

HEDIS Measure Definitions	What You Can Do	Coding/Tips
Well Child Visits — 3 age groups: <u>W15 - Well Child 15 months</u> Members 0-15 months of age with 6 comprehensive well child visits. Minimum of 6 well visits required by 15 months old <u>W34 - Well Child 3-6 years</u> Members 3-6 years of age with at least 1 comprehensive well child visits annually. Minimum of 1 visit required annually <u>AWC - Adolescent Well Care Visits</u> Members 12-21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually. Minimum of 1 required annually	Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam. Documentation MUST include ALL of the following: • A health history – assessment of member’s history of disease or illness and family health history • A physical development history- assessment of specific age appropriate physical development milestones • A mental development history – assessment of specific age-appropriate mental development milestones • A physical exam • Health education/anticipatory guidance – guidance given in anticipation of emerging issues that a child/family may face	ICD-10 CM Codes: Z00.11 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9, Z76.1-Z76.2, Z00.00-Z00.01 CPT Codes: 99381—99385, 99391 - 99395, 99461 HCPCS: G0438, G0439 Documentation that <u>Does NOT</u> count as compliant: • For Health History: notation of allergies or medications or immunization status alone. If all three are documented it meets health history • For Physical Development History: notation of appropriate for age without specific mention of development; ; notation of well-developed/nourished; tanner stage (except for adolescents—then it meets compliance) • For Mental Development History: notation of appropriately responsive for age; neurological exam; notation of well-developed • For Physical Exam—vital signs alone; for adolescent visits to an OB/GYN they do not meet compliance if the visit is limited to OB/GYN topics • For Health Education/Anticipatory Guidance - information regarding medications or immunizations or their side effects. Handouts given during a visit without evidence of discussion.
WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Children age 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity	Document height, weight and BMI <u>percentile</u>. Discussion and documentation of nutrition and physical activity during at least one office visit annually. Examples Nutrition— discussion of current nutrition behaviors; weight or obesity counseling Physical Activity—discussion of current physical activity behaviors, exercise routine, sports activities; sports physical, weight or obesity counseling	BMI ICD-10 CM Codes: Z68.51-Z68.54 <u>Nutrition Counseling</u> - ICD-10 CM Code: Z71.3 CPT Codes: 97802-97804 HCPCS: G0447, G0270, G0271, S9449, S9452, S9470 <u>Physical Activity Counseling</u> ICD-10 CM Code: Z02.5 (Sports physical) Z71.82 (Exercise counseling)
IMA - Immunizations in Adolescents Members who turned 13 years of age in the measurement year and received by age 13: Tdap vaccine—one dose between the 10th and 13th birthday Meningococcal Conjugate vaccine - one dose of meningococcal serogroups A,C,W, Y vaccine between the 11th and 13th birthday HPV—either two doses of HPV vaccine between the 9th and 13th birthday with at least 146 days between doses OR three doses with different dates of service between the 9th and 13th birthday.	Educate staff to schedule PRIOR to 13th birthday. Give call reminders for series vaccines Meningococcal recombinant (serogroup B) vaccines <u>Do Not Count</u>. Be sure your immunization claims and records are clear about which meningococcal was given! Document and submit claims timely with correct code. HPV rates are now reported for both females and males. Educate families on the importance of these immunizations.	Tdap CPT Code: 90715 CVX Code: 115 Meningococcal CPT Codes: 90734 CVX Codes: 108, 114, 136, 147, 167 HPV CPT Codes: 90649, 90650, 90651 CVX Codes: 62, 118, 137, 165

HEDIS Measure Definitions	What You Can Do	Coding/Tips
CIS/LCS - Childhood Immunization Status and Lead Screening in Children Children who received recommended vaccinations prior to second birthday. Children who had one or more lead blood test for lead poisoning by their second birthday. *Document parental refusal. *	Educate office staff to schedule appointments PRIOR to 2nd birthday. Call families to schedule appointments for those that are behind with their immunizations. Any vaccines after the age of 2 are considered late in HEDIS reporting. Educate parents/guardians regarding the importance of having their child immunized and keeping appointments. Immunizations recommended: 4 DTaP/DT, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus and 2 Influenza vaccines by the second birthday. Document in the medical record if member has evidence of the disease for which immunization is intended or if a contraindication to the vaccine exists. Lead screening test should be completed on all children before their second birthday. A lead risk questionnaire does not count - it must be a capillary or venous blood lead test.	Vaccine Codes DTaP CPT Codes: 90698, 90700, 90721, 90723 CVX Codes: 20, 50, 106, 107, 110, 120 IPV CPT Codes: 90698, 90713, 90723 CVX Codes: 10, 89, 110, 120 HiB CPT Codes: 90644-90648, 90698, 90721, 90748 CVX Codes: 17, 46 -51, 120, 148 HepB CPT Codes: 90723, 90740, 90744, 90747, 90748 CVX Codes: 08, 44, 45, 51, 110 HCPCS:G0010 PCV CPT Codes: 90670 CVX Codes: 133, 152 HCPCS: G0009 VZV CPT Codes: 90710, 90716 CVX Codes: 21, 94 MMR CPT Codes: 90707, 90710 CVX Codes: 03, 94 Measles CPT Code: 90705 CVX Code: 05 Measles/Rubella CPT Code: 90708 CVX Code: 04 Mumps CPT Code: 90704 CVX Code: 07 Rubella CPT Code: 90706 CVX Code: 06 Rotavirus 2 dose CPT Code: 90681 CVX Code: 119 Rotavirus 3 dose CPT Code: 90680 CVX Code: 116,122 HepA CPT Code: 90633 CVX Code: 31, 83, 85 Flu CPT Code: 90655, 90657, 90661, 90662, 90673, 90685 -90689 HCPCS: G0008 CVX Codes: 88, 135, 140, 141, 150, 153, 155, 158, 161 Live Attenuated influenza (Nasal): CVX Code: 111, 149 CPT Code: 90660, 90672 Lead Screening CPT Code: 83655
ADD - Follow-Up Care for Children Prescribed ADHD Medication Children 6-12 years of age, newly prescribed ADHD medication who had at least 3 follow-up visits within a 10 month period, one of which was within 30 days of when the ADHD medication was dispensed. Two rates are reported: Initiation Phase: A follow-up visit with a practitioner with prescribing authority during the 30 day initiation phase Continuation Phase: children that remained on the ADHD medication for at least 210 days, and in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office. Schedule the initial follow-up for 2-3 weeks after starting the medication. Explain to the parent/guardian the importance of follow-up care No refills unless the child has the initial follow-up visit After the initial follow-up visit, schedule at least 2 more visits over the next 9 months to check the child's progress Encourage parents/caregivers to ask questions about their child's ADHD One follow-up visit in the Continuation phase can also be completed via telephone Telephone Visit CPT Codes: 98966-98968, 99441-99443 or a Telehealth Modifier: 95, GT or Telehealth POS: 2 added to a visit code	BH Stand Alone OP Visit Codes CPT : 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510

HEDIS Measure Definitions	What You Can Do	Coding/Tips
URI - Appropriate Treatment for Upper Respiratory Infection Members age 3 months and older with a diagnosis of upper respiratory infection (URI) and that did NOT result in an antibiotic dispensing event.	Do not prescribe antibiotics for URI treatment. Document and submit all appropriate diagnosis on claims if more than one diagnosis is appropriate. A competing diagnosis of pharyngitis or other infection on the same date or 3 days after will exclude the member.	ICD-10 CM Codes : J00, J06.0, J06.9
CWP - Appropriate Testing for Children with Pharyngitis Members age 3 years and older where the member was diagnosed with pharyngitis, dispensed and antibiotic and received a group A strep test for the episode.	Before prescribing an antibiotic for a diagnosis of pharyngitis , perform a group A strep test. Document and submit claims for all appropriate diagnoses established at the visit Submit claim for in-office rapid strep test There are numerous comorbid condition and competing diagnoses exclusions for this measure.	Pharyngitis ICD-10 CM Codes: J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91 Group A Strep Tests CPT Codes: 87070, 87071, 87081, 87430, 87650-87652, 87880
AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis Members age 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not results in an antibiotic dispensing event. This measure used to be for adults only and now includes everyone ages 3 months and older	Treat acute bronchitis primarily with home treatments to relieve symptoms. Antibiotics don't usually help (viral). Of course, some patients have comorbid conditions and require antibiotics. These patients would be excluded from this measure reporting. A diagnosis of pharyngitis on the same day or in the 3 days after also exclude this member. Educate patients about overuse of antibiotics and resistance.	Acute Bronchitis or Bronchiolitis: ICD-10 CM Codes: J20.3-J20.9, J21.0-J21.1, J21.8-J21.9
CHL - Chlamydia Screening in Women Women 16-24 years of age who are identified as sexually active and had at least one Chlamydia test annually.	Assist with member education about STDs, transmission and the importance of testing. Perform routine urine test for Chlamydia, document and submit claims timely.	CPT Codes: 87110, 87270, 87320, 87490-87492, 87810
MMA– Medication Management for People With Asthma Members age 5-64, identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period (end of calendar year) Two rates reported: 1. Remained on asthma controller medication for at least 50% of the treatment period. 2. Remained on asthma controller medication for at least 75% of the treatment period.	Schedule regular follow-up for people with persistent asthma Patient education about benefits of medication compliance Order medications that are on the member's health plan formulary Exclusions—anytime in patient's history Acute Respiratory Failure ICD-10: J96.00-J96.02, J96.20-J96.22 Chronic Respiratory Conditions due to Fumes/Vapors ICD-10: J68.4 COPD ICD-10: J44.0, J44.1, J44.9 Cystic Fibrosis ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9 Emphysema ICD-10: J43.0-J43.2, J43.8-J43.9 Other Emphysema ICD-10: J98.2, J98.3	<u>Asthma Controller Medications</u> Antiasthmatic Combinations - Dyphylline-guaifenesin Antibody Inhibitor - Omalizumab Anti-interleukin-5 — Benralizumab, Mepolizumab, Reslizumab Inhaled Steroid Combinations - Budesonise-formoterol, Formoterol-mometasone, Fluticasone-salmeterol, Fluticasone-vilanterol Inhaled Corticosteroids - Beclomethasone, Budesonise, Ciclesonide, Flunisolide, Fluticasone, Mometasone Leukotriene Modifiers - Montelukast, Zafirlukast, Zileuton Methylxanthines - Aminophylline, Theophylline <u>Asthma Reliever Medications</u> Short-acting, inhaled beta-2 agonists - Albuterol, Levalbuterol
ABA - Adult BMI Assessment Documentation of body mass index (BMI) and weight annually or every other year in members 18—74 years of age.	Perform and document criteria of Ht/Wt/ BMI calculation at each visit or at least annually. Patients younger than 20 years old need to have a BMI percentile documented *Pregnant members are excluded from this measure*	ICD-10 CM Codes: BMI - Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45 BMI Percentile - Z68.51-Z68.54

HEDIS Measure Definitions	What You Can Do	Coding/Tips
CDC - Comprehensive Diabetes Care Members 18-75 years of age with diabetes should have each of the following: - HbA1C testing, - HbA1C control - Medical attention for nephropathy - Retinal eye exam (refer for exam) - Blood pressure control	Order screenings annually or more often as needed and educate members on importance of compliance with testing and medications. Include all current medications on the medication list. Be sure to indicate if a member is on an ACE/ARB medication Refer member to Optometrist or Ophthalmologist for Dilated Retinal Eye Exam annually. Explain why this is important and that it is different than an eye for glasses or contacts. Document Stage 4 chronic kidney disease or End State Renal Disease (ESRD) with appropriate codes: Stage 4 chronic kidney disease ICD-10 CM: N18.4 ESRD ICD-10 CM: N18.5, N18.6, Z91.15, Z99.2	Diabetes ICD-10 CM Codes: E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 HbA1c CPT Codes: 83036, 83037 CPTII HbA1C Result Codes HbA1c level less than 7.0: 3044F HbA1c level greater than 9.0: 3046F HbA1c level greater > or = 7 & < 8: 3051F HbA1c level greater > or = 8 & < 9: 3052F Urine Protein Tests - check annually, especially if not on an ACE/ARB medication CPT Codes: 81000-81003, 81005, 82042-82044, 84156 CPT II Codes: 3060F-3062F Blood Pressure CPT Codes: Systolic BP: < 130 3074F, 130-139 3075F ; >= to 140 3077F Diastolic BP: 80-89 3079F; < 80 3078F; >= 90 3080F
CBP - Controlling High Blood Pressure Members 18-85 years of age with a diagnosis of hypertension (HTN) and whose BP is adequately controlled (<140/90). - Blood pressure value CPT II codes are acceptable to meet compliance - BP readings taken from an electronic device and results were digitally stored and transmitted to the provider and interpreted by the provider, can be used	If BP elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and retake BP during exam. Make sure you use the correct size cuff. If using a automatic BP machine, record the actual number, do NOT round up. Schedule follow up visits to monitor effectiveness of BP medication.	ICD-10 CM Code: I10 Blood Pressure CPT Codes: Systolic BP: < 130 3074F, 130-139 3075F ; >= to 140 3077F Diastolic BP: 80-89 3079F; < 80 3078F; >= 90 3080F Exclusions: End Stage Renal Disease (ESRD) or a kidney transplant on or prior to December 31st of the measurement year or a diagnosis of pregnancy during the measurement year, would exclude someone from this measure.
Antidepressant Medication Management (AMM) Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. Two rates are reported: Effective Acute Phase: Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks) Effective Continuation Phase: Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)	Educate members that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions Stress that they should not stop medication abruptly or without consulting you first for assistance Schedule follow up appointments prior to patient leaving your office Outreach patients that cancel appointments and have not rescheduled Stress the importance of medication compliance.	ICD-10 CM Codes for Major Depression: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
ADV—Annual Dental Visit Members 2-20 years of age who had at least on dental visit during the measurement year.	Educate parents/guardians about the importance of brushing from an early age as well as dental visits as early as age 2 Ask when the last dental visit was and remind them to schedule one if they have not been.	Any claim with a dental practitioner during the measurement year meets compliance.