

HEDIS® 101 for Providers

Improving Quality of Care



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HIPAA

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS is permitted and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. All of the health plans' contracted providers' records are protected by this.



Data collection for HEDIS is permitted and the release of this information requires no special patient consent or authorization.

What is HEDIS?

HEDIS (HĒ · DIS)

Healthcare

Effectiveness

Data and

Information

Set

- HEDIS is a performance measurement tool that is coordinated and administered by NCQA (National Committee for Quality Assurance)
- It is used by more than 90% of America's health plans
- Managed care companies who are NCQA accredited perform HEDIS reviews the same time each year
- **NCQA has set a deadline of May 15 for health plans to gather HEDIS data**
- Retrospective review of services and performance of care
- Results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members

What is your role in HEDIS?



We appreciate your cooperation and timeliness in submitting the requested medical record information

- You play a central role in promoting the health of our members
- You and your office staff can help facilitate the HEDIS process improvement by:
 - Providing the appropriate care within the designated timeframes
 - Documenting all care in the patient's medical record
 - Accurately coding all claims
 - Responding to our requests for medical records within 5 business days

The records that you provide us during this process helps us to validate the quality of care provided to our members.

Annual HEDIS Calendar

Jan-May 15

Clinical Quality Staff
collects HEDIS data
(Medical Record Reviews)

June

Results are reported to
NCQA

September

NCQA releases Quality
Compass results
nationwide

NCQA has set a deadline of May 15 for health plans to gather HEDIS data

Types of Reviews

HEDIS data are collected three ways:

- **Administrative Data**: Obtained from our claims database
- **Hybrid Data**: Obtained from our claims database and medical record reviews
- **Survey Data**: Obtained from member and provider surveys

Medical Record Requests



- Medical Record Requests are sent to providers
- The request includes a member list identifying their assigned measures and information needed
- Data collection methods include: fax, mail, onsite for larger requests, and remote electronic medical record (EMR) system access.
- Due to the shortened data collection timeframe, a five-day turnaround is expected

Hybrid HEDIS Measures

- ABA - Adult Body Mass Index
- AWC - Adolescent Well Care Visits
- CBP - Controlling High Blood Pressure
- CCS - Cervical Cancer Screening
- CDC - Comprehensive Diabetes Care
- CIS - Childhood Immunization Status
- CMC - Cholesterol Management for persons with Cardiovascular conditions
- COL - Colorectal Cancer Screening
- FPC - Frequency of Prenatal Care
- HPV - Human Papillomavirus Vaccine for Female Adolescents
- IMA - Immunizations for Adolescents
- LSC - Lead Screening in Children
- PPC - Prenatal and Postpartum Care
- WCC - Weight Assessment/Counseling for Nutrition & Physical Activity for Children/Adolescents
- W15 - Well Child Visits in the first 15 months of life
- W34 - Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life



Questions & Answers

How to improve scores for HEDIS measures?

Use of correct diagnosis and procedure codes, timely submission of claims and encounter data, ensure presence of ALL components in the medical record documentation

How are HEDIS rates communicated to physicians?

Educational articles are included in provider newsletters, which can be found on the health plan's website

Where can I get more information about NCQA and HEDIS?

More information can be found at www.ncqa.org

Who do I contact if I have questions about HEDIS requests?

Each medical record request includes contact information for a member in Clinical Quality who is assigned to your office. You may contact them or the HEDIS Team Lead for your state

Appendix 1

HEDIS Hybrid Measures & Required Documentation



ABA – Adult BMI Assessment



Members age 18-74 who had an outpatient visit with a BMI documented during the measurement year or the year prior

Documentation must include:

- **BMI (body mass index):** Date and Value
- **Weight:** Date and Value

May use BMI percentile for members younger than 19 years on date of service

Common Chart Deficiencies:

- Height and/or weight are documented but there is no calculation of the BMI
- **NEW:** Ranges and thresholds are no longer acceptable for this measure. A distinct BMI value or percentile is required

AWC – Adolescent Well-Care Visits*

Members 12-21 years old in the measurement year that have had at least ONE “Well Care” visit with a PCP or OB/GYN (school physical, pap, post partum visit) during the measurement year

*Medicaid

Documentation must include:

- Health and developmental history (physical and mental)
- Physical exam
- Health education/anticipatory guidance

Preventive services may be rendered on visits other than well-child visits.

Common Chart Deficiencies:

- Lack of documentation of education and anticipatory guidance
- Adolescents being seen for sick visits only and no documentation related to well-child visits

CBP – Controlling High Blood Pressure

Members 18-85 years old with diagnosis of Hypertension prior to June 30th of the measurement year

Documentation must include:

- Date of Hypertension diagnosis on or before June 30th of the measurement year
- Last BP Reading (date and result) in the measurement year

Diagnosis can be from progress note, problem list, consult note, hospital admission or discharge

Common Chart Deficiencies:

- Rechecked elevated pressures during the same visit not documented
- Diagnosis date of hypertension is not clearly documented

CCS – Cervical Cancer Screening*

Female members 24-64 during the measurement timeframe (measurement year and two years prior) who had cervical cancer screening –or –

Female members ages 35-64 who had cervical cancer screening and HPV test (measurement year and four years prior)
(NEW)

*Commercial/Medicaid

Documentation must include:

- Date and result of cervical cancer screening test –or–
- Date and result of cervical cancer screening test and date of HPV test **(NEW)** –or–
- Evidence of hysterectomy with no residual cervix

Common Chart Deficiencies:

- Lack of documentation related to women's health in PCP charts
- Incomplete documentation related to hysterectomy

CDC – Comprehensive Diabetes Care

Members 18-75 with Type I and II Diabetes who received proper testing and care for diabetes during the measurement year

Documentation must include:

- Hemoglobin A1C*
- LDL Lipid Screening*
- Blood Pressure*
- Nephropathy: Urine Tests, ACE/ARB prescription, or visits to nephrologists
- Retinal Eye Exam (during the measurement year or year prior)

***Date and result of last screening in the measurement year**

Common Chart Deficiencies:

- Incomplete information from consultants in the PCP charts
- Incomplete information related to yearly lab testing and results

CIS – Childhood Immunization Status

Percentage of children 2 years of age who had all of the required immunizations

Documentation must include:

4 DTAP	3 IPV
3 HIB	3 HEP B
1 MMR	4 Pneumococcal (PCV)
1 HEP A	2 Influenza
2 or 3 Rotavirus/RV Rotarix = 2 dose Rota Teq = 3 dose	1 VZV or has had chickenpox

If missing any immunizations, please include:

- Documentation of parental refusal
- Documentation of request for delayed immunization schedules
- Immunizations given at health departments
- Immunizations given in the hospital at birth
- Documentation of contraindications or allergies

CIS – Childhood Immunization Status

Percentage of children 2 years of age who had all of the required immunizations

Common Chart Deficiencies:

- Immunizations received after the 2nd birthday
- PCP charts do not contain immunization records if received elsewhere
 - Health Departments
 - Immunizations that are given in the hospital at birth
- No documentation of Contraindications/Allergies

LSC – Lead Screening in Children*

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday

*Medicaid

Documentation must include:

- A note indicating the date the test was performed, *and*
- The result or finding

Common Chart Deficiencies:

- Lead assessment does not constitute a lead screening



CMC - Cholesterol Management for Patients with Cardiovascular Conditions

Cholesterol management for members age 18-75 who were diagnosed with a cardiovascular condition as of December 31st of the measurement year

Documentation must include:

- LDL Lipid Screening (date and result)
 - LDL control is <100 mg/dL

Common Chart Deficiencies:

- Incomplete information from consultants in the PCP charts
- Incomplete information related to yearly lab testing and results

COL - Colorectal Cancer Screening

Members age 50-75 who had appropriate screening for colorectal cancer

Documentation must include:

Date and result of one of these screenings:

- Colonoscopy (within last 10 years)
- FOBT (in measurement year)
- Flexible Sigmoidoscopy (within last 5 years)

Patient reported data noted on a medical record is sufficient evidence with date and results noted.

Common Chart Deficiencies:

- Colorectal screenings are not consistently documented in health histories
- Typically this information is included on health history forms however this information is not always provided as part of the record submissions.

HPV – Human Papillomavirus Vaccine for Female Adolescents

Female adolescent members who had 3 doses of the HPV vaccine between their 9th and 13th birthdays

Documentation must include:

- 3 HPV shots

If immunizations are missing please include:

- Documentation of parental refusal
- Health Department records
- Patient Contraindications/allergies

Common Chart Deficiencies:

- HPV vaccines administered prior to a member's 9th birthday and after the 13th birthday cannot be counted
- PCP charts do not contain immunization records if received elsewhere, i.e. Health Departments
- Incomplete series of three immunizations not received

FPC - Frequency of Ongoing Prenatal Care*

Female members who delivered a live birth on or between November 6 of prior year to November 5 of the measurement year and were continuously enrolled 42 days prior to delivery

*Medicaid

Documentation must include:

Date and documentation of all prenatal visits

Most of this information is found on the ACOG sheets

IMA- Immunizations for Adolescents

Adolescent members turning 13
in the measurement year who
had these immunizations

Documentation must include:

- **Meningococcal:** 1 dose on or between 11th & 13th birthdays
- **Tdap/TD:** 1 dose on or between 10th & 13th birthdays

If immunizations are missing please include:

- Documentation of parental refusal
- Health Department records
- Patient Contraindications/allergies

Common Chart Deficiencies:

- Immunizations not administered during appropriate timeframes
- PCP charts do not contain immunization records if received elsewhere, i.e. Health Departments

PPC - Prenatal and Postpartum Care

Female members who delivered a live birth between November 6 of the year prior and November 5 of the measurement year

Documentation must include:

- **Prenatal Care:** Prenatal visit within 42 days of enrollment or during the first trimester
- **Postpartum Care:** Post-partum visit within 21-56 days of delivery

Common Chart Deficiencies:

- Incision check for post C-section does not constitute a postpartum visit

WCC – Weight Assessment & Counseling for Nutrition & Physical Activity for Children/ Adolescents

Members age 3-17 who had an outpatient visit with the following components in the measurement

Documentation must include:

BMI (body mass index) Percentile

- BMI Percentile date and value
 - May be a BMI value for adolescents age 16-17 on date of service
 - Ranges and thresholds do not meet the criteria for this measure **(NEW)**
- Weight date and value
- Height date and value

Counseling for Nutrition: Discussion on diet and nutrition, anticipatory guidance or counseling on nutrition

Counseling for Physical Activity: Discussion of current physical activities, counseling for increased activity, or anticipatory guidance on activity

WCC – Weight Assessment & Counseling for Nutrition & Physical Activity for Children/ Adolescents

Members age 3-17 who had an outpatient visit with the following components in the measurement

Common Chart Deficiencies:

- BMI documented as number not percentile based on height, weight, age and gender
- Anticipatory guidance does not always specify what areas were addressed and are not always age appropriate
- Developmental milestones do not constitute anticipatory guidance or education for physical activity
- Preprinted forms do not always address nutrition and physical activity

W15 – Well Child Visits in the First 15 Months of Life*

Children 0-15 months of age
during the measurement year
who had 6 or more well-child
visits

*Medicaid

Documentation must include:

- Health and developmental history (physical and mental)
- Physical exam
- Health education/anticipatory guidance

Preventive services may be rendered on visits other than well-child visits.

Common Chart Deficiencies:

- Lack of documentation of education and anticipatory guidance
- Children being seen for sick visits only and no documentation related to well-child visits

W34 – Well Child Visits in the 3rd, 4th, 5th & 6th Years of Life*

Children 3-6 years old in the measurement year that have had at least ONE “Well Care” visit with a PCP during the measurement year

*Medicaid

Documentation must include:

- Health and developmental history (physical and mental)
- Physical exam
- Health education/anticipatory guidance

Preventive services may be rendered on visits other than well-child visits.

Common Chart Deficiencies:

- Lack of documentation of education and anticipatory guidance
- Children being seen for sick visits only and no documentation related to well-child visits

Appendix 2

Summary List of HEDIS Measures



Summary List of HEDIS Measures

HEDIS 2013 Measures	Applicable to:			Data Source
	Commercial	Medicaid	Medicare	
Effectiveness of Care				
Adult BMI Assessment	✓	✓	✓	Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	✓	✓		Hybrid
Childhood Immunization Status	✓	✓		Hybrid
Immunizations for Adolescents	✓	✓		Hybrid
Human Papillomavirus Vaccine for Female Adolescents	✓	✓		Hybrid
Lead Screening in Children		✓		Hybrid
Breast Cancer Screening	✓	✓	✓	Admin
Cervical Cancer Screening	✓	✓		Hybrid
Non-recommended Cervical Cancer Screening in Adolescent Females (New)	✓	✓		Admin
Colorectal Cancer Screening	✓		✓	Hybrid
Chlamydia Screening in Women	✓	✓		Admin
Glaucoma Screening in Older Adults			✓	Admin
Care for Older Adults			✓ (SNP only)	Admin
Appropriate Testing for Children With Pharyngitis	✓	✓		Admin
Appropriate Treatment for Children With Upper Respiratory Infection	✓	✓		Admin

Summary List of HEDIS Measures

HEDIS 2013 Measures	Applicable to:			Data Source
	Commercial	Medicaid	Medicare	
Effectiveness of Care				
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	✓	✓		Admin
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	✓	✓	✓	Admin
Pharmacotherapy Management of COPD Exacerbation	✓	✓	✓	Admin
Use of Appropriate Medications for People With Asthma	✓	✓		Admin
Medication Management for People With Asthma	✓	✓		Admin
Asthma Medication Ratio	✓	✓		Admin
Cholesterol Management for Patients With Cardiovascular Conditions	✓	✓	✓	Hybrid
Controlling High Blood Pressure	✓	✓	✓	Hybrid
Persistence of Beta-Blocker Treatment After a Heart Attack	✓	✓	✓	Admin
Comprehensive Diabetes Care	✓	✓	✓	Hybrid
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	✓	✓	✓	Admin
Osteoporosis Management in Women Who Had a Fracture			✓	Admin
Use of Imaging Studies for Low Back Pain	✓	✓		Admin

Summary List of HEDIS Measures

HEDIS 2013 Measures	Applicable to:			Data Source
	Commercial	Medicaid	Medicare	
Effectiveness of Care				
Antidepressant Medication Management	✓	✓	✓	Admin
Follow-Up Care for Children Prescribed ADHD Medication	✓	✓		Admin
Follow-Up After Hospitalization for Mental Illness	✓	✓	✓	Admin
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications		✓		Admin
Diabetes Monitoring for People With Diabetes and Schizophrenia		✓		Admin
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia		✓		Admin
Adherence to Antipsychotic Medications for Individuals With Schizophrenia		✓		Admin
Annual Monitoring for Patients on Persistent Medications	✓	✓	✓	Admin
Medication Reconciliation Post-Discharge			✓ (SNP only)	Admin
Potentially Harmful Drug-Disease Interactions in the Elderly			✓	Admin

Summary List of HEDIS Measures

HEDIS 2013 Measures	Applicable to:			Data Source
	Commercial	Medicaid	Medicare	
Effectiveness of Care				
Use of High-Risk Medications in the Elderly			✓	Admin
Medicare Health Outcomes Survey			✓	Admin
Fall Risk Management			✓	Survey
Management of Urinary Incontinence in Older Adults			✓	Survey
Osteoporosis Testing in Older Women			✓	Survey
Physical Activity in Older Adults			✓	Survey
Aspirin Use and Discussion	✓	✓		Survey
Flu Shots for Adults Ages 18 –64	✓			Survey
Flu Shots for Adults Ages 65 & Older			✓	Survey
Medical Assistance With Smoking and Tobacco Use Cessation	✓	✓	✓	Survey
Pneumococcal Vaccination Status for Older Adults			✓	Survey
Access/Availability of Care				
Adults' Access to Preventive/ Ambulatory Health Services	✓	✓	✓	Admin
Children's and Adolescents' Access to Primary Care Practitioners	✓	✓		Admin
Annual Dental Visit		✓		Admin

Summary List of HEDIS Measures

HEDIS 2013 Measures	Applicable to:			Data Source
	Commercial	Medicaid	Medicare	
Access/Availability of Care				
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	✓	✓	✓	Admin
Prenatal and Postpartum Care	✓	✓		Hybrid
Call Answer Timeliness	✓	✓	✓	Admin
Experience of Care				
CAHPS Health Plan Survey 5.0H, Adult Version	✓	✓		Survey
CAHPS Health Plan Survey 5.0H, Child Version	✓	✓		Survey
Children With Chronic Conditions	✓	✓		Survey
Utilization and Relative Resource Use				
Frequency of Ongoing Prenatal Care		✓		Hybrid
Well-Child Visits in the First 15 Months of Life	✓	✓		Commercial - Admin Medicaid - Hybrid
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	✓	✓		Commercial - Admin Medicaid - Hybrid
Adolescent Well-Care Visits	✓	✓		Commercial - Admin Medicaid - Hybrid
Frequency of Selected Procedures	✓	✓	✓	Admin
Ambulatory Care	✓	✓	✓	Admin

Summary List of HEDIS Measures

HEDIS 2013 Measures	Applicable to:			Data Source
	Commercial	Medicaid	Medicare	
Utilization and Relative Resource Use				
Inpatient Utilization—General Hospital/ Acute Care	✓	✓	✓	Admin
Identification of Alcohol and Other Drug Services	✓	✓	✓	Admin
Mental Health Utilization	✓	✓	✓	Admin
Antibiotic Utilization	✓	✓	✓	Admin
Plan All-Cause Readmissions	✓		✓	Admin
Guidelines for Relative Resource Use Measures	✓	✓	✓	Admin
Relative Resource Use for People With Diabetes	✓	✓	✓	Admin
Relative Resource Use for People With Cardiovascular Conditions	✓	✓	✓	Admin
Relative Resource Use for People With Hypertension	✓	✓	✓	Admin
Relative Resource Use for People With COPD	✓	✓	✓	Admin
Relative Resource Use for People With Asthma	✓	✓	✓	Admin

Appendix 3

HEDIS[®] 2013 Physician Documentation



HEDIS® Measurement 2014

Physician Documentation Guidelines and Administrative Codes

Each HEDIS measure identified below has criteria that is required for your patient's chart or claims review to be considered valid towards HEDIS measurement. To make the most of your office visits towards meeting HEDIS measures, please document the following criteria as applicable.

HEDIS Measure	Member Description	Documentation Requirements	Codes
Adolescent Well-Care Visits (AWC)	12-21 year old members	<p>Well-Care visits during the measurement year with the following:</p> <ul style="list-style-type: none"> • Health Education/Anticipatory Guidance (diet, exercise, junk food, drugs, smoking, suicide, contraception) and • Health & Developmental History (peer relationships, school achievement, hobbies, sexually active or not) and • Physical Exam (height, weight, BMI, blood pressure, heart, lungs, abdomen) 	<p>CPT®: 99381-99385, 99391-99395, 99461 ICD-9-CM: V20.2, V20.3, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8 and V70.9 HCPCS:G0438, G0439</p>
Adult BMI Assessment (ABA) <i>Medicare Health Plan Rating Measure</i>	18-74 year old members	<p>BMI documented during the measurement year or the year prior to the measurement year:</p> <ul style="list-style-type: none"> •BMI: date and result •Weight: date and result 	<p>ICD-9-CM: V85.0-V85.5</p> <p>Codes To Identify Outpatient Visits:</p> <p>CPT®: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</p> <p>HCPCS: G0402, G0438, G0439</p> <p>UB Revenue:</p> <p>051x, 0520-0523, 0526-0529, 0982, 0983</p>

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HEDIS® Measurement 2014

Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Aspirin Use and Discussion (ASP) <i>CAHPS Survey</i>	Women 56–79 years of age Men 46–79 years of age	Assessing average aspirin use and management in members with risk factors for cardiovascular disease and discussing aspirin risks and benefits with their doctor or health provider.	This measure is collected using consumer survey methodology.
Breast Cancer Screening (BCS) <i>Medicare Health Plan Rating Measure</i>	50-74 year old women	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.	CPT®: 77055-77057 ICD-9-CM: 87.36, 87.37 HCPCS: G0202, G0204, G0206 UB Revenue: 0401, 0403
Cervical Cancer Screening (CCS)	Women age 21-64 who had cervical cytology performed every 3 years Women age 30-64 who had cervical cytology/HPV co-testing performed every 5 years	Evidence of cervical cytology within last 3 years (date and result) For women that do not meet above criteria, evidence of cervical cytology and an HPV test on the same date of service during the measurement year or the four years prior to the measurement year. (date and result)	CPT®: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 UB Revenue: 0923 Same codes as above and CPT®: 87620-87622

HEDIS® Measure 2014

Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Childhood Immunization Status (CIS)	Members turning 2 years of age	Vaccines administered on or before 2 nd birthday: 3 IPV 1 VZV 4 DTaP 1 MMR 3 Hib 1 Hep A 3 Hep B 2 Flu 4 PCV/ Prevnar 2-3 RV	IPV CPT®: 90698, 90713, 90723 DTaP CPT®: 90698, 90700, 90721, 90723; Hib CPT®: 90645-90648, 90698, 90721, 90748 Hep B CPT®: 90723, 90740, 90744, 90747, 90748; HCPCS: G0010 Prevnar CPT®: 90669, 90670; HCPCS: G0009 VZV CPT®: 90710, 90716; ICD-9-CM: 052, 053 MMR CPT®: 90707, 90710 Measles CPT®: 90705 ICD-9-CM: 055 Measles and Rubella CPT®: 90708 Mumps CPT®: 90704 ICD-9-CM: 072 Rubella CPT®: 90706 ICD-9-CM: 056 Hep A CPT®: 90633; ICD-9-CM: 070.0, 070.1 Flu CPT®: 90655, 90657, 90661, 90662; HCPCS: G0008 RV 90681 (2 dose) and RV 90680 (3 dose)

HEDIS® Measure 2014

Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Children and Adolescents' Access to Primary Care Practitioners (CAP)	Members 12 months–19 years of age	The percentage of children 12 months - 19 years of age who had a visit with a PCP during the measurement year.	<p>Codes to Identify Outpatient Visits: CPT®: 99201-99205, 99211-99215, 99241-99245 UB Revenue: 0510-0517, 0519-0523, 0526-0528, 0982, 0983</p> <p>Codes to Identify Home Services: CPT®: 99341-99345, 99347-99350</p> <p>Codes to Identify Preventive Medicine: CPT®: 99381-99385, 99391-99397, 99401-99404, 99411-99412, 99420, 99429 HCPCS: G0402, G0438, G0439</p> <p>Codes to identify general medical exams: ICD-9-CM: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</p>
Cholesterol Management for Patients with Cardiovascular Conditions* (CMC) <i>Medicare Health Plan Rating Measure</i>	18-75 year old members	Date and result of last LDL screening in the measurement year LDL-C control is <100 mg/dL	<p>CPT®: 80061, 83700, 83701, 83704 and 83721 CPT® Cat II: 3048F, 3049F, 3050F</p>
Colorectal Cancer Screening (COL) <i>Medicare Health Plan Rating Measure</i>	50-75 year old members	Documentation (date and result) of one or more of these screenings: <ul style="list-style-type: none"> •Colonoscopy during measurement year or 9 years prior; •FOBT during measurement year; •Flexible Sigmoidoscopy during measurement year or 4 years prior or •Diagnosis of colorectal cancer 	<p>FOBT CPT®: 82270, 82274 HCPCS: G0328</p> <p>Flexible Sigmoidoscopy CPT®: 45330-45335, 45337-45342, 45345; HCPCS: G0104 ICD-9-CM: 45.24</p> <p>Colonoscopy CPT®: 44388-44394, 44397, 45355, 45378-45387, 45391, 45392 HCPCS: G0105, G0121; ICD-9-CM: 45.22, 45.23, 45.25, 45.42, 45.43</p>

HEDIS® Measure 2014

Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Comprehensive Diabetes Care (CDC) <i>Medicare Health Plan Rating Measure</i>	18-75 year old members with type 1 or type 2 diabetes	<ul style="list-style-type: none"> • HbA1c testing and result* • LDL C screening and result* • Blood Pressure* • Medical attention to nephropathy (micro/macro urine, ACE/ARB medication therapy) in measurement year • Retinal eye exam performed by an eye care professional in measurement year or year prior <p>*Date and result of last screening in the measurement year</p>	<p>Diabetes Diagnosis: ICD-9-CM: 250, 250.0-250.9, 357.2, 362.0, 362.01-362.07, 366.41, 648.0</p> <p>HbA1c Screen CPT®: 83036 and 83037; CPT® Cat II: 3044F, 3045F, 3046F</p> <p>Eye Exams 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, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 CPT® Cat II: 2022F, 2024F, 2026F, 3072F HCPCS: S0620, S0621, S0625, S3000</p> <p>LDL C Screen CPT®: 80061, 83700, 83701, 83704, 83721 CPT® Cat II: 3048F, 3049F, 3050F</p> <p>Nephropathy Screen CPT®: 82042, 82043, 82044 and 84156 CPT® Cat II: 3060F, 3061F</p>

HEDIS® Measure 2014

Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Controlling High Blood Pressure (CBP) <i>Medicare Health Plan Rating Measure</i>	18-85 year old members with diagnosis of hypertension	<ul style="list-style-type: none"> •Diagnosis: Date of diagnosis of hypertension before June 30 of the measurement year and •Last BP reading (date & result) in the measurement year (if elevated, document all BP readings) 	Hypertension diagnosis: ICD-9-CM: 401, 401.0, 401.1, 401.9
Disease-modifying Antirheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis (ART) <i>Medicare Health Plan Rating Measure</i>	Members diagnosed with rheumatoid arthritis and dispensed at least one ambulatory prescription for a DMARD in 2012	<p>Assess all members with diagnosis of rheumatoid arthritis for DMARD treatment in 2013 All members <i>not</i> currently treated with a DMARD should be referred for rheumatology consultation to confirm diagnosis and assess for DMARD therapy</p> <p>DMARDS include: Aminoquinolines: Hydroxychloroquine 5-Aminosalicylates: Sulfasalazine Alkylating agents: Cyclophosphamide Antirheumatics: Auranofin, gold sodium thiomalate, leflunomide, methotrexate, penicillamine Immunomodulators: Abatacept, adalimumab, anakinra, certolizumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, Tocilizumab Immunosuppressive agents: Azathioprine, cyclosporine, mycophenolate Tetracyclines: Minocycline Janus kinase inhibitor (JAK): Tofacitinib</p>	<p>Codes To Identify Rheumatoid Arthritis: ICD-9-CM: 714.0, 714.1, 714.2, 714.81</p> <p>AND/OR Pharmacy claim for DMARD in 2013</p>
Follow-up After Hospitalization for Mental Illness (FUH)	Members 6 years and older with a follow up visit after hospitalization for mental illness	<p>The percentage of discharges for members who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner.</p> <p>The percentage of discharges for which the member received follow-up within 7 days and 30 days of discharge</p>	ICD-9-CM: 295-299, 300.3, 300.4, 301, 308, 309, 311-314

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HEDIS Measure	Member Description	Documentation Requirements	Codes
Flu Vaccinations for Adults (FVU) <i>CAHPS Survey</i>	18-85 year old members	The percentage of members who received an influenza vaccination between July 1, 2013 and the date when the survey was completed.	This measure is collected using consumer survey methodology.
Frequency of Ongoing Prenatal Care (FPC)	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	All prenatal records for a delivery that occurred between November 6 of the year prior to the measurement year and November 5 of the measurement year	CPT®: 59400, 59425, 59426, 59510, 59610 and 59618
Getting Needed Care <i>CAHPS Survey</i>	All members	Members experience getting needed care; appointments with specialists, tests, or treatment.	This measure is collected using consumer survey methodology.
Glaucoma Screening in Older Adults (GSO) <i>Medicare Health Plan Rating Measure</i>	Members 65 years old or older who received a glaucoma screening exam	Refer and encourage members 65 years old and older who did not have a claim/encounter for glaucoma screening in 2012 to see an eye care professional for glaucoma screening in 2013. Must be done by an ophthalmologist or optometrist and submitted for 2012 or 2013	Codes to Identify Screening Exams: CPT®: 92002, 92004, 92012, 92014, 92081-92083, 92100, 92120, 92130, 92140, 99202-99205, 99213-99215, 99242-99245 HCPCS: G0117, G0118, S0620, S0621
Human Papillomavirus Vaccine for Female Adolescents (HPV)	13 year old female adolescents	3 doses of HPV vaccine administered between ages 9 and 13 years old	CPT®: 90649, 90650
Immunizations for Adolescents (IMA)	13 year old adolescents	Vaccines administered on or before their 13 th birthday: <ul style="list-style-type: none"> • 1 MCV/meningococcal vaccine between 11th & 13th birthdays and • 1 or 1 Td vaccine between their 10th and 13th birthdays 	Meningococcal CPT®: 90733 and 90734 Tdap CPT®: 90715 Td CPT®: 90714 and 90718 Tetanus CPT®: 90703 Diphtheria CPT®: 90719
Lead Screening in Children (LSC)	Members 0-2 years of age	Lab/value and date for venous or capillary blood lead screening	CPT®: 83655

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HEDIS Measure	Member Description	Documentation Requirements	Codes
Medication Management For People with Asthma (MMA)	Members 5–64 years of age	<p>Members having persistent asthma who met at least one of the following criteria during 2013 and 2012.</p> <ul style="list-style-type: none"> • At least one ED visit with a principal diagnosis of asthma. • At least one acute inpatient encounter with a principal diagnosis of asthma. • At least four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events. • At least four asthma medication dispensing events. 	<p>Asthma ICD-9-CM: 493.0, 493.00-493.02, 493.1, 493.10-493.12, 493.8, 493.81-493.82, 493.9, 493.90-493.92</p> <p>Codes To Identify Outpatient Visits: CPT®: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</p> <p>HCPCS: G0402, G0438, G0439</p> <p>UB Revenue: 051x, 0520-0523, 0526-0529, 0982, 0983</p> <p>Codes to Identify Observation Visits: CPT®: 99217-99220</p> <p>Codes To Identify ED Visits: CPT®: 99281-99285 UB Revenue: 0450-0452, 0456, 0459, 0981</p> <p>Codes to Identify Acute inpatient Visit: CPT®: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291 UB Revenue: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x, 021x, 072x, 080x, 0987</p>

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Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Osteoporosis Screening and Management after Fracture (OMW) <i>Medicare Health Plan Rating Measure</i>	Females 67 years old and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription to treat	Perform bone mineral density testing within six months on members 67 years old and older who experience a fracture (fractures of finger, toe, face and skull are not included in this measure.) AND/OR Prescribe a medication to treat osteoporosis FDA-Approved Osteoporosis Therapies Biphosphonates Estrogens Other agents i.e., calcitonin, denosumab, raloxifene, teriparatide Sex hormone combinations	CPT®: 76977, 77078-77083, 78350, 78351 ICD-9-CM: 88.98 HCPCS: G0130 AND/OR Pharmacy claim for osteoporosis drug therapy
Plan All -Cause Readmissions (PCR) <i>Medicare Health Plan Rating Measure</i>	Members 18 years of age and older	An acute inpatient stay for any diagnosis with an admission date within 30 days of a previous discharge date	Acute inpatient: CPT®: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291 UB Revenue: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x, 021x, 072x, 080x, 0987

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HEDIS Measure	Member Description	Documentation Requirements	Codes
Prenatal and Postpartum Care (PPC)	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<p>Prenatal Care visit in the first trimester or within 42 days of enrollment to an OB/GYN practitioner or midwife, family practitioner or other PCP. For family practitioner or PCP, a diagnosis of pregnancy must be present. Documentation must include the date <u>and</u> evidence of <i>one</i> of the following:</p> <ul style="list-style-type: none"> •Diagnosis: <ul style="list-style-type: none"> • A basic physical obstetrical examination (auscultation for fetal heart tone), or • Pelvic exam with obstetric observations, or • Measurement of fundus height (a standardized prenatal flow sheet may be used), or •Prenatal Care Procedure: <ul style="list-style-type: none"> • Screening test/obstetric panel or • TORCH antibody panel alone, or • A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or • Ultrasound/Echography of a pregnant uterus • Documentation of LMP or EDD with prenatal risk assessment and counseling/education, or complete obstetrical history 	<p>CPT®: 59400, 59510, 59610, 59618, 59425, 59426, 99201-99205, 99211-99215, 99241-99245 and 99500</p> <p>CPT® Cat II: 0500F, 0501F, 0502F</p> <p>HCPCS: H1000-H1004, H1005</p>
Prenatal and Postpartum Care (PPC)	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<p>Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. Documentation must indicate date and evidence of:</p> <ul style="list-style-type: none"> • Pelvic exam, or • Examination of breasts or notation of breastfeeding, abdomen, weight and blood pressure or • Notation of “6 week check” or “postpartum” visit/care, or preprinted postpartum care form 	<p>CPT®: 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175, 99501</p> <p>CPT® Cat II: 0503F UB Revenue: 0923</p> <p>ICD-9-CM Diagnosis: 89.26, V24.1, V24.2, V25.1, V25.11-V25.13, V72.3, V72.31, V72.32, V76.2</p> <p>ICD-9-CM Procedure: 89.26, 91.46</p> <p>HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p>

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HEDIS Measure	Member Description	Documentation Requirements	Codes
Smoking and Tobacco Use Cessation-Advising Smoker's to Quit (MSC) <i>CAHPS Survey</i>	Members 18 years of age and older	Evidence of advising smokers and tobacco users to quit, discussing cessation medications and strategies for current smokers or tobacco users.	This measure is collected using consumer survey methodology.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	3-17 year old members	Evidence of the following during the measurement year: <ul style="list-style-type: none"> • BMI percentile (may be a BMI value for adolescents 16-17) <ul style="list-style-type: none"> • BMI date and value • Weight date and value • Height date and value • Counseling for Nutrition (diet) • Counseling for Physical Activity (sports participation/ exercise) 	<p>CPT® for Nutrition: 97802-97804</p> <p>ICD-9-CM: BMI V85.5-V85.54, Nutrition V65.3, and Physical Activity V65.41</p> <p>HCPCS for Nutrition: G0447, G0270, G0271, S9449, S9452, S9470</p> <p>HCPCS for Activity: G0447, S9451</p> <p>Codes to Identify Outpatient Visits: CPT®: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</p> <p>HCPCS: G0402, G0438, G0439</p> <p>UB Revenue: 051x, 0520-0523, 0526-0529, 0982, 0983</p>
Well Child Visits in the First 15 Months of Life (W15)	0-15 month old infants	Well-child visits with the following: <ul style="list-style-type: none"> • Health Education/Anticipatory Guidance (i.e. address safety issues such as infant car seat, sleep on back) AND • Health & Developmental History (i.e. coos, grasps, follows to midline) AND • Physical Exam (height, weight, heart, lungs, abdomen) 	<p>CPT®: 99381-99385, 99391-99395, and 99461</p> <p>ICD-9-CM: V20.2, V20.3, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8 and V70.9</p> <p>HCPCS: G0438, G0439</p>

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Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Use of Appropriate Medications for People With Asthma (ASM)	5–64 year old members	<p>Evidence of appropriately prescribed medication during the measurement year for members with persistence asthma.</p> <p>Asthma medications: Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Long-acting, inhaled beta-2 agonists, Mast cell stabilizers, Methylxanthines, Short-acting, inhaled beta-2 agonists</p>	<p>Asthma ICD-9-CM: 493.0, 493.00-493.02, 493.1, 493.10-493.12, 493.8, 493.81-493.82, 493.9, 493.90-493.92</p>
Use of Imaging Studies for Low Back Pain (LBP)	18–50 year old members	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	<p>Low Back Pain Codes ICD-9-CM: 721.3, 722.10, 722.32, 722.52, 722.93, 724.02-724.03, 724.2, 724.3, 724.5-724.7, 724.70-724.71, 724.79, 738.5, 739.3-739.4, 846-846.3, 846.8-846.9, 847.2</p> <p>Codes to Identify Observation Visits: CPT®: 99217-99220</p> <p>Codes to Identify Outpatient Visits: CPT®: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</p> <p>HCPCS: G0402, G0438, G0439 UB Revenue: 051x, 0520-0523, 0526-0529, 0982, 0983</p>

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Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	3-6 year old children	<p>Well-child visits during the measurement year with the following:</p> <ul style="list-style-type: none"> • Health Education/Anticipatory Guidance (i.e. address safety issues bike helmet, pool fences, window guards) AND • Health & Developmental History (number of words spoken, plays with peers, goes up and down stairs) AND • Physical Exam (height, weight, BMI, heart, lungs, abdomen) 	<p>Codes to Identify Well-Child Visits: CPT®: 99381-99385, 99391-99395, and 99461 ICD- 9-CM: V20.2, V20.3, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8 and V70.9 HCPCS: G0438, G0439</p>
QARR Adolescent Screening and Counseling (AWS) <i>NY ONLY</i>	12-17 year old adolescents	<p>Documentation of assessment, counseling or education on the following risk behaviors during one or multiple visits within the measurement year:</p> <ul style="list-style-type: none"> • Sexual activity and preventive actions • Depression • Tobacco use • Substance abuse including alcohol 	<p>Codes for Counseling Related to Sexual Activity: ICD-9-CM: V65.44, V65.45, V25.0, V25.01, V25.02, V25.03, V25.04 and V25.09</p> <p>Codes for Depression Screening: ICD-9-CM: V79.0</p> <p>Codes for Tobacco Cessation Counseling or Services: CPT®: 99406, 99407 HCPCS: S49453</p> <p>Codes for Alcohol & Substance Use Counseling or Services: CPT®: 99408, 99409 ICD-9-CM: V79.1, V65.42 HCPCS: G0396, G0397, H0001, H0028, H0049, H0005, H0047, H0050</p>