

HEDIS® REFERENCE GUIDE FOR PROVIDERS 2017

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Sample Codes
* Auto-Assignment Measures					
WOMEN	Breast Cancer Screening (BCS)	50-74 years Women	Commercial, Medi-Cal, Medicare	One screening mammogram every 27 months (between October 1 two years prior to the measurement year and December 31 of the measurement year).	ICD-10: Z12.31, Z12.39 HCPCS: G0202, G0204, G0206 Exclusion: Bilateral Mastectomy Absence of breast(s): Z90.11, Z90.12, Z90.13
	*Cervical Cancer Screening (CCS)	21-64 years Women	Commercial, Medi-Cal	Age 21-64 cervical cytology every 3 years. Document the date and results. Or Age 30-64 cervical cytology and HPV testing with documented date and results. (Cytology & HPV test must be from same data source.)	Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 Cervical Cytology HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 HPV Test CPT: 87620-87622 HPV HCPCS G0476 Exclusions: Documentation of total hysterectomy with absence of cervix. Absence of Cervix ICD-10-CM: Q51.5, Z90.710, Z90.712
DIABETES	*Comprehensive Diabetes Care (CDC) - HbA1c Testing	18-75 years (Diabetics, Type I or Type II)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin (HbA1c) blood test in measurement year date and result. Includes: control <8% poor control >9%	HbA1c Tests CPT: 83036, 83037 HbA1c Level < 7.0 CPT II: 3044F HbA1c Level 7.0-9.0 CPT II: 3045F HbA1c Level > 9.0 CPT II: 3046F Exclusions: Gestational diabetes, steroid induced diabetes.
	*Comprehensive Diabetes Care (CDC) - Retinal Eye Exam	18-75 years (Diabetics, Type I or Type II)	Commercial, Medi-Cal, Medicare	Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist) during the current measurement year: <ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional (positive for retinopathy) (every year). • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (every 2 years). Note: Medical record documentation must include a letter prepared by an ophthalmologist, optometrist, or a note by the PCP that eye professional completed exam, date of service and result.	Diabetic Retinal Screening CPT: 67028 - 99245 HCPCS: S0620, S0621, S3000 Diabetic Retinal Screening Negative CPT: 3072F Diabetic Retinal Screening with Eye Care Professional CPT II: 2022F, 2024F, 2026F Exclusions: Gestational diabetes, steroid induced diabetes.

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CHILDREN	*Childhood Immunization Status (CIS)	0-2 years	Commercial, Medi-Cal	Children 2 years of age in 2017 who received these vaccines on or before age 2: 4 DTaP 3 Polio (IPV) 1 MMR 3 Influenza Type B (HiB) 3 Hepatitis B 1 chicken pox (VZV) 4 Pneumococcal conjugate (PCV) 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq) 2 influenza vaccines	DTaP CPT: 90698, 90700, 90721, 90723 HiB CPT: 90644-90648, 90698, 90721, 90748 Hep A CPT: 90633 Hep B CPT: 90723, 90740, 90744, 90747, 90748; HCPCS: G0010 IPV (Inactive Polio Vaccine): 90698, 90713, 90723 Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685; HCPCS: G0008 Measles: 90705 MMR: 90707; MMR, VZV: 90710 Measles/Rubella: 90708 Mumps: 90704 PCV (pneumococcal) CPT: 90669, 90670; HCPCS: G0009 Rotavirus Rotarix CPT: 90681 RotaTeq CPT: 90680 Rubella: 90706 VZV CPT: 90716 Exclusions: Anaphylactic reaction, Encephalopathy, Adverse Effects, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency or Intussusception. Refer to 2017 HEDIS Technical Specifications for exclusion codes.
	Well-Child Visits 3-6 Years (W34)	3-6 years as of Dec. 31 of measurement year	Commercial, Medi-Cal	One well-child visit with a PCP in the measurement year. *Documentation of the date of the visit and the following: A health history; physical developmental history; mental developmental history; physical exam and health education/anticipatory guidance.	ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings CPT: Preventive codes: 99382 - age 1-4, new patient 99392 - age 1-4, established patient 99383 - age 5-11, new patient 99393 - age 5-11, established patient
ADOLESCENTS	Adolescent Well-Care Visits (AWC)	12-21 years as of Dec. 31 of measurement year	Commercial, Medi-Cal	One comprehensive well-care visit* with a PCP or OB/GYN in measurement year. *Document the date of the visit and the following: A health history; a physical developmental history; a mental developmental history; a physical exam and health education/anticipatory guidance.	ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings CPT: Preventive codes: 99384 - age 12-17, new patient 99394 - age 12-17, established patient 99385 - age 18+, new patient 99395 - age 18+, established patient
	Immunizations for Adolescents (IMA)	Adolescents who turn 13 years of age during the measurement year	Commercial, Medi-Cal	The percentage of adolescents who had: • 1 dose of meningococcal conjugate vaccine given between member's 11th and 13th birthday, • 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine given between 10th and 13th birthday and • 3 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday.	Meningococcal Vaccine Administered CPT: 90644, 90734 Tdap Vaccine Administered CPT: 90715 HPV Vaccine Administered CPT: 90649, 90650, 90651 Exclusions - Anaphalactic reaction codes: T80.52XA, T80.52XD, T80.52XS

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PRENATAL	*Prenatal Care, Timeliness of (PPC)	Women with a live birth that received a prenatal care visit in the first trimester or within 42 days of enrollment	Commercial, Medi-Cal	<p>Code the first prenatal visit separately and document the date.</p> <p>PCP: Visits must include documentation of a diagnosis of pregnancy, the prenatal care visit date and evidence of one of the following:</p> <ul style="list-style-type: none"> • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. • Evidence that a prenatal procedure was performed, such as a screening test/ obstetric panel, or TORCH antibody panel alone, or rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or ultrasound/echography of a pregnant uterus. • Documentation of last menstrual period (LMP) or estimated date of delivery (EDD) in conjunction with either a prenatal risk assessment and counseling/education or a complete obstetrical history. <p>OB/GYN: Visit must be billed with one of the following: a pregnancy diagnosis, obstetric panel, prenatal ultrasound, rubella/Rh or rubella/PBO. Or a prenatal visit billed with all of the following: toxoplasma antibody, rubella, cytomegalovirus, and herpes simplex.</p>	<p>Procedure codes: Prenatal visit during first trimester: 99201-99205, 99211-99215, 99241-99245 Standalone prenatal visits: 99500, 0500F-0502F (procedure codes can be billed by OB/GYN or PCP)</p> <p>OB panel: 80055</p> <p>Prenatal ultrasound: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 ICD-10-PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ</p> <p>Toxoplasma antibody: 86777, 86778 Rubella antibody: 86762 Cytomegalovirus antibody: 86644 Herpes simplex antibody: 86694-86696 ABO: 86900 Rh: 86901</p> <p>ICD-10-CM codes: Due to the numerous amount of codes, all have not been documented in this Guide. Please refer to 2017 ICD-10-CM code book from The American Academy of Professional Coders.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Documentation must include PCP visit date, diagnosis of pregnancy and required exams. • Ensure that pregnant and recently delivered patients get priority for appointments. • For visits to a PCP, a diagnosis of pregnancy must be present. • Services may be provided by PCP/OBGYN/other family care practitioner, Midwife.

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POSTPARTUM	*Postpartum Care (PPC)	All women who delivered a live birth	Commercial, Medi-Cal	<p>Documentation of a postpartum visit on or between 21 and 56 days after delivery and must include one of the following: pelvic exam or evaluation of weight, BP, breasts and abdomen and breast feeding status, or notation of postpartum care.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Make sure to indicate visit date and notate “postpartum care.” • For care given by previous provider, add “PP” with a check mark next to it on progress notes. • Schedule postpartum visit before mother and baby leave the hospital. • Offer home visit for postpartum. • CPSP (Comprehensive Perinatal Services Program) counseling does not count. 	<p>ED Procedure CPT: 57170, 58300, 59430</p> <p>Postpartum visit CPT: 99501</p> <p>Postpartum CPT II: 0503F</p> <p>Pelvic Exam HCPCS: G0101</p> <p>Postpartum Visit ICD-10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p>Deliveries CPT Bundle Codes: 59400, 59410, 59510, 59610, 59614, 59618, 59622</p> <p>Note: Codes are for Global billing and only useful if the encounter/claim indicates when postpartum care was rendered.</p>

NOTE: The codes listed above are **SAMPLE CODES**. The codes listed are not inclusive and do not represent a complete list of codes . Please refer to NCQA’s HEDIS 2017 Value Set Directory and HEDIS 2017 Volume 2 Technical Specifications to ensure accurate documentation.

CPT II codes must be submitted together with procedure codes; they cannot be submitted alone.

This list contains MedPOINT Management focus measures only and does not include all HEDIS® measures.

* **Auto-Assignment Measures** - Medi-Cal members who do not choose a plan in time are auto assigned by the State of California to a health plan (defaulted). The defaulted members are divided among the plans through an Auto Assignment Incentive Program that is partially driven by the HEDIS measures marked above.

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CPT® codes are the Current Procedural Terminology codes. CPT® is a registered trademark of the American Medical Association.

HCPCS is the Healthcare Common Procedure Coding System used by the Centers for Medicare & Medicaid Services.

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