



Santa Clara Family
Health Plan™

HEDIS® 2021

Coding Booklet for Providers

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HEDIS® Coding Booklet Measurement Year 2021

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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 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. Patient record review occurs on annually and is based on the 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 is 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 help us close gaps in care. At the provider and practice level, HEDIS helps us understand the quality of care 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 – Measurement Year 2021

Area of Focus	Acronym	Measure Name	Type of Methodology	Eligibility	
				Medi-Cal	Cal MediConnect
Child/Adolescent Preventive Health	WCV	Child and Adolescents Well-Care Visits	Admin	X	
	CIS-10	Childhood Immunization Status – Combo 10	Hybrid	X	
	IMA-2	Immunizations for Adolescents – Combo 2	Hybrid	X	
	W30	Well-Child Visits in the First 30 Months of Life	Admin	X	
	WCC	Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents	Hybrid	X	
Adult Preventive Health	COA	Care for Older Adults	Hybrid		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	
	OMW	Osteoporosis Management in Women who had a Fracture	Admin		X
Chronic Conditions	CBP	Controlling High Blood Pressure	Hybrid	X	X
	CDC	Comprehensive Diabetes Care	Hybrid	X	X
	SPC	Statin Therapy for Patients with Cardiovascular Disease	Admin		X
	SPD	Statin Therapy for Patients with Diabetes	Admin		X
	KED	Kidney Health Evaluation for Patients with Diabetes	Admin	X	
Behavioral Health	ADD	Follow-Up for Children Prescribed ADHD Medication	Admin	X	
	AMM	Antidepressant Medication Management	Admin	X	X
	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	Admin	X	X
	APM	Metabolic Monitoring for Children and Adolescents	Admin	X	X
Respiratory Health	AMR	Asthma Medication Ratio	Admin	X	
Additional	PCR	Plan All-Cause Readmissions	Admin	X	X
	AAP	Adults' Access to Preventative/Ambulatory Health Services	Admin	X	
	HDO	Use of Opioids at High Dosage	Admin		X
	UOP	Use of Opioids from Multiple Providers	Admin		X



Child/Adolescent Preventive Health Measures

Child and Adolescent Well-Care Visits (WCV)

The percentage of enrolled members 3-21 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

- Use monthly member reports to identify pediatric patients newly assigned to your practice; call each family to welcome them and schedule a well-child visit.
- 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.
- Use sick visits as an opportunity to complete a well visit as long as all the required documentation is met.
- Ensure all components of a 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 second 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—this is now completely disproven.
- Institute a system for patient reminders.
- Include vaccines that may have been given before patients became SCFHP members in the 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.



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.
- Include vaccines that may have been given before patients became SCFHP members in the 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 two or three shots.
- 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.



Well-Child Visits in the First 30 Months of Life (W30)

The percentage of members who had the following number of well-child visits with a PCP during the last 30 months. The following rates are reported:

1. **Well-Child Visits in the First 15 Months:** Children who turned 15 months old during the measurement year. Complete six or more well-child visits.
2. **Well-Child Visits for Age 15 Months–30 Months:** Children who turned 30 months old during the measurement year. Complete two or more well-child visits.

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.
- Add the dates of health and developmental history, and physical exams and include health education/anticipatory guidance that was given in medical records.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.



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 and eating and dieting habits. Documentation related to a patient’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

Care for Older Adults (COA)

The percentage of adults 66 years and older who had each of the following during the measurement year:

- **Advance Care Planning:** Discussion or documentation about a patient’s preferences for resuscitation, life-sustaining treatment, and end of life care.
- **Medication Review:** Review of patient’s medication performed by a prescribing practitioner or clinical pharmacist.
- **Functional Status Assessment:** Review or assessment of a patient’s functional status and their ability to perform activities of daily living.
- **Pain Assessment:** Documentation in the medical record of a patient’s total body pain status or use a standardized pain assessment tool to assess their pain level.

Criteria	CPT	CPT-CAT-II	HCPCS
Advanced Care Planning	99483, 99497	1123F, 1124F, 1157F, 1158F	S0257
Medication Review	90863, 99483, 99605, 99606	1160F	
Functional Status Assessment	99483	1170F	G0438, G0439
Pain Assessment		1125F, 1126F	

IMPROVING YOUR HEDIS SCORE

- Use the opportunity during a patient visit to review their medications with them and all components of the COA measure.
- Medication review does not require the patient to be present.
- Review the standardized assessment tools, select the one that is most appropriate for your practice, and use that for functional status and or pain assessments.



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.



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	LOINC
83036, 83037	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. Ensure HbA1c result and date are documented in the chart.
- Adjust therapy to improve HbA1c and BP levels. 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).



Adult Preventive Health Measures

Comprehensive Diabetes Care – HbA1c Good Control (CDC)

The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) who had HbA1c good control (<8.0%).

Codes	CPT	CPT-CAT-II	LOINC
HbA1c Tests	83036, 83037		17856-6, 4548-4, 4549-2
HbA1c level greater than or equal to 7.0% and less than 8.0%		3051F	
HbA1c level less than or equal to 7.0%		3044F	

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. Ensure HbA1c result and date are documented in the chart.
- Adjust therapy to improve HbA1c and BP levels. Schedule follow-up with patients to monitor changes.



Adult Preventive Health Measures

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. Ensure HbA1c result and date are documented in the chart.
- Adjust therapy to improve HbA1c and BP levels. Schedule follow-up with patients to monitor changes.



Comprehensive Diabetes Care – Eye Exam (CDC)

The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) who had an eye exam (retinal) performed.

Criteria	CPT	CPT-CAT-II	HCPCS
Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039, 67040 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	–	17856-6, 4548-4, 4549-2
Diabetic Retinal Screening Negative In Prior Year	–	3072F	–
Eye Exam With Evidence of Retinopathy	–	2022F-2026F, 2033F	–
Unilateral Eye Enucleation	65091, 65093, 65101, 65103, 65105 65110, 65112, 65114	–	–

IMPROVING YOUR HEDIS SCORE

- Make sure a digital eye exam, remote imaging, and fundus photography are read by an eye-care professional (optometrist or ophthalmologist)



Comprehensive Diabetes Care – BP 140/90 (CDC)

The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) whose BP is controlled (<140/90 mm Hg).

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

- Review diabetes services needed at each office visit.
- Order labs prior to patient appointments.
- Bill for point-of-care testing if completed in office. Ensure HbA1c result and date are documented in the chart.
- Adjust therapy to improve HbA1c and BP levels. Schedule follow-up with patients to monitor changes.



Kidney Health Evaluation for Patients with Diabetes (KED)

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Codes	CPT	LOINC
Estimated Glomerular Filtration Rate Lab Test (eGFR)	80047, 80048, 80050, 80053, 80069, 82565	48642-3, 48643-1, 50044-7, 50210-4, 62238-1, 70969-1
Quantitative Urine Albumin Lab Test (uACR)	82043	14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine Creatinine Lab Test	82570	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

IMPROVING YOUR HEDIS SCORE

- Routinely refer patients with a diagnosis of type 1 or type 2 diabetes out to have their eGFR and uACR.
- Follow up with patients to discuss and educate on lab results.
- Educate on how diabetes can affect the kidneys and offer tips to your patients on preventing damage to their kidneys:
 - How to control their blood pressure, blood sugars, cholesterol, and lipid levels.
 - Take medications as prescribed that can protect kidney function.
 - Offer education on medications that could be harmful to the kidneys (NSAIDs such as naproxen or ibuprofen).
 - Limit protein intake and salt in diet.
- Coordinate care with specialists such as an endocrinologist or nephrologist as needed.



Statin Therapy for Patients with Diabetes (SPD)

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

1. **Received Statin Therapy:** Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. **Statin Adherence 80%:** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

IMPROVING YOUR HEDIS SCORE

- Develop a medication routine with each patient if they are on multiple medications that require them to be taken at different times.
- Utilize pill boxes or organizers.
- Advise patients to set up reminders and alarms for when medications are due.
- Schedule appropriate follow-up with patients to assess if medication is taken as prescribed.
- Educate patients on the following:
 - People with diabetes are 2 to 4 times more likely to develop heart disease or stroke.
 - Statins can help reduce the chance of developing heart disease and strokes.
 - The importance of adhering to their medication therapy and follow-up visits.



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	HCPCS	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). HEDIS allows use of the lowest systolic/diastolic readings if taken on 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.
- Take advantage of BP readings taken from remote monitoring devices, as these are now allowed to be used for measure compliance.



Statin Therapy for Patients with Cardiovascular Disease (SPC)

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

1. **Received Statin Therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
2. **Statin Adherence 80%:** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

IMPROVING YOUR HEDIS SCORE

- Educate patients on the benefits of statin medication to prevent cardiovascular events.
- Encourage patients to contact you if they think they are experiencing side effects.
- If a patient has had previous intolerance to statins, consider a statin re-challenge using a different moderate-to-high-intensity statin.
- Document in the medical record patient conditions that exclude them from taking a statin and submit a claim with appropriate exclusion diagnosis code.
- Encourage patients to obtain 90-day supplies at their pharmacy once they demonstrate tolerance to statin therapy.



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. Inform that currently available testing methods are less uncomfortable and require less radiation.



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	HCPCS	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 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, OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ	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 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.



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 parent or guardian.
- 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.
- Patients 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 Measures

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.
- Have a direct referral process to OB/GYN in place.



Women's Preventive Health Measures

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®.



Women's Preventive Health Measures

Osteoporosis Management in Women who had a Fracture (OMW)

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Codes	CPT	HCPCS
Bone Mineral Density (BMD) Test	76977, 77078, 77080, 77081, 77085, 77086	–
Osteoporosis Medication Therapy	–	J0897, J1740, J3110, J3489
Long-Acting Osteoporosis Medications	–	J0897, J1740, J3489

IMPROVING YOUR HEDIS SCORE

- When appropriate, provide patients with a BMD prescription and where to call for an appointment. Encourage patients to obtain the screening and follow up with them to ensure the test was completed.
- Remind patients to always tell their primary care provider about a fracture, even if they have received treatment for it elsewhere.
- Screen female patients starting at age 65 to reduce the risk of osteoporosis.
- Consider screening women younger than 65 if they are high risk.



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 patient cancels, reschedule appointment right away.



Behavioral Health Measures

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 IPSD 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 patient 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 improves 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 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.



Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Codes	CPT	CPT-CAT-II	LOINC
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	–	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	83036, 83037	3044F, 3046F, 3051F, 3052F	17856-6, 4548-4, 4549-2

IMPROVING YOUR HEDIS SCORE

- Ensure patient (and/or caregiver) is aware of the risk of diabetes, the importance of screening for diabetes, and has awareness of the symptoms of new onset of diabetes while taking antipsychotic medication.
- Document all elements of exam, including medications, diagnosis, and results of A1c.
- Order a diabetes screening test every year and build care gap “alerts” in your electronic medical record.
- Ensure patients schedule appropriate lab screenings.
- Reach out to patients who cancel appointments and assist them with rescheduling as soon as possible.
- Educate patient (and/or caregiver) about the risks associated with antipsychotic medications and cardiovascular disease, and the importance of a healthy lifestyle.



Metabolic Monitoring for Children and Adolescents (APM)

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Codes	CPT	CPT-CAT-II	LOINC
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	–	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	83036, 83037	3044F, 3046F, 3051F, 3052F	17856-6, 4548-4, 4549-2
LDL-C Test	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
Cholesterol Test	82465, 83718, 83722, 84478	–	2085-9, 2093-3, 2571-8, 3043-7, 9830-1

IMPROVING YOUR HEDIS SCORE

- Order a blood glucose and cholesterol test every year and build care gap alerts in the electronic medical record.
- Test blood glucose and cholesterol during a patient’s annual checkup or school physical to reduce additional visits.
- Encourage shared decision-making by educating patients and caregivers about the increased risk of metabolic health complications from antipsychotic medications and the importance of screening blood glucose and cholesterol levels.



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, e.g., wheezing during viral URI and acute bronchitis (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.



Adults’ Access to Preventative/Ambulatory Health Services (AAP)

The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.

CPT	HCPCS	ICD-10	UBREV
92002, 92004, 92012, 92014, 98966-98972, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99444, 99458, 99483	G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, S0620, S0621, T1015	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	0510-0529, 0982, 0983

IMPROVING YOUR HEDIS SCORE

- Use appropriate billing codes as listed above.
- Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- Make reminder calls to patients who have appointments to decrease no-show rates.
- Outreach to newly assigned patients to schedule appointments.
- Schedule annual visit or follow-up visit before patient leaves the office.



Use of Opioids at High Dosage (HDO)

The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.

Note: A lower rate indicates better performance.

IMPROVING YOUR HEDIS SCORE

- Prescribe the lowest effective dose for the shortest amount of time. The CDC recommends avoiding increasing the dosage above 90 MME.
- Consider tapering to reduce dosage or make a plan to safely discontinue opioid therapy when dosage exceeds 90 MME daily without functional benefit.
- Be prepared to refer the patient to an appropriate substance use provider if a patient shows signs of an opioid use disorder.
- Maximize utilization of non-narcotic and non-pharmacologic measures to control pain as part of a comprehensive pain management plan.
- Provide patient educational materials and resources that include information on the treatment processes and options, including mutual support groups and other community-based programs.
- Screen patients for a personal or family history of dependence disorders.



Use of Opioids from Multiple Providers (UOP)

The proportion of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported.

1. Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. Multiple Prescribers and Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note: A lower rate indicates better performance for all three rates.

IMPROVING YOUR HEDIS SCORE

- Coordinate care with your patient's other providers.
- Educate patients regarding the safe use and risks of opioids, including education and access to Naloxone.
- Set patient-prescriber expectations early on regarding controlled-substance prescriptions from other providers and the use of multiple pharmacies.



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