC: types of prenatal care visits (cont.)

- Evidence that a prenatal care visit was performed by **one** of the following:
 - Obstetric panel that must include:
 - Hematocrit.
 - Differential white blood cell (WBC).
 - Platelet count.
 - Hepatitis B surface antigen.
 - Rubella antibody.
 - Syphilis test.
 - Red blood cell (RBC) antibody screen.
 - Rh and ABO blood typing.
 - TORCH antibody panel.
 - Rubella antibody titer and (ABO/Rh) blood typing.
 - Echography (ultrasound) of the uterus.

PPC: documentation example

- Example of documentation for a prenatal care visit in a prenatal flowsheet including:
 - Estimated gestational age at 10 weeks.
 - Ultrasound result.

Prenatal Flowsheet

Fundus	Pres	FHR	FM	PLS	Cervix Exam	BP	Wt	Edema	Glucose	Blood	Protein	Albumin	Ketones	Nitrite
09/11/2017	10 wks 1 days													
10 wks						100/60 sitting	121 lbs							
Comments: present today for new ob visit. Pt has limited time - opts for labs today and PE next visit. Nausea, coping. Reviewed sonogram. Pt's mother had "half a uterus." Discussed genetic screening options, pt declines.														

PPC: documentation example

A prenatal visit with LMP (or EDD) and complete OB history.

GYN History												
Reviewed GYN History												
Duration of Flow (days): 6.												
Date of LMP: 07/23/2017.												
Menses Monthly: N.												
LMP: Approximate.												
Flow: Heavy.												
Frequency of Cycle (Q days): 28.												
Age at First Child: 20.												
Age at Menarche: 12.												
Current Birth Control Method: Pregnant.												
On BCP's at Conception?: N.												
Sexually Active?: Y.												
Obstetric History												
Reviewed Obstetric History												
TOTAL	FULL	PRE	AB. I	AB. S	ECTOPICS	MULTIPLE			LIVING			
9	4		1	2					4			
Past Pregnancies												
Date	# Fetuses	GA Wks	Labor Length	Birth Weight	Sex	Delivery Type	Outcome	Anesthesia	Delivery Place	Preterm Labor	Notes	Source
2002	1	40		6 7 lbs. oz.	M	NSVD						historical
2003	1	40		6 13 lbs. oz.	M	NSVD						historical
2010	1	40		8 4 lbs. oz.	M	NSVD						historical
02/23/2017	1	41.5		9 3 lbs. oz.	F	NSVD	Full Term Birth		Deaconess N Medical Center		NCx1 apgars 8/9 at 1257 cord inserted @edge of	episode

PPC: postpartum care visit

- Postpartum visits can occur within seven to 84 days (one to 12 weeks) after delivery with an OB/GYN, CNM, or PCP.
- A postpartum visit may include **one** of the following:
 - Pelvic exam
 - Evaluation of weight, blood pressure, abdomen, and breasts (Documentation of breastfeeding is acceptable.)
 - Notation of postpartum care:
 - *Postpartum*care or *PP* care
 - *PP* check or six-week check
 - *Postpartum* Care form
 - Perineal or cesarean incision/wound check

PPC: postpartum care visit (cont.)

- A postpartum visit may also include **one** of the following:
 - Screening for the following:
 - Depression or anxiety
 - Tobacco use or substance use disorder
 - Pre-existing mental health disorder
 - Glucose screening for women with gestational diabetes
 - Documentation of any of the following:
 - Infant care or breastfeeding
 - Resumption of intercourse or family planning
 - Sleep or fatigue
 - Resumption of physical activity and return to healthy weight

PPC: postpartum care visit (cont.)

A postpartum visit.

Example: Elements of a postpartum exam (along with weight and BP).

Physical Exam

Patient is a 27-year-old female.

General Appearance: General Appearance: healthy-appearing, well-nourished, and no acute distress.

Psychiatric: Orientation: to time, place, and person. Mood and Affect: normal mood and affect and active and alert.

Skin: Appearance: no rashes or lesions.

Neck: Thyroid: no enlargement or nodules and non-tender. Lymph Nodes: no enlarged nodes.

Lungs: Auscultation: no wheezing, rales/crackles, or rhonchi.

Cardiovascular System: Auscultation: RRR and no murmur.

Breast: Inspection/Palpation: **deferred; just stopped nursing.**

Abdomen: Auscultation/Inspection/Palpation: no hepatomegaly, splenomegaly, masses, tenderness (no guarding, no rebound), or CVA tenderness and soft and non-distended.

PPC: postpartum care visit (cont.)

- Incision checks after cesarean delivery count if seven days or more after birth.

For example:

“Pt here today for incision check s/p c-section on 12/27/16, states incision pain is 5/10. Pt would also like to discuss using Depo Provera for birth control. RN discussed continuing to not have any sex and have a pregnancy test the day before her postpartum appointment. Dressing removed, no new drainage noted on steri-strips, no drainage on dressing.”

PPC: postpartum care visit (cont.)

- Additional tips:
 - Advise the patient of need for a postpartum visit seven to 84 days after delivery.
 - Schedule the postpartum visit prior to leaving the hospital after delivery.
 - Use of the American College of Obstetricians and Gynecologists forms for documentation assists in capturing needed elements of visits.
 - Use of CPT II codes for prenatal and postpartum visits may reduce record requests during HEDIS season.

PPC: prenatal care visit

Understand the codes for the PPC measure, prenatal care:

Description	CPT codes	CPT II codes	ICD-10 codes
Prenatal care visit	99202-99205, 99211-99215, 99241-99245	0500F, 0501F, 0502F	
OB panel	80055, 80081		
Prenatal ultrasound	76801, 76805, 76811, 76813, 76815-76821, 76825-76828		BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
Toxoplasma antibody	86777, 86778		
Rubella antibody	86762		
Cytomegalovirus antibody	86644		
Herpes simplex antibody	86694-86696		
ABO	86900		

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Refer to Amerigroup billing guides for allowable codes.

PPC: Postpartum care visit

Understand the codes for the PPC measure, postpartum care:

Description	CPT codes	CPT II codes	ICD-10 codes
Postpartum care visit	57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622	0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2, G0101

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Prenatal Depression Screening and Follow-Up (PND-E)

Focus group:

- Deliveries during the measurement year
- Deliveries with a positive screening

Testing dates

- Delivery January 1 to December 31, test between pregnancy start and delivery date
- Delivery December 2 to December 31, test between pregnancy start and December 1

Rates

- Percent that were screened during pregnancy
- Follow-up care within 30 days of positive screen

PND-E (cont.)

- The U. S. Preventive Services Task Force (USPSTF) recommends screening for adolescents and adults, including pregnant and postpartum women.
- American College of Obstetricians and Gynecologists (ACOG) also advises screening for depression in the prenatal and postpartum periods.
- The testing should be performed using a validated instrument.

PND-E (cont.)

Instruments for Depression Screening by Age Grouping			
Instrument	Positive Finding	Adolescents (12-17 years)	Adults (18+ years)
Patient Health Questionnaire (PHQ-9) [®]	Total Score ≥ 10	X	X
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	Total Score > 10	X	
Patient Health Questionnaire-2 (PHQ-2) ^{®,2}	Total Score ≥ 3	X	X
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®,1,2}	Total Score ≥ 8	X	X
Beck Depression Inventory (BDI-II)	Total Score ≥ 20		X
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥ 17	X	X
Duke Anxiety-Depression Scale (DADS) ^{®,1}	Total Score ≥ 30		X
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥ 10	X	X
My Mood Monitor (M-3) [®]	Total Score ≥ 5		X
PROMIS Depression	Total Score ≥ 60	X	X
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥ 31		X
¹ Proprietary; may be cost or licensing requirement associated with use.			
² Brief screening instrument. All other instruments are full-length.			

PND-E (cont.)

- A positive result for depression screening requires follow-up within 30 days after the screening was performed.
- Types of follow-up:
 - An outpatient, telephone, e-visit, or virtual check-in
 - A depression case management encounter that documents assessment for symptoms of depression
 - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management
 - A dispensed antidepressant medication

PND-E (cont.)

Another option that qualifies as follow-up:

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (e.g., a negative screen) on the same day as a positive screen on a brief screening instrument.

Example: If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Postpartum Depression Screening and Follow-Up (PDS-E)

Focus group:

- Deliveries from September 8 of the prior year through September 7 of the measurement year
- Deliveries with a positive screening

Testing dates:

- Depression screening during the postpartum follow-up seven to 84 days after delivery

Rates:

- Percent that were screened for depression during the postpartum period
- Follow-up care within 30 days of positive screen

PDS-E (cont.)

Instruments for Depression Screening by Age Grouping			
Instrument	Positive Finding	Adolescents (12-17 years)	Adults (18+ years)
Patient Health Questionnaire (PHQ-9) [®]	Total Score ≥ 10	X	X
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	Total Score > 10	X	
Patient Health Questionnaire-2 (PHQ-2) ^{®,2}	Total Score ≥ 3	X	X
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®,1,2}	Total Score ≥ 8	X	X
Beck Depression Inventory (BDI-II)	Total Score ≥ 20		X
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥ 17	X	X
Duke Anxiety-Depression Scale (DADS) ^{®,1}	Total Score ≥ 30		X
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥ 10	X	X
My Mood Monitor (M-3) [®]	Total Score ≥ 5		X
PROMIS Depression	Total Score ≥ 60	X	X
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥ 31		X
¹ Proprietary; may be cost or licensing requirement associated with use.			
² Brief screening instrument. All other instruments are full-length.			

PDS-E (cont.)

- Follow-up for a positive result may include:
 - An outpatient, telephone, or e-visit or virtual check-in follow-up visit.
 - A depression case management encounter that documents assessment for symptoms of depression.
 - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
 - A dispensed antidepressant medication.

PDS-E (cont.)

Another option that qualifies as follow-up:

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (e.g., a negative screen) on the same day as a positive screen on a brief screening instrument.

Example: If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Flu Vaccinations for Adults Ages 18 to 64 (FVA) and Adults Ages 65 and Older (FVO)

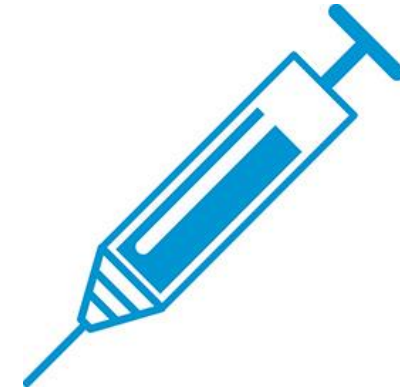
Focus group	Service	Frequency
Members ages 18 to 64	Influenza vaccine	Annually beginning July 1
Members ages 65 and older	High-dose fluzone	Annually beginning July 1

FVA and FVO (cont.)

- Tips:
 - Encourage all adults to get flu vaccines.
 - Provide vaccines for your office staff.
 - If your office does not provide flu vaccines, have a list of locations where vaccines are offered.
 - Identify your high-risk patients and reach out to them to get immunized:
 - Prenatal and postpartum patients
 - Patients with respiratory and other chronic conditions
 - Patients 65 and older

FVA and FVO (cont.)

- Understand the codes that apply for flu vaccines:
 - 90682: influenza virus vaccine, quadrivalent (RIV4)
 - G0008: for administration of vaccine



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Resources for your patients

- Washington Recovery Help Line: **866-789-1511**:
 - <https://www.warecoveryhelpline.org>
- Homelessness: ICD-10 — Z590, Dial **211**:
 - <http://wliha.org/resources/find-affordable-housing>
- NCQA Quality Measures for HEDIS:
 - <https://www.ncqa.org/hedis/measures>
- Consumer Assessment of Healthcare Providers & Systems (CAHPS®):
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>

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Additional resources

- Refer patients who are ready to explore quitting:
 - Washington State Tobacco Quitline:
 - <https://2morrowhealth.net/WADOH#waquitline>
 - **1-800-QUIT-NOW (1-800-784-8669)**
 - Amerigroup members ages 13 and older may enroll in Quit for Life, the state's smoking cessation program:
 - <https://www.quitnow.net>
 - **1-866-QUIT-4-LIFE (1-866-784-8454)**

Additional resources

- Amerigroup provides additional resource information and local tobacco cessation program promotion via collaborative partnerships.
- Amerigroup also pays PCPs for smoking cessation referral evaluations, smoking cessation prescription evaluation, and face-to-face counseling for all members ages 13 years and older:
 - Intensive smoking cessation counseling (procedure 99407 for greater than 10 minutes) limited to one per day.
 - Two cessation counseling attempts (or up to eight sessions) are allowed every 12 months. An attempt is defined as up to four cessation counseling sessions.

Questions?

If you have any questions, contact:

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