



Helpful HEDIS Documentation Tips for PCPs

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p>BCS - Breast Cancer Screening</p> <p>Women 52-74 years of age with one or more mammograms within the last 2 years (starting at age 50).</p>	<p>Educate women regarding the benefit of early detection of breast cancer through routine mammograms</p> <p>Encourage mammography to all women who are within measure age group.</p> <p>Submit the appropriate mastectomy code to exclude women from this measure if it is part of their history</p>	<p>Breast Cancer Screening Codes CPT Codes: 77055-77057 HCPCS G0202, G0204, G0206 UB Rev Codes 0403, 0401</p> <p>Mastectomy Codes ICD-10CM Code: Z90.13, or Z90.12 and Z90.11 ICD-10PCS Code: 0HTV0ZZ, or 0HTU0ZZ and 0HTT0ZZ CPT Codes: 19180, 19200, 19220, 19240, 19303-19307 with Bilateral Modifier CPT Codes: 50, 09950 or LT and RT</p>
<p>CCS - Cervical Cancer Screening</p> <p>Women 21-64 years of age with one or more Pap tests within the last 3 years or for women 30-64 years of age, a cervical cytology and human papillomavirus (HPV) co-testing with in the last 5 years.</p>	<p>Women who have had a total hysterectomy with no residual cervix are excluded. This must be documented in history or problem list.</p> <p>Notation of Pap test located in progress notes MUST include the lab results in order to meet NCQA® requirements. Reflex testing: performing HPV test after determining cytology result, does not count</p> <p>Cervical cytology and human papillomavirus test must be completed four or less days apart in order to qualify for every 5 year testing.</p>	<p>Cervical Cytology CPT Codes: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 UB Rev Codes : 0923 LOINC Codes: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 HPV CPT Codes: 87620-87622, 87624-87625 HCPCS: G0476 LOINC Codes: 21440-3, 30167-1, 38372-9, 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0</p>
<p>CHL - Chlamydia Screening in Women</p> <p>Women 16-24 years of age who are identified as sexually active with a Chlamydia test annually.</p>	<p>Educate women about STDs, transmission and the importance of testing.</p> <p>Perform routine urine test for Chlamydia, document and submit claims timely.</p>	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p> <p>LOINC Codes: 14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-2, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6</p>
<p>PPC - Prenatal and Postpartum Care</p> <p>Women who delivered a live baby and had prenatal care during 1st trimester or within 42 days if enrollment and Postpartum Care between 21-56 days after delivery.</p>	<p>Educate office staff to schedule first appointment with the provider in the first trimester (asap if late entry to care).</p> <p>Documentation of a prenatal care visit must be by an OB/GYN, other prenatal care practitioner, or PCP. Visits to a PCP must include a diagnosis of pregnancy. Documentation by a registered nurse alone does not meet compliance for HEDIS.</p> <p>Explain the importance of and encourage attendance for the postpartum visit.</p> <p>Please Note: a C-section incision check is not a postpartum visit, the member must return for the full postpartum checkup 21 to 56 days after delivery.</p>	<p>Codes to Identify First Prenatal Visit Prenatal Stand Alone Visit CPT Codes : 99500, 0500F, 0501F, 0502F HCPCS : H1000-H1004 Prenatal Bundled Services CPT Codes: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005 Or one of the following visit codes CPT Codes : 99201-99205, 99211-99215, 99241-99245 HCPCS T1015, G0463 UB Rev Code 0514 With a code for a prenatal US, obstetric panel or other prenatal blood tests. Postpartum CPT Codes 57170, 58300, 59430, 99501, 0503F ICD-10 CM Codes: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 HCPCS: G0101 Postpartum Bundled Services CPT Codes: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 Or Any of the cervical cytology codes listed in the cervical cancer screening measure above.</p>

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<p>ABA - Adult BMI Assessment</p> <p>Members 18-74 years of age with their body mass index (BMI) and weight documented during the year or the year prior.</p>	<p>Perform and document criteria of Ht/Wt/BMI calculation at each visit or at least annually.</p> <p>Patients younger than 20 years old need to have a BMI percentile documented</p> <p>*Pregnant members are excluded from this measure*</p>	<p>ICD-10 CM Codes: BMI - Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45, Z68.51-Z68.54 BMI Percentile - Z68.51-Z68.54</p>
<p>CBP - Controlling High Blood Pressure</p> <p>Members 18-85 years of age with a diagnosis of hypertension (HTN) and whose BP is adequately controlled.</p> <ul style="list-style-type: none"> Age 18-59 and age 60-85 with diabetes <140/90 Age 60-85 without diabetes <150/90). 	<p>If BP elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and retake BP during exam Make sure you use the correct size cuff</p> <p>If using a machine, record the actual number, do NOT round up. Schedule follow up visits to monitor effectiveness of BP medication.</p>	<p>ICD-10 CM Code: I10</p> <p>Exclusions: End Stage Renal Disease (ESRD) or a kidney transplant on or prior to December 31st of the measurement year or a diagnosis of pregnancy during the measurement year, would be excluded from this measure.</p>
<p>CDC—Comprehensive Diabetes Care</p> <p>Members 18-75 years of age with diabetes should have each of the following at least annually: HbA1C testing, medical attention for nephropathy, a retinal eye exam and blood pressure monitoring at each visit.</p>	<p>Order screenings annually or more often as needed and educate member on importance.</p> <p>Include all current medications on the medication list. Be sure to indicate if a member is on an ACE/ARB medication</p> <p>Document Stage 4 chronic kidney disease or End State Renal Disease (ESRD) with appropriate codes: Stage 4 chronic kidney disease ICD-10 CM: N18.4 ESRD ICD-10 CM: N18.5, N18.6, Z91.15, Z99.2 ICD-10 PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z</p> <p>Refer member to Optometrist or Ophthalmologist for Dilated Retinal Eye Exam annually.</p>	<p>Diabetes ICD-10 CM Codes: E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 Diabetes without complications ICD-10 CM: E10.9, E11.9, E13.9 HbA1c CPT Codes: 83036, 83037 HbA1c LOINC: 17856-6, 4548-4, 4549-2 CPTII Result Codes HbA1c level 7.0-9.0: 3045F HbA1c level less than 7.0: 3044F HbA1c level greater than 9.0: 3046F</p> <p>Urine Protein Tests CPT Codes: 81000-81003, 81005, 82042-82044, 84156 CPT II Codes: 3060F-3062F</p> <p>Blood Pressure CPT Codes: Systolic BP: < 140 3074F, 3075F; >/= to 140 3077F Diastolic BP: 80-89 3079F; < 80 3078F; >/= 90 3080F</p>
<p>COL - Colorectal Cancer Screening</p> <p>Adults 50-75 years of age with an appropriate screening for colorectal cancer.</p>	<p>Educate members on importance of screening to enable early detection of colon cancer.</p> <p>Any of the following meet compliance of done in the correct time period: Colonoscopy: 2007-2016 Flexible sigmoidoscopy: 2012-2016 CT colonography: 2007-2016 FIT-DNA test : 2014-2016 Fecal occult blood test (3 samples): 2016</p> <p>Aguaiaac test in the office during a rectal exam does not count.</p> <p>Members with colorectal cancer or a history of a total colectomy are excluded. Document accordingly.</p>	<p>Colonoscopy CPT Codes: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 ICD-9 PCS Codes: 45.22, 45.23, 45.25, 45.42, 45.43 HCPCS G0105, G0121 Flexible Sigmoidoscopy CPT Codes: 45330-45335, 45337-45342, 45345-45347, 45349-45350 ICD-9 PCS Code: 45.24 HCPCS: G0104 CT Colonography CPT Code: 74263 FIT-DNA test CPT Code: 81528 HCPCS: G0464 LOINC: 77353-1, 77354-9 Fecal Occult Blood Test (FOBT) CPT Codes: 82270, 82274 HCPCS: G0328 LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6</p>
<p>ART - Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</p> <p>Members 18 years of age or older who were diagnosed with rheumatoid arthritis and were prescribed a disease-modifying anti-rheumatic drug (DMARD).</p>	<p>Prescribe DMARDs to members with rheumatoid arthritis.</p> <p>Exclusions: A diagnosis of HIV anytime during the member's history through December 31, 2015 or a diagnosis of pregnancy in 2015.</p>	<p>ICD-10 CM Codes: M05.00-M06.9</p> <p>DMARD HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310</p>

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<p>PBH - Persistence of Beta-Blocker Treatment After a Heart Attack</p> <p>Members 18 years of age and older who were hospitalized and discharged with a diagnosis of AMI and received persistent beta-blocker treatment for six months after discharge.</p>	<p>Stress the importance of medication compliance and why they need to take a beta blocker at follow-up visits.</p> <p>Advise member not to stop medication without talking with provider first.</p> <p>Consider ordering a 90 days supply if permitted by member's benefit.</p> <p>There are exclusions for intolerance or allergy to beta blockers as well as conditions listed in next column.</p>	<p>ICD-10 Codes to Identify Exclusions:</p> <p>History of Asthma: J45.20-J45.998 COPD: J44.0, J44.1, J44.9 Chronic Respiratory Conditions due to Fumes/Vapors: J68.4</p> <p>Hypotension: I95.0-I95.9 Heart Block > 1st degree: I44.1-I44.7, I45.10-I45.3, I45.6, I49.5 Sinus Bradycardia: R00.1</p>
<p>Antidepressant Medication Management (AMM)</p> <p>Patients 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. Two rates are reported:</p> <ul style="list-style-type: none"> Effective Acute Phase: Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks) Effective Continuation Phase: Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months) 	<p>Educate patients that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions</p> <p>Stress that they should not stop medication abruptly or without consulting you first for assistance</p> <p>Schedule follow up appointments prior to patient leaving your office</p> <p>Outreach patients that cancel appointments and have not rescheduled</p> <p>Stress the importance of medication compliance.</p>	<p>ICD-10 CM Codes for Major Depression:</p> <p>F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>
<p>SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD</p> <p>Members age 40 years or older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry to confirm the diagnosis.</p>	<p>Educate members that are newly diagnosed with COPD or newly active COPD about the importance of spirometry testing</p> <p>Submit timely claims for spirometry testing performed in your office.</p>	<p>COPD ICD-10 Codes: J44.0, J44.1, J44.9,</p> <p>Chronic Bronchitis ICD-10 CM: J41.0, J41.1, J41.8, J42</p> <p>Emphysema ICD-10 CM Codes: J43.0-J43.9, J43.8, J43.9</p> <p>Spirometry CPT Codes: 94010, 94014-94016, 94060, 94070, 94375, 94620</p>
<p>OMW - Osteoporosis Management in Women Who Had a Fracture</p> <p>Women 67-85 years of age who suffered a fracture and had either a bone mineral density test or were prescribed a drug to treat osteoporosis in the 6 months after a fracture.</p>	<p>Schedule women age 67-85 years old to have a bone mineral density test (BMD) within six months after a fracture if they have not had a BMD test in the prior 24 months.</p> <p>Prescribe medications to treat osteoporosis when indicated.</p>	<p>Bone Density: CPT Codes: 76977, 77078, 77080-77082, 77085-77086 ICD-10 PCS Codes: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 HCPCS G0130 Osteoporosis Medications J0630, J0897, J3110, J1740, J3487-J3489, Q2051</p>
<p>LBP - Use of Imaging Studies for Low Back Pain</p> <p>Adults age 18-50 years old with a primary diagnosis of low back pain, who did not have an imaging study (plain x-ray, MRI or CT scan) within 28 days of the diagnosis</p>	<p>Occasional uncomplicated low back pain in adults often resolves within this 28 day time frame. Imaging before 28 days is usually unnecessary.</p> <p>Exclusions to this measure—a diagnosis of HIV or cancer anytime in the patients history or pregnancy during the measurement year.</p> <p>Or a diagnosis of trauma, IV drug use or neurological impairment during the 12 months prior to the low back pain diagnosis.</p>	<p>ICD-10 CM Codes for Uncomplicated Low Back Pain:</p> <p>M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.30-M54.32, M54.40-M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA-S39.82XS, S39.92XA, S39.92XD, S39.92XS</p>

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<p>W15- Well Child 15 months</p> <p>Members 0-15 months of age with 6 comprehensive well child visits.</p> <p>Minimum of 6 well visits required before 15 months old</p>	<p>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</p> <p>Documentation MUST include ALL three criteria: health education/guidance, physical exam, health and developmental history (physical and mental).</p> <p>Anticipatory guidance must be documented.</p>	<p>ICD-10CM Codes: Z00.11 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9</p> <p>CPT Codes: 99381, 99382, 99391, 99392, 99461</p> <p>HCPCS: G0438, G0439</p>
<p>W34 -Well Child 3-6 years</p> <p>Members 3-6 years of age with at least 1 comprehensive well child visits annually.</p> <p>Minimum of 1 visit required annually</p>	<p>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</p> <p>Documentation MUST include ALL three criteria: health and developmental history, physical exam, health education/guidance.</p> <p>Anticipatory guidance must be documented.</p>	<p>ICD-10CM Codes: Z00.121 -Z00.129, Z00.5, Z00.8, Z02.0 -Z02.9</p> <p>CPT Codes: 99382, 99383, 99392, 99393</p> <p>HCPCS: G0438, G0439</p>
<p>WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p> <p>Children age 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity</p>	<p>Document height, weight and BMI percentile.</p> <p>Discussion and documentation of nutrition and physical activity during at least one office visit annually.</p>	<p>BMI Percentile ICD-10 CM Codes: Z68.51-Z68.54</p> <p>Nutrition Counseling ICD-10 CM Code: Z71.3 CPT Codes 97802-97804 HCPCS G0447, G0270, G0271, S9449, S9452, S9470</p> <p>Physical Activity Counseling HCPCS: G0447 (face to face behavioral counseling for obesity—15 minutes) , S9451 (Exercise classes— non-physician provider) ICD-10 CM Code: Z02.5 (Sports physical)</p>
<p>AWC - Adolescent Well Care Visits</p> <p>Members 12-21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually.</p> <p>Minimum of 1 Required</p>	<p>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well visit exam.</p> <p>Documentation MUST include ALL three criteria: health and developmental history, physical exam, health education/guidance.</p> <p>Anticipatory guidance must be documented.</p>	<p>ICD-10 CM Codes: Z00.121 -Z00.129, Z00.5, Z00.8, Z02.0 -Z02.9</p> <p>CPT Codes: 99383-99385, 99393-99395</p> <p>HCPCS: G0438, G0439</p>
<p>IMA - Immunizations in Adolescents</p> <p>Members age 13 years of age who received: one Tdap vaccine between the 10th and 13th birthday, one Meningococcal Conjugate vaccine between the 11th and 13th birthday and three doses of HPV vaccine between the 9th and 13th birthday.</p> <p>Individual rates and 2 combinations are reported:</p> <ul style="list-style-type: none"> • Tdap and Meningococcal conjugate • Tdap, Meningococcal conjugate and HPV 	<p>Educate staff to schedule PRIOR to 13th birthday.</p> <p>Document and submit timely with correct code.</p> <p>HPV is now for both females and males.</p> <p>Educate families on the importance of these immunizations.</p> <p>Give call reminders for series vaccines</p>	<p>Tdap CPT Code: 90715 CVX Code: 115</p> <p>Meningococcal CPT Codes: 90644 90734 CVX Codes: 114, 136, 148</p> <p>HPV CPT Codes: 90649, 90650, 90651 CVX Codes: 62, 118, 165</p>

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<p>CIS/LCS - Childhood Immunization Status and Lead Screening in Children</p> <p>Children who received recommended vaccinations prior to second birthday.</p> <p>Children who had one or more lead blood tests for lead poisoning by their second birthday.</p> <p>*Document parental refusal.*</p>	<p>Educate office staff to schedule appointments PRIOR to 2nd birthday. Call families to schedule appointments for those that are behind.</p> <p>Any vaccines after the age of 2 are considered late in HEDIS reporting.</p> <p>Educate parents/guardians regarding the importance of having their child immunized as well as keeping appointments.</p> <p>Immunizations recommended: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus and 2 Influenza vaccines by the second birthday.</p> <p>Document in the medical record if member has evidence of the disease for which immunization is intended or if a contraindication to the vaccine exists.</p> <p>Lead screening test should be completed on all children before their second birthday.</p>	<p>Vaccine Codes</p> <p>DTaP CPT Codes: 90698, 90700, 90721, 90723 CVX Codes: 20, 50, 106, 110, 120</p> <p>IPV CPT Codes: 90698, 90713, 90723 CVX Codes: 10, 110, 120</p> <p>HiB CPT Codes: 90644-90648, 90698, 90721, 90748 CVX Codes: 46 -51, 120, 148</p> <p>HepB CPT Codes: 90723, 90740, 90744, 90747, 90748 CVX Codes: 08, 44, 51, 110 HCPCS:G0010 ICD-10 PCS: 3E0234Z</p> <p>PCV CPT Codes: 90669, 90670 CVX Codes: 100, 133 HCPCS: G0009</p> <p>VZV CPT Codes: 90710, 90716 CVX Codes: 21, 94</p> <p>MMR CPT Codes: 90707, 90710 CVX Codes: 03, 94</p> <p>Measles CPT Code: 90705 CVX Code: 05</p> <p>Measles/Rubella CPT Code: 90708 CVX Code: 04</p> <p>Mumps CPT Code: 90704 CVX Code: 07</p> <p>Rubella CPT Code: 90706 CVX Code: 06</p> <p>Rotavirus 2 dose CPT Code: 90681 CVX Code: 119</p> <p>Rotavirus 3 dose CPT Code: 90680 CVX Code: 116</p> <p>HepA CPT Code: 90633 CVX Code: 83</p> <p>Flu CPT Code: 90655, 90657, 90661, 90662, 90673, 90685, 90687 CVX Codes: 135, 140, 141, 153, 155, 158, 161 HCPCS: G0008</p> <p>Lead CPT Code: 83655 LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7</p>
<p>ADD - Follow-Up Care for Children Prescribed ADHD Medication</p> <p>Children 6-12 years of age, newly prescribed ADHD medication who had at least 3 follow-up visits within a 10 month period, one of which was within 30 days of when the ADHD medication was dispensed. Two rates are reported:</p> <p>Initiation Phase: A follow-up visit with a practitioner with prescribing authority during the 30 day initiation phase</p> <p>Continuation Phase: children that remained on the ADHD medication for at least 210 days, and in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	<p>When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office.</p> <p>Explain to the parent/guardian the importance of follow-up care</p> <p>Schedule the initial follow-up for 2-3 weeks after starting the medication</p> <p>No refills unless the child has the initial follow-up visit</p> <p>After the initial follow-up visit, schedule at least 2 more visits over the next 9 months to check the child's progress</p> <p>Encourage parents/caregivers to ask questions about their child's ADHD</p>	<p>CPT stand alone visit codes: 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>HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p>UB REV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983</p> <p>CPT codes that require a POS code: CPT Group 1: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 POS Group 1: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72</p> <p>CPT Group 2: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS Group 2: 52, 53</p> <p>One follow-up visit can also be completed via telephone Telephone Visit CPT Codes: 98966-98968, 99441-99443</p>

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<p>URI - Appropriate Treatment for Children with Upper Respiratory Infection</p> <p>Report of children age 3 months to 18 years that were given only a diagnosis of URI and were NOT dispensed an antibiotic prescription</p>	<p>Do not prescribe antibiotics for URI treatment.</p> <p>Document and submit appropriate diagnosis on claims if more than one diagnosis is appropriate</p>	<p>ICD-10 CM Codes : J00, J06.0, J06.9</p>
<p>CWP- Appropriate Testing for Children with Pharyngitis</p> <p>Children age 2-18 years that receive a group A strep test when dispensed an antibiotic for only a diagnosis of pharyngitis</p>	<p>Test all children for group A strep before prescribing an antibiotic for only a diagnosis of pharyngitis.</p> <p>Document and submit claims for all appropriate diagnoses established at the visit</p> <p>Submit claim for in-office rapid strep test</p>	<p>Pharyngitis ICD-10 CM Codes: J02.0-J03.91</p> <p>Group A Strep Tests</p> <p>CPT Codes: 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p>LOINC: 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6556-5, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2</p>
<p>AAB- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</p> <p>Adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.</p>	<p>Treat acute bronchitis primarily with home treatments to relieve symptoms. Antibiotics don't usually help (viral).</p> <p>Of course, some patients have comorbid conditions and require antibiotics. These patients would be excluded from this measure reporting.</p> <p>Educate patients about overuse of antibiotics and resistance.</p>	<p>Acute Bronchitis: ICD-10 CM Codes: J20.3-J20.9</p>
<p>MMA– Medication Management for People With Asthma</p> <p>Members age 5-85, identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period (end of calendar year)</p> <p>Two rates reported:</p> <ol style="list-style-type: none"> 1. Remained on asthma controller medication for at least 50% of the treatment period. 2. Remained on asthma controller medication for at least 75% of the treatment period. 	<p>Schedule regular follow-up for people with persistent asthma</p> <p>Patient education about benefits of medication compliance</p> <p>Order medications that are on the member's health plan formulary</p>	<p>Asthma Controller Medications</p> <p>Antiasthmatic Combinations - Dyphylline-guaifenesin, Guaifenesin-theophylline</p> <p>Antibody Inhibitor - Omalizumab</p> <p>Inhaled Steroid Combinations- Budesonide-formoterol, Mometasone-formoterol, Fluticasone-salmeterol</p> <p>Inhaled Corticosteroids - Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone</p> <p>Leukotriene Modifiers- Montelukast, Zafirlukast, Zileuton</p> <p>Mast Cell Stabilizers - Cromolyn</p> <p>Methylxanthines- Aminophylline, Dyphylline, Theophylline</p> <p>Exclusions—anytime in patient's history</p> <p>Acute Respiratory Failure ICD-10: J96.00-J96.02, J96.20-J96.22 ICD-9: 518.81</p> <p>Chronic Respiratory Conditions due to Fumes/Vapors ICD-10: J68.4 ICD-9: 506.4</p> <p>COPD ICD-10: J44.0, J44.1, J44.9 ICD-9: 493.2-493.22, 496</p> <p>Cystic Fibrosis ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9 ICD-9: 277-277.03, 277.09</p> <p>Emphysema ICD-10: J43.0-J43.2, J43.8-J43.9 ICD-9: 492, 492.8</p> <p>Other Emphysema ICD-10: J98.2, J98.3 ICD-9: 518.1, 518.2</p> <p>Obstructive Chronic Bronchitis ICD-9: 491.20-491.22</p>

HEDIS Measure Definitions	What You Can Do	Coding Tips
<p>PCE - Pharmacotherapy Management of COPD Exacerbation</p> <p>Members age 40 and older who had an acute IP stay or ED visit with a diagnosis of COPD exacerbation and were dispensed appropriate medications. Two rates are reported:</p> <ol style="list-style-type: none"> 1. Dispensed a systemic corticosteroid (or evidence of an active prescription) within 14 days of the event 2. Dispensed a bronchodilator (or evidence of an active prescription) within 30 days of the event. 	<p>Schedule follow-up appointments with these members within a few days of their hospital discharge or ED visit</p> <p>Medication reconciliation is key</p> <p>Member education to include filling the prescriptions, appropriate use and side effects</p> <p>Order medications that are on the member's health plan formulary</p>	<p>Systemic Corticosteroids-</p> <p>Glucocorticosteroids- Betamethasone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone, Triamcinolone</p> <p>Bronchodilators-</p> <p>Anticholinergic Agents- Albuterol-ipratropium, Ipratropium, Acidinium-bromide, Tiotropium, Umeclidium</p> <p>Beta 2-agonists - Albuterol, Levalbuterol, Arformoterol, Mometasone-formoterol, Budesonide-formoterol, Meta proterenol, Fluticasone-salmeterol, Olodaterol-hydrochloride, Olodaterol-tiotropium, Fluticasone-vilanterol, Pirbuterol, Formoterol, Salmeterol, Indacaterol, Umeclidinium-vilanterol</p> <p>Methylxanthines- Aminophylline, Dyphylline, Dyphylline-guaifenesin, Theophylline, Guaifenesin-theophylline</p>
<p>AMR—Asthma Medication Ratio</p> <p>Percentage of members 5-85 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 year.</p> <p>Four age bands and a total rate are reported:</p> <ul style="list-style-type: none"> • 5–11 years. • 12–18 years. • 19–50 years • 51–64 years • Total 	<p>Perform a thorough review of medications at each visit to ensure medication is being utilized</p> <p>Provide medication compliance education</p>	<p>Asthma ICD-10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p>Exclusions to this measure:</p> <p>Emphysema ICD-10: J43.0-J43.2, J43.8-J43.9 ICD-9: 492, 492.8</p> <p>Other Emphysema ICD-10: J98.2, J98.3 ICD-9: 518.1</p> <p>COPD ICD-10: J44.0, J44.1, J44.9 ICD-9: 493.2-493.22, 496</p> <p>Obstructive Chronic Bronchitis ICD-9: 491.20-491.22</p> <p>Chronic Respiratory Conditions due to Fumes/Vapors ICD-10: J68.4 ICD-9: 506.4</p> <p>Cystic Fibrosis ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9 ICD-9: 277-277.03, 277.09</p> <p>Acute Respiratory Failure ICD-10: J96.00-J96.02, J96.20-J96.22 ICD-9: 518.81</p>
<p>SSD—Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</p> <p>Patients 18 –64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test annually</p>	<p>Screen your patients with Schizophrenia or Bipolar Disorder that are taking antipsychotic medications yearly for diabetes</p> <p>Explain to the patient the importance of completing lab work ordered</p>	<p>Glucose Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1C Test CPT: 83036, 83037, 3044F-3046F</p>
<p>Data collected through member surveys</p> <ul style="list-style-type: none"> -Aspirin Use and Discussion -Flu Vaccination for Adults -Medical Assistance With Smoking and Tobacco Use Cessation -Pneumococcal Vaccination Status for Older Adults 	<p>Ask patients if they are taking a daily aspirin and discuss the risks and benefits of using it.</p> <p>Encourage all patients to get a flu shot annually unless it is contraindicated.</p> <p>Ask you patients if they smoke. If they do, advise them to quit, discuss cessation medications and other quitting strategies.</p> <p>Encourage patients over 65 to get the pneumococcal vaccine unless contraindicated.</p>	