

**Gaps in Care Technical Specifications and PCP  
Billing Guide HEDIS 2019**



**Working together to enhance the Quality of  
Care provided to our Members**

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## Disclaimer

This material serves as a tool to assist providers, their clinical team, and billing staff with information to improve HEDIS performance.

HEDIS 2019 Volume 2 Technical Specifications for Health Plans was used to generate this Provider Billing Guide. The Technical Specifications were current at the time of publication (November 2018).

HEDIS indicators have been designed by NCQA to standardize performance measurement and do not necessarily represent the ideal standard of care.

ICD-9 codes have been removed from this guide. For measures with a look back period further than Oct. 2016, the ICD-9 codes used with claims during that time frame will continue to be pulled into the HEDIS software.

Information contained in this report is based on claims data only.

## What is HEDIS?

HEDIS is a registered trademark of the National Quality Committee for Quality Assurance (NCOA)



### **Healthcare Effectiveness Data and Information Set (HEDIS)**

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

- HEDIS is a registered trademark of the National Committee for Quality Assurance
- HEDIS is a performance measurement tool that is coordinated and administered by NCQA and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations
- Results from HEDIS data collection serve as measurements for quality improvement processes, educational initiatives, and preventive care programs
- All managed care companies who are NCQA accredited perform HEDIS reviews the same time each year
- HEDIS 2019 consists of 92 measures across six domains of care that address important health issues
- HEDIS is a retrospective review of services and performance of care from the prior calendar year

There are two types of HEDIS data referred to in this guide:

- Administrative data – comes from submitted claims and encounters
- Hybrid data – comes from chart collection/review

## Annual HEDIS Timeline

**Feb - Early May**  
Quality department staff collect and review HEDIS data (on-site provider office chart collecting occurs)



**June**  
HEDIS results are certified and reported to NCQA



**October**  
NCQA releases Quality Compass results nationwide for Medicaid



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

### HEDIS Medical Record Review Process:

Data collection methods include: fax, mail, onsite visits for larger requests, and remote electronic medical record (EMR) system access if available

Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed sent to the health plan

Due to the shortened data collection timeframe, a turnaround time of 3-5 days is appreciated

For on-site chart collections, the office will be contacted to schedule a time the abstractor can come to the office for chart review. A list of members charts being reviewed will be provided ahead of time

## Tips and Best Practices

### General tips and information that can be applied to most HEDIS measures:

1. Use your member roster to contact patients who are due for an exam or are new to your practice
2. Take advantage of this guide, coding information, and the on-line resources that can assist the practice with HEDIS measure understanding, compliance, and requirements
3. Use your Gaps in Care member list to outreach to patients in need of services/procedures.
4. You can provide evidence of completed HEDIS services and attach the supporting chart documentation by contacting the Quality Management department.
5. Schedule the members' next well-visit at the end of the current appointment
6. Assign a staff member at the office knowledgeable about HEDIS to perform internal reviews and serve as a point of contact with plans and their respective Quality Management staff.
7. Set up your Electronic Health Records (EHRs) so that the HEDIS alerts and flags to alert office personnel of patients in need of HEDIS services.

## HIPAA

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

1. HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities
2. The records you provide us during this process helps us to validate the quality of care our members received

## Importance of Documentation

### Principles of the medical record and proper documentation:

1. Enable physician and other healthcare professionals to evaluate a patient's healthcare needs and assess the efficacy of the treatment plan
2. Serves as the legal document to verify the care rendered and date of service
3. Ensure date of care rendered is present and all documents are legible
4. Serves as communication tool among providers and other healthcare professionals involved in the patient's care for improved continuity of care
5. Facilitates timely claim adjudication and payment
7. Appropriately documented medical record can reduce many of the 'hassles' associated with claims processing and HEDIS chart requests
8. ICD-10 and CPT codes reported on billing statements should be supported by the documentation in the medical record

### Common reasons members with PCP visits continue to need recommended services/procedures:

1. Missing or lack of all required documentation components
2. Service provided without claim/encounter data submitted
3. Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy)
4. Service provided but outside of the required time frame or anchor date (i.e. Lead screening performed after age 2)
5. Incomplete services (i.e. No documentation of anticipatory guidance during a well visit for the adolescent well child measure)
6. Failure to document or code exclusion criteria for a measure

Look for the 'Common Chart Deficiencies and Tips' sections for guidance with some of the more challenging HEDIS measures

# AAB Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

## Measure Definition:

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

\*Inverted Measure: Numerator identifies members prescribed an antibiotic; considered non-compliant for the intent of this measure.

## Billing Reference

| Description      | ICD-10 CM   |
|------------------|-------------|
| Acute Bronchitis | J20.3-J20.9 |

## Measure Exclusion Criteria:

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

Any member with a comorbid condition diagnosis in the 12 months prior to the acute bronchitis diagnosis would be excluded. The comorbid diagnoses for this measure include: HIV, malignant neoplasms, emphysema, COPD, cystic fibrosis, tuberculosis, and other lung diseases.

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# AAP Adults' Access to Preventive/Ambulatory Health Services

## Measure Definition:

Members 20 year and older who had an ambulatory or preventive care visit during the measurement year.

### Common Chart Deficiencies and Tips:

1. Each adult Medicaid or Medicare member should have a routine outpatient visit annually.
2. Utilize your Gaps in Care report to outreach members that have not had a visit.

## Billing Reference

| Description   | CPT  |                          |
|---|--|--------------------------|
| Ambulatory Visits   | 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429     |                          |
|   | HCPCS  | UBREV                    |
|   | G0402, G0438, G0439, G0463, T1015  | 051X, 052X, 0982, 0983   |
|   | ICD 10   |                          |
|   | Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 |                          |
| Other Ambulatory Visits   | CPT  |                          |
|   | 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337   |                          |
|   | UBREV  | 0524, 0525               |
| Any of the above ambulatory visits with or without a telehealth modifier: |  |                          |
|   | Telehealth CPT Modifier:   | 95, GT                   |
| Online Assessments  | CPT  | 98969, 99444             |
| Telephone Visits  | CPT  | 98966-98968, 99441-99443 |

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# ABA Adult BMI Assessment

## Measure Definition:

The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2017 or 2018.

For members 20 years of age or older on the date of service: weight and BMI in 2017 or 2018 must be documented from the same data source.

For members younger than 20 years of age on the date of service: BMI percentile must be documented in 2017 or 2018. Chart documentation should include height, weight and BMI percentile (as a value e.g. 85th or plotted on a growth chart). Documentation of ranges or thresholds do not meet criteria for this indicator.

### Common Chart Deficiencies and Tips:

1. Common deficiency: Height and weight documented but no documentation of the BMI
2. ICD-10 Z68 codes can be used to make a member compliant without chart review.
3. ICD-9 codes should not be used for this service

## Billing Reference

| Description    | ICD-10   |
|----------------|--|
| BMI            | Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45 |
| BMI Percentile | Z68.51-Z68.54                                      |

## Measure Exclusion Criteria:

**Optional Exclusion** for this measure is pregnancy. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the 2017 or 2018.

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# ADD Follow-Up Care for Children Prescribed ADHD Medication

## Measure Definition:

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 6–12 years of age 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 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, whom 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 (9 months) after the Initiation Phase ended.

### Common Chart Deficiencies and Tips

1. No refills until the initial follow-up visit is complete
2. Conduct initial follow-up visit 2-3 weeks after member starts medication therapy
3. Schedule additional 2 visits within 9 months of medication at the time of the initial follow-up visit
4. If member cancels an appointment, reschedule appointment right away

## Billing Reference

### ADHD Medications

| Description                    | Prescriptions                 |                  |
|--------------------------------|-------------------------------|------------------|
| CNS stimulants                 | Amphetamine-dextroamphetamine | Lisdexamfetamine |
|                                | Dexmethylphenidate            | Methamphetamine  |
|                                | Dextroamphetamine             | Methylphenidate  |
| Alpha-2 receptor agonists      | Clonidine                     | Guanfacine       |
| Miscellaneous ADHD medications | Atomoxetine                   |                  |

| <b>ADD continued</b>  |  |  |   |
|---|--|--|---|
| <b>Codes to Identify Follow-Up Visits in the Initiation Phase</b>   |  |  |   |
| <b>BH Stand Alone Visit Codes</b>   |  |  |   |
| <b>CPT</b>  | <b>HCPCS</b>   |  | <b>UB Revenue</b>   |
| 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387  | G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010-H2011, H2013-H2020, M0064, T1015 |  | 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 |
| <b>Observation Visit</b>  |  | <b>CPT Codes</b>                                 | <b>99217-99220</b>  |
| <b>Intensive OP Encounter/Partial Hospital</b>  |  |  |   |
| <b>HCPCS</b>  |  | <b>UBREV</b>                                     |   |
| G0410-0411, H0035, H2001, H2012, S0201, S9480, S9484-9485   |  | 905, 907, 912, 913                               |   |
| <b>CPT</b>  |  | <b>POS</b>                                       |   |
| 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255                     | With   | 3, 5 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 |   |
| <b>Codes to Identify Follow-Up Visits - C&amp;M Phase</b>   |  |  |   |
| All the codes listed above for the Initiation Phase   |  |  |   |
| PLUS one follow-up visit can be telephonic in the C&M Phase   |  |  |   |
| <b>Description</b>  | <b>CPT</b>   |  |   |
| Telephone Visits  | 98966-98968, 99441-99443   |  |   |
| Telehealth Modifier   | 95, GT   | Telehealth POS                                   | 2   |
| <b>Measure Exclusion Criteria:</b>  |  |  |   |
| <b>Exclusion</b>  | <b>ICD-10 CM</b>   |  |   |
| Diagnosis of Narcolepsy   | G47.411, G47.419, G47.421, G47.429   |  |   |
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## ADV Annual Dental Visit

### Measure Definition:

The percentage of members 2–20 years of age who had at least one dental visit in the measurement year. This measure applies only if dental care is a covered benefit in the organization’s Medicaid contract.

#### Tips:

1. Educate parents/guardians about the importance of dental care starting when the child is young.
2. Ask when the last dental appointment was during every well visit

### Billing Reference

#### Description

Dental Visits

All codes have been removed from this measure. Any claim with a dental practitioner during the measurement year meets criteria.

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# AMM Antidepressant Medication Management

## Measure Definition:

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 (6 months).

### Common Chart Deficiencies and Tips

1. Talk to patient about depression and their treatment plan. The stigma associated with a diagnosis of depression that may result in a patient declining medication or stopping the medication after they start
2. Explain what they can expect when starting the medication and how long it may take before they feel the effect
3. Stress the importance of staying on the medication. Patient should call if having problems with the medication and never stop the medication without consulting you
4. Schedule follow-up visits before patient leaves office and stress the need for follow-up visits.

## Billing Reference

| Description                      | ICD-10 CM                                      |                |                              |                   |
|----------------------------------|--|----------------|------------------------------|-------------------|
| Major Depression                 | F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9 |                |                              |                   |
| Description                      | Medication                                     |                |                              |                   |
| Miscellaneous Antidepressants    | • Bupropion                                    | • Vilazodone   | • Vortioxetine               |                   |
| Monoamine Oxidase Inhibitors     | • Isocarboxazid                                | • Phenelzine   | • Selegiline                 | • Tranylcypromine |
| Phenylpiperazine Antidepressants | • Nefazodone                                   | • Trazadone    |                              |                   |
| Psychotherapeutic Comb           | • Amitriptyline-chlordiazepoxide               |                | • Amitriptyline-perphenazine |                   |
|                                  | • Fluoxetine-olanzapine                        |                |                              |                   |
| SNRI Antidepressants             | • Desvenlafaxine                               | • Duloxetine   | • Levomilnacipran            | • Venlafaxine     |
| SSRI Antidepressants             | • Citalopram                                   | • Escitalopram | • Fluoxetine                 | • Fluvoxamine     |
|                                  | • Paroxetine                                   | • Sertraline   |                              |                   |
| Tetracyclic Antidepressants      | • Maprotiline                                  | • Mirtazapine  |                              |                   |
| Tetracyclic Antidepressants      | • Amitriptyline                                | • Clomipramine | • Doxepin (>6mg)             | • Nortriptyline   |
|                                  | • Amoxapine                                    | • Desipramine  | • Imipramine                 | • Protriptyline   |
|                                  | • Trimipramine                                 |                |                              |                   |

## AMR Asthma Medication Ratio

### Measure Definition:

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

#### Common Chart Deficiencies and Tips:

1. Perform a thorough review of medications at each visit to ensure that prescribed controller medication is being utilized
2. Provide medication compliance education

### Billing Reference

| Description | ICD-10 CM  |
|-------------|--|
| Asthma      | 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 |

Members with any of these diagnoses, anytime in their history are excluded from this measure:

Acute Respiratory Failure, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis, or Other Emphysema

Also excluded are any members who had no asthma medications (controller or reliever) dispensed during the measurement year.

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# ART Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

## Measure Definition:

The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year.

## Billing Reference

| Description          | ICD-10 CM    |
|----------------------|--------------|
| Rheumatoid Arthritis | M05.00-M06.9 |

## DMARD Medications

| Description                  | Prescriptions   | HCPCS J Codes  |
|------------------------------|---|--|
| 5-Aminosalicylates           | Sulfasalazine   |  |
| Alkylating agents            | Cyclophosphamide  |  |
| Aminoquinolines              | Hydroxychloroquine  |  |
| Anti-rheumatics              | Auranofin<br>Leflunomide  | Methotrexate<br>Penicillamine<br>J9250, J9260  |
| Immunomodulators             | Abatacept<br>Adalimumab<br>Anakinra<br>Certolizumab<br>Certolizumab pegol | Etanercept<br>Golimumab<br>Infliximab<br>Rituximab<br>Tocilizumab<br>J0129, J0135, J0717, J1438,<br>J1602, J1745, J3262, J9310 |
| Immunosuppressive agents     | Azathioprine<br>Cyclosporine  | Mycophenolate<br>J7502, J7515, J7516, J7517,<br>J7518  |
| Janus kinase (JAK) Inhibitor | Tofacitinib   |  |
| Tetracyclines                | Minocycline   |  |

## Measure Exclusion Criteria:

A diagnosis of HIV any time during the member's history through December 31 of the measurement year OR a diagnosis of pregnancy any time during the measurement year.

## Codes to Identify Exclusions

| Description | ICD-10 CM               |
|-------------|-------------------------|
| HIV         | B20, Z21                |
| HIV Type 2  | B97.35                  |
| Pregnancy   | O00.0-O9A53, Z03.71-Z36 |

## Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

## AWC Adolescent Well-Care Visits

### Measure Definition:

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

### The comprehensive well care must visit include evidence of all of the following:

- **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.
- **Physical development history** - Physical developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
- **Mental development history** - Mental developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
- **Physical exam**
- **Health education/anticipatory guidance** - Health education/anticipatory guidance is given by the health care provider to the member and/or parents or guardians in anticipation of emerging issues that a member and family may face.

#### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit - turn a sick visit into a well-child visit
3. Schedule next visit at end of each appointment

### Examples of documentation that **DOES NOT** meet criteria:

- **Health history** - notation of allergies or medications or immunization status alone does not meet. If all three are documented this does meet criteria
- **Physical development history** - notation of "appropriate for age" without specific mention of development or "well-developed/nourished appearing" does not meet criteria
- **Mental development history** - notation of "appropriately responsive for age", "neurological exam" or "well-developed" does not meet criteria
- **Physical exam** - vital signs alone or a visit to OB/GYN for OB/GYN topics only do not meet criteria
- **Health Education/Anticipatory Guidance** - information regarding medications or immunizations or their side effects do not meet criteria

### Billing Reference

| Description  | CPT                      | HCPCS        | ICD-10 CM                                 |
|--------------|--------------------------|--------------|---|
| Office Visit | 99383-99385, 99393-99395 | G0438, G0439 | Z00.00-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9 |

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## BCS Breast Cancer Screening

### Measure Definition:

The percentage of women who are 52–74 years of age in 2018 and had a mammogram to screen for breast cancer from October 2016 through December 31, 2018.

#### Common Chart Deficiencies and Tips:

1. Educate women regarding the benefit of early detection of breast cancer through routine mammograms.
2. Assist with scheduling mammogram or refer to health plan for assistance with scheduling or other barrier resolution

### Billing Reference

| Description             | CPT                      | HCPCS               | UB Revenue |
|-------------------------|--------------------------|---------------------|------------|
| Breast Cancer Screening | 77055-77057, 77061-77067 | G0202, G0204, G0206 | 0401, 0403 |

### Measure Exclusion Criteria:

A female who had the following: Bilateral mastectomy or any combination of unilateral mastectomy codes that indicate a mastectomy on both the left and right side before December 31, 2018.

| Exclusion Description                         | ICD-10 CM                               | ICD-10 PCS |       |         |
|---|---|------------|-------|---------|
| Bilateral Mastectomy                          |   | 0HTV0ZZ    |       |         |
| Hx. Bilateral Mastectomy                      | Z90.13                                  |            |       |         |
| Unilateral Mastectomy with Bilateral Modifier |   |            |       |         |
| Exclusion Description                         | CPT                                     |            |       |         |
| Unilateral Mastectomy                         | 19180, 19200, 19220, 19240, 19303-19307 |            |       |         |
| WITH LT (left) or RT (right) modifier         |   |            |       |         |
| Exclusion Description                         | ICD-10 CM                               |            |       |         |
| Unilateral Mastectomy                         | Left                                    | 0HTU0ZZ    | Right | 0HTT0ZZ |
| Absence of Breast                             | Left                                    | Z90.12     | Right | Z90.11  |

### Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with Both advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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# CAP Children and Adolescents' Access to Primary Care Practitioners

## Measure Definition:

The percentage of members 12 months- 19 years of age who had a visit with a PCP. Four separate percentages are reported:

- Children 12-24 months and 25 months - 6 years who had a visit with a PCP during the measurement year
- Children 7-11 years and adolescents 12-19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year

### Common Chart Deficiencies and Tips:

1. Utilize your Gaps in Care report to outreach parents/guardians of children that have not had an appointment.
2. Stress importance of preventive visits during outreach

## Billing Reference

| Description       | CPT  |                        |
|-------------------|--|------------------------|
| Ambulatory Visits | 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429     |                        |
|                   | HCPCS  | UBREV                  |
|                   | G0402, G0438, G0439, G0463, T1015  | 051X, 052X, 0982, 0983 |
|                   | ICD 10   |                        |
|                   | Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 |                        |

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## CBP Controlling High Blood Pressure

### Measure Definition:

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

### Common Chart Deficiencies and Tips:

1. Retake the blood pressure if elevated - HEDIS accepts lowest BP taken during a visit
2. Ensure that the BP cuff is the correct size for patient's arm
3. Check you BP cuffs to make sure they are providing accurate readings
4. If using an automatic BP machine, record actual number -- Do Not Round Up!!

### Billing Reference

| Description   | ICD-10 CM                                |
|---|--|
| Essential Hypertension  | I10                                      |
| <b>New for HEDIS 2019: Blood pressure CPT II codes are acceptable to meet compliance!</b> |  |
| Systolic BP CPT II Codes  | <130 3074F; 130-139 3075F; >/= 140 3077F |
| Diastolic BP CPT II Codes   | < 80 9078F; 80-89 3079F; >/- 90 3080F    |

## CBP Controlling High Blood Pressure Exclusion Criteria

Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the measurement year or a diagnosis of pregnancy during the measurement year.

| Exclusion Description | CPT   | ICD-10 PCS   | UB Revenue   | HCPCS        |
|-----------------------|---|--|--|--------------|
| Evidence of ESRD      | 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512 | 3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z                  | 0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859, 0880-0882, 0889 | S9339, G0257 |
|                       |   | ICD-10 CM  | UB Type of Bill  | POS          |
|                       |   | N18.5, N18.6, Z91.15, Z99.2                        | 0720-0725, 727, 728, 072A-072K, 072M, 072O, 072X-072Z                              | 65           |
| ESRD Obsolete         | CPT   |  |  |              |
|                       | 36145, 90919-90925  | G0308-G0319, G0921-G0323, G0325-G0327, G0392-G0393 |  |              |
| Kidney Transplant     | CPT   | ICD-10 PCS   | UB Revenue   | HCPCS        |
|                       | 50300, 50320, 50340, 50360, 50365, 50370, 50380   | 0TY00Z0 - 0TY00Z2, 0TY10Z0 - 0TY10Z2               | 367  | S2065        |
|                       |   | ICD-10 CM  |  |              |
| Z94.0                 |   |  |  |              |
| Description           | ICD-10 CM   |  |  |              |
| Pregnancy             | O00.0-O9A53, Z03.71-Z36.9   |  |  |              |

## Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

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## CCS Cervical Cancer Screening

### Measure Definition:

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

Women age 21–64 who had cervical cytology performed within the last 3 years.

Women age 30–64 who had cervical cytology with human papillomavirus (HPV) co-testing performed within the last 5 years.

#### Common Chart Deficiencies and Tips:

1. Documentation of hysterectomy must include words such as 'complete', 'total', or 'radical'
2. Documentation of hysterectomy alone does not meet guidelines because it does not indicate the cervix was removed
3. Reflex testing (performing HPV test *after* determining cytology result) does NOT count
4. Cervical cytology and human papillomavirus test must be completed four or less

### Billing Reference

| Description               | CPT  | HCPCS   | UB   |
|---------------------------|--|---|------|
| Cervical Cancer Screening | 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 | G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 | 0923 |
| HPV Tests                 | 87620 - 87622, 87624-87625   | G0476   |      |

### Measure Exclusion Criteria:

A female who had a hysterectomy with no residual cervix on or before December 31, 2018.

| Exclusion Description | CPT  | ICD-10 PCS                         | ICD-10 CM               |
|-----------------------|--|------------------------------------|-------------------------|
| Absence of Cervix     | 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135 | OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ | Q51.5, Z90.710, Z90.712 |

# CDC Comprehensive Diabetes Care - Blood Pressure Less Than 140/90

## Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) whose last blood pressure in the measurement year was less than 140/90.

### Tips:

1. CPT II codes for BP values are accepted for this measure
2. Retake blood pressure during the visit if it is initially elevated
3. Ensure that the BP cuff is the correct size for the patient's arm
4. If using an automated cuff, record actual numbers, don't round up

## Billing Reference

| Description | ICD-10 CM                                    |
|-------------|--|
| Diabetes    | E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 |

## CPT II Codes to Identify Systolic and Diastolic BP Levels <140/90

| Description         | CPT II |
|---------------------|--------|
| Systolic <130       | 3074F  |
| Systolic 130-139    | 3075F  |
| Systolic > or = 140 | 3077F  |
| Diastolic < 80      | 3078F  |
| Diastolic 80-89     | 3079F  |
| Diastolic > or = 90 | 3080F  |

## Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior, with no encounters in any setting with a diagnosis of diabetes.

| Exclusion Description | ICD-10 CM                                     |
|-----------------------|---|
| Diabetes Exclusions   | E08.00-E09.9, O24.410-O24.439, O24.911-O24.93 |

## Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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## CDC Comprehensive Diabetes Care - Dilated Retinal Eye Exam

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who had a dilated retinal eye exam in the measurement year or a dilated retinal eye exam that was negative for retinopathy in the year prior to the measurement year.

### Billing Reference

| Description                | CPT  | CPT II                     | HCPCS               |
|----------------------------|--|----------------------------|---------------------|
| Diabetic Retinal Screening | 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 | 3072F, 2022F, 2024F, 2026F | S0620, S0621, S3000 |

|  |                     |
|--|---------------------|
| Diabetes Mellitus without complications - ICD10CM - billed with a diabetic retinal screening code during the year prior to the measurement year meets compliance | ICD10CM             |
|  | E10.9, E11.9, E13.9 |

|                            |  |   |
|----------------------------|--|---|
| Unilateral Eye Enucleation | 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 | Two with dates of service 14 or more days apart or same day with a bilateral modifier CPT: 50, 9950 |
|----------------------------|--|---|

| Description                      | ICD-10 PCS   |
|----------------------------------|--|
| Unilateral Eye Enucleation, Left | 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ |
| Unilateral Eye Enucleation, Rt   | 08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ |

### Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, in the measurement year or the year prior

| Exclusion Description | ICD-10 CM                                     |
|-----------------------|---|
| Diabetes Exclusions   | E08.00-E09.9, O24.410-O24.439, O24.911-O24.93 |

### Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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## CDC Comprehensive Diabetes Care - HbA1c Testing

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c test during the measurement year.

#### Common Chart Deficiencies and Tips:

1. Educate member on importance of completing A1C test.
2. Lab results not documented in chart
3. Lab values show poor control (>9).

### Billing Reference

| Description     | ICD-10 CM   |        |
|-----------------|---|--------|
| Diabetes        | E10.10-E13.9, O24.011-O24.13, O24O311-24.33, O24.811-O24.83 |        |
| Description     | CPT   |        |
| HbA1c Screening | 83036, 83037  |        |
| Description     | Lab Result  | CPT II |
| HbA1c Result    | <7%   | 3044F  |
|                 | 7.0% - 9.0%   | 3045F  |
|                 | >9.0%   | 3046F  |

### Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior, with no encounters in any setting with a diagnosis of diabetes.

| Exclusion Description | ICD-10 CM                                     |
|-----------------------|---|
| Diabetes Exclusions   | E08.00-E09.9, O24.410-O24.439, O24.911-O24.93 |

### Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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# CDC Comprehensive Diabetes Care - Medical Attention for Nephropathy

## Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy in during the measurement year through one of the following:

- A urine test for protein with minimum documentation of date and result
- Documentation of a visit to a nephrologist
- Documentation of a renal transplant
- Documentation of medical attention for any of the following: diabetic nephropathy, ESRD, CRF, CKD, renal insufficiency, proteinuria, albuminuria, renal dysfunction, ARF, dialysis, hemodialysis or peritoneal dialysis
- Evidence of ACE inhibitor/ARB therapy

### Common Chart Deficiencies and Tips:

1. Failure to order lab tests for Nephropathy screening
2. Failure to document monitoring for nephropathy
3. Incomplete or missing information from specialists who may be monitoring nephropathy

## Billing Reference

| Description | ICD-10 CM                                    |
|-------------|--|
| Diabetes    | E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 |

| Medical Attention for Nephropathy               |   |   |  |                     |              |
|---|---|---|--|---------------------|--------------|
| Description                                     | CPT   |   |  | CPT II              |              |
| Urine Protein Tests                             | 81000-81003, 81005, 82042-82044, 84156  |   |  | 3060F, 3061F, 3062F |              |
| Description                                     | CPT II  | ICD-10 CM   |  |                     |              |
| Treatment for Nephropathy                       | 3066F, 4010-F   | E08.21-E08.29, E09.21-E09.29, E10.21-E10.29, E11.21-E11.29, E13.21-E13.29, I12.0-I13.2, I15.0-I15.1, N00.0-N08, N14.0-N14.4, N17.0-N19, N25.0-N26.9, Q60.0-Q61.9, R80.0-R80.9 |  |                     |              |
| CDC Medical Attention for Nephropathy continued |   |   |  |                     |              |
| Medical Attention for Nephropathy               |   |   |  |                     |              |
| Exclusion Description                           | CPT   | ICD-10 PCS  | UB Revenue   |                     | HCPCS        |
| Evidence of ESRD                                | 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512 | 3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z   | 0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859, 0880-0882, 0889 |                     | S9339, G0257 |
|   |   | ICD-10 CM   | UB Type of Bill  |                     | POS          |
|   |   | N18.5, N18.6, Z91.15, Z99.2   | 0720-0725, 727, 728, 072A-072K, 072M, 072O, 072X-072Z                              |                     | 65           |
| Kidney Transplant                               | CPT   | ICD-10 CM   | ICD-10 PCS   | UB Rev              | HCPCS        |
|   | 50300, 50320, 50340, 50360, 50365, 50370, 50380   | Z94.0   | 0TY00Z0- 0TY00Z2, 0TY10Z0- 0TY10Z2   | 367                 | S2065        |
| Description                                     | ICD-10 CM   |   |  |                     |              |
| Stage 4 Chronic Kidney Disease                  | N18.4   |   |  |                     |              |

**CDC Medical Attention for Nephropathy continued**

**Medical Attention for Nephropathy**

| Description                              | ACE Inhibitors/ARBs                       |                                 |
|--|---|---------------------------------|
| Angiotensin converting enzyme inhibitors | Benazepril                                | Moexipril                       |
|  | Captopril                                 | Perindopril                     |
|  | Enalapril                                 | Quinapril                       |
|  | Fosinopril                                | Ramipril                        |
|  | Lisinopril                                | Trandolapril                    |
| Angiotensin II inhibitors                | Azilsartan                                | Losartan                        |
|  | Candesartan                               | Olmesartan                      |
|  | Eprosartan                                | Telmisartan                     |
|  | Irbesartan                                | Valsartan                       |
| Anti-Hypertensive Combinations           | Amlodipine-benazepril                     | Fosinopril-hydrochlorothiazide  |
|  | Amlodipine-hydrochlorothiazide-valsartan  | Hydrochlorothiazide-irbesartan  |
|  | Amlodipine-hydrochlorothiazide-olmesartan | Hydrochlorothiazide-lisinopril  |
|  | Amlodipine-olmesartan                     | Hydrochlorothiazide-losartan    |
|  | Amlodipine-perindopril                    | Hydrochlorothiazide-moexipril   |
|  | Amlodipine-telmisartan                    | Hydrochlorothiazide-olmesartan  |
|  | Amlodipine-valsartan                      | Hydrochlorothiazide-quinapril   |
|  | Azilsartan-chlorthalidone                 | Hydrochlorothiazide-telmisartan |
|  | Benazepril-hydrochlorothiazide            | Hydrochlorothiazide-valsartan   |
|  | Candesartan-hydrochlorothiazide           | Sacubitril-valsartan            |
|  | Captopril-hydrochlorothiazide             | Trandolapril-verapamil          |
| Enalapril-hydrochlorothiazide            |   |                                 |

**Measure Exclusion Criteria:**

Identify members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior and who meet either of the following criteria:

|  |   |
|--|---|
|  | A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior, with no encounters in any setting with a diagnosis of diabetes. |
|--|---|

| Exclusion Description | ICD-10 CM |
|-----------------------|-----------|
|-----------------------|-----------|

|                     |   |
|---------------------|---|
| Diabetes Exclusions | E08.00-E09.9, O24.410-O24.439, O24.911-O24.93 |
|---------------------|---|

**Additional Exclusion Criteria**

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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## CHL Chlamydia Screening in Women

### Measure Definition:

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

### Billing Reference

| Description    | CPT                                     |
|----------------|---|
| Chlamydia Test | 87110, 87270, 87320, 87490-87492, 87810 |

### Measure Exclusion Criteria:

|  |   |  |
|--|---|--|
|  | Exclusion: Exclude female members who qualified for the denominator based on a pregnancy test alone and who meet either of the following: |  |
|  |   | A pregnancy test in the measurement followed within seven days (inclusive) by a prescription for isotretinoin. |
|  |   | A pregnancy test in the measurement year followed within seven days (inclusive) by an x-ray.                   |

| Exclusion Description    | CPT                 | UB Revenue |
|--------------------------|---------------------|------------|
| Pregnancy Test Exclusion | 81025, 84702, 84703 | 925        |

### WITH

| Exclusion Description | CPT         | UB Revenue     |
|-----------------------|-------------|----------------|
| Diagnostic Radiology  | 70010-76499 | 0320-0324, 329 |

### OR

|          |                           |
|----------|---------------------------|
| Retinoid | Isotretinoin Prescription |
|----------|---------------------------|

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# CIS Childhood Immunization Status

## Measure Definition:

The percentage of children turning 2 years of age during the measurement year who received recommended vaccinations prior to their second birthday. Recommended vaccinations and # in series to meet compliance listed below.

The measure calculates a rate for each vaccine and nine separate combination rates.

### Common Chart Deficiencies and Tips:

1. Vaccinations for DTaP, IPV, HiB, or PCV given before 42 days after birth date do not count towards vaccine compliance
2. Participate in State Immunization registries, where available
3. Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations
4. Document date of first hepatitis B vaccination if given at hospital and note the hospital
5. Document history of illness in chart if child has had Varicella Zoster, measles,

## Billing Reference

| Immunization Description   | # in Series | CPT                        | CVX                        |
|--|-------------|----------------------------|----------------------------|
| DTaP   | 4           | 90698, 90700, 90721, 90723 | 20, 50, 106, 107, 110, 120 |
| IPV  | 3           | 90698, 90713, 90723        | 10, 89, 110, 120           |
| MMR  | 1           | 90707, 90710               | 03, 94                     |
| <b>Any Combination of the following to satisfy recommendation of 1 MMR</b> |             |                            |                            |
| Measles Only   | 1           | 90705                      | 05                         |
| Mumps Only   | 1           | 90704                      | 07                         |
| Rubella Only   | 1           | 90706                      | 06                         |
| Measles and Rubella  | 1           | 90708                      | 04                         |

### CIS Billing Reference continued

| Description   | # in Series | CPT  | HCPCS | CVX  |
|---|-------------|--|-------|--|
| Hib   | 3           | 90644-90648, 90698, 90721, 90748               |       | 17, 46-51, 120, 148                        |
| Hepatitis B   | 3           | 90723, 90740, 90744, 90747, 90748              | G0010 | 08, 44, 45, 51, 110                        |
| VZV   | 1           | 90710, 90716                                   |       | 21, 94                                     |
| Pneumococcal Conjugate  | 4           | 90669, 90670                                   | G0009 | 100, 133, 152                              |
| Hepatitis A   | 1           | 90633  |       | 31, 83, 85                                 |
| <b>Rotavirus 2-dose or 3-dose vaccinations satisfy Rotavirus recommendations.</b> |             |  |       |  |
| Rotavirus 2-dose  | 2           | 90681  |       | 119  |
| Rotavirus 3-dose  | 3           | 90680  |       | 116, 122                                   |
| Influenza   | 2           | 90655, 90657, 90661, 90662, 90673, 90685-90688 | G0008 | 88, 135, 140, 141, 150, 153, 155, 158, 161 |

### ICD-10 CM Codes for Illnesses

|                  |  |
|------------------|--|
| Hepatitis A      | B15.0, B15.9   |
| Hepatitis B      | B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51                            |
| Measles          | B05.0-B05.4, B05.81, B05.89, B05.9   |
| Mumps            | B26.0-B26.3, B26.81-B26.85, B26.89-B26.9   |
| Rubella          | B06.00-B06.02, B06.09, B06.81-B06.82, B06.89, B06.9  |
| Varicella Zoster | B01.0, B01.11-B01.2, B01.81-B01.9, B02.0, B02.1, B02.21-B02.29, B02.30-B02.39, B02.7-B02.9 |

| <b>CIS Measure Exclusion Criteria:</b>   |  |
|--|--|
| <b>Exclusion: Exclude children who had a contraindication for a specific vaccine.</b>  |  |
| <b>Exclusion Description</b>   | <b>ICD-10 CM</b>   |
| <b>Any particular vaccine - Anaphylactic Reaction</b>  | <b>T80.52XA, T80.52XD, T80.52XS</b>  |
| <b>DTaP - Encephalopathy with Adverse-Effect</b>   | <b>G04.32</b>  |
|  | <b>WITH</b>  |
|  | <b>T50.A15A, T50.A15D, T50.A15S</b>  |
| <b>For MRR, VZV and Influenza vaccines: Immunodeficiency, Lymphoreticular cancer, multiple myeloma or leukemia, or HIV</b>   | <b>D80.0-D81.2, D81.4, D81.6-D82.4, D82.8- D83.2, D83.8-D84.1, D84.8-D84.9, D89.3, D89.810-D89.13, D89.82, D89.89, D89.9, B20, Z21, B97.35, C81.00-C86.6, C88.2-C88.9, C90 - C96.Z</b> |
| <b>Rotavirus - Severe combined immunodeficiency or a history of intussusception</b>  | <b>D81.0-D81.2, D81.9, K56.1</b>   |
| <b>Exclusion Description</b>   | <b>General Exclusion Criteria</b>  |
| <b>MRR, VZV and Influenza</b>  | <b>Anaphylactic reaction to neomycin</b>   |
| <b>IPV</b>   | <b>Anaphylactic reaction to streptomycin, polymyxin B, or neomycin</b>   |
| <b>Hepatitis B</b>   | <b>Anaphylactic reaction to common baker's yeast</b>   |
| <small>HEDIS® stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).</small> |  |

# COA Care for Older Adults

## Measure Definition:

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

### Common Chart Deficiencies and Tips

1. Advance Care Planning - document discussion and/or presence of advance directive or living will in chart
2. Medication Review - Medication list in chart and medication review by prescribing provider annually - signed and dated
3. Functional Status Assessment - address cognitive and ambulation status, sensory ability, and functional independence.
4. Pain Assessment - documentation of pain screening result (positive or negative)

## Billing Reference

| Description   | CPT                  | ICD10 CM     | HCPCS | CPT Category II            |
|---|----------------------|--------------|-------|----------------------------|
| Advance Care Planning   | 99497                | Z66          | S0257 | 1123F, 1124F, 1157F, 1158F |
| Medication List   |                      |              | G8427 | 1159F                      |
| <b>With one of the following Medication Review codes on the same claim:</b>       |                      |              |       |                            |
| Medication Review   | 90863, 99605, 99606, |              |       | 1160F                      |
| <b>Transitional Care Management Codes alone meet Medication Review compliance</b> |                      |              |       |                            |
| TCM codes:  | 99495, 99496         |              |       |                            |
| Functional Status Assessment  |                      | G0438, G0439 |       | 1170F                      |
| Pain Assessment   |                      |              |       | 1125F, 1126F               |

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## COL Colorectal Cancer Screening

### Measure Definition:

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

#### Tips:

1. A fecal occult test done in the office via a digital rectal exam does not count

### Billing Reference

| Description   | CPT  | HCPCS        |
|---|--|--------------|
| Fecal occult blood test (gFOBT - 3 samples- or iFOBT in 2018) | 82270, 82274   | G0328        |
| FIT-DNA test (between 2016 and 2018)                          | 81528  | G0464        |
| Flexible Sigmoidoscopy (between 2014 and 2018)                | 45330-45335, 45337-45342, 45345-45347, 45349-45350         | G0104        |
| Colonoscopy (between 2009 and 2018)                           | 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 | G0105, G0121 |
| CT Colonography (between 2014 and 2018)                       | 74261-74263  |              |

### Measure Exclusion Criteria:

Evidence of Colorectal Cancer or Total Colectomy through December 31, 2018.

| Exclusion Description | ICD-10 CM  |                                    |
|-----------------------|--|------------------------------------|
|                       | CPT  | ICD-10 PCS                         |
| Colorectal Cancer     | C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 |                                    |
| Total Colectomy       | 44150-44153, 44155-44158, 44210-44212                        | 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ |

### Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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# CWP Appropriate Testing for Children With Pharyngitis

## Measure Definition:

The percentage of members 2–18 years of age diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.

### Common Chart Deficiencies and Tips

1. Perform a group A Strep Test on all children before treating with an antibiotic for pharyngitis
2. Submit the claim for the group A Strep Test

## Billing Reference

| Description         | ICD-10 CM   |
|---------------------|---|
| Pharyngitis         | J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91 |
| Description         | CPT   |
| Group A Strep Tests | 87070, 87071, 87081, 87430, 87650-87652, 87880    |

## Antibiotic Medications

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

## DAE Use of High-Risk Medications in the Elderly

### Measure Definition:

1. The percentage of Medicare members 66 years of age and older who received at least one high-risk medication dispensing event in the measurement year.
2. The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications dispensing events in the measurement year

For both rates, a lower rate represents better performance.

**For both measures, a high-risk medication is defined as any of the following:**

A dispensed prescription from High-Risk Medications table.

Dispensed prescriptions that meet days supply criteria from High-Risk Medications With Days Supply Criteria table.

A dispensed prescription that meets average daily dose criteria from High-Risk Medications With Average Daily Dose Criteria table.

### Billing Reference

#### High-Risk Medications

| Description                                       | Prescription  |                               |
|---|---|-------------------------------|
| Anticholinergics, first-generation antihistamines | Brompheniramine   | Diphenhydramine (oral)        |
|   | Carbinoxamine   | Dimenhydrinate                |
|   | Chlorpheniramine  | Doxylamine                    |
|   | Clemastine  | Hydroxyzine                   |
|   | Cyproheptadine  | Meclizine                     |
|   | Dexbrompheniramine  | Promethazine                  |
|   | Dexchlorpheniramine   | Triprolidine                  |
| Anticholinergics, anti-Parkinson agents           | Benztropine (oral)  | Trihexyphenidyl               |
| Antispasmodics                                    | Dicyclomine   | Hyoscyamine                   |
|   | Belladonna alkaloids  | Propantheline                 |
|   | Clidinium-chlordiazepoxide  | Scopolamine                   |
|   | Atropine (exclude ophthalmic)   |                               |
| Antithrombotics                                   | Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin) |                               |
|   | Ticlopidine   |                               |
| Cardiovascular, alpha agonists, central           | Guanfacine  | Methyldopa                    |
| Cardiovascular, other                             | Disopyramide  | Nifedipine, immediate release |
| Central nervous system, antidepressants           | Amitriptyline   | Trimipramine                  |
|   | Clomipramine  | Nortriptyline                 |
|   | Amoxapine   | Paroxetine                    |
|   | Desipramine   | Protriptyline                 |
|   | Imipramine  |                               |

### High-Risk Medications continued

| Description  | Prescription                   |               |
|--|--------------------------------|---------------|
| Central nervous system, barbiturates   | Amobarbital                    | Pentobarbital |
|  | Butabarbital                   | Phenobarbital |
|  | Butalbital                     | Secobarbital  |
| Central nervous system, vasodilators   | Ergot mesylates                | Isoxsuprine   |
| Central nervous system, other  | Meprobamate                    |               |
| Endocrine system, estrogens with or without progestins; include only oral and topical patch products | Conjugated estrogen            | Estradiol     |
|  | Esterified estrogen            | Estropipate   |
| Endocrine system, sulfonylureas, long-duration   | Chlorpropamide                 | Glyburide     |
| Endocrine system, other  | Desiccated thyroid             | Megestrol     |
| Pain medications, skeletal muscle relaxants  | Carisoprodol                   | Metaxalone    |
|  | Chlorzoxazone                  | Methocarbamol |
|  | Cyclobenzaprine                | Orphenadrine  |
| Pain medications, other  | Indomethacin                   | Meperidine    |
|  | Ketorolac, includes parenteral | Pentazocine   |

### High-Risk Medications With Days Supply Criteria

| Description                 | Prescription                 |  | Days Supply Criteria |
|-----------------------------|------------------------------|--|----------------------|
| Anti-Infectives, other      | Nitrofurantoin               | Nitrofurantoin macrocrystals-monohydrate | >90 days             |
|                             | Nitrofurantoin macrocrystals |  |                      |
| Nonbenzodiazepine hypnotics | Eszopiclone                  | Zolpidem                                 | >90 days             |
|                             | Zaleplon                     |  |                      |

### High-Risk Medications With Average Daily Dose Criteria

| Description  | Prescription | Average Daily Dose Criteria |
|--|--------------|-----------------------------|
| Alpha agonists, central  | Reserpine    | >0.1 mg/day                 |
| Cardiovascular, other  | Digoxin      | >0.125 mg/day               |
| Tertiary TCAs (as single agent or as part of combination products) | Doxepin      | >6 mg/day                   |

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## DDE Potentially Harmful Drug-Disease Interactions in the Elderly

### Measure Definition:

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

Three individual rates and a total rate reported:

1. A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics or tricyclic antidepressants.
2. Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents.
3. Chronic kidney disease and a prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs

### Billing Reference

| Description                    | ICD-10 CM  |                                      |              |   |
|--------------------------------|--|--------------------------------------|--------------|---|
| Falls                          | Any fall or hip fracture ICD10 or CPT code pulls the member into this measure  |                                      |              |   |
| Dementia                       | F01.5, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83 |                                      |              |   |
| Chronic Kidney Disease Stage 4 | N18.4  |                                      |              |   |
| Description                    | ICD-10 CM  | ICD-10 PCS                           | HCPCS        | CPT   |
| ESRD                           | N18.5, N18.6, Z91.15, Z99.2  | 3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z    | G0257, S9339 | 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512 |
| Kidney Transplant              | Z94.0  | 0TY00Z0 - 0TY00Z2, 0TY10Z0 - 0TY10Z2 | S2065        | 50300, 50320, 50340, 50360, 50365, 50370, 50380   |

## Potentially Harmful Medications

### Potentially Harmful Drugs - Rate 1

| Description     | Prescription      |               |               |                  |
|-----------------|-------------------|---------------|---------------|------------------|
| Anticonvulsants | Carbamazepine     | Felbamate     | Methsuximide  | Tiagabine HCL    |
|                 | Clobazam          | Fosphenytoin  | Oxcarbazepine | Topiramate       |
|                 | Divalproex sodium | Gabapentin    | Phenytoin     | Valproate sodium |
|                 | Ethosuximide      | Lacosamide    | Pregabalin    | Valproic acid    |
|                 | Ethotoin          | Lamotrigine   | Primidone     | Vigabatrin       |
|                 | Ezogabine         | Levetiracetam | Rufinamide    | Zonisamide       |
| SSRIs           | Citalopram        | Fluoxetine    | Paroxetine    |                  |
|                 | Escitalopram      | Fluvoxamine   | Sertraline    |                  |

### Potentially Harmful Drugs - Rate 1 and Rate 2

| Description                 | Prescription              |                 |               |                 |
|-----------------------------|---------------------------|-----------------|---------------|-----------------|
| Antipsychotics              | Aripiprazole              | Fluphenazine    | Olanzapine    | Thioridazine    |
|                             | Asenapine                 | Haloperidol     | Paliperidone  | Thiothixene     |
|                             | Brexpiprazole             | Iloperidone     | Perphenazine  | Trifluoperazine |
|                             | Cariprazine               | Loxapine        | Pimozide      | Ziprasidone     |
|                             | Chlorpromazine            | Lurasidone      | Quetiapine    |                 |
|                             | Clozapine                 | Molindone       | Risperidone   |                 |
| Benzodiazepines             | Alprazolam                | Estazolam       | Quazepam      |                 |
|                             | Chlordiazepoxide products | Flurazepam HCL  | Temazepam     |                 |
|                             | Clonazepam                | Lorazepam       | Triazolam     |                 |
|                             | Clorazepate-dipotassium   | Midazolam HCL   |               |                 |
|                             | Diazepam                  | Oxazepam        |               |                 |
| Nonbenzodiazepine hypnotics | Eszopiclone               | Zaleplon        | Zolpidem      |                 |
| Tricyclic antidepressants   | Amitriptyline             | Desipramine     | Nortriptyline |                 |
|                             | Amoxapine                 | Doxepin (>6 mg) | Protriptyline |                 |
|                             | Clomipramine              | Imipramine      | Trimipramine  |                 |

## Potentially Harmful Medications continued

### Potentially Harmful Drugs - Rate 2

| Description  | Prescription         |                 |                     |                            |
|--|----------------------|-----------------|---------------------|----------------------------|
| <b>H2 receptor antagonists</b>                           | Cimetidine           | Famotidine      | Nizatidine          | Ranitidine                 |
| <b>Anticholinergic agents, antihistamines</b>            | Prochlorperazine     | Promethazine    |                     |                            |
| <b>Anticholinergic agents, antihistamines</b>            | Carbinoxamine        | Triprolidine    | Dexbrompheniramine  |                            |
|  | Chlorpheniramine     | Cyproheptadine  | Dexchlorpheniramine |                            |
|  | Hydroxyzine          | Dimenhydrinate  | Doxylamine          |                            |
|  | Brompheniramine      | Diphenhydramine |                     |                            |
|  | Clemastine           | Meclizine       |                     |                            |
| <b>Anticholinergic agents, antispasmodics</b>            | Atropine             |                 | Dicyclomine         | Scopolamine                |
|  | Homatropine          |                 | Hyoscyamine         | Clidinium-chlordiazepoxide |
|  | Belladonna alkaloids |                 | Propantheline       |                            |
| <b>Anticholinergic agents, antimuscarinics (oral)</b>    | Darifenacin          | Flavoxate       | Solifenacin         | Trospium                   |
|  | Fesoterodine         | Oxybutynin      | Tolterodine         |                            |
| <b>Anticholinergic agents, anti-Parkinson agents</b>     | Benztropine          | Trihexyphenidyl |                     |                            |
| <b>Anticholinergic agents, skeletal muscle relaxants</b> | Cyclobenzaprine      | Orphenadrine    |                     |                            |
| <b>Anticholinergic agents, SSRIs</b>                     | Paroxetine           |                 |                     |                            |
| <b>Anticholinergic agents, antiarrhythmics</b>           | Disopyramide         |                 |                     |                            |

### Potentially Harmful Drugs - Selective NSAIDs and Nonaspirin NSAIDs Rate 3

| Description                   | Prescription         |  |                |                 |
|-------------------------------|----------------------|--|----------------|-----------------|
| <b>Cox-2 Selective NSAIDs</b> | Celecoxib            |  |                |                 |
| <b>Nonaspirin NSAIDs</b>      | Diclofenac potassium |  | Ketoprofen     | Naproxen sodium |
|                               | Diclofenac sodium    |  | Ketorolac      | Oxaprozin       |
|                               | Etodolac             |  | Meclofenamate  | Piroxicam       |
|                               | Fenoprofen           |  | Mefenamic acid | Sulindac        |
|                               | Flurbiprofen         |  | Meloxicam      | Tolmetin        |
|                               | Ibuprofen            |  | Nabumetone     |                 |
|                               | Indomethacin         |  | Naproxen       |                 |

## FUH Follow-Up After Hospitalization for Mental Illness

### Measure Definition:

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

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

The percentage of discharges for which the member received follow-up within 7 days of discharge.

**\*\*Visits on the same day as discharge do not meet criteria.**

### Billing Reference

#### Codes to Identify Follow-Up Visits With a Mental Health Practitioner

##### CPT

98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510

##### HCPCS

G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015

##### UBREV

510, 513, 515-517, 519-523, 526-529, 900, 902-904, 911, 914-917, 919, 982, 983

##### TCM CPT

99495, 99496

### OR

##### CPT

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

##### POS

WITH

2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72

All of the Above With or Without Telehealth modifier CPT: 95, GT

### Observation

##### CPT

99217-99220

### Partial Hospital/IOP

##### HCPCS

G410, G411, H0035, H2001, H2012, S2021, S9480, S9484, S9485

##### UBREV

905, 907, 912, 913

### Electroconvulsive Therapy

##### CPT

90870

##### ICD10PCS

GZB0ZZZ-GZB4ZZZ

##### UBREV

901

Any ECT code with POS code: 3, 5, 7, 9, 11-20, 22, 23, 33, 49, 50, 52, 53, 71, 72

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# IMA Immunizations for Adolescents

## Measure Definition:

The percentage of adolescents turning 13 years of age in the measurement year who received one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The

measure calculates a rate for each vaccine and two combination rates:

- Tdap and Meningococcal conjugate
- Tdap, Meningococcal conjugate and HPV

### Common Chart Deficiencies and Tips:

1. Participate in State Immunization registries, where available
2. Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations
3. Meningococcal recombinant serogroup B does NOT count
4. Educate teens and parents/guardians about the importance of these immunizations.

**Meningococcal Vaccine** - At least one meningococcal serogroups A, C, W, Y vaccine administered between the 11th and 13th birthday

**Tdap Vaccine** - administered between the 10th and 13th birthday

**HPV** - two HPV vaccines between the 9th and 13th birthday with at least 146 days between the doses OR three doses with different dates of service between the 9th and 13th birthday.

## Billing Reference

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

## Measure Exclusion Criteria:

Exclusion: Exclude children who had a contraindication for a specific vaccine.

| Exclusion Description                     | ICD-10 CM                    |
|---|------------------------------|
| Anaphylactic Reaction                     | T80.52XA, T80.52XD, T80.52XS |
| DTaP - Encephalopathy with Adverse-Effect | G04.32                       |
|   | WITH                         |
|   | T50.A15A, T50.A15D, T50.A15S |

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## LBP Use of Imaging Studies for Low Back Pain

### Measure Definition:

The percentage of members 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. This measure is for members aged 18-50 years old.

**\*Inverted Measure:** Numerator identifies appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

### Billing Reference

#### ICD-10 CM Diagnosis Uncomplicated Low Back Pain

M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-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, M54.340-M54.42, M54.5, M54.89, M54.9, M99.03-M99.04, M99.23 -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

| Description     | CPT  | UB Revenue   |
|-----------------|--|--|
| Imaging Studies | 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220 | 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972 |

### Measure Exclusion Criteria:

**Anytime in member's history:**

**Cancer, Major Organ Transplant, HIV**

**Any time during the 3 months prior to the diagnosis of low back pain:**

**Recent Trauma**

**Any time during the 12 months prior to low back pain diagnosis:**

**Neurological Impairment, Spinal Infection, IV Drug Use**

**Or 90 consecutive days of corticosteroid treatment any time during 12 months prior to the diagnosis of low back pain**

## LSC Lead Screening in Children

### Measure Definition:

The percentage of children turning 2 years of age in the measurement year who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

#### Common Chart Deficiencies and Tips:

1. Lead screening is considered late if performed after the child turns 2 years of age
2. A lead risk assessment does not satisfy the venous blood lead requirement for Medicaid members regardless of the risk score
3. Options exist for in-office lead testing, including blood lead analyzer and MedTox filter paper testing

### Billing Reference

| Description | CPT   |
|-------------|-------|
| Lead Tests  | 83655 |

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# MMA Medication Management for People With Asthma

## Measure Definition:

The percentage of members 5–64 years of age in the measurement year who were identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

## Billing Reference

| Description | ICD-10 CM  |
|-------------|--|
| Asthma      | 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 |

## Asthma Controller Medications

| Description                  | Prescriptions   |
|------------------------------|---|
| Antiasthmatic Combinations   | • Dyphylline-guaifenesin                              |
| Antibody Inhibitor           | • Omalizumab  |
| Anti-interleukin-5           | • Mepolizumab      • Reslizumab                       |
| Inhaled Steroid Combinations | • Budesonide-formoterol      • Fluticasone-salmeterol |
|                              | • Mometasone-formoterol      • Fluticasone-vilanterol |
| Inhaled Corticosteroids      | • Beclomethasone      • Flunisolide                   |
|                              | • Budesonide      • Fluticasone CFC free              |
|                              | • Ciclesonide      • Mometasone                       |
| Leukotriene Modifiers        | • Montelukast      • Zafirlukast      • Zileuton      |
| Methylxanthines              | • Theophylline  |

Members with any of these diagnoses, anytime in their history are excluded from this measure:

Acute Respiratory Failure, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis, or Other Emphysema

Also excluded are any members who had no asthma controller medications dispensed during the measurement year.

# OMW Osteoporosis Management in Women Who Had a Fracture

## Measure Definition:

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

## Billing Reference

| Description               | CPT                                    | HCPCS | ICD-10 PCS   |
|---------------------------|--|-------|--|
| Bone Mineral Density Test | 76977, 77078, 77080-77082, 77085-77086 | G0130 | BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 |

## FDA-Approved Osteoporosis Therapies

| Description    | Prescriptions               | HCPCS J         |
|----------------|-----------------------------|-----------------|
| Biphosphonates | Alendronate                 | Risedronate     |
|                | Alendronate-cholecalciferol | Zoledronic acid |
|                | Ibandronate                 |                 |
| Other agents   | Abaloparatide               | Raloxifene      |
|                | Calcitonin                  | Teriparatide    |
|                | Denosumab                   |                 |

## Additional Exclusion Criteria

Exclude from Medicare reporting members age 67 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 67 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

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# PBH Persistence of Beta-Blocker Treatment After a Heart Attack

## Measure Definition:

The percentage of members 18 years of age and older in the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

## Billing Reference

| Description | ICD-10 CM  |
|-------------|--|
| AMI         | I21.01-I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9 |

## Beta-Blocker Medications

| Description                      | Prescriptions                  |                                 |
|----------------------------------|--------------------------------|---------------------------------|
| Noncardioselective beta-blockers | Carvedilol                     | Propranolol                     |
|                                  | Labetalol                      | Timolol                         |
|                                  | Nadolol                        | Sotalol                         |
|                                  | Pindolol                       |                                 |
| Cardioselective beta-blockers    | Acebutolol                     | Bisoprolol                      |
|                                  | Atenolol                       | Metoprolol                      |
|                                  | Betaxolol                      | Nebivolol                       |
| Antihypertensive combinations    | Atenolol-chlorthalidone        | Hydrochlorothiazide-metoprolol  |
|                                  | Bendroflumethiazide-nadolol    | Hydrochlorothiazide-propranolol |
|                                  | Bisoprolol-hydrochlorothiazide |                                 |

## Measure Exclusion Criteria:

Patients identified as having an intolerance or allergy to beta-blocker therapy. Any of the following anytime during the member's history through 179 days after discharge:

Members with any of these diagnoses, anytime in their history are excluded from this measure:

History of Asthma, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Obstructive Chronic Bronchitis, Hypotension, Heart Block >1st degree, Sinus bradycardia, a medication dispensing event indicative of a history of asthma.

## Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

# PCE Pharmacotherapy Management of COPD Exacerbation

## Measure Definition:

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30, 2017 and who were dispensed appropriate medications. Two rates are reported:

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

## Billing Reference

| Description        | ICD-10 CM                 |
|--------------------|---------------------------|
| COPD               | J44.0, J44.1, J44.9       |
| Emphysema          | J43.0-J43.2, J43.8, J43.9 |
| Chronic Bronchitis | J41.0, J41.1, J41.8, J42  |

## COPD Medications

### Systemic Corticosteroids

| Description          | Prescriptions     |                    |
|----------------------|-------------------|--------------------|
| Glucocorticosteroids | Cortisone-acetate | Methylprednisolone |
|                      | Dexamethasone     | Prednisolone       |
|                      | Hydrocortisone    | Prednisone         |

### Bronchodilators

| Description                | Prescriptions             |                            |
|----------------------------|---------------------------|----------------------------|
| Anticholinergic Agents     | Albuterol-ipratropium     | Ipratropium                |
|                            | Aclidinium-bromide        | Tiotropium                 |
|                            | Umeclidinium              |                            |
| Beta 2-agonists            | Albuterol                 | Indacaterol-glycopyrrolate |
|                            | Arformoterol              | Levalbuterol               |
|                            | Budesonide-formoterol     | Mometasone-formoterol      |
|                            | Fluticasone-salmeterol    | Metaproterenol             |
|                            | Fluticasone-vilanterol    | Olodaterol-hydrochloride   |
|                            | Formoterol                | Olodaterol-tiotropium      |
|                            | Formoterol-glycopyrrolate | Salmeterol                 |
|                            | Indacaterol               | Umeclidinium-vilanterol    |
| Antiasthmatic combinations | Dyphylline-guaifenesin    |                            |

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## PPC Prenatal and Postpartum Care

### Measure Definition:

The percentage of deliveries of live births between November 6, 2017 and November 5, 2018. 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 as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.

**Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

#### Common Chart Deficiencies and Tips

1. C-section suture/staple removal appointment prior to 21 days after delivery does not meet measure criteria
2. Schedule postpartum follow-up visit for C-section patients before they leave after suture/staple removal.

### Billing Reference

#### Timeliness of Prenatal Care

##### Codes to Identify Prenatal Care Visit - Method 1

| Description                 | CPT/CPT II                               | HCPCS       |
|-----------------------------|--|-------------|
| Prenatal Bundled Services   | 59400, 59425, 59426, 59510, 59610, 59618 | H1005       |
| Stand Alone Prenatal Visits | 99500, 0500F, 0501F, 0502F               | H1000-H1004 |

##### Codes to Identify Prenatal Care Visits - Method 2

| CPT                                   | HCPCS        | UB Revenue |
|---------------------------------------|--------------|------------|
| 99201-99205, 99211-99215, 99241-99245 | T1015, G0463 | 0514       |

#### WITH One of the Following Diagnosis or Procedure Codes:

| Description         | CPT  | ICD-10 PCS                                 |
|---------------------|--|--|
| Obstetric Panel     | 80055, 80081   |  |
| Prenatal Ultrasound | 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 | BY49ZZZ, BY4BZZZ-BY4DZZZ, BY4FZZZ, BY4GZZZ |
| Pregnancy Diagnosis | ICD10CM  | O08.0-O9A519, Z03.71-Z36.9                 |

OR

A provider visit code WITH Toxoplasma Antibody, Rubella Antibody, Cytomegalovirus, and Herpes Simplex CPT:

|                            |              |                         |             |
|----------------------------|--------------|-------------------------|-------------|
| Toxoplasma Antibody        | 86777, 86778 | Rubella Antibody        | 86762       |
| Cytomegalo- virus Antibody | 86644        | Herpes Simplex Antibody | 86694-86696 |



**Codes to Identify Prenatal Care Visits - Method 2 continued**

**OR**

| Description  | CPT   |     | HCPCS | UB Revenue |
|--|-------|-----|-------|------------|
| <b>Provider Visit Code WITH Rubella Antibody and ABO CPT Code:</b> |       |     |       |            |
| Rubella Antibody   | 86762 | AND | ABO   | 86900      |

**OR**

| Description   | CPT   |     | HCPCS | UB Revenue |
|---|-------|-----|-------|------------|
| <b>Provider Visit WITH Rubella Antibody and Rh CPT:</b> |       |     |       |            |
| Rubella Antibody  | 86762 | AND | Rh    | 86901      |

**OR**

| Description  | CPT   |     | HCPCS        | UB Revenue            |
|--|-------|-----|--------------|-----------------------|
| <b>Provider Visit WITH Rubella Antibody and ABO/Rh CPT/LOINC Code:</b> |       |     |              |                       |
| Rubella Antibody CPT   | 86762 | AND | ABO/Rh LOINC | 77397-8, 882-1, 884-7 |

**Identifying Prenatal Care Visits - Method 3 - PCP**

A visit with the PCP during the first trimester can count as a prenatal visit if:  
 - a pregnancy diagnosis code is submitted on the same claim as the visit AND at least one of the services described above in method 2 is completed on the same or different date of service

**Postpartum Visit - Any of the following Meet Criteria**

| Description      | CPT/CPT II                           | ICD-10 CM                                       | HCPCS |
|------------------|--------------------------------------|---|-------|
| Postpartum Visit | 57170, 58300,<br>59430, 99501, 0503F | Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 | G0101 |

| Description       | CPT   | UB Rev | HCPCS  |
|-------------------|---|--------|--|
| Cervical Cytology | 88141-88143, 88147, 88148,<br>88150, 88152-88154, 88164-<br>88167, 88174, 88175 | 0923   | G0123, G0124, G0141, G0143-G0145,<br>G0147, G0148, P3000, P3001, Q0091 |

| Description                 | CPT  |
|-----------------------------|--|
| Postpartum Bundled Services | 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 |

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## PSA Non-Recommended PSA-Based Screening in Older Men

### Measure Definition:

The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

### Billing Reference

#### Exclusions

| Description   | ICD-10 CM                         |       |
|---|-----------------------------------|-------|
| Prostate Cancer   | C61, D07.5, D40.0, Z15.03, Z85.46 |       |
| Prostate Dysplasia  | N42.3-N42.32, N42.39              |       |
| Description   | CPT                               | HCPCS |
| A PSA test during the year prior to them measurement year, where laboratory data indicate an elevated result (>4.0 ng/mL) | 84153                             | G0103 |

Dispensed a prescription for a 5-alpha reductase inhibitor (Finasteride or Dutasteride) during the measurement year.

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# SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia

## Measure Definition:

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

### Common Chart Deficiencies and Tips:

1. Discuss and assess for possible side effects at each visit and address if an issue.

## Billing Reference

| Diagnosis                               | ICD-10 CM  |
|---|--|
| Schizophrenia                           | F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9  |
| Exclusions                              | ICD-10 CM  |
| Dementia Dx during the measurement year | F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83, |

Member did not have at least two antipsychotic medication dispensing events in the measurement year.

## Oral Antipsychotic Medications

| Description                               | Prescription               |                  |                 |                     |
|---|----------------------------|------------------|-----------------|---------------------|
| Miscellaneous antipsychotic agents (oral) | Aripiprazole               | Clozapine        | Lurasidone      | Quetiapine          |
|   | Asenapine                  | Haloperidol      | Molindone       | Quetiapine fumarate |
|   | Brexipiprazole             | Iloperidone      | Olanzapine      | Risperidone         |
|   | Cariprazine                | Loxapine         | Paliperidone    | Ziprasidone         |
| Phenothiazine antipsychotics (oral)       | Chlorpromazine             | Perphenazine     | Thioridazine    |                     |
|   | Fluphenazine               | Prochlorperazine | Trifluoperazine |                     |
| Psychotherapeutic combinations (oral)     | Amitriptyline-perphenazine |                  |                 |                     |
| Thioxanthenes (oral)                      | Thiothixene                |                  |                 |                     |

## Antipsychotic Injections

| Description                           | Prescription           |                        |
|---------------------------------------|------------------------|------------------------|
| Long-acting injections 28-days supply | Aripiprazole           | Olanzapine             |
|                                       | Fluphenazine decanoate | Paliperidone palmitate |
|                                       | Haloperidol decanoate  |                        |
| Long-acting injections 14-days supply | Risperidone            |                        |

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## SPC Statin Therapy for Patients with Cardiovascular Disease

### Measure Definition:

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

following rates are reported:

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

### Common Chart Deficiencies and Tips:

1. Review medication list at every visit.

## Diagnosis

Members are identified for this measure by event or diagnosis.

**Events:** Any of the following during the year prior to the measurement year:

Discharged from an inpatient setting with an MI diagnosis, CABG, PCI or other revascularization procedures.

**Diagnosis:** Members identified as having ischemic vascular disease during at least one OP visit or one IP encounter, during the measurement year and the year prior to the measurement year.

| Exclusions                                    | ICD-10 CM/PCS  |
|---|--|
| ESRD  | N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 5A1D60Z       |
| Cirrhosis                                     | K70.30, K70.31, K71.7, K74.3 - K74.5, K74.60, K74.69, P78.81 |
| Myalgia, myopathy, myositis or rhabdomyolysis | G72.0, G72.2, G72.9, M62.82, M79.1                           |

Pregnancy during the measure year or year prior

In vitro fertilization in the measurement year or the year prior

Dispensed a prescription for Clomiphene during the measurement year or the year prior

### Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

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## High and Moderate-Intensity Statin Medications

|                                   |                                  |                       |
|-----------------------------------|----------------------------------|-----------------------|
| High-intensity statin therapy     | Atorvastatin 40-80 mg            | Rosuvastatin 20-40 mg |
|                                   | Amlodipine-atorvastatin 40-80 mg | Simvastatin 80 mg     |
|                                   | Ezetimibe-simvastatin 80 mg      |                       |
| Moderate-intensity statin therapy | Atorvastatin 10-20 mg            | Pravastatin 40-80 mg  |
|                                   | Amlodipine-atorvastatin 10-20 mg | Lovastatin 40 mg      |
|                                   | Rosuvastatin 5-10 mg             | Fluvastatin XL 80 mg  |
|                                   | Simvastatin 20-40 mg             | Fluvastatin 40 mg bid |
|                                   | Ezetimibe-simvastatin 20-40 mg   | Pitavastatin 2-4 mg   |

## SPD Statin Therapy for Patients With Diabetes

### Measure Definition:

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

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

### Common Chart Deficiencies and Tips:

1. Review medication list at every visit .
2. Educate patients about the importance of medication compliance.

### Diagnosis

Members are identified for this measure claims/encounter data and pharmacy data. The members must have at least 2 outpatient visits or 1 acute inpatient encounter with the diagnosis of diabetes in the measurement year or the year prior. Or the member was dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior.

### Exclusion Criteria

During the year prior to the measurement year: Diagnosis of MI, CABG, PCI, other revascular procedure.

During the measurement year or year prior: Pregnancy, IVF, dispensed at least one Rx for Clomophene, ESRD or Cirrhosis.

During the measurement year: Myalgia, Myositis, Myopathy or Rhabdomyolysis.

In both the measurement year AND the year prior to the measurement year : IVD

### Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

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### Statin Medications

|                                   |                                  |                       |
|-----------------------------------|----------------------------------|-----------------------|
| High-intensity statin therapy     | Atorvastatin 40-80 mg            | Rosuvastatin 20-40 mg |
|                                   | Amlodipine-atorvastatin 40-80 mg | Simvastatin 80 mg     |
|                                   | Ezetimibe-simvastatin 80 mg      |                       |
| Moderate-intensity statin therapy | Atorvastatin 10-20 mg            | Pravastatin 40-80 mg  |
|                                   | Amlodipine-atorvastatin 10-20 mg | Lovastatin 40 mg      |
|                                   | Rosuvastatin 5-10 mg             | Fluvastatin XL 80 mg  |
|                                   | Simvastatin 20-40 mg             | Fluvastatin 40 mg bid |
|                                   | Ezetimibe-simvastatin 20-40 mg   | Pitavastatin 2-4 mg   |
| Low-intensity statin therapy      | Simvastatin 10 mg                | Lovastatin 20 mg      |
|                                   | Ezetimibe-simvastatin 10 mg      | Fluvastatin 20-40 mg  |
|                                   | Pravastatin 10-20 mg             | Pitavastatin 1 mg     |

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

### Measure Definition:

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

### Common Chart Deficiencies and Tips:

1. Order a diabetes screening test every year and check every visit to ensure that it has been completed.
2. Educate patients about the importance of the test.
3. Check at each visit for the completed test and reorder if not done.

### Billing Reference

| Diagnosis        | ICD-10 CM  |
|------------------|--|
| Schizophrenia    | F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9                                  |
| Bipolar Disorder | F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.0, F31.1-F31.13, F31.2-F31.32, F31.4-F31.64, F31.7-F31.78 |
| Test Description | CPT/CPT II Code  |
| Glucose Test     | 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951   |
| HbA1C Test       | 83036, 83037, 3044F-3046F  |

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# URI Appropriate Treatment for Children With Upper Respiratory Infection

## Measure Definition:

The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and *were not* dispensed an antibiotic.

\*Inverted Measure: Numerator identifies members who received an antibiotic; considered non-compliant for the intent of this measure.

## Billing Reference

### ICD-10-CM URI Diagnosis

J00, J06.0, J06.9

### ICD-10 CM Pharyngitis Diagnosis

J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91

## Measure Exclusion Criteria:

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

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# W15 Well-Child Visits in the First 15 Months of Life

## Measure Definition:

The percentage of members who turned 15 months old in the measurement year and had the following number of well-child visits with a PCP during their first 15 months of life:

No well-child visits

One well-child visit

Two well-child visits

Three well-child visits

Four well-child visits

Five well-child visits

Six well-child visits (**goal**)

The comprehensive well care visit includes:

- Health history - assessment of history of disease or illness and family health history
- Physical developmental history - assessment of specific age appropriate physical development milestones
- Mental development history - assessment of specific age appropriate mental development milestones
- Physical exam
- Health education/anticipatory guidance - guidance given in anticipation of emerging issues that a child/family may face

### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit -turn a sick visit into a well-child visit
3. Schedule next visit at the end of each appointment
4. Call parent/guardian to reschedule when a visit is missed
5. Educate parent/guardian regarding the need for so many visits during

## Billing Reference

| Description  | CPT                             | HCPCS        | ICD-10 CM                                 |
|--------------|---------------------------------|--------------|---|
| Office Visit | 99381-99382, 99391-99392, 99461 | G0438, G0439 | Z00.11-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9 |

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# W34 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

## Measure Definition:

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP in 2017.

The comprehensive well care visit includes:

- Health history - assessment of history of disease or illness and family health history
- Physical developmental history - assessment of specific age appropriate physical development milestones
- Mental development history - assessment of specific age appropriate mental development milestones
- Physical exam
- Health education/anticipatory guidance - guidance given in anticipation of emerging issues that a child/family may face

### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit -turn a sick visit into a well-child visit
3. Schedule next visit at end of each appointment
4. Call parent/guardian to reschedule when a visit is missed

## Billing Reference

| Description  | CPT                      | HCPCS        | ICD-10 CM                                  |
|--------------|--------------------------|--------------|--|
| Office Visit | 99382-99383, 99392-99393 | G0438, G0439 | Z00.121-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9 |

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

## Measure Definition:

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

### Common Chart Deficiencies and Tips:

1. BMI percentile or BMI percentile plotted on growth chart for members 3-17 years of age required to meet measure. BMI value alone does NOT meet compliance
2. Must include documentation indicating counseling for nutrition and

## Billing Reference

| Description                  | CPT         | HCPCS  | ICD-10 CM   |
|------------------------------|-------------|--|---|
| BMI Percentile               |             |  | Z68.51-Z68.54   |
| Nutrition Counseling         | 97802-97804 | G0270, G0271, G0447, S9449, S9452, S9470   | Z71.3   |
| Physical Activity Counseling |             | G0447 (face to face behavioral counseling for obesity—15 minutes) , S9451 (Exercise classes— non-physician provider) | Z02.5 (Sports physical)<br>Z71.82 (Exercise counseling) |

## Measure Exclusion Criteria:

Any diagnosis of pregnancy during the measurement year counts as an exclusion for this measure

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