

HEDIS® Reference Guide



HEDIS® REFERENCE GUIDE

Table of Contents

Contents

| | |
|--|----|
| Table of Contents | 1 |
| Child and Adolescent Measures | 3 |
| Childhood Immunizations..... | 3 |
| Immunizations for Adolescents..... | 4 |
| Lead Screening in Children..... | 4 |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents..... | 5 |
| Well-Child Visits in the First 30 Months of Life | 6 |
| Child and Adolescent Well-Care Visits..... | 7 |
| Follow-up Care for Children Prescribed ADHD Medications | 8 |
| Women’s Care | 9 |
| Breast Cancer Screening..... | 9 |
| Cervical Cancer Screening..... | 11 |
| Chlamydia Screening..... | 12 |
| Prenatal Care | 13 |
| Post-Partum Care..... | 15 |
| Adult Care | 17 |
| Adults Access to Preventive/Ambulatory Health Services | 17 |
| Chronic Condition Management | 18 |
| Comprehensive Diabetes Care – HbA1c Testing and Control | 18 |



HEDIS® REFERENCE GUIDE

| | |
|--|----|
| Comprehensive Diabetes Care – Blood Pressure Control..... | 19 |
| Comprehensive Diabetes Care – Diabetic Eye Exam (retinal)..... | 21 |
| Controlling High Blood Pressure..... | 23 |
| Alcohol and Other Drug Abuse/Dependence..... | 25 |
| Follow-Up After Emergency Department Visit for Substance Use..... | 25 |
| Diagnosed Substance Use Disorders..... | 26 |
| Behavioral Health..... | 28 |
| Follow-Up After ED Visit for Mental Illness..... | 28 |
| Diabetes Monitoring for People With Diabetes and Schizophrenia..... | 29 |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia..... | 31 |
| Antidepressant Medication Management..... | 32 |



HEDIS® REFERENCE GUIDE

Child and Adolescent Measures

Childhood Immunizations

| | | | | | | | | | | | |
|--|---|--------------------------------|---------------|---------------------------------|---------|---|--|---------------------|---------|-------------------------------------|--|
| <p>Measure Description: The percentage of children 2 years of age who had the following by their second birthday:</p> <table border="1" data-bbox="155 441 987 652"> <tr> <td>4 DTaP</td> <td>4 PCV (Pneumococcal Conjugate)</td> </tr> <tr> <td>3 IPV (Polio)</td> <td>3 Hib (Haemophilus influenza B)</td> </tr> <tr> <td>3 Hep B</td> <td>2 or 3 RV (Rotavirus); depends on type of vaccine</td> </tr> <tr> <td>2 Flu (Influenza); LAIV may be included for one of the two vaccinations. *</td> <td>1 VZV (Chicken Pox)</td> </tr> <tr> <td>1 Hep A</td> <td>1 MMR (Measles, Mumps, and Rubella)</td> </tr> </table> | 4 DTaP | 4 PCV (Pneumococcal Conjugate) | 3 IPV (Polio) | 3 Hib (Haemophilus influenza B) | 3 Hep B | 2 or 3 RV (Rotavirus); depends on type of vaccine | 2 Flu (Influenza); LAIV may be included for one of the two vaccinations. * | 1 VZV (Chicken Pox) | 1 Hep A | 1 MMR (Measles, Mumps, and Rubella) | <p>Documentation Requirements: For immunization evidence obtained from the medical record, count patients where there is evidence that the antigen was rendered from one of the following:</p> <ul style="list-style-type: none"> A note indicating the name of the specific antigen and the date of the immunization A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. <p>For documented history of illness or a seropositive test result, there must be a note indicating the date of the event, which must have occurred by the patient's second birthday.</p> <p>*LAIV vaccination must be administered <u>ON</u> the child's second birthday. Do not count an LAIV vaccination administered before the child's second birthday.</p> |
| 4 DTaP | 4 PCV (Pneumococcal Conjugate) | | | | | | | | | | |
| 3 IPV (Polio) | 3 Hib (Haemophilus influenza B) | | | | | | | | | | |
| 3 Hep B | 2 or 3 RV (Rotavirus); depends on type of vaccine | | | | | | | | | | |
| 2 Flu (Influenza); LAIV may be included for one of the two vaccinations. * | 1 VZV (Chicken Pox) | | | | | | | | | | |
| 1 Hep A | 1 MMR (Measles, Mumps, and Rubella) | | | | | | | | | | |
| <p>Exclusions: Patients who meet any of the following criteria:</p> <ul style="list-style-type: none"> Patients in hospice or using hospice services anytime during the measurement year. Patients who had any of the following on or before their second birthday: <ul style="list-style-type: none"> Severe combined immunodeficiency Immunodeficiency HIV Lymphoreticular cancer Multiple myeloma or leukemia. Intussusception | <p>Coding: DTaP: CPT: 90698, 90700, 90721, 90723, 90697 IPV: CPT: 90698, 90713, 90723, 90697 MMR: CPT: 90707, 90710 History of Measles: ICD10CM: B05.0-B05.4, B05.81, B05.89, B05.9 History of Mumps: ICD10CM: B26.0-B26.3, B26.81-B26.85, B26.89, B26.9 History Rubella: ICD10CM: B06.00-B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 HiB: CPT: 90644, 90648, 90698, 90721, 90748, 90647, 90648, 90697 Hep B: CPT: 90723, 90740, 90744, 90747, 90748; HCPCS: G0010 History of Hep B: ICD10CM: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51 VZV: CPT: 90710, 90716; History of Chicken pox: ICD10CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29- B02.34, B02.39, B02.7-B02.9 PCV: CPT: 90670; HCPCS: G0009 Hep A: CPT: 90633 History of Hep A: ICD10CM: B15.0, B15.9 RV: CPT: 90681 (2 doses), 90680 (3 doses) Flu: CPT: 90655, 90657, 90660, 90661, 90673, 90685-90689, 90672, 90660; HCPCS: G0008</p> | | | | | | | | | | |



HEDIS® REFERENCE GUIDE

Immunizations for Adolescents

| | |
|--|---|
| <p>Measure Description: Percentage of adolescents 13 years of age who had the following vaccines by their 13th birthday:</p> <ul style="list-style-type: none"> • 1 dose of meningococcal (serogroup A, C, W, or Y) between 11-13th birthday • 1 Tdap vaccine between 10-13th birthday • 2 or 3 HPV vaccines (depends on series) between 9- by their 13th birthday | <p>Documentation Requirements: For immunization evidence obtained from the medical record, count patients where there is evidence that the antigen was rendered from one of the following:</p> <ul style="list-style-type: none"> * A note indicating the name of the specific antigen and the date of the immunization * A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. <p>For the 2 dose, HPV vaccine series there must be at least 146 days between the first and second dose of the HPV vaccine.</p> |
| <p>Exclusions: Patients with documentation of anaphylactic reaction to vaccine or its components on or before the patient's 13th birthday, or encephalopathy due to vaccination(Tdap), as indicated by the appropriate ICD10CM Code</p> <p>Members in hospice or using hospice services anytime during the measurement year.</p> | <p>Coding: HPV: CPT: 90649, 90650, 90651 Meningococcal: CPT: 90734, 90733, 90619 Tdap: CPT: 90715</p> |

Lead Screening in Children

| | |
|--|---|
| <p>Measure Description: 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</p> | <p>Documentation Requirements: Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> • A note indicating the date the test was performed • The result or finding. |
| <p>Exclusions: Members in hospice or using hospice services anytime during the measurement year.</p> | <p>Coding: CPT: 83655</p> |



HEDIS® REFERENCE GUIDE

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

| | |
|---|--|
| <p>Measure Description: Percentage of patients 3-17 years of age who had an outpatient visit* with a PCP or OB/GYN and who had evidence of the following during the current year:</p> <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity | <p>Documentation Requirements:</p> <p>BMI Percentile: Documentation must include height, weight, and BMI percentile during the current year. The height, weight and BMI percentile must be from the same data source. BMI, height and weight may be member reported.</p> <p>Either of the following meets criteria for BMI percentile: * BMI percentile documented as a value (e.g. 85th percentile) * BMI percentile plotted on an age-growth chart.</p> <p>Counseling for nutrition: Documentation must include a note indicating the date and at least one of the following: * Discussion of current nutrition behaviors * Checklist indicating nutrition was addressed * Counseling or referral for nutrition education or referral to WIC * Patient received educational materials on nutrition during a face-to-face visit * Anticipatory guidance for nutrition * Weight or obesity counseling</p> <p>Counseling for physical activity: Documentation must include a note indicating the date and at least one of the following: * Discussion of current physical activity behaviors * Checklist indicating physical activity was addressed * Counseling or referral for physical activity * Patient received educational materials on physical activity during a face-to-face visit * Anticipatory guidance specific to the child's physical activity * Weight or obesity counseling</p> <p>NOTE: Services rendered during a telephone visit, e-visit or virtual check-in meet the criteria for nutrition and physician activity counseling indicators.</p> |
| <p>Exclusions: Female patients who have a diagnosis of pregnancy during the current year</p> | <p>Coding: BMI Percentile: ICD10CM: Z68.51 - Z68.54 Nutrition: CPT: 97802-97804; HCPCS: G0270, G0271, G0447, S9449, S9452, S9470; ICD10CM: Z71.3 Physical Activity: HCPCS: S9451, G0447; ICD10CM: Z02.5, Z71.82</p> |



HEDIS® REFERENCE GUIDE

Well-Child Visits in the First 30 Months of Life

| | |
|---|---|
| <p>Measure Description:</p> <p>The percentage of patients who had the following number of well-child visits with a PCP during the last 30 months via outpatient or telehealth visits.</p> <ol style="list-style-type: none"> Well-Child Visits in the First 15 Months. Children who turned 15 months old during the current year: Six or more well-child visits. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the current year: Two or more well-child visits <p>NOTE: 99381-99385 AND 99391-99395 also count toward EPSDT visits.</p> | <p>Documentation Requirements:</p> <p>Administrative only (claim must be received with one of the well-visit codes below).</p> <p>Interactive audio and video telehealth visits count toward this measure when well-visit codes are submitted in conjunction with a telehealth modifier and/or telehealth POS code.</p> |
| <p>Exclusions:</p> <p>Patients in hospice or using hospice services anytime during the measurement year.</p> | <p>Coding:</p> <p>CPT: 99381-99385, 99391-99395, 99461; HCPCS: G0438, G0439, S0302 (S0302 requires additional Eval & Man code); ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p>Telehealth Modifier: GT or 95 Telehealth POS: 02</p> |



HEDIS® REFERENCE GUIDE

Child and Adolescent Well-Care Visits

| | |
|--|--|
| <p>Measure Description:</p> <p>The percentage of patients 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner via outpatient or telehealth visit during the current measurement year.</p> <p>NOTE: 99381-99385 AND 99391-99395 also count toward EPSDT visits.</p> | <p>Documentation Requirements:</p> <p>Administrative only (claim must be received with one of the well-visit codes below).</p> <p>Interactive audio and video telehealth visits count toward this measure when well-visit code submitted.</p> |
| <p>Exclusions:</p> <p>Patients in hospice or using hospice services anytime during the measurement year.</p> | <p>Coding:</p> <p>CPT: <u>99381-99385, 99391-99395</u>, 99461;</p> <p>HCPCS: G0438, G0439, S0302 (S0302 requires additional Eval & Man code);</p> <p>ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p>Telehealth Modifier: GT or 95</p> <p>Telehealth POS: 02</p> |



HEDIS® REFERENCE GUIDE

Follow-up Care for Children Prescribed ADHD Medications

| <p>Measure Description: Percentage of children 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. Two rates reported:</p> <ol style="list-style-type: none"> 1. <i>Initiation Phase.</i> The percentage of patients 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. 2. <i>Continuation and Maintenance (C&M) Phase.</i> The percentage of patients 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ends. | <p>Documentation Requirements: Administrative Only - Claim for office visit after dispensing ADHD medication:</p> <ul style="list-style-type: none"> • One follow-up visit, which may be a telehealth or telephone visit, with a practitioner with prescribing authority during the 30-day initiation phase | | | | | | | | |
|---|--|-------------|---------------|----------------|--|---------------------------|---|--------------------------------|---|
| <p>Exclusions:</p> <ul style="list-style-type: none"> • Patients with a diagnosis of narcolepsy any time during their history through December 31 of the measurement year. • Patients in hospice or using hospice services anytime during the measurement year. | <p>Coding: Filled prescription for ADHD medication <u>and</u> outpatient visit codes with practitioner with prescribing authority. Telehealth Visits: add POS code 02 to the visit code. Telehealth Modifier: GT or 95 Telephone Visits: CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>ADHD Medication:</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>CNS stimulants</td> <td> <ul style="list-style-type: none"> • Amphetamine-dextroamphetamine • Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methylphenidate • Methamphetamine </td> </tr> <tr> <td>Alpha-2 receptor agonists</td> <td> <ul style="list-style-type: none"> • Clonidine • Guanfacine </td> </tr> <tr> <td>Miscellaneous ADHD medications</td> <td> <ul style="list-style-type: none"> • Atomoxetine </td> </tr> </tbody> </table> | Description | Prescriptions | CNS stimulants | <ul style="list-style-type: none"> • Amphetamine-dextroamphetamine • Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methylphenidate • Methamphetamine | Alpha-2 receptor agonists | <ul style="list-style-type: none"> • Clonidine • Guanfacine | Miscellaneous ADHD medications | <ul style="list-style-type: none"> • Atomoxetine |
| Description | Prescriptions | | | | | | | | |
| CNS stimulants | <ul style="list-style-type: none"> • Amphetamine-dextroamphetamine • Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methylphenidate • Methamphetamine | | | | | | | | |
| Alpha-2 receptor agonists | <ul style="list-style-type: none"> • Clonidine • Guanfacine | | | | | | | | |
| Miscellaneous ADHD medications | <ul style="list-style-type: none"> • Atomoxetine | | | | | | | | |



HEDIS® REFERENCE GUIDE

Women's Care

Breast Cancer Screening

| | |
|---|---|
| <p>Measure Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. every 2 year</p> | <p>Documentation Requirements: Administrative only (claim must be received with one of the codes)</p> |
| <p>Exclusions: Exclude members who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Patients in hospice or using hospice services anytime during the measurement year. • Members receiving palliative care during the measurement year. <p>Medicare patients 66 years of age and older as of December 31 of the measurement year who meet either of the following:</p> <ul style="list-style-type: none"> • Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. • Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Patients 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> — At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. — At least one acute inpatient encounter with an advanced illness diagnosis. | <p>Coding: Mammography codes: CPT: 77055 - 77057, 77061 - 77063, 77065 - 77067 HCPCS: G0202, G0204, G0206</p> <p>History of Bilateral Mastectomy code: ICD10CM: Z90.13</p> <p>Absence of Breasts: ICD10CM: Z90.12 (left), Z90.11 (right)</p> <p style="text-align: right;">(Continued next page)</p> |



HEDIS® REFERENCE GUIDE

- At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stay.
 2. Exclude nonacute inpatient stay
 3. Identify the discharge date for the stay.
- A dispensed dementia medication

HEDIS® REFERENCE GUIDE

Cervical Cancer Screening

| | |
|---|--|
| <p>Measure Description: Percentage of women 21-64 years of age who were screened for cervical cancer through either:</p> <ul style="list-style-type: none"> • 21-64 years of age who had a cervical cytology performed within the last 3 years • 30-64 years of age who had HPV testing performed within the last 5 years • 30-64 years of age who had a cervical cytology and HPV co-testing within the last 5 years | <p>Documentation Requirements: For women 21-64 years of age documentation must include:</p> <ul style="list-style-type: none"> • A note indicating the date when the cervical cytology test was performed with the results or findings <p>For women 30-64 years of age documentation must include:</p> <ul style="list-style-type: none"> • A note indicating the date when the cervical cytology and HPV test were performed with the results or findings. <p>NOTE: Notations in the medical record from telehealth visits that document a history of cervical cancer screening in timeframe <u>and</u> the results (positive or negative) may count toward this measure.</p> |
| <p>Exclusions: Female patients who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the patient's history</p> <p>Documentation of <i>one</i> of the following:</p> <ul style="list-style-type: none"> ○ “Complete,” “total” or “radical” hysterectomy (abdominal, vaginal or unspecified). ○ “Vaginal hysterectomy.” ○ “Vaginal pap smear” in conjunction with documentation of “hysterectomy.” ○ “Hysterectomy” in combination with documentation that the patient no longer needs pap testing/cervical cancer screening. <p>NOTE: Documentation of hysterectomy alone does not meet the criteria, because it is not sufficient evidence that the cervix was removed.</p> <p>Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care during the measurement year.</p> | <p>Coding: Cervical Cytology: CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Tests: CPT: 87620-87622, 87624, 87625 HCPCS: G0476</p> <p>Absence of Cervix: ICD10CM: Q51.5, Z90.710, Z90.712</p> |



HEDIS® REFERENCE GUIDE

Chlamydia Screening

| | |
|--|--|
| <p>Measure Description: Percentage of women 16-24 who have been identified as sexually active who had at least one test for chlamydia in the current year</p> | <p>Documentation Requirements: Administrative only (claim must be received with one of the codes)</p> |
| <p>Exclusions:</p> <ul style="list-style-type: none"> • Patients who had a pregnancy test during the current year and a prescription for retinoid medication on the date of the pregnancy test or the 6 days after the pregnancy test • Patients who had a pregnancy test during the current year and an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test | <p>Coding: Chlamydia Test: CPT: 87110, 87270, 87320, 87490 – 87492, 87810</p> <p>NOTE: Sexual activity is identified by pregnancy test, STI/STD dx, or dispensed prescription contraceptives during the current year.</p> |



HEDIS® REFERENCE GUIDE

Prenatal Care

| | |
|---|---|
| <p>Measure Description: Percentage of deliveries that received a prenatal care visit in the first trimester, or on or before the enrollment start date or within 42 days of enrollment in the organization</p> | <p>Documentation Requirements: Prenatal care visit to an OB/GYN or other prenatal care practitioner, or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of <i>one</i> of the following.</p> <ol style="list-style-type: none">1. Documentation indicating the woman is pregnant or references to the pregnancy; for example:<ul style="list-style-type: none">• Documentation in a standardized prenatal flow sheet, <i>or</i>• Documentation of LMP, EDD or gestational age, <i>or</i>• A positive pregnancy test result, <i>or</i>• Documentation of gravidity and parity, <i>or</i>• Documentation of complete obstetrical history, <i>or</i>• Documentation of prenatal risk assessment and counseling/education.2. A basic physical OB (obstetrical) examination that includes auscultation for fetal heart tone, or pelvic exam with OB observations, or measurement of fundus height3. Evidence that a prenatal care procedure was performed, such as:<ul style="list-style-type: none">• Screening test in the form of OB panel, or• TORCH antibody panel alone, or• A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or• Ultrasound of a pregnant uterus <p>Note: Services provided during a telehealth visit, telephone visit, e-visit or virtual check-in are eligible for reporting this measure.</p> <p>(Codes on next page)</p> |
|---|---|



HEDIS® REFERENCE GUIDE

| | |
|--|---|
| <p>Exclusions:</p> <p>Members in hospice or using hospice services anytime during the measurement year.</p> | <p>Coding:</p> <p>Prenatal Bundled Services: CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005</p> <p>Stand Alone Prenatal Visits: CPT: 99500 HCPCS: H1000, H1001, H1002, H1003, H1004</p> <p>Prenatal Ultrasound code below <u>and</u> a Prenatal Visit code: CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p> <p>Prenatal Visit Code below <u>and</u> a Pregnancy-related Diagnosis Code CPT: 99201-99205, 99211-99215, 99241-99245, 99483 HCPCS: G0463 T1015</p> <p>Telephone Visit Code below <u>and</u> a Pregnancy-related Diagnosis Code: CPT: 98966--98968, 99441-99443</p> <p>Online Assessment Codes (e-visits & virtual check-ins) below <u>and</u> Pregnancy-related Diagnosis Code: CPT: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061-G2063</p> <p>Telehealth Modifier: GT or 95 Telehealth POS: 02</p> <p>NOTE: Services provided during a telehealth visit, telephone visit, e-visit or virtual check-in are eligible for reporting this measure.</p> |
|--|---|



HEDIS® REFERENCE GUIDE

Post-Partum Care

| | |
|--|--|
| <p>Measure Description: Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery</p> | <p>Documentation Requirements: Postpartum visit to an OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery.</p> <p>Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and <i>one</i> of the following.</p> <ul style="list-style-type: none"> ○ Pelvic exam. ○ Pap Test ○ Evaluation of weight, BP, breasts and abdomen. – Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component. ○ 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. ○ Perineal or cesarean incision/wound check. <p>NOTE: Post-Partum services provided during a telehealth visit, telephone visit, e-visit, or virtual check-in are eligible for reporting this measure.</p> |
| <p>Exclusions: Non-live births Members in hospice or using hospice services anytime during the measurement year.</p> | <p>Coding: Post-Partum Bundled Services: CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p> <p>Post-Partum Visits: CPT: 57170, 58300, 59430, 99501 HCPCS: G0101 ICD10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p>Cervical Cytology: CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>(Codes continue next page)</p> |



HEDIS® REFERENCE GUIDE

Telephone Visit:

CPT: 98966--98968, 99441-99443

Online Assessment Codes (e-visits & virtual check-ins): CPT:

98969-98972, 99421-99423, 99444, 99458 **HCPCS:**
G2010, G2012, G2061-G2063

Telehealth Modifier: GT or 95

Telehealth POS: 02

NOTE: Services provided during a telehealth visit, telephone visit, e-visit or virtual check-in are eligible for reporting this measure.



HEDIS® REFERENCE GUIDE

Adult Care

Adults Access to Preventive/Ambulatory Health Services

| | |
|--|---|
| <p>Measure Description: Percentage of patients 20 years and older who had an ambulatory or preventive care visit during the current year.</p> | <p>Documentation Requirements: Administrative only (claim must be received with one of the codes below)</p> <p>NOTE: CPT Codes 99381-99385 and 99391-99395 also count toward EPSDT and Well Care Visit for patients 20-21 years.</p> <p>NOTE: Interactive audio and video telehealth visits also count toward this measure when visit code submitted with telehealth modifier and/or telehealth POS code.</p> |
| <p>Exclusions: Members in hospice or using hospice services anytime during the measurement year.</p> | <p>Coding:</p> <p>Ambulatory Visit Codes: CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 ICD10CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2</p> <p>Other Ambulatory Visit Codes: CPT: 92002, 92004, 92014, 99304 – 99310, 99315, 99316, 99318, 99324 – 99328, 99334 – 99337</p> <p>Telephone Visit Codes: CPT: 98966--98968, 99441-99443</p> <p>Online Assessment Codes (e-visits and virtual check-ins): CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G2010, G2012, G2061-G2063</p> <p>Telehealth Modifier: GT or 95 Telehealth POS: 02</p> |



HEDIS® REFERENCE GUIDE

Chronic Condition Management

Comprehensive Diabetes Care – HbA1c Testing and Control

| | |
|--|---|
| <p>Measure Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had HbA1c testing performed during the current year with results reported.</p> <ul style="list-style-type: none"> HbA1c control (<8.0%). HbA1c poor control (>9.0%). | <p>Documentation Requirements: At a minimum, documentation must include a note indicating the date when the HbA1c test was performed and the result or finding. Notation of the following includes:</p> <ul style="list-style-type: none"> A1c, HbA1c, HgbA1c, Hemoglobin A1c or HB1c Glycohemoglobin A1c, Glycohemoglobin Glycated hemoglobin, Glycosylated hemoglobin |
| <p>Exclusions:</p> <ul style="list-style-type: none"> During the past 2 years, patient had no history of diabetes and a diagnosis of gestational diabetes, steroid-induced diabetes or polycystic ovarian syndrome. Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year. Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care during the measurement year. Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> At least one claim/encounter for frailty during the measurement year. Any of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> Identify all acute and nonacute inpatient stay. <p>(exclusions continued next page)</p> | <p>Coding: HbA1c Test: CPT: 83036, 83037</p> <p>HbA1c Value: CPT-CATII: 3044F – HbA1c less than 7; 3046F – HbA1c greater than 9 3051F – HbA1c > or equal to 7 and less than 8 3052F – HbA1c > or equal to 8 and less than or equal to 9</p> |



HEDIS® REFERENCE GUIDE

| | |
|---|--|
| <ol style="list-style-type: none"> 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. <ul style="list-style-type: none"> – At least one acute inpatient encounter with an advanced illness diagnosis. – At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stay. 2. Exclude nonacute inpatient stay. 3. Identify the discharge date for the stay. – A dispensed dementia medication. | |
|---|--|

Comprehensive Diabetes Care – Blood Pressure Control

| | |
|---|---|
| <p>Measure Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had BP < 140/90 mm Hg during the current year.</p> <p>(Continued next page)</p> | <p>Documentation Requirements: The most recent BP level taken during the current year.</p> <ul style="list-style-type: none"> • Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. • Member reported BP readings documented in the medical record are acceptable • Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings reported by the member, documented in the medical record and reported in claims and encounter data. |
|---|---|



HEDIS® REFERENCE GUIDE

| | | |
|--|--|--|
| <p>Exclusions:</p> <ul style="list-style-type: none"> • During the past 2 years, patient had no history of diabetes and a diagnosis of gestational diabetes, steroid-induced diabetes or polycystic ovarian syndrome. • Members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year. • Members in hospice or using hospice services anytime during the measurement year. • Members receiving palliative care during the measurement year. • Patients 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> — At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stay. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the discharge date for the stay. — At least one acute inpatient encounter with an advanced illness diagnosis. — At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stay. 2. Exclude nonacute inpatient stay. 3. Identify the discharge date for the stay. — A dispensed dementia medication. | <p>Coding: CPT-CAT II (Code 1 ea. Systolic and Diastolic)</p> <p>Systolic: 3077F – SBP \geq 140; 3075F – SBP 130-139; 3074F – SBP < 130;</p> | <p>Diastolic: 3078F – DBP <80; 3079F – DBP 80-89; 3080F – DBP \geq 90</p> |
|--|--|--|



HEDIS® REFERENCE GUIDE

Comprehensive Diabetes Care – Diabetic Eye Exam (retinal)

| | |
|--|--|
| <p>Measure Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam performed during the current year.</p> | <p>Documentation Requirements: Screening and monitoring for diabetic retinal disease:</p> <ul style="list-style-type: none"> • A note or letter prepared by an OPH, OPT, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional, including date and results within the current year. • Documentation of a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional last year and results indicate retinopathy was not present. • Evidence that the patient had a bilateral eye enucleation any time during the patient's history through December 31 of the current year. • A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results. Results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist. • Eye exam results read by a system that provides artificial intelligence (AI) interpretation meet criteria. |
| <p>Exclusions:</p> <ul style="list-style-type: none"> • During the past 2 years, patient had no history of diabetes and a diagnosis of gestational diabetes, steroid-induced diabetes or polycystic ovarian syndrome. • Members in hospice or using hospice services anytime during the measurement year. • Members receiving palliative care during the measurement year. • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> – Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. – Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. • Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. At least one claim/encounter for frailty during the measurement year. | <p>Coding: CPT: 67028, 67030, 67031, 67036, 67039- 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213, 99214, 99215, 99242–99245</p> <p>CPT-CATII: 2022F-2026F, 2033F, 3072F (no evidence of retinopathy in prior year eye exam)</p> <p>HCPCS: S0620, S0621, S3000</p> |



HEDIS® REFERENCE GUIDE

2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
- At least two outpatient visits, observation visits, ED visits, telephone visits, e-visits or virtual check-ins, nonacute inpatient encounters or nonacute inpatient discharges on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 1. Identify all acute and nonacute inpatient stay.
 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
 3. Identify the discharge date for the stay.
 - At least one acute inpatient encounter with an advanced illness diagnosis.
 - At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge:
 1. Identify all acute and nonacute inpatient stay.
 2. Exclude nonacute inpatient stay.
 3. Identify the discharge date for the stay.
- A dispensed dementia medication.



HEDIS® REFERENCE GUIDE

Controlling High Blood Pressure

| | |
|---|--|
| <p>Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose most recent BP was adequately controlled during the current year (BP < 140/90 mm Hg).</p> | <p>Documentation Requirements: The most recent BP level taken during the current year.</p> <ul style="list-style-type: none"> Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading. Member reported BP readings documented in the medical record are acceptable Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings reported by the member and documented in the medical record and reported in claims and encounter data. |
| <p>Exclusions:</p> <ul style="list-style-type: none"> Patients with evidence of ESRD, Dialysis, Nephrectomy or Kidney Transplant Diagnosis of Pregnancy during the current year Providers in hospice or using hospice services anytime during the measurement year. Members receiving palliative care during the measurement year. Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. Members 66–80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet both of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> At least one claim/encounter for frailty during the measurement year. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): At least two outpatient visits, observation visits, ED visits (ED Value Set), telephone visits, e-visits or virtual check-ins, nonacute inpatient encounter or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge: | <p>Coding: CPT-CAT II (Code 1 ea. Systolic and Diastolic)</p> <p>Systolic: 3077F – SBP \geq 140; 3075F – SBP 130-139; 3074F – SBP < 130;</p> <p>Diastolic: 3078F – DBP <80; 3079F – DBP 80-89; 3080F – DBP \geq 90</p> |



HEDIS® REFERENCE GUIDE

- Identify all acute and nonacute inpatient stay.
- Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
- Identify the discharge date for the stay.
- At least one acute inpatient encounter with an advanced illness diagnosis.
- At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. To identify an acute inpatient discharge:
- Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
- Exclude nonacute inpatient stay.
- Identify the discharge date for the stay.
- A dispensed dementia medication
- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year.



HEDIS® REFERENCE GUIDE

Alcohol and Other Drug Abuse/Dependence

Follow-Up After Emergency Department Visit for Substance Use

| | |
|---|---|
| <p>Measure Description:</p> <p>Percentage of emergency department (ED) visits among patients age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). | <p>Documentation Requirements:</p> <p>Administrative Only - Claim for a follow-up visit with any practitioner, with a principal diagnosis of alcohol or other drug abuse and follow-up received:</p> <ul style="list-style-type: none"> • Within 7 days of the ED Visit <p>NOTE: If patients had more than one ED visit in a 31-day period, include only the first eligible ED visit</p> |
| <p>Exclusions:</p> <p>ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stay. 2. Identify the admission date for the stay. <p>These events are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.</p> <p>Patients in hospice or using hospice services anytime during the measurement year.</p> | <p>Visit Coding (must include a principal diagnosis of AOD abuse or dependence):</p> <p>Stand Alone Visits:</p> <p>CPT: 98960–98962, 99078, 99201– 99205, 99211-99215, 99241–99245, 99341–99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p>Group Visits:</p> <p>CPT: 90791, 90792, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p>Telephone Visits:</p> <p>CPT: 98966-98968, 99441-99443,</p> <p>Online Assessment Codes (e-visits and virtual check-ins):</p> <p>CPT: 98969-98972, 99421-99423, 99444, 99458</p> <p>HCPCS: G2010, G2012, G2061-G2063</p> <p>Observation Visits:</p> <p>CPT: 99217-99220</p> <p>Telehealth Modifier: GT or 95</p> <p>Telehealth POS: 02</p> |



HEDIS® REFERENCE GUIDE

Diagnosed Substance Use Disorders

| | |
|---|--|
| <p>Measure Description:</p> <p>The percentage of patients 13 years of age and older who were diagnosed with a substance use disorder during the measurement year.</p> <p>Four rates are reported:</p> <ol style="list-style-type: none">1. The percentage of members diagnosed with an alcohol disorder.2. The percentage of members diagnosed with an opioid disorder.3. The percentage of members diagnosed with a disorder for other or unspecified drugs.4. The percentage of members diagnosed with any substance use disorder. <p>Note: The measure provides information on the diagnosed prevalence of substance use disorders. Neither a higher nor a lower rate indicates better performance.</p> | <p>Documentation Requirements:</p> <p>Administrative Only - Claim for treatment visit or medication</p> <ul style="list-style-type: none">• Initiation of AOD treatment - AOD treatment within 14 days of diagnosis<ul style="list-style-type: none">• Note: If the episode was an inpatient discharge (or ED/Observation that resulted in an inpatient stay), the inpatient stay is considered “initiation of treatment” and the patient is compliant. |
|---|--|

HEDIS® REFERENCE GUIDE

Exclusions:

Exclude patients who had a claim/encounter with a diagnosis of AOD abuse or dependence during the 60 days before the date of the new episode of AOD abuse or dependence.

Members in hospice or using hospice services anytime during the measurement year.

Visit Coding (must include a diagnosis matching the initial diagnosis cohort which is Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence):

Stand Alone Visits:

CPT: 98960–98962, 99078, 99201– 99205, 99211-99215, 99241–99245, 99341– 99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510

HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015

Group Visits:

CPT: 90791, 90792, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

Telephone Visits: CPT: 98966-98968, 99441-99443

Online Assessment Codes (e-visits and virtual check-ins):

CPT: 98969-98972, 99421-99423, 99444, 99458

HCPCS: G2010, G2012, G2061-G2063

Telehealth Modifier: GT or 95 and/or **Telehealth POS:** 02

Observation Visits: CPT: 99217-99220

AOD Medication Treatment:

HCPCS: H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109

Prescriptions (Alcohol Use Disorder Treatment Medications): Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet)

Prescriptions (Opioid Use Disorder Treatment Medications): Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection and implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Opioid Treatment Services Codes: HCPCS: G2067-G2077, G2080, G2086, G2087



HEDIS® REFERENCE GUIDE

Behavioral Health

Follow-Up After ED Visit for Mental Illness

| | |
|---|---|
| <p>Measure Description: Percentage of ED visits for patients 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). <p>Note: Telephone visits, e-visits, and virtual check-ins count as follow-up visits.</p> | <p>Documentation Requirements: Administrative Only - Claim for an out-patient follow-up visit with any practitioner, including via telephone visit, e-visit or virtual check-in with a principal diagnosis of mental health disorder or intentional self-harm and any diagnosis of mental health disorder and follow-up received:</p> <ul style="list-style-type: none"> • Within 7 days of the ED Visit • Within 30 days of the ED Visit <p>NOTE: If patients had more than one ED visit in a 31-day period, include only the first eligible ED visit</p> |
| <p>Exclusions:</p> <p>Exclude ED visits that result in an inpatient stay and ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the admission date for the stay. <p>These events are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.</p> <p>Members in hospice or using hospice services anytime during the measurement year.</p> | <p>Coding (must include a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder):</p> <p>Visits: CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 NOTE: Telehealth visits with POS 02 also counts</p> <p>BH Outpatient Visits: CPT: 98960, 98961, 98962, 99078, 99201– 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, , 99347, 99348, 99349, 99350, 99381, 99382, - 99383, 99384, 99387, 99391-99397, 99401, 99404. 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015</p> <p>Electroconvulsive Therapy: CPT: 90870</p> <p>Partial Hospitalization: HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Observation Visits: CPT: 99217-99220</p> <p>Telephone Visit Codes: 98966-98968, 99441-99443 Online</p> <p>Assessment Codes (e-visits and virtual check-ins): CPT: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061-G2063</p> <p>Telehealth Modifier: GT or 95 Telehealth POS: 02</p> |



HEDIS® REFERENCE GUIDE

Diabetes Monitoring for People With Diabetes and Schizophrenia

| | |
|---|--|
| <p>Measure Description:</p> <p>The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.</p> <p>(Continued next page)</p> | <p>Documentation Requirements:</p> <p>Administrative Only - Claim for a glucose test or an HbA1c test performed during the current year.</p> <ol style="list-style-type: none"> Identify members with schizophrenia or schizoaffective disorder as those who met at least one of the following criteria during the measurement year: <ul style="list-style-type: none"> At least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder. At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder. Identify members from step 1 who also have diabetes. There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member need only be identified by one to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year. Claim/encounter data. Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> one acute inpatient encounter, with a diagnosis of diabetes without telehealth one acute inpatient discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge: <ol style="list-style-type: none"> Identify all acute and nonacute inpatient stay. Exclude nonacute inpatient stay. Identify the discharge date for the stay. At least two outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two encounters. To identify a nonacute inpatient discharge: <ol style="list-style-type: none"> Identify all acute and nonacute inpatient stay. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. Identify the discharge date for the stay. Only include nonacute inpatient encounters without telehealth. |
|---|--|



HEDIS® REFERENCE GUIDE

Exclusions:

Exclude patients who do not have a diagnosis of diabetes **and** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid induced diabetes during the current year or the prior year.

Patients in hospice or using hospice services anytime during the measurement year are a required exclusion

Coding (one of the following):

Glucose Test: CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

HbA1c Test: CPT: 83036, 83037

HbA1c Value:

CPT-CATII: 3044F – HbA1c less than 7; 3045F

– HbA1c between 7.0-9.0; 3046F

– HbA1c greater than 9

3051F – HbA1c > or equal to 7 and less than 8

3052F – HbA1c > or equal to 8 and less than or equal to 9



HEDIS® REFERENCE GUIDE

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

| <p>Measure Description: Percentage of patients 18 years of age and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p> <p>NOTE: % of treatment period covered = (Total Days Covered by an Antipsychotic Medication in the Treatment Period) / (Total Days in the Treatment Period)</p> | <p>Documentation Requirements: Administrative Only - Claim for antipsychotic medication Based on the earliest dispensing event for any antipsychotic medication during the measurement period, calculate the number of days through the end of the year.</p> | | | | | | | | | | | | | | | | | | |
|--|---|-------------|---------------|---|--|-------------------------------------|---|---------------------------------------|----------------------------|----------------------|-------------|-------------|---------------|--------------------------------------|-------------|-------------|---------------|--------------------------------------|---|
| <p>Exclusions:</p> <ul style="list-style-type: none"> • Exclude patients with dementia diagnosis • <i>Did not</i> have at least two antipsychotic medication dispensing events • Patients in hospice or using hospice services anytime during the measurement year | <p>Coding: Filled prescriptions for: Oral Antipsychotic Medications:</p> <table border="1" data-bbox="1014 558 1953 886"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Miscellaneous antipsychotic agents (oral)</td> <td>Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone</td> </tr> <tr> <td>Phenothiazine antipsychotics (oral)</td> <td>Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine</td> </tr> <tr> <td>Psychotherapeutic combinations (oral)</td> <td>Amitriptyline-perphenazine</td> </tr> <tr> <td>Thioxanthenes (oral)</td> <td>Thiothixene</td> </tr> </tbody> </table> <p>Long-Acting Injections 14-Days Supply Medications</p> <table border="1" data-bbox="1014 946 1953 1036"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Long-acting injections 14-day supply</td> <td>Risperidone</td> </tr> </tbody> </table> <p>Long-Acting Injections 28-Days Supply Medications</p> <table border="1" data-bbox="1014 1096 1953 1206"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Long-acting injections 28-day Supply</td> <td>Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate</td> </tr> </tbody> </table> | Description | Prescriptions | Miscellaneous antipsychotic agents (oral) | Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone | Phenothiazine antipsychotics (oral) | Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine | Psychotherapeutic combinations (oral) | Amitriptyline-perphenazine | Thioxanthenes (oral) | Thiothixene | Description | Prescriptions | Long-acting injections 14-day supply | Risperidone | Description | Prescriptions | Long-acting injections 28-day Supply | Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate |
| Description | Prescriptions | | | | | | | | | | | | | | | | | | |
| Miscellaneous antipsychotic agents (oral) | Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone | | | | | | | | | | | | | | | | | | |
| Phenothiazine antipsychotics (oral) | Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine | | | | | | | | | | | | | | | | | | |
| Psychotherapeutic combinations (oral) | Amitriptyline-perphenazine | | | | | | | | | | | | | | | | | | |
| Thioxanthenes (oral) | Thiothixene | | | | | | | | | | | | | | | | | | |
| Description | Prescriptions | | | | | | | | | | | | | | | | | | |
| Long-acting injections 14-day supply | Risperidone | | | | | | | | | | | | | | | | | | |
| Description | Prescriptions | | | | | | | | | | | | | | | | | | |
| Long-acting injections 28-day Supply | Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate | | | | | | | | | | | | | | | | | | |

HEDIS® REFERENCE GUIDE

Antidepressant Medication Management

| <p>Measure Description: Percentage of patients 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>Documentation Requirements: Administrative Only - Claim for antidepressant medication dispensing event for:</p> <ul style="list-style-type: none"> • At least 84 days (12 weeks) - Effective Acute Treatment • remained on an antidepressant medication for at least 180 days (6 months). | | | | | | | | | | | | | | | | | | |
|---|---|-------------|---------------|-------------------------------|-------------------------------------|------------------------------|--|----------------------------------|-----------------------|--------------------------------|---|----------------------|--|----------------------|---|-----------------------------|--------------------------|---------------------------|---|
| <p>Exclusions: Patients in hospice or using hospice services anytime during the measurement year</p> | <p>Coding: Filled prescriptions for: Antidepressant Medications</p> <table border="1" data-bbox="1024 488 1965 932"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Miscellaneous antidepressants</td> <td>Bupropion, Vilazodone, Vortioxetine</td> </tr> <tr> <td>Monoamine oxidase inhibitors</td> <td>Isocarboxazid, Phenelzine, Selegiline, Trancypromine</td> </tr> <tr> <td>Phenylpiperazine antidepressants</td> <td>Nefazodone, Trazodone</td> </tr> <tr> <td>Psychotherapeutic combinations</td> <td>Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine</td> </tr> <tr> <td>SNRI antidepressants</td> <td>Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine</td> </tr> <tr> <td>SSRI antidepressants</td> <td>Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline</td> </tr> <tr> <td>Tetracyclic antidepressants</td> <td>Maprotiline, Mirtazapine</td> </tr> <tr> <td>Tricyclic antidepressants</td> <td>Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (> 6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine</td> </tr> </tbody> </table> | Description | Prescriptions | Miscellaneous antidepressants | Bupropion, Vilazodone, Vortioxetine | Monoamine oxidase inhibitors | Isocarboxazid, Phenelzine, Selegiline, Trancypromine | Phenylpiperazine antidepressants | Nefazodone, Trazodone | Psychotherapeutic combinations | Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine | SNRI antidepressants | Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine | SSRI antidepressants | Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline | Tetracyclic antidepressants | Maprotiline, Mirtazapine | Tricyclic antidepressants | Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (> 6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine |
| Description | Prescriptions | | | | | | | | | | | | | | | | | | |
| Miscellaneous antidepressants | Bupropion, Vilazodone, Vortioxetine | | | | | | | | | | | | | | | | | | |
| Monoamine oxidase inhibitors | Isocarboxazid, Phenelzine, Selegiline, Trancypromine | | | | | | | | | | | | | | | | | | |
| Phenylpiperazine antidepressants | Nefazodone, Trazodone | | | | | | | | | | | | | | | | | | |
| Psychotherapeutic combinations | Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine | | | | | | | | | | | | | | | | | | |
| SNRI antidepressants | Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine | | | | | | | | | | | | | | | | | | |
| SSRI antidepressants | Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline | | | | | | | | | | | | | | | | | | |
| Tetracyclic antidepressants | Maprotiline, Mirtazapine | | | | | | | | | | | | | | | | | | |
| Tricyclic antidepressants | Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (> 6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine | | | | | | | | | | | | | | | | | | |

