

HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
<p>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</p> <p>Measure ID: AAB</p> <p><u>Description:</u> Patients 3 months and older with a diagnosis of acute bronchitis/bronchiolitis between July 1 of the year prior to the measurement year through June 30 of the measurement year who were not dispensed an antibiotic medication on or 3 days after the episode.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 3mo & Older</p>	<p>Date of service from any outpatient, telephonic, e- visit or virtual check-in, an observation or ED visit with an acute bronchitis diagnosis and no new or refill prescription for an antibiotic medication in measurement year.</p>	<p><u>Acute Bronchitis ICD-10 codes:</u> J20.0-J20.9</p> <p><u>Outpatient CPT codes:</u> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347- 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99429, 99455, 99456</p> <p><u>HCPCS codes:</u> G0402, G0438,G0439, G0463, T1015</p> <p><u>Telephonic and Telehealth CPT codes:</u> 99443, 98966-98968, 99444, 99212-99215, 99201-99205</p>
<p>Follow-Up Care for Children Prescribed ADHD Medication</p> <p>Measure ID: ADD</p> <p><u>Description:</u> Children 6-12 years newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed</p> <p><u>Documentation Requirements:</u> Within listed Timeframes (See Above)</p> <p>Lines: Age: Medi-Cal 6yrs - 12yrs</p>	<ul style="list-style-type: none"> • Initiation Phase: members who had an ambulatory prescription dispensed for ADHD medication, and had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. • Continuation and Maintenance (C&M) Phase: members who remained on the medication for at least 210 days (7 months) and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits a practitioner within 270 days (9 months) after Initiation Phase Ended. 	<p><u>ADD Stand Alone Visits Value Set CPT CODES:</u> 96150-96154, 98960-98962, 99078, 99201- 99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510</p> <p><u>HCPCS:</u> G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p><u>ADD Visits Group 1 Value Set CPT:</u> 90791, 90792, 90832-90834, 90836, 90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p><u>ADD Visits Group 2 Value Set CPT:</u> 99221-99223, 99231- 99233, 99238, 99239, 99251-99255</p> <p><u>Outpatient:</u> CPT 99391-99394</p> <p><u>Telephonic and Telehealth:</u> CPT 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205</p> <p><u>Online Assessment (e-visit/virtual check-in) CPT/CPT II</u> 98969-72, 99421-23, 99444, 99457</p> <p><u>HCPCS</u> G0071, G2010, G2012, G2061, G2062, G2063</p>
<p>Antidepressant Medication Management (Acute)</p> <p>Measure ID: AMM-Acute</p> <p><u>Description:</u> 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)</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 18yrs & Older</p>	<p>Evidence from claim/encounter data:</p> <ul style="list-style-type: none"> • Diagnosis of major depression and date of the earliest dispensing event for an antidepressant medication • Calendar days covered with prescriptions within the specified 84 days (12 weeks) measurement interval based on pharmacy claims. 	<p><u>Major depression ICD-10 codes:</u> F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p> <p><u>AMM Stand Alone Visits CPT codes:</u> 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510</p> <p><u>HCPCS codes:</u> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</p>

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<p>Antidepressant Medication Management (Continuation) Measure ID: AMM-CONT</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 180 days (6 months)</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age Medi-Cal 18yrs & Older</p>	<p>Evidence from claim/encounter data:</p> <ul style="list-style-type: none"> • Diagnosis of major depression and date of the earliest dispensing event for an antidepressant medication • Calendar days covered with prescriptions within the specified 180-day (6-month) measurement interval based on pharmacy claims. 	<p>AMM Visits CPT codes: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ED CPT codes: 99281-99285</p> <p>Telephonic and Telehealth CPT codes: 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205</p> <p>CPT Modifier codes for telehealth: 95, GT, 02</p>
<p>Asthma Medication Ratio Measure ID: AMR</p> <p><u>Description:</u> <i>Patients 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 measurement year.</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 5yrs - 64yrs</p>	<p>Patients who have a medication ratio of 0.50 or greater during the measurement year that calculate the ratio below:</p> <ul style="list-style-type: none"> • For each Patient, count the units of asthma controller medications dispensed during the measurement year. (Step 1) • For each Patient, count the units of asthma reliever medication dispensed during the measurement year. (Step 2) • For each Patient, sum the units calculated in step 1 and 2 to determine units of total asthma medications. (Step 3) • For each Patient, calculate the ratio of controller medications to total asthma medications using the following formula. Units of Controller Medications in step 1 / Units of Total Asthma Medications in step 3. (Step 4) • Sum the total number of Patients who have a ratio of 0.50 or greater in step 4. 	<p>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, J45.991, J45.998</p> <p>ED visit: CPT 99281-99285</p> <p>Acute inpatient visit: CPT 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291</p> <p>Outpatient visit: CPT 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 / HCPCS G0402, G0438, G0439, G0463, T1015</p> <p>Observation visit: CPT 99217-99220</p> <p>Telephonic and Telehealth: CPT 98966-98968, 99441-99443, 99212-99215, 99201-99205</p> <p>Online Assessments (e-visits or virtual check-ins): CPT 98969-98972, 99421-99423, 99444; 99458/ HCPCS G2010, G2012, G2061-G2063</p> <p>Outpatient telehealth visit: POS 02; Modifier 95, GT</p>
<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics Measure ID: APM</p> <p><u>Description:</u> <i>Children and adolescents ages 1-17 who had two or more antipsychotic prescriptions and had metabolic testing.</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 1yrs - 17yrs</p>	<p>Medical Record Detail Including, But Not Limited to:</p> <ul style="list-style-type: none"> • Glucose test or HbA1c test and • Cholesterol test other than low-density lipoprotein (LDL) or LDL-C test 	<p>Glucose lab testing CPT Codes: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1c lab testing CPT Codes: 83036, 83037</p> <p>HbA1c test result or finding CPT Cat. II: 3044F, 3046F, 3051F, 3052F</p> <p>LDL-C testing CPT Codes: 80061, 83700, 83701, 83704, 83721</p> <p>LDL-C test result or finding CPT Cat. II: 3048F-3050F</p> <p>Cholesterol lab testing CPT Codes: 82465, 83718, 83722, 84478</p>

HEDIS STAR MEASURE AND REQUIREMENTS

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CPT/CPTII CODES

<p>Breast Cancer Screening</p> <p>Measure ID: BCS</p> <p><u>Description:</u> <i>Women 50-74 years of age who have had one or more mammograms any time on or between October 1, two years prior to the measurement year and December 31 of the measurement year.</i></p> <p><u>Documentation Requirements:</u> Mammogram between Oct. 1, 2019, and Dec. 31, 2021</p> <p>Lines: Age: Medi-Cal 50yrs - 74yrs</p>	<p>Document date of mammogram along with proof of completion:</p> <ul style="list-style-type: none"> • Providing results or findings will indicate screening was ordered and completed • Screening Mammography between 10/1/2019 - 12/31/2021 • Digital Breast Tomosynthesis between 10/1/2019 - 12/31/2021 	<p>Mammography: CPT 77055–77057, 77061–77063, 77065–77067; HCPCS G0202, G0204, G0206</p>
<p>Controlling Blood Pressure</p> <p>Measure ID: CBP</p> <p><u>Description:</u> <i>Patients 18-85 years of age:</i></p> <ul style="list-style-type: none"> • Who had at least two visits on different dates of service with a diagnosis of hypertension (HTN) on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. • Whose BP was adequately controlled (<140/90 mm Hg) in measurement year. <p><u>Documentation Requirements:</u> EVERY VISIT</p> <p>Lines: Age: Medi-Cal 18yrs - 85yrs</p>	<p>Notation of the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record during the measurement year.</p> <ul style="list-style-type: none"> - BP reading must occur on or after the date when the second diagnosis of hypertension occurred. - BP readings taken and reported by member using any digital device and reported or transmitted to the provider are acceptable. <p>(Note: ALWAYS recheck BP if initial reading is at or > 140/90 mm Hg)</p>	<p>Hypertension: ICD-10: I10</p> <p>Systolic: CPT II 3074F, 3075F, 3077F</p> <p>Diastolic: CPT II 3078F, 3079F, 3080F</p> <p>Remote blood pressure monitoring: CPT 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p>Outpatient visit: CPT 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483/ HCPCS G0402, G0438, G0439, G0463, T1015</p> <p>Telephone visit: CPT 98966–98968, 99441–99443, 99444, 99212–99215, 99201-99205.</p> <p>Online assessment (e-visit or virtual check-in): CPT 98969–98972, 99421–99423, 99444, 99458</p> <p>HCPCS G2010, G2012, G2061, G2062, G2063</p>
<p>Cervical Cancer Screening</p> <p>Measure ID: CCS</p> <p><u>Description:</u> <i>Women ages 21–64 who were screened for cervical cancer using either of the following criteria:</i></p> <ul style="list-style-type: none"> • Women ages 21–64 who had cervical cytology performed in the measurement year or two years prior • Women ages 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in the measurement year or four years prior. The woman must have been at least age 30 on the date of the test. • Women ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measurement year or four years prior <p><u>Documentation Requirements:</u> Women 21-64 cervical cytology = 3yrs Women 30-64 cervical cytology with HPV co-testing = 5yrs</p> <p>Lines: Age: Medi-Cal 21yrs - 64yrs</p>	<p>Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> • A note indicating the date when the cytology or cervical cytology and HPV co-testing was performed and • The result or the finding. <p>(Documentation of a "hysterectomy" alone does not count. Do not count lab results that explicitly state the sample was inadequate or that "no cervical cells were present" this is not considered appropriate screening. Tests must have results to ensure that the screenings were completed and not merely ordered)</p>	<p>Cervical Cytology CPT: 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175</p> <p>Cervical Cytology HCPCS: G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Tests CPT: 87620–87622, 87624, 87625</p> <p>HPV Tests HCPCS: G0476</p>



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<p>Comprehensive Diabetes Care HbA1c Control Measure ID: CDC-HbA1c</p> <p><u>Description:</u> Patients 18-75 years of age with diabetes (Type 1 & 2) who had an HbA1c lab test during the measurement year that showed their blood sugar:</p> <ul style="list-style-type: none"> HbA1c good Control (< 8.0%) HbA1c under Control (≤ 9.0%) <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 18yrs - 75yrs</p>	<ul style="list-style-type: none"> Date of the most recent HbA1c test and the result A1c, HbA1c, HgbA1c Glycohemoglobin Glycohemoglobin A1c Glycated hemoglobin Glycosylated hemoglobin Hemoglobin A1c 	<p>HbA1c Tests CPT: 83036, 83037 HbA1c Test CPT II: 3044F, 3046F, 3051F, 3052F CPT Telephonic and Telehealth codes: 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205 CPT Modifier codes for telehealth: 95, GT, 02 Online Assessment (e-visit/virtual check-in): CPT 98969-72, 99421-23, 99444, 99457 HCPCS G0071, G2010, G2012, G2061, G2062, G2063</p>
<p>Comprehensive Diabetes Care Blood Pressure Control (<140/90 mmHg) Measure ID: CDC</p> <p><u>Description:</u> Patients 18-75 years of age with diabetes (Type 1 & 2) who have a blood pressure (BP) reading of <140/90 mmHg in the measurement year.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 18yrs - 75yrs</p>	<ul style="list-style-type: none"> The most recent BP reading during an outpatient visit or a nonacute inpatient encounter in measurement year (For multiple blood pressure reading taken on the same day use the lowest systolic and lowest diastolic BP. ALWAYS recheck BP if initial reading is at or > 140/90 mm Hg) BP readings taken and reported by member using any digital device and reported or transmitted to the provider are acceptable. <p>(Note: BP reading taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope does not meet criteria)</p>	<p>BP Testing CPT Codes: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F CPT Telephonic and Telehealth codes: 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205 CPT Modifier codes for telehealth: 95, GT, 02 Online Assessment (e-visit/virtual check-in): CPT 98969-72, 99421-23, 99444, 99457 HCPCS G0071, G2010, G2012, G2061, G2062, G2063</p>
<p>Comprehensive Diabetes Care Retinal Eye Exam Measure ID: CDC, DRE</p> <p><u>Description:</u> Patients 18-75 years of age with diabetes (Type 1 & 2) who had any one of the following:</p> <ul style="list-style-type: none"> Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year Bilateral eye enucleations any time during their history through December 31 of the measurement year <p><u>Documentation Requirements:</u> Positive for Retinopathy = Annually Negative for Retinopathy = Every 2yrs</p> <p>Lines: Age: Medi-Cal 18yrs - 75yrs</p>	<ul style="list-style-type: none"> A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in measurement year A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior Bilateral eye enucleation anytime during the patient's history through December 31, in measurement year A note or letter from an ophthalmologist, optometrist, PCP or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional, the date when the procedure was performed and the results A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results (Note: Notation limited to a statement that indicates "diabetes without complications" does not meet criteria) 	<p>Diabetic Retinal Screening CPT Codes: 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, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 Diabetic Retinal Screening HCPCS: S0620, S0621, S3000 Diabetic Retinal Screening with Eye Care Professional: 2022F, 2024F, 2026F Diabetic Retinal Screening Negative 3072F CPT Telephonic and Telehealth codes: 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205 CPT Modifier codes for telehealth: 95, GT, 02 Online Assessment (e-visit/virtual check-in): CPT 98969-72, 99421-23, 99444, 99457 HCPCS G0071, G2010, G2012, G2061, G2062, G2063</p>

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<p>Chlamydia Screening in Women</p> <p>Measure ID: CHL</p> <p><u>Description:</u> Women 16-24 years of age who were identified as a sexually active and who tested for chlamydia during the measurement year. Exclusions: Women who are pregnant, in hospice, received palliative care during the measurement year are excluded.</p> <p><u>Documentation Requirements:</u> Every Year</p> <p>Lines: Age: Medi-Cal 16yrs - 24yrs</p>	<ul style="list-style-type: none"> • Lab reports, complete Lab Requisition form and refer to Lab. • Document date of Chlamydia test result in measurement year. 	<p>Chlamydia Tests CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p> <p>Pregnancy Tests CPT Codes: 81025, 84702, 84703</p> <p>Sexual Activity HCPCS Codes: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, H1000, H1001, H1003-H1005, P3000, P3001, Q0091, S0199, S4981, S8055</p>
<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: Medi-Cal 1 mo - 2yrs</p>	<p>Documentation must include any of the following: Specific for: MMR, HepB, VZV, and HepA</p> <p>1. Evidence of the antigen or combination vaccine (include specific dates)</p> <p>2. Documented history of the illness</p> <p>3. A seropositive test result</p> <p>Specific for: DTaP, HiB, IPV, PCV, rotavirus, and influenza</p> <p>1. Evidence of the antigen or combination vaccine (include specific dates) OR</p> <p>2. Notation indicating contraindication for a specific vaccine:</p> <ul style="list-style-type: none"> • Any Particular Vaccine: Anaphylactic reaction to the vaccine or its components • DTaP: Encephalopathy with a vaccine adverse-effect code. • MMR, VZV, and Influenza: <ul style="list-style-type: none"> - Immunodeficiency. - HIV - Anaphylactic reaction to neomycin - Lymphoreticular cancer, Multiple Myeloma, or Leukemia • Rotavirus: <ul style="list-style-type: none"> - Severe combined immunodeficiency - History of intussusception <p>OR</p> <p>3. Notation indicating contraindication for a specific vaccine: (Use designated Value Set for each)</p> <ul style="list-style-type: none"> • IPV: Anaphylactic reaction to streptomycin, polymyxin B or neomycin • Hepatitis B: Anaphylactic reaction to common baker's yeast 	<p>DTaP CPT: 90698, 90700, 90723</p> <p>IPV CPT: 90698, 90713, 90723</p> <p>Measles, Mumps and Rubella(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</p> <p>ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.0, B19.11/</p> <p>Newborn Hepatitis B: ICD-10 3E0234Z/ HCPCS: G0010</p> <p>VZV CPT: 90710, 90716/ HCPCS: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9</p> <p>PCV CPT: 90670/ HCPCS: G0009</p> <p>Hepatitis A CPT: 90633/ HCPCS: B15.0, B15.9.</p> <p>Rotavirus CPT 1 dose: 90680, 90681/ 2dose: 90681/ 3dose: 90680</p> <p>Influenza CPT: 90655, 90657, 90660, 90661, 90662, 90673, 90672, 90685-90689/ HCPCS G0008</p>

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<p>Colorectal cancer screening</p> <p>Measure ID: COL</p> <p><u>Description:</u> Patients 50-75 years of age who had one or more appropriate screenings for colorectal cancer.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 50yrs - 75yrs</p>	<p>Documentation in the medical record must include a note indicating the date the colorectal cancer screening was performed. Appropriate screenings are defined by any of the following:</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test (FOBT); guaiac (gFOBT) or immunochemical FIT: in Measurement year • Flexible sigmoidoscopy: performed in Measurement year or four years prior. • Colonoscopy: in Measurement year or nine years prior. • CT colonography: performed in Measurement year or four years prior. • FIT-DNA Test or Cologuard: report in Measurement year or two years prior. 	<p>FOBT CPT codes: 82270, 82274/ HCPCS codes: G0328 Flexible Sigmoidoscopy CPT codes: 45330-45335, 45337-45342, 45345-45347, 45349, 45350/ HCPCS codes: G0104 Colonoscopy CPT codes: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398/ HCPCS codes: G0105, G0121 CT Colonography CPT codes: 74261-74263 Colorectal Cancer (PET scan) HCPCS codes: G0213-G0215, G0231 FIT-DNA CPT codes: 81528/ HCPCS codes: G0464</p>
<p>Appropriate Testing for Children With Pharyngitis</p> <p>Measure ID: CWP</p> <p><u>Description:</u> Children ages 3 years and older, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test within 3 days prior to or 3 days after the diagnosis day (seven days total) any outpatient or ED visit.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 3yrs & Older</p>	<p>Date of service and result must be documented with:</p> <ul style="list-style-type: none"> • Date of service for an outpatient or ED visit with a diagnosis of pharyngitis • Throat culture lab report • Date and result of strep test with a diagnosis of pharyngitis • Antibiotic prescription for the episode 	<p>Pharyngitis ICD-10 codes: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 Group A Strep Tests CPT codes: 87070, 87071, 87081, 87430, 87650-87652, 87880 Outpatient CPT codes: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS codes: G0402, G0438, G0439, G0463, T1015 Telephonic and Telehealth CPT codes: 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205 CPT Modifier codes for telehealth: 95, GT, 02</p>
<p>Immunization for Adolescents</p> <p>Measure ID: IMA, IMA-2</p> <p><u>Description:</u> Adolescents who had the following vaccines done by their 13th birthday.</p> <ul style="list-style-type: none"> • One (1) Meningococcal Conjugate Vaccine(MCV) • One (1) Tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine. • Three (3) Human Papillomavirus (HPV) vaccines. <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 13yrs old</p>	<p><u>IMMUNIZATION RECORDS:</u></p> <ul style="list-style-type: none"> • A note indicating the name of specific antigen and the date of the immunization • A certificate of immunization that includes specific dates and types of immunization administered • Anaphylactic reaction to the vaccine or its components any time on or before the child's 13th birthday - Meningococcal vaccine- given between child's 11th and 13th birthday - Tdap vaccine- given between child's 10th and 13th birthday - HPV vaccine- 2-doses (given 146 days apart) or 3 doses given between child's 9th and 13th birthday 	<p>CPT Codes: MCV Vaccine: 90734 Tdap Vaccine: 90715 HPV Vaccine: 90649-90651</p>

HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
<p>Lead Screening in Children</p> <p>Measure ID: LSC</p> <p><i>Children who turned age 2 during the measurement year had at least one lead blood testing for lead poisoning by their 2nd birthday</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 2yrs</p>	<p>Date of service and result must be documented with the notation of the lead screening test.</p> <ul style="list-style-type: none"> • History and physical • Lab results • Progress notes 	<p>Lead test CPT Code: 83655</p>
<p>Prenatal Care</p> <p>Measure ID: PPC-Prenatal</p> <p><u>Description:</u> <i>Prenatal: Women who delivered between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. Women who had a live birth that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</i></p> <p><u>Documentation Requirements:</u> See Description Above</p> <p>Lines: Age: Medi-Cal Pregnant Women</p>	<ol style="list-style-type: none"> 1. Documentation diagnosis or references of pregnancy as either of the following: (standardized prenatal flow sheet, or last menstrual period, estimated due date, or gestational age, positive pregnancy test result, gravidity and parity, complete obstetrical history, or risk assessment, education, or counseling of pregnancy) 2. Physical obstetrical examination that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height 3. Evidence of prenatal care procedures performed, such as: <ol style="list-style-type: none"> a. Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or b. TORCH antibody panel alone, or c. A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or d. Ultrasound of a pregnant uterus. 	<p>Prenatal visit: CPT 99201– 99205, 99211–99215, 99241–99245, 99483/ HCPCS G0463, T1015 Stand alone prenatal visits: CPT 99500; CPT Cat. II 0500F, 0501F, 0502F/ HCPCS H1000–H1004 Prenatal bundled services: CPT 59400, 59425, 59426, 59510, 59610, 59618/ HCPCS H1005 Prenatal Ultrasound: CPT 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 Delivery: CPT 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 Online assessments (e-visits or virtual check-ins) with pregnancy CPT codes: 98969–98972, 99421–99423, 99444, 99458 / HCPCS G2010, G2012, G2061–G2063 Telephone visit with pregnancy: CPT 98966–98968, 99441–99443, 99212-99215, 99201-99205</p>
<p>Postpartum Care</p> <p>Measure ID: PPC_Postpartum</p> <p><u>Description:</u> <i>Women who delivered between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. Women who had a live birth that had a postpartum visit on or between 7–84 days after delivery.</i></p> <p><u>Documentation Requirements:</u> See Description Above</p> <p>Lines: Age: Medi-Cal Pregnant Women</p>	<p>Progress note with documentation of:</p> <ol style="list-style-type: none"> 1. Pelvic exam 2. Evaluation of weight, BP, breasts and abdomen. – Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component. 3. Notation of postpartum care, including, but not limited to: – Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.” – A preprinted “Postpartum Care” form in which information was documented during the visit. 4. Perineal or cesarean incision/wound check. 5. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders. 6. Glucose screening for women with gestational diabetes. 7. Documentation of any of the following topics: <ul style="list-style-type: none"> • Infant care or breastfeeding. • Resumption of intercourse, birth spacing or family planning. • Sleep/fatigue. • Resumption of physical activity. • Attainment of healthy weight. 	<p>Postpartum Visit ICD-10 codes: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 Postpartum Visit CPT codes: 57170, 58300, 59430, 99501 Postpartum Visit CPT II codes: 0503F Postpartum Visits HCPCS codes: G0101 Postpartum Bundled Service CPT codes: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 Cervical Cytology CPT codes: 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175; Cervical Cytology HCPCS codes: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p>



HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
<p>Diabetes Monitoring for People With Diabetes and Schizophrenia</p> <p>Measure ID: SMD</p> <p><u>Description:</u> <i>Patients ages 18–64 with schizophrenia or schizoaffective disorder and diabetes who had both an HbA1c test and a low-density lipoprotein cholesterol (LDL-C) test during the measurement year</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 18yrs - 64yrs</p>	<p>HbA1c test and an LDL-C test must be performed in measurement year (on the same or different dates of service)</p> <p>HbA1c tests may include:</p> <ul style="list-style-type: none"> • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c 	<p>HbA1c Test CPT/CPT II: 83036-37, 3044F, 3046F, 3051-52F</p> <p>LDL-C Test CPT/CPT II: 80061, 83700-01, 83704, 83721, 3048F-50F</p>
<p>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</p> <p>Measure ID: SSD</p> <p><u>Description:</u> <i>Patients ages 18–64 diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed antipsychotic medications and had diabetes screening during the measurement year</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 18yrs - 64yrs</p>	<ul style="list-style-type: none"> • Glucose test in measurement year • HbA1c test in measurement year <p>HbA1c tests may include:</p> <ul style="list-style-type: none"> • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c 	<p>Glucose lab testing: CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1c lab testing: CPT: 83036, 83037</p> <p>HbA1c test result or finding: CPT Cat. II: 3044F, 3046F, 3051F, 3052F</p> <p>Schizophrenia: ICD-10: F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p>Bipolar disorder: ICD-10: F30.10–F30.13, F30.2–F30.4, F30.8, F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64, F31.70–F31.78</p> <p>Other bipolar disorder: ICD-10: F31.81, F31.89, F31.9</p>
<p>Well-Child Visits in the First 30 Months of Life - New</p> <p>Measure ID: W30</p> <p><i>(The measure name changed from W15 to W30. The hybrid collection and reporting model is no longer available. Administrative reporting only)</i></p> <p><u>Description:</u> <i>Children who turned 15–30 months old during the measurement year and had the recommended number of well-child visits with a primary care provider.</i></p> <ul style="list-style-type: none"> • Children who turned 15 months old during the measurement year: Six or more well-child visits. • Children who turned 30 months old during the measurement year: Two or more well-child visits. <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 15mo - 30mo</p>	<p>Documentation of well-child visits must include ALL elements:</p> <ol style="list-style-type: none"> 1. Physical exam: Assessment of multiple body, Vital signs, Chronic condition. 2. Health history: Birth hx, Medical, Surgical hx, History of illness, Allergies. 3. Physical development: Follows parents with eyes, Sits, Crawls, Walks, Pulls self up, Turns face to side when on stomach 4. Mental development: Coos, Babbles, Easily consoled, Fears strangers, Experiences separation anxiety, Looks for toys that fall out of sight 5. Anticipatory guidance: Safety, Nutrition, Weaning from bottle or breast, Development milestones, Sleep patterns 	<p>Well-Care Visits: ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p>CPT Codes: 99381-99385, 99391-99395, 99461</p> <p>HCPCS: G0438, G0439, S0302</p> <p>Outpatient telehealth visit: POS 02; Modifier 95, GQ, GT</p>



HEDIS STAR MEASURE AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
<p>Child and Adolescent Well Care Visits - New</p> <p>Measure ID: WCV</p> <p><i>(This measure is a combination of the former measures W34 and AWC. The hybrid collection and reporting model is no longer available. Administrative reporting only)</i></p> <p><u>Description:</u> Children and adolescents ages 3–21 with at least one well-care visit with a PCP or OB/GYN completed annually.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 3yrs - 21yrs</p>	<p>Documentation must include a note indicating a visit with a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of all of the following:</p> <ol style="list-style-type: none"> 1. Physical exam: Assessment of multiple body systems, Vital signs. 2. Health history: Birth hx, Family hx, Allergies, Status since last visit 3. Physical development history: Diet, Physical fitness, Puberty, School activities, Body image 4. Mental developmental history: Peer relationships, Smoking, Alcohol, Drug use, Sexual activity, Depression, Grades, School issues, Decision making 5. Health education/Anticipatory guidance: Safety, Poison control, Nutrition, Sees a dentist, Interacts with others, Discipline, Physical activity, Oral health, Safe sex, Self-exams – breast or testicular. 	<p>Well-Care Visits ICD-10: 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 Outpatient telehealth visit: POS 02; Modifier 95, GQ, GT</p>
<p>Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents</p> <p>Measure ID: WCC</p> <p><u>Description:</u> Children 3-17 years of age who has an outpatient visit with a PCP or OB/GYN and had evidence of Body mass index (BMI) percentile with height and weight documentation, Counseling for nutrition, and Counseling for physical activity during the measurement year.</p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Lines: Age: Medi-Cal 3yrs - 17yrs</p>	<p>Documentation in the medical record must include a note indicate the date of the office visit and evidence of the following:</p> <ul style="list-style-type: none"> • BMI Percentile calculation (height, weight and/or BMI reported by parents) or Counseling for Physical activity and/or Nutrition that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance. • Height, weight or BMI percentile reported by the parents and documented into the member’s official medical record by a provider is acceptable member reported data. • Counseling for nutrition • Counseling for physical activity 	<p>Outpatient visit: CPT 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99429, 99455–99456, 99483 HCPCS G0402, G0438, G0439, G0463, T1015 Outpatient telehealth visit: POS 02; Modifier 95, GT BMI percentile: ICD-10 Z68.51–Z68.54 Counseling for nutrition: CPT 97802–97804; HCPCS G0270, G0271, G0447, S9449, S9452, S9470; ICD-10 Z71.3 Counseling for physical activity: HCPCS G0447, S9451; ICD-10 Z02.5, Z71.82 Telephonic and Telehealth: CPT 98966–98968, 99441–99443, 99212-99215, 99201-99205 I Modifier codes for telehealth: 95, GT, 02 Online assessment (e-visits or virtual check-ins): CPT 98969–98972, 99421–99423, 99444, 99458 ICD-10 G2010, G2012, G2062, G2063</p>