



DOCUMENTATION/DATA
ELEMENTS

CPT/CPTII CODES

HEDIS MEASURES AND REQUIREMENTS

<p>Preventative Physical Examination Assessment Codes and Procedures</p> <p>Physical Examination</p> <p>Lines: Commercial Age: 0-64 Yrs</p>	<p>Service is coded based on beneficiary age. Once per Calendar year. Face to Face Visit. Comprehensive, multisystem physical exam based on the patient's age, gender and identified risk factors. Includes system review, family and social history, comprehensive assessment. Is not problem oriented and does not involve a chief complaint or present illness.</p>	<p>ICD-10: Z00.00, Z00.01</p> <p>CPT: 99381-99384 (Ages 0-17) 99395 (Age 18-39) 99396 (Age 40-64)</p>
<p>Annual Monitoring for Patients on Persistent Medications</p> <p>Measure ID: MPM</p> <p><u>Description:</u> <i>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.</i></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 Digoxin Level: 80162 Lab Panel: 80047, 80048, 80050, 80053, 80069 Serum Creatinine: 82565, 82575 Serum Potassium: 80051, 84132</p>
<p>Antidepressant Medication Management (Acute)</p> <p>Measure ID: AMM-Acute</p> <p><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></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Commercial Age: 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>CPT codes: 98960-98962, 99078, 99201-99205, 99211-99220, 99241-99245, 99341-99350, 99384-99387, 99394-99397, 99401-99401, 99411-99412, 99510. HCPCS: 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</p> <p>Measure ID: AAB</p> <p><u>Description:</u> Members 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Commercial 18yrs - 64yrs</p>	<p>Member not dispensed prescription for antibiotic medication on or 3 days after episodes date.</p>	<p>ICD-10 Codes: J20.0 -J20.9, J40</p>
<p>Blood Pressure Control</p> <p>Measure ID: CBP or CDC</p> <p><u>Description:</u> BP reading taken in the office. Compliant BP of Systoli >140, Diastolic>90 for hypertensive & diabetic patients.</p> <p><u>Documentation Requirements:</u> EVERY VISIT</p> <p>Lines: Age: Commercial 18yrs - 75yrs</p>	<ul style="list-style-type: none"> • Progress notes • Vitals sheet • The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in. 	<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>Telephone Visit: 98966-68, 99441-43</p>
<p>Breast Cancer Screening</p> <p>Measure ID: BCS</p> <p><u>Description:</u> Cancer prevention screening.</p> <p><u>Documentation Requirements:</u> Mammogram -Refer to Imaging Center between Oct. 1, 2020, and Dec. 31, 2022</p> <p>Lines: Age: Commercial 50yrs - 74yrs</p>	<ul style="list-style-type: none"> • Diagnostic reports • Health history and physical • Radiology Report <p>Exclusion:</p> <ul style="list-style-type: none"> • Bilateral Masectomy • Two unilateral mastectomies • Absence of right or left brest • Advanced illness and Frailty 	<p>CPT/CPTII: 77061-77063, 77065-77067</p>
<p>Cervical Cancer Screening</p> <p>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 hystorectomy</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>



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<p>Childhood Immunization Status</p> <p>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: Commercial Age: 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</p> <p>IPV CPT: 90698, 90713, 90723</p> <p>MMR CPT: 90707, 90710</p> <p>Measles & Rubella CPT: 90708</p> <p>Measles CPT: 90705</p> <p>Mumps CPT: 90704</p> <p>Rubella CPT: 90706</p> <p>HiB CPT: 90644-90648, 90698, 90721, 90748</p> <p>Hepatitis B CPT: 90723, 90740, 90744, 90747, 90748/ HCPCS: G0010</p> <p>VZV CPT: 90710, 90716</p> <p>Pneumococcal conjugate CPT: 90669, 90670/ HCPCS: G0009</p> <p>Hepatitis A CPT: 90633</p> <p>Rotavirus (2-3 dose schedules) CPT: 2 dose: 90681/ CPT: 3-dose: 90680</p> <p>Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685-90688/ HCPCS: G0008</p>
<p>Chlamydia Screening in Women</p> <p>Measure ID: CHL</p> <p><u>Description:</u> Chlamydia screening. <u>Refer to Lab</u></p> <p><u>Documentation Requirements:</u> Every Year</p> <p>Lines: Commercial Age: 16yrs - 24yrs</p>	<ul style="list-style-type: none"> • Lab reports 	<p>CPT/CPTII: 87110, 87270, 87320, 87490-87492, 87810</p>
<p>Comprehensive Diabetes Care HbA1c Control</p> <p>Measure ID: CDC</p> <p><u>Description:</u> Diabetes Monitoring - <u>Complete Lab Requisition form</u> and <u>refer to Lab</u></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Commercial Age: 18yrs - 75yrs</p>	<ul style="list-style-type: none"> • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • Hemoglobin A1c <p>The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.</p>	<p>HbA1c CPT/CPTII:</p> <p>Less than 6.9% = 3044F</p> <p>Between 7.0-7.9% = 3051F</p> <p>Between 8.0-9.0% = 3052F</p> <p>Greater than 9.1% = 3046F</p> <p>>9.1% = NOT in-control</p>



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<p>Comprehensive Diabetes Care Microalbumin Measure ID: CDC <u>Description:</u> Microalbumin - <u>Complete Lab Requisition form and refer to Lab</u> <u>Documentation Requirements: Lab Results</u> Measurement Year Lines: Commercial Age: 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 Kidney Health Evaluation for Patients with Diabetes Measured ID: (KED) - <u>Complete Lab Requisition form and refer to Lab</u> <u>Documentation Requirements: Lab Results</u> Measurement Year Lines: Commercial Age: 18yrs-85yrs</p>	<p>Percentage of members ages 18-85 with diabetes (Type 1 and 2) who have had a kidney health evaluation in the measurement year. Both an eGFR and a uACR test are required on same or different dates of services. Lab Reports</p>	<p>CPT/CPTII: 80047, 80048, 80050, 80053, 80069, 82565 LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1</p>
<p>Comprehensive Diabetes Care Eye Exam Measure ID: CDC, DRE <u>Description:</u> Diabetes Monitoring - <u>Refer to Optometrist or Ophthalmologist</u> <u>Documentation Requirements:</u> Positive for Retinopathy = Annually Negative for Retinopathy = Every 2yrs Lines: Commercial Age: 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. • The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in. <p>Exclusion: • Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement yr. • Members receiving palliative care</p>	<p>CPT: 67028, 67030, 67031, 67036, 67039-67043,67101, 67105, 67107, 67108, 67110, 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 CPTII w/Retinopathy: 2022F, 2024F, 2026F Negative for Retinopathy: 2023F, 2025F, 2033F, 3072F Fundus Photography: 92250</p>



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<p>Colorectal Cancer Screening</p> <p>Measure ID: COL</p> <p><u>Description:</u> Cancer prevention screening.</p> <p>Documentation Requirements: Colonoscopy = 10yrs Colonography/Sigmoidoscopy = 5yrs FIT-DNA test = 2yrs FOBT = Every Year (LAB Test)</p> <p>Lines: Commercial Age: 50yrs - 75yrs</p>	<ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Health history & physical • Lab reports • Pathology reports <p>Exclusion:</p> <ul style="list-style-type: none"> • Diagnosis of Colorectal Cancer or total Colectomy • Advanced illness and Frailty • Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement yr. • Members receiving pallative care 	<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>
<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>Documentation Requirements: Measurement Year</p> <p>Lines: Commercial Age: 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>



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<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: Commercial Age: 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, 4005F</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 October 8, 2021 and October 7, 2022 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: Commercial Age: 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</p> <p>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, 2020 and November 5, 2021 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: Age:</p> <p>Commercial 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>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 07/01/2020 and 06/30/2021 & received appropriate spirometry testing to confirm diagnosis.</p> <p><u>Documentation Requirements:</u> 2yr prior to COPD Diagnosis</p> <p>Lines: Age:</p> <p>Commercial 40yrs & Older</p>	<p>Documented Results of Spirometry test</p>	<p>CPT: 94010, 94014, 94015, 94016, 94060, 94070, 94375, 94620</p>
<p>Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents</p> <p>Measure ID: WCC-BMI, WCC-Nutr, WCC-PhyAct</p> <p><u>Description:</u> 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.</p> <p>Measurement Year</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age:</p> <p>Commercial 3yrs - 17yrs</p>	<ul style="list-style-type: none"> • BMI percentile documented as a value (e.g., 85th percentile). • BMI percentile plotted on an age-growth chart. <p>Documentation in the medical record must include a note indicating the date of the office visit and evidence at least one of the following:</p> <ul style="list-style-type: none"> • 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 behavior 	<p>BMI Percentile: Z68.51-Z68.54</p> <p>Nutrition Counseling: Z71.3</p> <p>Physical Activity Counseling: Z02.5, Z71.82</p> <p>Nutrition Counseling: 97802-97804</p> <p>Nutrition Counseling: G0270, G0271, G0447, S9449, S9452, S9470</p> <p>Physical Activity Counseling: G0447, S9451</p> <p>Physical Activity Counseling: ICD-10 Codes: Z02.5, Z71.82</p> <p>HCPCS: G0447, S9451</p>



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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

Lines:
Commercial

Age:
3yrs - 6yrs

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, helmet use).

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