

REVISED 3.12.19

HEDIS[®]/STARS REFERENCE GUIDE FOR PROVIDERS 2019

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS				
Adult BMI Assessment (ABA)	Members 18-74 years as of 12/31/2019	Commercial, Medi-Cal, Medicare	<p>BMI documented in 2018 or 2019.</p> <ul style="list-style-type: none"> Document BMI percentile for members 19 and younger (not BMI value). Document BMI value for age 20+. 	<p>Adults 20+ yrs: ICD-10: Z68.1 - Z68.45 Pediatric up to 19 yrs: ICD-10: Z68.51-Z68.54</p> <p>Best Practices:</p> <ul style="list-style-type: none"> Make sure calculation of BMI or BMI percentile is in Medi-Cal record, along with height and weight.
Colorectal Cancer Screening (COL)	50-75 years as of 12/31/2019	Commercial, Medicare	<p>Members who had appropriate screening for colorectal cancer:</p> <ul style="list-style-type: none"> Fecal occult blood iFOBT/FIT test in 2019 or Colonoscopy in past 10 years (2009-2019) <p>Best Practices:</p> <ul style="list-style-type: none"> Clearly document previous colonoscopy, including year. <p>Also acceptable for this measure:</p> <ul style="list-style-type: none"> gFOBT (Guiaic) (3 sample test) Flexible Sigmoidoscopy FIT-DNA (Cologuard®) (covered by Medicare and select Commercial plans only) Computed Tomography (CT) Colonography 	<p>iFOBT/FIT - CPT: 82274 HCPCS: G0328 Colonoscopy: billed by Gastroenterologist</p> <p>Exclusions: Colorectal cancer or total colectomy, members age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.</p>
Controlling High Blood Pressure (CBP)	18-85 years and Hypertensive as of 12/31/2019	Commercial, Medi-Cal, Medicare	<p>Members with >=2 diagnoses of hypertension between 2018-2019 whose last blood pressure of 2019 was <140/90.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> Most recent BP value counts. Electronically submitted BP readings from patient monitoring devices are compliant. Use CPT II outcome codes on encounters to avoid Medi-Cal record requests. Retake BP at end of appointment if reading is high during initial vitals. 	<p>CPT II Codes:</p> <p>3074F - Systolic <130 3075F - Systolic 130-139 3078F - Diastolic less than 80 mm Hg 3079F - Diastolic 80-89 mm Hg 3077F - Systolic >= to 140 3080F - Diastolic >= to 90</p> <p>Exclusions: Members in hospice, with evident ESRD; kidney transplant, diagnosis of pregnancy; had a non-acute inpatient admission, all in 2019. Age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.</p>
Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART)	18 years and older as of 12/31/2019	Commercial, Medi-Cal, Medicare	<p>Patients with a diagnosis of rheumatoid arthritis on two different dates of service between 1/1/19 and 11/30/19 who were dispensed a DMARD by a provider or pharmacy.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> Prescribe DMARDs to patients with RA. Watch for osteoarthritis miscoded as RA. 	<p>DMARD prescription filled: Abatacept, Adalimumab, Anakinra, Auranofin, Azathioprine, Certolizumab, Certolizumab, Cyclophosphamide, Cyclosporine, Etanercept, Gold, Golimumab, Hydroxychloroquine, Infliximab, Leflunomide, Methotrexate, Minocycline, Mycophenolate, Penicillamine, Rituximab, Sulfasalazine, Tocilizumab, Tofacitinib.</p> <p>Exclusions: Frailty and advanced illness.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS - CONTINUED				
Medication Reconciliation Post-Discharge (MRP)	Hospital discharges of members 18 years (as of 12/31/2019) and older from 1/1/19 to 12/1/19 for whom medications were reconciled on the date of discharge through 30 days after discharge (31 days total).	Medicare	<p>Documentation in the outpatient Medi-Cal record by a PCP, registered nurse or pharmacist must include evidence of medication reconciliation (within 30 days of discharge) and the date when it was performed. An outpatient visit is not required.</p> <p><i>Any of the following documentation meets criteria (first two below are easiest):</i></p> <ul style="list-style-type: none"> • Current medications list with a note that discharge medications were reviewed, or • Current medications list with a note that no meds were prescribed or ordered upon discharge, or • Current medications list with a notation that provider reconciled current and discharge medications, or • Current medications list with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications), or (see next column) 	<p>CPT II: 1111F</p> <p>Documentation continued:</p> <ul style="list-style-type: none"> • Current medications list with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. • Current and discharge medication lists with note both were reviewed on same date of service. • Note in discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient Medi-Cal record; with evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
CHILDREN & ADOLESCENTS				
Adolescent Well-Care Visits (AWC)	12-21 years as of 12/31/2019	Commercial, Medi-Cal	<p>One comprehensive well-care visit with a PCP or OB/GYN in 2019 that documents the date of the visit and all of the following:</p> <ol style="list-style-type: none"> 1) a health history; 2) a physical developmental history; 3) a mental developmental history; 4) a physical exam 5) health education/ anticipatory guidance. 	<p>ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with/ without abnormal findings (age 0-17). Z00.00 or Z00.01 for adult. Z02.5 Sports Physical</p> <p>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</p>
Childhood Immunization Status (CIS)	Children age 2 years in 2019 who had all immunizations by their 2nd birthday	Commercial, Medi-Cal	<p>Children 2 years of age in 2019 who received these vaccines on or before their second birthday:</p> <p>Combo 3 - 4 DTaP 3 Polio (IPV) 1 MMR 3 Influenza Type B (HiB) 3 Hepatitis B 1 chicken pox (VZV) 4 Pneumococcal conjugate (PCV)</p> <p>Combo 10 - includes above plus the following: 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq) 2 influenza vaccines</p>	<p>Exclusions: Please refer to the 2019 HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphylactic reaction, Encephalopathy, Adverse Effects, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency or Intussusception.</p> <p>Best Practice: Always use CAIR2 - California Immunization Registry - cairweb.org</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
CHILDREN & ADOLESCENTS - CONTINUED				
Immunizations for Adolescents (IMA)	Adolescents age 13 in 2019 who had immunizations before 13th birthday	Commercial, Medi-Cal	<p>The percentage of adolescents 13 years of age who had:</p> <p>Combo 1 -</p> <ul style="list-style-type: none"> 1 dose of meningococcal conjugate vaccine (MCV) given between member's 11th and 13th birthday and 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine given between 10th and 13th birthday <p>Combo 2 - includes above plus the following:</p> <ul style="list-style-type: none"> 2 or 3 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday. 	<p>Exclusions - Please refer to the 2019 HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphalactic reaction, Encephalopathy and Adverse Effect. The exclusion must have occurred on or before the member's 13th birthday.</p> <p>Best Practice:</p> <ul style="list-style-type: none"> Always use CAIR2 - California Immunization Registry - cairweb.org
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)	3-17 years as of 12/31/2019	Commercial, Medi-Cal	<p>Outpatient visit with PCP or OB/GYN with evidence of the following in 2019:</p> <ol style="list-style-type: none"> 1) BMI percentile or age-growth chart with height and weight, 2) counseling for nutrition and 3) counseling for physical activity <p>Best Practices:</p> <ul style="list-style-type: none"> PM 160 Forms and Staying Healthy Assessment Forms are compliant if documented correctly. Ensure templates include word "counseling." Be specific about health education given and topics discussed. Documentaton of "gave Growing up Healthy brochure" counts for both nutrition and physical activity counseling. See: https://www.dhcs.ca.gov/formsandpubs/publications/pages/chdppubs.aspx. 	<p>BMI Percentile ICD-10: Z68.51 - Z68.54</p> <p>Counseling for Nutrition ICD-10: Z71.3</p> <p>Counseling for Physical Activity ICD-10: Z71.82, Z02.5 HCPCS: G0447, S9451</p>
Well-Child Visits 3-6 Years (W34)	3-6 years as of 12/31/2019	Commercial, Medi-Cal	<p>One well-child visit with a PCP in 2019 that documents the date of the visit and all of the following:</p> <ol style="list-style-type: none"> 1) a health history; 2) a physical developmental history; 3) a mental developmental history; 4) a physical exam 5) health education/ anticipatory guidance. 	<p>ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with/ without abnormal findings (age 0-17) Z02.5 Sports Physical</p> <p>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</p>
HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE				
Comprehensive Diabetes Care (CDC) - HbA1c Control	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Documentation of a hemoglobin A1c (HbA1c) blood test in 2019 with date and result. Includes: control <8% poor control >9%</p> <ul style="list-style-type: none"> Most recent reading during the year counts for these components. 	<p>HbA1c Tests CPT: 83036 HbA1c Level < 7.0 CPT II: 3044F HbA1c Level 7.0-9.0 CPT II: 3045F HbA1c Level > 9.0 CPT II: 3046F</p> <p>Exclusions for all CDC components: Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE - CONTINUED				
Comprehensive Diabetes Care (CDC) - HbA1c Testing	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin A1c (HbA1c) blood test in 2019 with date and result.	HbA1c Tests CPT: 83036 Exclusions for all CDC components: Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.
Comprehensive Diabetes Care (CDC) - Nephropathy	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Nephropathy screening or monitoring test or evidence of nephropathy during 2019. Includes: Microalbumin urine test or visit to nephrologist or at least one ACE inhibitor or ARB dispensing event or evidence of ESRD or kidney transplant.	Evidence of Treatment for Nephropathy: CPT II: 3066F, 4010F, 3060F-3062F Exclusions for all CDC components: Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.
Comprehensive Diabetes Care (CDC) - Retinal Eye Exam	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist): <ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional during 2019. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2018. Best Practices: <ul style="list-style-type: none"> • Use CPT II code 3072F in 2019 to ensure credit. • Medi-Cal 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 (limited to eye care professionals) Diabetic Retinal Screening Negative: CPT II: 3072F (negative in 2018) Diabetic Retinal Screening with Eye Care Professional CPT II: 2022F - Face to face 2024F - Retinal photos interpreted onsite 2026F - Retinal telemedicine (i.e. EyePACS) Exclusions: Gestational diabetes, steroid induced diabetes.
Comprehensive Diabetes Care (CDC) - Blood Pressure Control	18-75 years as of 12/31/2019 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Members with diagnosis of diabetes whose blood pressure was <140/90 by the end of 2019. Best Practices: <ul style="list-style-type: none"> • Most recent BP value counts. • Use CPT II outcome codes in 2019 to avoid Medi-Cal record requests. • Retake BP at end of appointment if reading is high during initial vitals. • Electronically submitted BP readings from patient monitoring devices are compliant. 	CPT II Codes: 3074F - Systolic <130 3075F - Systolic 130-139 3078F - Diastolic less than 80 mm Hg 3079F - Diastolic 80-89 mm Hg 3077F - Systolic >/= to 140 3080F - Diastolic >/= to 90 Exclusions: Members in hospice, with ESRD, kidney transplant or pregnancy in 2019. Age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
SENIORS				
Care for Older Adults (COA)	66 years and older as of 12/31/2019	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	<p>Members who had each of the following during 2019:</p> <ul style="list-style-type: none"> • Advance care planning • Medication review • Functional status assessment • Pain Assessment <p>Best Practice:</p> <ul style="list-style-type: none"> • Code for all components above as there is a separate rate for each measure. • Complete Annual Wellness Visit (AWV) for all eligible patients. • Documentation for Advance Care Plan must include note of discussion and date, or note that advance care plan was executed, or note that plan is in Medi-Cal record. • Documentation for medication review must include medication list and date it was reviewed, or note of no medications. 	<p>Advanced Care Planning: Document Present CPT II: 1157F Discussion documented CPT II: 1158F</p> <p>Medication Review: CPT® II: 1160F Medication List: CPT® II: 1159F Both Review and List codes must be used.</p> <p>Functional Status Assessment: CPT® II: 1170F</p> <p>Pain Assessment: Pain Present CPT II: 1125F Pain not Present CPT II: 1126F</p>
Osteoporosis Screening and Management after Fracture (OMW)	Women 67-85 years as of 12/31/2019	Medicare	<p>Women with a fracture date between 7/1/2018 – 6/30/2019 and who had either a bone mineral density (BMD) test or dispensed prescription for a drug to treat osteoporosis in the six months (180 days) after the fracture.</p> <p>*Does not include fractures to the fingers, toe, face or skull.</p>	<p>Medications: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Albandronate, Calcitonin, Denosumab, Raloxifene, Teriparatide.</p> <p>Exclusions: Members age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.</p>
Use of High-Risk Medications in the Elderly (DAE)	66 years and older as of 12/31/2019	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	<p>Medicare members age 66 and older who received at least:</p> <ul style="list-style-type: none"> • One dispensing event for a high-risk medication, or • Two dispensing events for the same high-risk medications. 	<p>List of medications available upon request or on page 282 of the NCQA 2019 Technical Specifications.</p> <p>Note:</p> <ul style="list-style-type: none"> • Some medication classes are considered high-risk in any amount, while others have a days supply or average daily dose threshold to be considered high-risk. • A lower rate represents better performance.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY				
Breast Cancer Screening (BCS)	Women 50-74 years as of 12/31/2019	Commercial, Medi-Cal, Medicare	<p>Women who had a mammogram to screen for breast cancer between 10/1/2017 and 12/31/2019 (at least every 27 months).</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Do not count Biopsies, ultrasounds and MRIs. • Breast tomosynthesis does count. • Code exclusions every year during any outpatient encounter submission. • Screen every other year. 	<p>CPTs: 77067, 77066, 77065</p> <p>Exclusions: Bilateral Mastectomy: Z90.13.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY - CONTINUED				
Cervical Cancer Screening (CCS)	Women 21-64 years as of 12/31/2019	Commercial, Medi-Cal	<p>Age 21-64 cervical cancer screening in 2017, 2018 or 2019 (every 3 years). Document the date and results.</p> <p>- OR -</p> <p>Age 30-64 cervical cancer screening and HPV co-testing (every 5 years) performed between 2015 - 2019 with documented date and results.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • Order co-testing, not HPV reflex, for women age 30 and over. • Document exclusions every year. • Document “total hysterectomy” or “no cervix” or it will not count. • HPV-only screening for ages 30+ is proposed starting in 2020. 	<p>Cervical Cytology CPT: 88142 HPV Test CPT: 87624</p> <p>Exclusions: Documentation of total hysterectomy with absence of cervix. Acquired Absence of cervix and uterus: Z90.712 Congenital absence of the cervix: Q51.5</p>
Chlamydia Screening in Women (CHL)	16-24 years as of 12/31/2019	Commercial, Medi-Cal	<p>Women identified as sexually active who had at least one test for chlamydia during 2019.</p> <p>Two methods identify sexually active: (1) pharmacy data (dispensed contraceptives during the measurement year) and (2) encounter data.</p>	<p>CPT: 87491</p> <p>Best Practice:</p> <ul style="list-style-type: none"> • Chlamydia can be tested by urine or gynecological exam. • Don't forget to test 15 year olds turning 16 by 12/31.
Prenatal Care, Timeliness of (PPC-Pre)	<p>Live births between 11/6/2018 - 11/5/2019</p> <p>Prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment</p>	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	<p>Code the first Prenatal Visit separately, document the date, diagnosis of pregnancy and evidence of one of the following:</p> <ol style="list-style-type: none"> 1 A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. 2 Evidence that a prenatal care procedure was performed (such as OB panel or ultrasound or TORCH panel) 3 Easiest and preferred documentation but must include pregnancy diagnosis (e.g. Z34.90) - 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. 4 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>Procedure codes:</p> <p>Prenatal visit during first trimester CPT: 99201-99205, 99211-99215, 99241-99245 CPT II: 0500F OB panel: 80055 Prenatal ultrasound: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p> <p>Best Practices:</p> <ul style="list-style-type: none"> • For E&M codes to count they must be paired with a pregnancy diagnosis (e.g. Z34.90), ultrasound or labs. • Perform prenatal care visit on same day of the positive pregnancy test. • 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. <p>NOTE: There are major changes proposed to the PPC measures which will impact the measurement year of 10/08/2018 - 10/07/2019.</p>

WOMEN ONLY

Postpartum Care (PPC-Post)	Live births between 11/6/2018 - 11/5/2019	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:</p> <ul style="list-style-type: none"> • Notation of postpartum care, including, but not limited to, notation of “postpartum care,” “PP care,” “PP check,” “6-week check,” or preprinted “postpartum care” form (easiest and preferred documentation). • Pelvic exam. • Evaluation of weight, BP, breasts and abdomen. <p>Best Practices:</p> <ul style="list-style-type: none"> • Make sure to indicate visit date and notate “postpartum care.” • Schedule both early (first 3 weeks) and late (4-8 weeks) postpartum visits before mother and baby leave the hospital. • Offer home visit for postpartum. • CPSP (Comprehensive Perinatal Services Program) postpartum visit code Z1038 crosswalks to CPT II code 0503F. Best practice is to bill both codes. • Incision check for post C-section does not constitute a postpartum visit. 	<p>Postpartum CPT II: 0503F Postpartum Visit ICD-10CM: Z39.2</p> <p>Note:</p> <ul style="list-style-type: none"> • Global CPT codes may not reflect when postpartum care was rendered. • Z39.2 is the preferred ICD10 code that can be attached to any E&M code. <p>Proposed changes to the PPC measure for 2019-2020 will require an Early Postpartum Visit within 21 days after delivery and a Later Postpartum Visit during 22 and 84 days after delivery.</p> <p>Also, new Prenatal and Postpartum Depression Screening and Follow-Up measures are proposed.</p>
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Postpartum visit between 21 and 56 days after delivery.

*See proposed changes.

PLEASE NOTE

Information above is subject to change.

This list is not a complete list of all HEDIS measures. The codes listed above are SAMPLE CODES.

Please refer to HEDIS 2019 Volume 2 Technical Specifications for Health Plans and NCQA's HEDIS 2019 Value Set Directory for a complete list.

Member Satisfaction Surveys (CAHPS) are part of HEDIS and some P4P Programs.