



HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION/DATA ELEMENTS	CPT/CPTII CODES
<p>Adult BMI Assessment</p> <p>Measure ID: ABA</p> <p><u>Description:</u> Percentage of body mass index (BMI) documented during the measurement year.</p> <p><u>Documentation Requirements:</u> EVERY VISIT</p> <p>Lines: Commercial Age: 18yrs - 74yrs</p>	<p>To be calculated and documented at every visit. For members younger than 18, documentation must include height and weight and be represented as a percentile.</p> <p>EXCLUSION: Members diagnosed as pregnant during the measurement year or year prior.</p>	<p>ICD-10 Codes Members 18 yrs & older:</p> <p>19 or less: Z68.1 - 20-20.9: Z68.20 21-21.9: Z68.21 - 22-22.9: Z68.22 23-23.9: Z68.23 - 24-24.9: Z68.24 25-25.9: Z68.25 - 26-26.9: Z68.26 27-27.9: Z68.27 - 28-28.9: Z68.28 29-29.9: Z68.29 - 30-30.9: Z68.30 31-31.9: Z68.31 - 32-32.9: Z68.32 33-33.9: Z68.33 - 34-34.9: Z68.34 35-35.9: Z68.35 - 36-36.9: Z68.36 37-37.9: Z68.37 - 38-38.9: Z68.38 39-39.9: Z68.39 - 40-44.9: Z68.41 50-59.9: Z68.43 - 60-69.9: Z68.44 70 or greater: Z68.45</p> <p>Members younger than 20: Z68.51- Z68.54</p>
<p>Adults' Access to Preventive/ Ambulatory Health Services</p> <p>Measure ID: AAP</p> <p><u>Description:</u> Members who had an ambulatory or preventive care visit within the measurement year.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Commercial Age: 20yrs & Older</p>	<p>One or more ambulatory or preventative care visits within the measurement year.</p>	<p>ICD-10: Z00.00, Z00.01, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79</p> <p>CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429</p> <p>HCPCS: G0402, G0438, G0439, G0463</p>
<p>Annual Monitoring for Patients on Persistent Medications</p> <p>Measure ID: MPM</p> <p><u>Description:</u> Members 18yrs of age & older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent (ACE) or (ARB) inhibitors, or a Diuretic & at least one therapeutic monitoring event for the therapeutic agent within the measurement year.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Commercial Age: 18yrs & Older</p>	<p>Member is identified as being prescribed ACE, ARB or a Diuretic and requires the member to have an annual lab screening tests for Creatinine and Potassium levels in addition to a Digoxin level in measurement year.</p>	<p>CPT codes</p> <p>Digoxin Level: 80162</p> <p>Lab Panel: 80047, 80048, 80050, 80053, 80069</p> <p>Serum Creatinine: 82565, 82575</p> <p>Serum Potassium: 80051, 84132</p>



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<p>Antidepressant Medication Management (Acute) Measure ID: AMM-Acute <u>Description:</u> <i>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 for at least 84 days (12 weeks)</i> <u>Documentation Requirements:</u> Measurement Year Lines: Age: Commercial 18yrs & Older</p>	<p>At least 84 days (12 weeks) of treatment with antidepressant medication, beginning on the prescription start date through 114 days (115 total days).</p>	<p><u>CPT codes:</u> 98960-98962, 99078, 99201-99205, 99211-99220, 99241-99245, 99341-99350, 99384-99387, 99394-99397, 99401-99401, 99411-99412, 99510. <u>HCPCS:</u> G0155, G0176, G0177, G0410, G0411, G0463, H0004, H0031, H0034- H0037, H0039, H0040, H2000, H2001, H2010- H2020, M0064, S0201, S9480, S9484, S9485, T1015.</p>
<p>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis Measure ID: AAB <u>Description:</u> <i>Members 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</i> <u>Documentation Requirements:</u> Measurement Year Lines: Age: Commercial 18yrs - 64yrs</p>	<p>Member not dispensed prescription for antibiotic medication on or 3 days after episodes date.</p>	<p><u>ICD-10 Codes:</u> J20.0 -J20.9, J40</p>
<p>Blood Pressure Control Measure ID: CBP or CDC9 <u>Description:</u> <i>BP reading taken in the office. Compliant BP of Systoli >140, Diastolic>90 for hypertensive & diabetic patients.</i> <u>Documentation Requirements:</u> EVERY VISIT Lines: Age: Commercial 18yrs - 75yrs</p>	<ul style="list-style-type: none"> • Progress notes • Vitals sheet 	<p>Systolic <130 3074F Systolic 130-139 3075F Systolic >=140 3077F</p> <p>Diastolic <80 3078F Diastolic 80-89 3079F Diastolic >=90 3080F</p>
<p>Breast Cancer Screening Measure ID: BCS <u>Description:</u> <i>Cancer prevention screening.</i> <u>Documentation Requirements:</u> Mammogram -Refer to Imaging Center between Oct. 1, 2017, and Dec. 31, 2019 Lines: Age: Commercial 50yrs - 74yrs</p>	<ul style="list-style-type: none"> • Diagnostic reports • Health history and physical • Radiology Report <p>Exclusion: Bilateral Masectomy</p>	<p><u>CPT/CPTII:</u> 77061-77063, 77065-77067 The following codes are valid for DOS prior to 12/31/2017: 77055-77057, G0202, G0204, G0206</p>



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<p>Cervical Cancer Screening Measure ID: CCS</p> <p><u>Description:</u> Cancer prevention screening.</p> <p><u>Documentation Requirements:</u> Women 21-64 cervical cytology = 3yrs Women 30-64 cervical cytology or HPV testing = 5yrs</p> <p>Lines: Age: Commercial 21yrs - 64yrs</p>	<ul style="list-style-type: none"> • Consultation reports • Health history and physical • Lab reports <p>Exclusion: Total abdominal hysterectomy</p>	<p>CPT/CPTII: Cervical Cytology 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175, G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000, P3001, Q0091</p> <p>HPV Test: 87620-87622, 87624-87625, G0476</p>
<p>Childhood Immunization Status Measure ID: CIS-10</p> <p><u>Description:</u> Members 2 years of age who had the following vaccines by their second birthday:</p> <ul style="list-style-type: none"> • Four (4) - (DTaP) vaccines • Three (3) - Polio (IPV) vaccines • One (1) - (MMR) vaccine • Three (3) - (HiB) vaccines • Three (3) - (HepB) vaccines • One (1) - (VZV) vaccine • Four (4) - (PCV) vaccines • One (1) - (HepA) vaccine • Two (2) or three (3) - (RV) vaccines • Two (2) - (flu) vaccines <p><u>Documentation Requirements:</u> By Age 2</p> <p>Lines: Age: Commercial 1mo - 2yrs</p>	<ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of the immunization or service, or • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. • For documented history of illness or a seropositive test result, there must be a note indicating the date of the event, which must have occurred on or before the member's second birthday. 	<p>DTaP CPT: 90698, 90700, 90721, 90723 IPV CPT: 90698, 90713, 90723 MMR CPT: 90707, 90710 Measles & Rubella CPT: 90708 Measles CPT: 90705 Mumps CPT: 90704 Rubella CPT: 90706 HiB CPT: 90644-90648, 90698, 90721, 90748 Hepatitis B CPT: 90723, 90740, 90744, 90747, 90748/ HCPCS: G0010 VZV CPT: 90710, 90716 Pneumococcal conjugate CPT: 90669, 90670/ HCPCS: G0009 Hepatitis A CPT: 90633 Rotavirus (2-3 dose schedules) CPT: 2 dose: 90681/ CPT: 3-dose: 90680 Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685-90688/ HCPCS: G0008</p>
<p>Chlamydia Screening in Women Measure ID: CHL</p> <p><u>Description:</u> Chlamydia screening. <i>Refer to Lab</i></p> <p><u>Documentation Requirements:</u> Every Year</p> <p>Lines: Age: Commercial 16yrs - 24yrs</p>	<ul style="list-style-type: none"> • Lab reports 	<p>CPT/CPTII: 87110, 87270, 87320, 87490-87492, 87810</p>



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<p>Comprehensive Diabetes Care HbA1c Control Measure ID: CDC</p> <p><u>Description:</u> <i>Diabetes Monitoring - Complete Lab Requisition form and refer to Lab</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Commercial 18yrs - 75yrs</p>	<ul style="list-style-type: none"> • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • Hemoglobin A1c 	<p>CPT/CPTII: HbA1c <7% = 3044F HbA1c 7 -9% = 3045F *HbA1c >9% = 3046F ** >9% not in-control **</p>
<p>Comprehensive Diabetes Care Microalbumin Measure ID: CDC</p> <p><u>Description:</u> <i>Microalbumin - Complete Lab Requisition form and refer to Lab</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Commercial 18yrs - 75yrs</p>	<ul style="list-style-type: none"> • Consultation reports • Lab reports 	<p>CPT/CPTII: 81000-81003, 81005, 82042-82044, 84156, 3060F-3062F,3066F, 4010F</p>
<p>Comprehensive Diabetes Care Eye Exam Measure ID: CDC, DRE</p> <p><u>Description:</u> <i>Diabetes Monitoring - Refer to Optometrist or Ophthalmologist</i></p> <p><u>Documentation Requirements:</u> Positive for Retinopathy = Annually Negative for Retinopathy = Every 2yrs</p> <p>Lines: Age: Commercial 18yrs - 75yrs</p>	<ul style="list-style-type: none"> • Bilateral eye enucleation or acquired absence of both eyes • Dilated or retinal eye exam • Fundus photography • Note: the presence or absence of retinopathy must be documented. 	<p>CPT: 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, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245</p> <p>CPTII: 2022F, 2024F,2026F 3072F Low Risk or Negative for Retinopathy 92250 - Fundus Photography</p>
<p>Colorectal Cancer Screening Measure ID: COL</p> <p><u>Description:</u> <i>Cancer prevention screening.</i></p> <p><u>Documentation Requirements:</u> Colonoscopy = 10yrs Colonography/Sigmoidoscopy = 5yrs FIT-DNA test = 2yrs FOBT = Every Year (LAB Test)</p> <p>Lines: Age: Commercial 50yrs - 75yrs</p>	<ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Health history & physical • Lab reports • Pathology reports 	<p>CPT/CPTII: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398</p> <p>Fit-DNA Test: 81528, G0464</p> <p>FOBT: 82270, 82274, G0328</p> <p>Sigmoidoscopy: 45330-45335, 45337-45342, 45345-45347, 45349-45350</p>



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<p>Immunization for Adolescents</p> <p>Measure ID: IMA, IMA-2</p> <p><u>Description:</u> Adolescents 13yrs of age and have had the following vaccines done by their 13th birthday.</p> <ul style="list-style-type: none"> • One (1) - (MCV) vaccine • One (1) - (Tdap) vaccine • Three (3) - (HPV) vaccines • Combo 1 - (Meningococcal, Tdap) • Combo 2 - (Meningococcal, Tdap, HPV) <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Commercial 13yrs old</p>	<p><u>IMMUNIZATION RECORDS:</u></p> <p>Meningococcal Vaccine- given between member's 11th and 13th birthday</p> <p>Tdap vaccine- given between member's 10th and 13th birthday</p> <p>HPV vaccine- 3 doses given between member's 9th and 13th birthday</p>	<p><u>Meningococcal Vaccine:</u> 90734</p> <p><u>Tdap Vaccine:</u> 90715</p> <p><u>HPV Vaccine:</u> 90649-90651</p>
<p>Osteoporosis Management in Women who Had a Fracture</p> <p>Measure ID: OMW</p> <p><u>Description:</u> Women ages 67–85 who suffered a fracture & who had a bone mineral density DEXA Scan or prescription drug to treat osteoporosis within 6mos of fracture.</p> <p><u>Documentation Requirements:</u> Within 6 months of Fracture</p> <p>Lines: Age: Commercial 67yrs - 85yrs</p>	<ul style="list-style-type: none"> • BMD Test • Osteoporosis therapies identified through pharmacy data • Lab results • Medication list <p>To comply with this measure, a member must be prescribed at least one of the following medications within 180 days of their discharge for a fracture:</p>	<p>CPT/CPTII: 76977, 77078, 77080-77082, 77085-77086, G0130</p> <p>ICD-10 Diagnosis: M84.40XA</p> <ul style="list-style-type: none"> • Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid • Abaloparatide • Calcitonin • Denosumab • Raloxifene • Teriparatide
<p>Prenatal Care</p> <p>Measure ID: PPC-Prenatal</p> <p><u>Description:</u> Prenatal: women who delivered (EDD) between November 6, 2018 and November 5, 2019 and who had a prenatal care visit in the 1st trimester, on date of enrollment, or within 42 days of enrollment in the health plan</p> <p><u>Documentation Requirements:</u> See Description Above</p> <p>Lines: Age: Commercial Pregnant Women</p>	<p>Prenatal Care Visit (First Trimester, on date of enrollment, or within 42 days of enrollment)</p> <ul style="list-style-type: none"> • ACOG • Progress notes with basic physical OB exam that includes auscultation for fetal heart tone or pelvic exam with OB observations or measurement of fundus height • Lab report - OB panel (must include all labs within the panel), TORCH antibody panel with an office visit. • Echography of a pregnant uterus/Pelvic ultrasound with an office visit • Documentation of LMP or EDD in conjunction with either: prenatal risk assessment and counseling/education or complete OB history. 	<p>CPT Delivery codes: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p> <p>Prenatal Care CPT Lab codes: Obstetric Panel: 80055, 80081 ABO: 86900 Cytomegalovirus Antibody: 86644 Herpes Simplex Antibody: 86694, 86695, 86696 Rh: 86901 Rubella Antibody: 86762 Toxoplasma Antibody: 86777, 86778 CPT Prenatal Ultrasound codes 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p>



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<p>Postpartum Care</p> <p>Measure ID: PPC_Postpartum</p> <p><u>Description:</u> Post-partum: women who delivered (EDD) between November 6, 2018 and November 5, 2019 and had a postpartum visit on or between 21 and 56 days after delivery</p> <p><u>Documentation Requirements:</u> See Description Above</p> <p>Lines: Commercial Age: Pregnant Women</p>	<p>Post-partum Visit (21-56 days after delivery)</p> <p>Progress note with documentation of:</p> <ul style="list-style-type: none"> • Pelvic exam • Evaluation of weight, BP, breast and abdomen • Any documentation of: Post-Partum Care, PP care, PP check, 6-week check, or a preprinted postpartum • Pap smear within post-partum timeframe 	<p>CPT Postpartum Visit: 57170, 58300, 59430, 99501</p> <p>CPT II: 0503F</p> <p>HCPCS: G0101</p>
<p>Rheumatoid Arthritis Management</p> <p>Measure ID: DMARD</p> <p><u>Description:</u> Members ages 18 & older who were diagnosed with rheumatoid arthritis & were dispensed at least one ambulatory prescription(s) for a disease-modifying anti-rheumatic drug (DMARD).</p> <p><u>Documentation Requirements:</u> Measurement Year for Diagnosed Patients</p> <p>Lines: Commercial Age: 65yrs & Older</p>	<p>To comply with this measure, a member must have at least one prescription during the measurement year for any of the following:</p>	<p>CPT/CPTII: 4187F</p> <p>ICD-10 Diagnosis: M06.9</p> <ul style="list-style-type: none"> • Sulfasalazine • Cyclophosphamide • Hydroxychloroquine • Auranofin • Leflunomide • Methotrexate • Penicillamine • Abatecept • Infliximab • Etanercept • Adalimumab • Anakinra • Golimumab • Certolizumab • Rituximab • Azathioprine • Cyclosporine • Mycophenolate • Minocycline
<p>Use of Spirometry Testing for COPD</p> <p>Measure ID: SPR</p> <p><u>Description:</u> Members age 40 & older with a new diagnosis of COPD or newly active COPD between 07/01/2018 and 06/30/2019 & received appropriate spirometry testing to confirm diagnosis.</p> <p><u>Documentation Requirements:</u> 2yr prior to COPD Diagnosis</p> <p>Lines: Commercial Age: 40yrs & Older</p>	<p>Documented Results of Spiromerty test</p>	<p>CPT: 94010, 94014, 94015, 94016, 94060, 94070, 94375, 94620</p>



HEDIS MEASURES AND REQUIREMENTS

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Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents

Measure ID: WCC-BMI, WCC-Nutr, WCC-PhyAct

Description:

Members 3-17 years of age who has an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile with height and weight documentation for Counseling for Nutrition & Counseling for Physical Activity; within measurement year.

Measurement Year

Documentation Requirements:

Measurement Year

Lines:

Commercial

Age:

3yrs - 17yrs

- BMI percentile documented as a value (e.g., 85th percentile).
- BMI percentile plotted on an age-growth chart.
- Documentation in the medical record must include a note indicating the date of the office visit and evidence at least one of the following:
 - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
 - Checklist indicating nutrition was addressed.
 - Counseling or referral for nutrition education.
 - Member received educational materials on nutrition during a face-to-face visit.
 - Anticipatory guidance for nutrition.
 - Weight or obesity counseling.
 - Counseling for Physical Activity
 - Physical Activity check list
 - Discussion of Physical Activities

BMI Percentile: Z68.51-Z68.54

Nutrition Counseling: Z71.3

Physical Activity Counseling: Z02.5, Z71.82

Nutrition Counseling: 97802-97804

Nutrition Counseling: G0270, G0271, G0447, S9449, S9452, S9470

Physical Activity Counseling: G0447, S9451

Physical Activity Counseling: ICD-10 Codes: Z02.5, Z71.82 HCPS: G0447, S9451

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

Measure ID: W34

Description:

Members 3-6 years of age who had one or more well-child visits with a PCP within calendar year.

Documentation Requirements:

Measurement Year

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

1. A health history (allergies, birth hx, family hx, status since last visit, hospitalizations).
2. A physical development history (diet, climbs stairs, rides tricycle.)
3. A mental development history (socialization, school readiness, vocabulary increasing).
4. A physical exam (vital signs & review of systems).
5. Health education/anticipatory guidance (completed Staying Healthy Assessment, car seat, seat belt use, diet, exercise, home safety, bike safety,

ICD-10: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9

CPT: 99381 - 99385, 99391 - 99395, 99461

HCPCS: G0438, G0439

Lines:

Commercial

Age:

3yrs - 6yrs