



Helpful HEDIS Documentation Tips for PCPs

HEDIS Measure Definitions	What You Can Do	Coding
New for some measures in measurement year 2020 - Telehealth. There are 3 types - see next column. Be sure to bill the appropriate codes to match the telehealth visit that occurred.	Synchronous telehealth visits— <i>Requires real-time interactive audio and video telecommunications.</i> A measure specification that is silent about telehealth includes synchronous telehealth. This is because telehealth is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code. Telephone visits- A measure will indicate when telephone visits are eligible for use by referencing the Telephone Visits Value Set. Asynchronous e-visits— Sometimes referred to as an e-visit or virtual check-in, is not “real-time” but still <i>requires two-way interaction between the member and provider.</i> Online Assessments Value Set.	Telehealth Modifier: 95, GT Telehealth POS: 02 Telephone Visit CPT: 98966-98968, 99441-99443 Online Assessment CPT: 989-98972, 99421-99423, 99444, 99458 Online Assessment HCPCS: G2010, G2012, G2061-G2063
*Exclusion note: The exclusions in the middle column apply to these measures: ART, BCS, CBP, CDC, PBH, SPC and SPD if the member was 66 years old by 12/31 of the measurement year.	- If enrolled in an institutional SNP or living in a long-term institution any time during the measurement year OR - If at least one claim for frailty AND specific claims for advanced illness or dispensed dementia medication. - Telephone visits and Asynchronous e-visits count towards these exclusions	*Additional exception for ART, CBP and PBH: Exclude members age 81 and older as of 12/31 of the measurement year that had at least one frailty claim.
AAP—Adults’ Access to Preventive/ Ambulatory Health Services Adults age 20 years and older who had an ambulatory or preventative care visit during the measurement year. Three age stratifications and total rate reported: 20-44 years 34-64 years 65 years and older Total	Telephone Visits and Asynchronous e-visits count towards this measure. Outreach patients that have not been seen to set up an appointment.	CPT: 99201-99205, 99211-99215, —241-99245, 99341-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483 92002, 92004, 92012, 92014, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337 HCPCS: G0402, G0438-G0439, G0463, T1015, S0620, S0621 ICD10CM: Z00.01, 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
ART— Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis Adults 18 or older who were diagnosed with rheumatoid arthritis and who were dispense at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year.	* See exclusion note above Telephone visits and Asynchronous e-visits can pull members in to this measure.	HCPCS Codes for some of the DMARD medications: J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515, J7516, J7517, J7518, J9250, J9260, J9310, J9311, J9312, Q5103, Q5104, Q5109
BCS - Breast Cancer Screening Women 52-74 years of age with one or more mammograms within the last 2 years (starting at age 50). * See exclusion note above	Educate women regarding the benefit of early detection of breast cancer through routine mammograms Encourage mammography to all women who are within measure age group. Submit the appropriate mastectomy code to exclude women from this measure if it is part of their history	Breast Cancer Screening Codes CPT Codes: 77055-77057, 77061-77063, 77066-77067 HCPCS G0202, G0204, G0206 Exclusions: Bilateral Mastectomy ICD-10CM : Z90.13 (history of bilateral mastectomy)

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CCS - Cervical Cancer Screening Women 21-64 years of age who were screened for cervical cancer using one of these criteria: - Women age 21-64 years who had cervical cytology performed within the last 3 years - Women age 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years - Woman age 30-64 who had cervical cytology and human papillomavirus (hrHPV) cotesting within the last 5 years.	Women who have had a total hysterectomy with no residual cervix are excluded. This must be documented in patient history or on the problem list. Notation of Pap test located in progress notes MUST include the lab results in order to meet NCQA® requirements. Reflex testing: performing HPV test <i>after</i> determining cytology result, does not count	Cervical Cytology CPT Codes: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 High Risk HPV Lab Test CPT Codes: 87620-87622, 87624-87625 HCPCS: G0476
PPC - Prenatal and Postpartum Care Women who delivered a live baby and received the following care: - prenatal care during 1st trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan - postpartum care between 7 –84 days after delivery. Telephone visits and Asynchronous e-visits count for this measure.	Educate office staff to schedule first appointment with the provider in the first trimester (asap if late entry to care). Documentation of a prenatal care visit must be by an OB/GYN, other prenatal care practitioner, or PCP. Visits to a PCP must include a diagnosis of pregnancy. Documentation by a registered nurse alone does not meet compliance for HEDIS. Explain the importance of and encourage attendance for the postpartum visit.	<u>Codes to Identify First Prenatal Visit</u> Prenatal Stand Alone Visit CPT Codes : 99500 CPT II Codes: 0500F, 0501F, 0502F HCPCS : H1000-H1004 Prenatal Bundled Services CPT Codes: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005 Or one of the following visit codes CPT Codes : 99201-99205, 99211-99215, 99241-99245, 99483 HCPCS T1015, G0463 With a code for a pregnancy diagnosis <u>Postpartum</u> CPT Codes 57170, 58300, 59430, 99501 CPT II Code: 0503F ICD-10 CM Codes: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 HCPCS: G0101 Postpartum Bundled Services CPT Codes: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 Or Any of the cervical cytology codes listed in the cervical cancer screening measure above.
CHL - Chlamydia Screening in Women Women 16-24 years of age who are identified as sexually active and have at least one Chlamydia test annually.	Educate women 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
CDC—Comprehensive Diabetes Care Members 18-75 years of age with diabetes should have each of the following: - HbA1C testing, - HbA1C control (A1C < 8) - Retinal eye exam (refer for exam) - Blood pressure control (<140/90) * See exclusion note on first page	Order screenings annually or more often as needed and educate member on importance of compliance with testing and medications. Refer member to Optometrist or Ophthalmologist for Dilated Retinal Eye Exam annually. Explain to patients why this is important and that it is different than an eye for glasses or contacts. Two event/diagnosis visits with a diabetes diagnosis may be telehealth. BP readings that are member-reported and/or taken with remote digital monitoring devices are now acceptable.	HbA1c CPT Codes: 83036, 83037 CPT II 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 Blood Pressure CPT Codes: Systolic BP: < 130 3074F, 130-139 3075F ; >= to 140 3077F Diastolic BP: 80-89 3079F; < 80 3078F; >= 90 3080F

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KED— Kidney Health Evaluation for Patients With Diabetes Members 18-85 years old with diabetes who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR), during the measurement year.	Educate members regarding diabetes effect on kidneys and the importance of these tests. Order all of the required testing components. Review for completion at each visit. Two event/diagnosis visits with a diabetes diagnosis may be telehealth. Telehealth pulls into diabetes measure.	Estimated Glomerular Filtration Rate Lab Test CPT Codes: 80047-80048, 80050, 80053, 80069, 82565 A uACR test is identified by both a Quantitative Urine Albumin Test AND a urine creatinine test with service dates four or less days apart. Quantitative Urine Albumin Test CPT Code: 82043 Urine Creatinine Lab Test CPT Code: 82570
CBP - Controlling High Blood Pressure Members 18-85 years of age with a diagnosis of hypertension (HTN) and have adequately controlled BP (<140/90) See exclusion note on first page Both event/diagnosis visits with a hypertension diagnosis may be telehealth.	If BP is elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and re-take BP during exam. Make sure you use the correct size cuff. If using a machine, record the actual number, do NOT round up. Schedule follow up visits to monitor effectiveness of BP medication. BP readings that are member-reported and/or taken with remote digital monitoring devices are now acceptable.	ICD-10 CM Code: I10 Blood pressure value CPT II codes are now acceptable to meet compliance Blood Pressure CPT Codes: Systolic BP: < 130 3074F, 130-139 3075F ; >= to 140 3077F Diastolic BP: 80-89 3079F; < 80 3078F; >= 90 3080F Optional 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 or a nonacute inpatient admission during the year.
PBH - Persistence of Beta-Blocker Treatment After a Heart Attack Members 18 years of age and older who were hospitalized and discharged with a diagnosis of AMI and received persistent beta-blocker treatment for six months after discharge. * See exclusion note on first page	Stress the importance of medication compliance and explain why they need to take a beta blocker at follow-up visits. Advise patient not to stop medication without talking with provider first. Consider ordering a 90 day supply if permitted by member's benefit.	ICD-10 Codes to Identify Exclusions: History of Asthma: J45.21-J45.998 COPD: J44.0, J44.1, J44.9 Chronic Respiratory Conditions due to Fumes/Vapors: J68.4 Hypotension: I95.0-I95.9 Heart Block > 1st degree: I44.1-I44.7, I45.0-I45.3, I45.6, I49.5 Unspecified Bradycardia: R00.1 Adverse effect of Beta-Adrenoreceptor Antagonists: T44.7X5A, T44.7X5D, T44.7X5S
SPR -Use of Spirometry Testing in the Assessment and Diagnosis of COPD Members age 40 years or older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry to confirm the diagnosis. Telephone visits & Asynchronous e-visits acceptable for step 1 event/diagnosis .	Educate members that are newly diagnosed with COPD or newly active COPD about the importance of spirometry testing. Testing look back period is 2 years prior to through 6 months after new diagnosis. Submit timely claims for spirometry testing performed in your office.	COPD ICD-10 Codes: J44.0, J44.1, J44.9 Chronic Bronchitis ICD-10CM: J41 .0, J41.1, J41.8, J42 Emphysema ICD-10 CM Codes: J43.0- J43.2, J43.8, J43.9 Spirometry CPT Codes: 94010, 94014-94016, 94060, 94070, 94375, 94620
LBP - Use of Imaging Studies for Low Back Pain Adults age 18-50 years old with a primary diagnosis of low back pain, who did not have an imaging study (plain x-ray, MRI or CT scan) within 28 days of the diagnosis. Telephone visits and Asynchronous e-visits add members to this measure.	Occasional uncomplicated low back pain in adults often resolves within the first 28 days. Imaging before 28 days is usually unnecessary. Exclusions to this measure- A diagnosis of HIV, major organ transplant or cancer any-time in the patients history - Diagnosis of trauma during the 3 months prior to dx of back pain - IV drug use, spinal infection or neurological impairment during the 12 months prior to the low back pain diagnosis. Above includes through 28 days after LBP DX 90 consecutive days of corticosteroid treatment any time 12 months prior to the dx of low back pain	ICD-10 CM Codes for 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, M54.40-M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M 99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

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Well Child Visits: <u>W30 - Well Child Visits in the First 30 Months of Life</u> Members 0-30 months of age with 6 comprehensive well child visits. Minimum of _ well visits required by 30 months old <u>WCV - Child and Adolescent Well Care Visits</u> Members 3 -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 New—Synchronous visits count	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: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 CPT Codes: 99381—99385, 99391 - 99395, 99461 HCPCS: G0438, G0439 , S0302 Telehealth Modifiers: 95, GT 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 New—Synchronous visits count	Document height, weight and BMI <u>per-centile at least annually.</u> Discussion and documentation of nutrition and physical activity during at least one office visit annually. <u>Examples</u> 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	<u>BMI</u> ICD-10 CM Codes: Z68.51-Z68.54 <u>Nutrition Counseling</u> CD-10 CM Code: Z71.3 CPT Codes: 97802-97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 <u>Physical Activity Counseling</u> ICD-10 CM Code: Z02.5 (Sports physical), Z71.82 (Exercise counseling) Telehealth Modifiers: 95, GT
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
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 tests 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. Any vaccines after the age of 2 are considered late in HEDIS reporting. Educate parents/guardians regarding the importance of having their child immunized as well as keeping appointments. Immunizations recommended: 4 DTaP, 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, 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, 90647-90648, 90698, 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, 90673, 90685 - 90689 HCPCS: G0008 CVX Codes: 88, 140, 141, 150, 153, 155, 158, 161 Live Attenuated influenza (nasal): only 1 of the 2 doses CPT Code: 90660, 90672 CVX Code: 111, 149 Lead CPT Code: 83655
ADV—Annual Dental Visit Members 2-20 years of age who had at least one dental visit during the measurement year. Telephone visits and Asynchronous e-visits count.	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.
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 first 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. Telephone visits count for both phases. In addition, Asynchronous visits count for second phase.	When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office. Explain to the parent/guardian the importance of follow-up care Schedule the initial follow-up for 2-3 weeks after starting the medication 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	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 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H220, M0064, T1015 UB REV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914 -0917, 0919, 0982, 0983 Observation Visit CPT Codes: 99217-99220 Health & Behavior Assessment/Intervention CPT Codes: 96150-96159, 96164-96168, 96170- 96171 Intensive OP encounter/Partial Hospitalization Codes HCPCS: G0410-0411, H0035, H2001, H2012, S0201, S9480, S9484-9485 UBREV: 905, 907, 912, 913 CPT codes that require a POS code: CPT : 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS : 2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72

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Antidepressant Medication Management (AMM) Patients 18 years of age and older who were newly 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). Telephone visits & Asynchronous e-visits acceptable for event/diagnosis	Educate patients 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
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. This measure used to be for children only and now includes everyone over age 3 months. Telephone visits and Asynchronous e-visits count for event/diagnosis.	Do not prescribe antibiotics for URI treatment. Document and submit 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 Pharyngitis Members age 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode. This measure used to be for children only and now includes everyone age 3 years and older. Telephone visits and Asynchronous e-visits count for event/diagnosis.	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 result in an antibiotic dispensing event. This measure used to be for adults only and now includes everyone ages 3 months and older. Telephone visits and Asynchronous e-visits count for event/diagnosis.	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

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PCE - Pharmacotherapy Management of COPD Exacerbation Members age 40 and older who had an acute IP discharge or ED visit with a diagnosis of COPD exacerbation and were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid (or evidence of an active prescription within 14 days of the event) 2. Dispensed a bronchodilator (or evidence of an active prescription) within 30 days of the event.	Schedule follow-up appointments with these members within a few days of their hospital discharge or ED visit Medication reconciliation is key Member education to include filling the prescriptions, appropriate use and side effects Order medications that are on the member's health plan formulary	Systemic Corticosteroids Glucocorticosteroids - Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone Bronchodilators Anticholinergic Agents - Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, Salmeterol Beta 2-agonists - Albuterol-ipratropium, Budesonide-formoterol, Dyphylline-guaifenesin, Fluticasone-furoate-umeclidinium-vilanterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-acilidium, Formoterol-glycopyrrolate, Formoterol-Mometasone, Indacaterol-glycopyrrolate, Olodaterol-hydrochloride, Olodaterol-tiotropium, Umeclidinium-vilanterol,
AMR—Asthma Medication Ratio 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. Four age bands and a total rate are reported: • 5–11 years. 19–50 years • 51-64 years 12–18 years. Telephone visits and Asynchronous e-visits with asthma diagnosis pull members into measure	Perform a thorough review of medications at each visit to ensure medication is being utilized Provide medication compliance education	Asthma ICD-10: J45.21-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 Exclusions to this measure: Emphysema ICD-10: J43.0-J43.2, J43.8-J43.9 Other Emphysema ICD-10: J98.2, J98.3 COPD ICD-10: J44.0, J44.1, J44.9 Chronic Respiratory Conditions due to Fumes/Vapors ICD-10: J68.4 Cystic Fibrosis ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9 Acute Respiratory Failure ICD-10: J96.00-J96.02, J96.20-J96.22
SSD—Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Patients 18 – 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test annually. Telephone visits and Asynchronous e-visits count.	Screen your patients with Schizophrenia or Bipolar Disorder that are taking antipsychotic medications for diabetes every year. Check at each visit for the completed test and reorder if not done. Explain to the patient the importance of completing lab work ordered	Glucose Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 HbA1C Test CPT: 83036, 83037 CPT II: 3044F, 3046F, 3051F-3052F
APM—Metabolic Monitoring for Children and Adolescents on Antipsychotic Medication Children and adolescents age 1 through 17 years who had 2 or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: • Blood glucose testing • Cholesterol testing • Blood glucose and cholesterol testing	As a PCP, you may not be the prescriber of the antipsychotic, but hopefully you are aware if a patient is taking one. If the BH provider prescribing the antipsychotic has not ordered metabolic screening, please do so. Stress the importance of completing the testing to the parent/guardian.	Glucose Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 HbA1C Test CPT: 83036, 83037; CPT II : 3044F, 3046F, 3051F-3052F LDL—C Test CPT: 80061, 83700, 83701, 83704, 83721 CPT II: 3048F - 3050F Cholesterol tests other than LDL CPT: 82465, 83718, 83722, 84478

HEDIS Measure Definitions	What You Can Do	Coding
SPC—Statin Therapy for Patients with Cardiovascular Disease Males age 21-75 and females age 40-75 during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and - Received Statin Therapy—had at least one high-intensity or moderate-intensity statin medication dispensed during the measurement year - Statin Adherence 80% - remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period Telephone visits & Asynchronous e-visits can pull member into measure.	Educate patients about the importance of statin therapy Educate patients on side effects and importance of reporting any side effects to you so their medication can be adjusted/changed if necessary Advise patients not to stop taking without consulting you Exclusions: ESRD, cirrhosis, myalgia, myopathy, myositis, or rhabdomyolysis. Pregnancy during the measurement year, IVF during the measurement year or year prior, or dispensed a prescription for clomiphene during the measurement year or year prior. * See exclusion note on first page for additional exclusions	High-intensity statin therapy Atorvastatin 40-80 mg Rosuvastatin 20-40mg Amlodipine-atorvastatin 40-80 mg Simvastatin 80mg Ezetimibe-simvastatin 80 mg Moderate-intensity statin therapy Atorvastatin 10-20 mg Lovastatin 40 mg Amlodipine-atorvastatin 10-20 mg Pravastatin 40-80mg Ezetimibe-simvastatin 20-40mg Fluvastatin 40 –80mg BID Pitavastatin 2-4 mg Simvastatin 20-40 mg Rosuvastatin 5-10mg
SPD—Statin Therapy for Patients with Diabetes Patients 40-75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and - Received Statin Therapy—had at least one statin medication of any intensity dispensed during the measurement year - Statin Adherence 80% - remained on a statin medication of any intensity for at least 80% of the treatment period Telephone visits & Asynchronous e-visits can pull member into measure.	Review medication list at every visit. Educate the patient why they are taking the medication, the relation between diabetes and potential effect it can have on the cardiovascular system and the importance of medication compliance Exclusions: During the year prior to the measurement year (MY): MI, CABG, PCI, other revascular procedure During the MY or year prior: Pregnancy, IVF, one Rx for Clomiphene, ESRD, Cirrhosis. During both the MY & year prior: IVD. During the MY: Myalgia, Myositis, Myopathy or Rhabdomyolysis.	The high and moderate intensity statins listed above are for this measure as well with one change to the dosage of Pitavastatin on the moderate intensity list. The dosage range is 1 –4mg The following low-intensity statins also pertain to this measure : Simvastatin 5 -10 mg Lovastatin 10 -20 mg Ezetimibe-simvastatin 10 mg Fluvastatin 20 mg Pravastatin 10-20 mg * See exclusion note on first page for additional exclusions
FMC—Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions The percentage of emergency department (ED) visits for patients 18 and older who have high-risk multiple chronic conditions and had a follow-up service within 7 days of the ED visit Telephone visits and Asynchronous e-visits count for follow-up service.	An ED visit that changes to a IP stay is not included in this measure. To be included in this measure, prior to the ED visit , the patient must have 2 or more of the chronic conditions listed during the measurement year or the year prior - identified by 2 OP visits, ED visits or non-acute IP admit or 1 acute IP stay : COPD. Asthma, Alzheimer’s disease and related disorders, Chronic kidney disease, Depression, Heart failure, Acute MI, Atrial fibrillation, Stroke and TIA.	In addition to an Outpatient Visit or BH visit code, the following are compliant codes for a follow-up visit within 7 days: Transitional Care Management:: CPT Code: 99495, 99496 Case Management Visit/Encounter: CPT code: 99366 HPCS: T1016, T1017, T2022, T2023 Complex Case Management Services: HPCS: G0506 CPT Code: 99487, 99489, 99490, 99419
Three Opioid Use Measures		
HDO—Use of Opioids at High Dosage The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year. Lower rate indicates better performance. Exclusions: Members with cancer, sickle cell disease or members receiving palliative care.	COU—Risk of Continued Opioid Use The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued use. Two rates reported: - Percentage of members with at least 15 days of prescription opioids in a 30 day period - Percentage of members with at least 31 days of prescription opioids in a 62 day period Lower rate indicates better performance. Exclusions: Members with cancer, sickle cell disease or members receiving palliative care.	UOP—Use of Opioids From Multiple Providers The proportion of members 18 year and older, receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates reported: - Multiple Prescribers—4 or more different prescribers during the measurement year - Multiple Pharmacies—4 or more different pharmacies during the measurement year - Multiple Prescribers & Multiple Pharmacies—4 or more of each Lower rate indicates better performance.

Telehealth Measures Quick Reference

Measure Abbreviation	Measure Name	Telehealth Criteria			Effect of Billing Telehealth		
		Syn-chronous	Tele-phone Visits	Asynchro-nous e-visits	Adds to Care re-ceived	Pulls into Measure	Adds to Exclu-sions
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		X	X		X	
AAP	Adults' Access to Preventive/Ambulatory Health Services		X	X	X		
ADD	Follow-up Care for Children Prescribed ADHD Medication		X	X	X		
ADV	Annual Dental Visit	X			X		
AMM	Antidepressant Medication Management		X	X		X	
AMR	Asthma Medication Ratio		X	X		X	
ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis		X	X		X	X
BCS	Breast Cancer Screening		X	X			X
CBP	Controlling High Blood Pressure		X	X	X	X	
CDC	Comprehensive Diabetes Care		X	X	X	X	X
CWP	Appropriate Testing for Pharyngitis		X	X		X	
FMC	Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions		X	X	X	X	
KED	Kidney Health Evaluation for Patients with Diabetes		X	X		X	
LBP	Use of Imaging Studies for Low Back Pain		X	X		X	
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack		X	X			X
PPC	Prenatal and Postpartum Care		X	X	X		
SPC	Statin Therapy for Patients with Cardio-vascular Disease		X	X		X	X
SPD	Statin Therapy for Patients with Diabetes		X	X		X	X
SPR	Use of Spirometry Testing in the Assess-ment and Diagnosis of COPD		X	X		X	
SSD	Diabetes Screening for People with Schiz-ophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication		X	X		X	X
URI	Appropriate Treatment for Upper Respir-atory Infection		X	X		X	
W30	Well-Child Visits in the First 30 Months of Life	X			X		
WCV	Child and Adolescent Well Care Visits	X			X		
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Chil-dren/Adolescents	X			X		