



HEDIS MEASURES AND REQUIREMENTS

DOCUMENTATION/DATA
ELEMENTS

CPT/CPTII CODES

<p>Adults' Access to Preventive/ Ambulatory Health Services</p> <p>Measure ID: AAP</p> <p><u>Description:</u> <i>Members who had an ambulatory or preventive care visit within the measurement year.</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Commercial 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> <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: Age: Commercial 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: 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>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>



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<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><u>ICD-10 Codes:</u> 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, 2019, and Dec. 31, 2021</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 breast • 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 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 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: Age: Commercial 1 mo - 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: Age: Commercial 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: Age: Commercial 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:</u> Measurement Year</p> <p>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 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</p> <p>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><u>Exclusion:</u></p> <ul style="list-style-type: none"> • 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>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</p> <p>CPTII w/Retinopathy: 2022F, 2024F, 2026F Negative for Retinopathy: 2023F, 2025F, 2033F, 3072F</p> <p>Fundus Photography: 92250</p>
<p>Colorectal Cancer Screening Measure ID: COL <u>Description:</u> Cancer prevention screening. <u>Documentation Requirements:</u> 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><u>Exclusion:</u></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 palliative care 	<p>CPT/CPTII: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 Fit-DNA Test: 81528, G0464 FOBT: 82270, 82274, G0328 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, 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 November 6, 2019 and November 5, 2020 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</p> <p>Cytomegalovirus Antibody: 86644</p> <p>Herpes Simplex Antibody: 86694, 86695, 86696</p> <p>Rh: 86901</p> <p>Rubella Antibody: 86762</p> <p>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, 2019 and November 5, 2020 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: Commercial Pregnant Women</p>	<p>Post-partum Visit (21-56 days after delivery) 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 CPT II: 0503F 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 07/01/2019 and 06/30/2020 & received appropriate spirometry testing to confirm diagnosis.</p> <p><u>Documentation Requirements:</u> 2yr prior to COPD Diagnosis</p> <p>Lines: Age: 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: 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 	<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 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