



Santa Clara Family
Health Plan™

HEDIS® 2020

Coding Booklet for Providers

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HEDIS® Coding Booklet 2020

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What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a compilation of standardized performance measures. The National Committee for Quality Assurance (NCQA) uses these to objectively measure, report, and compare quality across health plans.

HEDIS Data

HEDIS scores are calculated using a combination of claims or encounters, supplemental data, and medical record review.

Supplemental data comes from an Electronic Medical Record (EMR) and captures information that is not reported when the service is billed. For example, a claim can be submitted for a patient's visit for hypertension yet supplemental data is necessary to provide the blood pressure reading.

Medical record review is the final data collection step for HEDIS. Review of patient records occurs on an annual basis and is based on designation of a sample population.

SCFHP and HEDIS

The Department of Health Care Services (DHCS) and NCQA requires that Santa Clara Family Health Plan (SCFHP) report plan scores for a variety of measures. A subset of scores are used in determining the percentage of enrollees auto-assigned to a managed care plan, which impacts SCFHP enrollment and funding for the plan.

HEDIS rates allow SCFHP to monitor our preventive care efforts and helps us close gaps in care. At the provider and practice level, HEDIS helps us understand the quality of care being delivered to our members.

HEDIS rates are also used to calculate supplemental performance payments through SCFHP's Provider Performance Program.

HEDIS and Me

You can help ensure that your HEDIS data is accurate by:

- Using the proper codes for services and diagnoses
- Using the Gaps in Care Lists as a guide for providing SCFHP patients with preventive care
- Encouraging healthy behavior and discussing the importance of preventive screenings with your patients
- Submitting supplemental data on a regular basis for each service rendered.

SCFHP Highlighted Measures – 2020

Area of Focus	Acronym	Measure Name	Type of Methodology	Eligibility	
				Medi-Cal	Cal MediConnect
Child/Adolescent Preventive Health	AWC	Adolescent Well-Care Visits	Hybrid	X	
	CIS-10	Childhood Immunization Status – Combo 10	Hybrid	X	
	IMA-2	Immunizations for Adolescents – Combo 2	Hybrid	X	
	W15	Well-Child Visits in the first 15 Months of Life – 6+ Visits	Hybrid	X	
	W34	Well-Child Visits in the 3 rd -6 th Years of Life	Hybrid	X	
	WCC	Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents	Hybrid	X	
Adult Preventive Health	ABA	Adult BMI Assessment	Hybrid	X	X
	COL	Colorectal Cancer Screening	Hybrid		X
Women's Preventive Health	BCS	Breast Cancer Screening	Admin	X	X
	CCS	Cervical Cancer Screening	Hybrid	X	
	CHL	Chlamydia Screening in Women	Admin	X	
	PPC	Prenatal & Postpartum Care	Hybrid	X	
Chronic Conditions	CBP	Controlling High Blood Pressure	Hybrid	X	X
	CDC	Comprehensive Diabetes Care	Hybrid	X	X
	MPM	Annual Monitoring for Patients on Persistent Medications	Admin	X	
Behavioral Health	ADD	Follow-Up for Children Prescribed ADHD Medication	Admin	X	
	AMM	Antidepressant Medication Management	Admin	X	X
Respiratory Health	AMR	Asthma Medication Ratio	Admin	X	
Additional	PCR	Plan All-Cause Readmissions	Admin	X	X
	AMB-ED	Ambulatory Care: Emergency Department Visits	Admin	X	X



Child/Adolescent Preventive Health Measures

Adolescent Well-Care Visits (AWC)

The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

CPT	HCPCS	ICD-10
99381 - 99385, 99391 - 99395,	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0 - Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

IMPROVING YOUR HEDIS SCORE

- Avoid missed opportunities by taking advantage of every office visit to provide a well-child visit
- Schedule the next well-visit at the end of each appointment
- Sick visits present an opportunity to complete a well visit as long as all the required documentation is met
- Ensure all components of an Adolescent Well-Care Visit are included:
 - ✓ Healthy history
 - ✓ Physical developmental history
 - ✓ Mental developmental history
 - ✓ Physical examination
 - ✓ Health education/anticipatory guidance



Childhood Immunization Status – Combination 10 (CIS-10)

The percentage of children who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their 2nd birthday.

Codes	CPT	CVX	HCPCS
HiB	90644–90648, 90698, 90721, 90748	17, 46 – 51, 120, 148	–
Hepatitis A	90633	31, 83, 85	–
Hepatitis B	90723, 90740, 90744, 90747, 90748	8, 44, 45, 51, 110	G0010
Inactivated Polio Vaccine (IPV)	90698, 90713, 90723	10, 89, 110, 120	–
Influenza (Flu)	90655, 90657, 90661, 90662, 90673, 90685-90689	88, 135, 140, 141, 150, 153, 155, 158, 161	G0008
All related to Measles, Mumps, and Rubella (MMR)	90704 – 90708, 90710	3–7, 94	–
Rotavirus	90680, 90681	116, 119, 122	
Pneumococcal Conjugate	90670	133, 152	G0009
DTaP	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120	–
Varicella (VZV) – Chicken Pox	90710, 90716	21, 94	–

IMPROVING YOUR HEDIS SCORE

- Use the state immunization registry
- Review a child's immunization record before every visit and administer needed vaccines
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations (e.g. MMR causes autism is now completely disproven)
- Have a system for patient reminders
- Some vaccines may have been given before patients were SCFHP members. Include these in members' vaccination record even if your office did not provide the vaccine
- Document the date of the first hepatitis B vaccine given at the hospital and the name of the hospital, if available
- Document and code any contraindications or allergies
- Document parent refusal and place a signed copy in the medical record



Child/Adolescent Preventive Health Measures

Immunizations for Adolescents – Combination 2 (IMA-2)

The percentage of adolescents who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

Codes	CPT	CVX
HPV	90649-90651	62, 118, 137, 165
Meningococcal	90734	108, 114, 136, 147, 167
Tdap	90715	115

IMPROVING YOUR HEDIS SCORE

- Use the state immunization registry
- Review missing vaccines with parents
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations
- Train office staff to prep the chart in advance of the visit and identify overdue immunizations
- Avoid missed opportunities by taking advantage of every office visit to provide a well-child visit and immunizations
- Institute a system for patient reminders
- Some vaccines may have been given before patients were SCFHP members. Include these in members' vaccination record, even if your office did not provide the vaccine
- Administer the HPV vaccine at the same time as other vaccines. Inform parents that the full HPV vaccine series requires 2 or 3 shots and have a system for patient reminders
- Recommend the HPV vaccine series the same way you recommend other adolescent vaccines. Address common misconceptions about the HPV vaccine
- Make sure immunizations are completed before the 13th birthday – immunizations completed after the 13th birthday do not count towards this measure



Child/Adolescent Preventive Health Measures

Well-Child Visits in the First 15 Months of Life (W15)

The percentage of members who turned 15 months old during the measurement year and who had 6 comprehensive well-child visits with a PCP during their first 15 months of life.

CPT	HCPCS	ICD-10
99381 - 99385, 99391 - 99395, 99461	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0 –Z02.2, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

IMPROVING YOUR HEDIS SCORE

- Avoid missed opportunities by taking advantage of every office visit to provide a well-child visit and immunizations
- Turn daycare physicals into well-care visits by performing the required services and submitting appropriate codes
- Medical records need to have the dates of health and developmental history, physical exams, and health education/anticipatory guidance that was given
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities



Child/Adolescent Preventive Health Measures

Well-Child Visits in the 3rd-6th Years of Life (W34)

The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.

CPT	HCPCS	ICD-10
99381 - 99385, 99391 - 99395, 99461	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0 – Z02.2, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

IMPROVING YOUR HEDIS SCORE

- Avoid missed opportunities by taking advantage of every office visit to provide a well-child visit and immunizations
- Turn daycare physicals into well-care visits by performing the required services and submitting appropriate codes
- Medical records need to have the dates of health and developmental history, physical exams, and health education/anticipatory guidance that was given
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities



Child/Adolescent Preventive Health Measures

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

The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

Codes	CPT	HCPCS	ICD-10
BMI Percentile	-	-	Z68.51 - Z68.54
Nutrition Counseling	97802 - 97804	G0270, G0271, G0447, S9449, S9452, S9470	Z71.3
Physical Activity Counseling	-	G0447, S9451	Z02.5, Z71.82

IMPROVING YOUR HEDIS SCORE

- Use appropriate HEDIS® codes to avoid medical record review
- Avoid missed opportunities by taking advantage of every office visit to capture BMI percentile, and counsel on nutrition and physical activity
- Place BMI percentile charts near scales
- When documenting BMI percentile, include height, weight, and BMI percentile
- When counseling for nutrition, document current nutrition behaviors (e.g. meal patterns, eating and dieting habits). Documentation related to a member's appetite does not meet criteria
- When counseling for physical activity document the following:
 - Physical activity counseling/education
 - Current physical activity behaviors (e.g. child rides tricycle in yard, exercise routine, participation in sports activities)
 - While "cleared for sports" does not count, a sports physical does count
 - Include specific mention of physical activity recommendations to meet criteria for notation of anticipatory guidance



Adult Preventive Health Measures

Adult BMI Assessment (ABA)

The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Codes	ICD-10
BMI	Z68.1, Z68.20 - Z68.39, Z68.41 - Z68.45
BMI Percentile	Z68.51 - Z68.54

IMPROVING YOUR HEDIS SCORE

- Make BMI assessment part of the vital signs assessment at each visit
- Use correct billing codes
- Ensure proper documentation for BMI in the medical record with all components (i.e. date, weight, height, and BMI value). Provider's signature must be on the same page
- If using an EMR, update the EMR templates to automatically calculate a BMI
- A distinct value is required, ranges and thresholds are not acceptable for this measure



Colorectal Cancer Screening (COL)

The percentage of members 50-75 years of age who had an appropriate screening for colorectal cancer.

Criteria	CPT	HCPCS
FOBT Lab Test	82270, 82274	G0328
Flexible Sigmoidoscopy	45330-45335, 45337-45339, 45340- 45342, 45345- 45347, 45349, 45350	G0104
Colonoscopy	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	G0105, G0121
CT Colonography	74261-74263	
FIT DNA Lab Test	81528	G0464

IMPROVING YOUR HEDIS SCORE

- Use correct billing and diagnosis codes
- Encourage patients who are resistant to having a colonoscopy to have a stool test that they can complete at home. The iFOBT/FIT has fewer dietary restrictions and samples.
- Use standing orders and empower qualified office staff to distribute FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy. Document kits were given to patients so that compliance can be determined. A distinct value is required, ranges and thresholds are not acceptable for this measure



Women's Preventive Health Measures

Breast Cancer Screening (BCS)

The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

CPT	HCPCS	ICD-9	UBREV
77055 – 77057, 77061 – 77063, 77065 - 77067	G0202, G0204, G0206	87.36, 87.37	401, 403

IMPROVING YOUR HEDIS SCORE

- Educate female patients about the importance of early detection and encourage testing
- Use the member's needed services list to identify patients in need of mammograms
- Document a bilateral mastectomy in the medical record
- If needed, schedule a mammogram for patient or send/give patient a referral/script
- Have a list of mammogram facilities available to share with the patient
- Discuss possible fears the patient may have about mammograms and inform women that currently available testing methods are less uncomfortable and require less radiation



Women's Preventive Health Measure

Cervical Cancer Screening (CCS)

The percentage of women 21-64 years of age who were screened for cervical cancer using one of the following criteria:

Criteria	CPT	HCPSCS	ICD-10	ICD-9
Women 21-64 years of age who had cervical cytology performed every 3 years.	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	G0123, G0124, G0141, G0143– G0145, G0147, G0148, P3000, P3001, Q0091	–	–
Women 30-64 years of age who had cervical cytology high risk human papillomavirus (hrHPV) co-testing performed every 5 years.	87620–87622, 87624, 87625	G0476	–	–
Women who have had a hysterectomy with no residual cervix are exempt.	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135	–	Q51.5, Z90.710, Z90.712, 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ	618.5, 752.43, V88.01, V88.03, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8



IMPROVING YOUR HEDIS SCORE

- Use "Gaps in Care" lists to identify women who need a Pap test
- Use a reminder/recall system to get patients to come in for the service
- Request to have results of Pap tests sent to you if done at OB/GYN visits
- Document in the medical record if the patient has had a hysterectomy with no residual cervix (remember synonyms "total", "complete", "radical"). Note that documentation of a hysterectomy alone does not meet the HEDIS guidelines because it does not indicate the cervix was removed
- Avoid missed opportunities (e.g. completing Pap tests during regularly scheduled well-woman visits, sick visits, urine pregnancy tests, UTI, and chlamydia/STI screenings)
- Cervical cytology and HPV co-testing must occur on the same date of service, be from the same data source, and the results from both tests must be documented



Women's Preventive Health Measure

Chlamydia Screening in Women (CHL)

The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

CPT	LOINC
87110, 87270, 87320, 87490, 87491, 87492, 87810	Available upon request

IMPROVING YOUR HEDIS SCORE

- Use any visit as an opportunity to perform chlamydia screenings annually on 16-24 year-old females identified as sexually active
- Ensure that you have an opportunity to speak with your adolescent female patients without her parent
- Remember that chlamydia screenings can be performed through a urine test. Offer this as an option for your patients
- Place chlamydia swab next to Pap test or pregnancy detection materials
- Members will be identified as sexually active through administrative claims or encounter data either through pregnancy codes or pharmacy data for prescription contraceptives



Women's Preventive Health Measure

Prenatal & Postpartum Care – Timeliness of Prenatal Care (PPC)

The percentage of live birth deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses timeliness of prenatal care.

Timeliness of prenatal care is measured as the percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.

Codes	CPT	HCPCS	ICD-10	ICD-9	UBREV	CPT-CAT-II
Stand Alone Prenatal Visits	99500	H1000-H1004	–	–	–	0500F-0502F
Prenatal Visits	99201–99205, 99211–99215, 99241–99245, 99483	G0463 T1015	–	–	514	–
Prenatal Bundled Services	59400, 59425, 59426, 59510, 59610, 59618	H1005	–	–	–	–
Pregnancy Diagnosis	Available upon request					

IMPROVING YOUR HEDIS SCORE

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment
- Have a direct referral process to OB/GYN in place



Women's Preventive Health Measure

Prenatal & Postpartum Care – Postpartum Care (PPC)

The percentage of live birth deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses postpartum care.

Postpartum care is measured as the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Codes	CPT	HCPCS	UPBREV	ICD-10	CPT-CAT-II
Cervical Cytology	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	923	–	–
Postpartum Bundled Services	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	–	–	–	–
Postpartum Visits	57170, 58300, 59430, 99501	G0101	–	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	0503F

IMPROVING YOUR HEDIS SCORE

- Schedule your patient for a postpartum visit within 7 to 84 days from delivery. Please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®.



Controlling High Blood Pressure (CBP)

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.

Codes	CPT	HCPSC	UBREV	CPT-CAT-II
Nonacute Inpatient	99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337	–	118, 128, 138, 148, 158, 190–194, 199, 524, 525, 550–552, 559–663, 669	–
Outpatient without UBREV	99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015	–	–
Diastolic 80-89	–	–	–	3079F
Diastolic Greater Than/Equal to 90	–	–	–	3080F
Diastolic Less Than 80	–	–	–	3078F
Systolic Greater Than/Equal to 140	–	–	–	3077F
Systolic Less Than 140	–	–	–	3074F, 3075F

IMPROVING YOUR HEDIS SCORE

- Calibrate the sphygmomanometer annually
- Upgrade to an automated blood pressure machine
- Select appropriately sized BP cuff
- Retake the BP if the results are high during an office visit (140/90 mmHg or greater). Oftentimes the second reading is lower, and HEDIS allows us to use the lowest systolic and lowest diastolic readings if taken in the same day
- Do not round BP values up. If using an automated machine, record exact values
- Review hypertensive medication history and patient compliance. If needed, consider modifying treatment plans for uncontrolled blood pressure and schedule a follow-up appointment in 3 months
- If initial reading is very high and is unlikely to respond to a single drug and lifestyle modification, start two BP drugs at first visit



Women's Preventive Health Measure

Comprehensive Diabetes Care – HbA1C Testing (CDC)

The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) who had hemoglobin A1c (HbA1c) testing.

CPT	CPT-CAT-II	LOINC
83036, 83037	3044F, 3045F, 3046F	17856-6, 4548-4, 4549-2

IMPROVING YOUR HEDIS SCORE

- Review diabetes services needed at each office visit
- Order labs prior to patient appointments
- Bill for point of care testing if completed in office and ensure HbA1c result and date are documented in the chart
- Adjust therapy to improve HbA1c and BP levels and schedule follow-ups with patients to monitor changes
- Make sure a digital eye exam, remote imaging, and fundus photography are read by an eye care professional (optometrist or ophthalmologist)



Women's Preventive Health Measure

Comprehensive Diabetes Care – HbA1c Poor Control (CDC)

The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) who had HbA1c poor control (>9.0%).

Codes	CPT	CPT-CAT-II	LOINC
HBA1c Tests	83036, 83037	3044F, 3045F, 3046F	17856-6, 4548-4, 4549-2
HbA1c Level Greater than 9.0		3046F	

IMPROVING YOUR HEDIS SCORE

- Review diabetes services needed at each office visit
- Order labs prior to patient appointments
- Bill for point of care testing if completed in office and ensure HbA1c result and date are documented in the chart
- Adjust therapy to improve HbA1c and BP levels and schedule follow-up with patients to monitor changes
- Make sure a digital eye exam, remote imaging, and fundus photography are read by an eye care professional (optometrist or ophthalmologist)



Annual Monitoring for Patients on Persistent Medications – ACE/ARB (MPM)

The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).

Codes	CPT	LOINC
Lab Panel	80047, 80048, 80050, 80053, 80069	—
Serum Creatinine	82565, 82575	11041-1, 11042-9, 12195-4, 13441-1, 13442-9, 13443-7, 13446-0, 13447-8, 13449-4, 13450-2, 14682-9, 16188-5, 16189-3, 21232-4, 2160-0, 2163-4, 2164-2, 26752-6, 31045-8, 33558-8, 35203-9, 35591-7, 35592-5, 35593-3, 35594-1, 38483-4, 39955-0, 39956-8, 39957-6, 39958-4, 39959-2, 39960-0, 39961-8, 39962-6, 39963-4, 39964-2, 39965-9, 39966-7, 39967-5, 39968-3, 39969-1, 39970-9, 39971-7, 39972-5, 39973-3, 39974-1, 39975-8, 39976-6, 40112-5, 40113-3, 40114-1, 40115-8, 40116-6, 40117-4, 40118-2, 40119-0, 40120-8, 40121-6, 40122-4, 40123-2, 40124-0, 40125-7, 40126-5, 40127-3, 40128-1, 40248-7, 40249-5, 40250-3, 40251-1, 40252-9, 40253-7, 40254-5, 40255-2, 40256-0, 40257-8, 40258-6, 40264-4, 40265-1, 40266-9, 40267-7, 40268-5, 40269-3, 40270-1, 40271-9, 40272-7, 40273-5, 44784-7, 50380-5, 50381-3, 51619-5, 51620-3, 59826-8, 59834-2, 62425-4
Serum Potassium	80051, 84132	12812-4, 12813-2, 2823-3, 2824-1, 29349-8, 32713-0, 39789-3, 39790-1, 41656-0, 51618-7, 6298-4, 75940-7, 82722-0



Annual Monitoring for Patients on Persistent Medications – Diuretics (MPM)

The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for diuretics.

Codes	CPT	LOINC
Lab Panel	80047, 80048, 80050, 80053, 80069	—
Serum Creatinine	82565, 82575	11041-1, 11042-9, 12195-4, 13441-1, 13442-9, 13443-7, 13446-0, 13447-8, 13449-4, 13450-2, 14682-9, 16188-5, 16189-3, 21232-4, 2160-0, 2163-4, 2164-2, 26752-6, 31045-8, 33558-8, 35203-9, 35591-7, 35592-5, 35593-3, 35594-1, 38483-4, 39955-0, 39956-8, 39957-6, 39958-4, 39959-2, 39960-0, 39961-8, 39962-6, 39963-4, 39964-2, 39965-9, 39966-7, 39967-5, 39968-3, 39969-1, 39970-9, 39971-7, 39972-5, 39973-3, 39974-1, 39975-8, 39976-6, 40112-5, 40113-3, 40114-1, 40115-8, 40116-6, 40117-4, 40118-2, 40119-0, 40120-8, 40121-6, 40122-4, 40123-2, 40124-0, 40125-7, 40126-5, 40127-3, 40128-1, 40248-7, 40249-5, 40250-3, 40251-1, 40252-9, 40253-7, 40254-5, 40255-2, 40256-0, 40257-8, 40258-6, 40264-4, 40265-1, 40266-9, 40267-7, 40268-5, 40269-3, 40270-1, 40271-9, 40272-7, 40273-5, 44784-7, 50380-5, 50381-3, 51619-5, 51620-3, 59826-8, 59834-2, 62425-4
Serum Potassium	80051, 84132	12812-4, 12813-2, 2823-3, 2824-1, 29349-8, 32713-0, 39789-3, 39790-1, 41656-0, 51618-7, 6298-4, 75940-7, 82722-0



Behavioral Health Measures

Follow-Up for Children Prescribed ADHD Medication – Initiation Phase (ADD)

The 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, also known as the initiation phase, of when the first ADHD medication was dispensed.

The initiation phase is measured by the percentage of members 6-12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a prescribing practitioner during the initiation phase (30-days).

IMPROVING YOUR HEDIS SCORE

- While your patient is still in the office, schedule a follow-up visit within 30 days to assess how newly prescribed medication is working
- Communicate to parents the importance of seeing the patient within 30 days to monitor patient's progress
- Consider no refills until the initial follow-up visit is complete
- If member cancels, reschedule appointment right away



Follow-Up for Children Prescribed ADHD Medication – Continuation Phase (ADD)

The 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 the initiation phase (30 days) of when the first ADHD medication was dispensed.

The continuation & maintenance (C&M) phase is measured by the percentage of members 6-12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the initiation phase visit, had at least two follow-up visits with a practitioner within 270 days (9 months).

IMPROVING YOUR HEDIS SCORE

- Schedule two more visits in the 9 months *after* the first 30 days to continue to monitor your patient's progress. Visits must be on different dates of service
 - Do not continue these controlled substances without at least 2 visits per year to evaluate a child's progress. Monitor the child's growth to make sure they are on the correct dosage
- If member cancels, reschedule appointment right away



Antidepressant Medication Management – Acute Phase Treatment (AMM)

The percentage of members 18 years of age and older who had a diagnosis of major depression, were treated with antidepressant medication, and who remained on an antidepressant medication for at least 84 days (12 weeks).

IMPROVING YOUR HEDIS SCORE

- Educate patients on the following:
 - Depression is common and impacts 15.8 million adults in the United States and it can be treated
 - Most antidepressants take 1-6 weeks to work before the patient starts to feel better
 - In many cases, sleep and appetite improve first while improvement in mood, energy and negative thinking may take longer
 - It is important to continue on the antidepressant for a minimum of 6 months
 - Strategies for remembering to take the antidepressant on a daily basis
 - The connection between taking an antidepressant and signs and symptoms of improvement
 - Common side effects, how long the side effects may last, and how to manage them
 - What to do if the patient has a crisis or has thoughts of self-harm
 - What to do if there are questions or concerns



Antidepressant Medication Management – Continuation Phase Treatment (AMM)

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 180 days (6 months).

IMPROVING YOUR HEDIS SCORE

- Educate patients on the following:
 - Depression is common and impacts 15.8 million adults in the United States it can be treated.
 - Most antidepressants take 1-6 weeks to work before the patient starts to feel better
 - In many cases, sleep and appetite improve first while improvement in mood, energy and negative thinking may take longer
 - It is important to continue on the antidepressant for a minimum of 6 months
 - Strategies for remembering to take the antidepressant on a daily basis
 - The connection between taking an antidepressant and signs and symptoms of improvement
 - Common side effects, how long the side effects may last, and how to manage them
 - What to do if the patient has a crisis or has thoughts of self-harm
 - What to do if there are questions or concerns



Respiratory Health Measures

Asthma Medication Ratio (AMR)

The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

ICD-10	ICD-9
J45.20-J.45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52 J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92

IMPROVING YOUR HEDIS SCORE

- If not formally diagnosing asthma, ensure proper coding to avoid coding asthma and note patient is experiencing asthma-like symptoms (ex: wheezing during viral URI and acute bronchitis is not asthma)
- Educate patients on use of asthma medications and importance of using asthma controller medications daily
- Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications



Additional Measures

Plan All-Cause Readmissions (PCR)

For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

