



AETNA BETTER HEALTH[®] OF FLORIDA

A guide to HEDIS Medicaid measure compliance



2022 HEDIS[®] TOOLKIT FOR PROVIDER OFFICES

www.aetnabetterhealth.com/florida

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¹ HEDIS ® is a registered trademark of the National Committee for Quality Assurance (NCQA)

WHAT IS HEDIS?

Hhealthcare Effectiveness Data and Information Set (HEDIS)

NCQA defines HEDIS as, “a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans.”



To learn more visit: <https://www.ncqa.org/>

HEDIS MEDICAL RECORD REQUEST PROCESS:

- Data collection methods include: fax, mail, onsite visits for larger requests, and remote electronic medical record (EMR) system access if available
- Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed by the health plan
- Due to the limited data collection timeframe, a turnaround time of <7 days is appreciated
- For on-site chart collections, the office will be contacted to schedule a time the abstractor can come to the office for chart review. A list of member’s charts being reviewed will be provided ahead of time

Regarding HIPAA:

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS is permitted, and the release of this information requires **no special patient consent or authorization**. Please be assured our members’ personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. All of the health plans ‘contracted providers’ records are protected by these laws.

- HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities
- The records provided during this process helps us to validate and demonstrate the quality of care you provide to our members

TIPS AND BEST PRACTICES

General tips and information to help for most HEDIS measures:

- Take advantage of this guide, coding information, and the on-line resources to help your practice understand HEDIS measures, compliance, and requirements
- Use your monthly member roster to contact patients who are due for an exam or newly assigned to your practice
- Contact us if not already receiving our member 'Gap in Care Reports' for HEDIS measures compliance: FLMedicaidQualityDept@aetna.com
- Schedule the member's next well-visit/preventive care at the end of the current appointment
- Assign a Quality or HEDIS nurse to perform internal reviews and serve as a point of contact
- Most Electronic Health Records (EHRs) are able to create alerts and flags for required HEDIS services. Be sure to have all these prompts turned on, or check with your software vendor to have these alerts added
- HEDIS measures can be complex – don't go it alone! Our Quality Team is here to support the office in understanding measure requirements, ensure proper coding is being applied, and answer your questions

The importance of proper documentation for compliance:

- Enable physician and other healthcare professionals to evaluate a patient's healthcare needs and assess the efficacy of the treatment plan
- Serves as the legal document to verify the care rendered and date of service
- Ensure date of care rendered is present and all documents are legible
- Serves as a communication tool among providers and other healthcare professionals involved in the patient's care for improved continuity of care
- Appropriately documented clinical information can reduce many of the 'hassles' associated with claims processing and HEDIS chart requests
- Support the ICD-10 and CPT codes reported on billing statements

Look for the **"Common Chart Deficiencies"** or **"Best Practice Tips"** sections to help guide some of the more challenging components of HEDIS measures

CHILDRENS' MEASURES

NCQA has retired W15, W34, AWC, & CAP measures. The new measure replacements are detailed below:

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

There are two rates reported under this new measure:

1. **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement year and have 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 and have two or more well-child visits.

Well Child Visits in the First 30 Months of Life Coding	CPT: 99381-99385, 99391-99395, 99461 ICD-10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 HCPCS: G0438, G0439, S0302
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Child and Adolescent Well-Care Visits (WCV)

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.

Child and Adolescent Well-Care Visits Coding	CPT: 99381-99385, 99391-99395, 99461 ICD-10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, HCPCS: G0438, G0439, S0302
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NCQA removed the restrictions on telehealth for well-visits. Telehealth coding with modifiers are now part of the allowable value sets.

These childhood measures are based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit the Bright Futures website for more information about well-child visits (<https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/>).

Revised 10/2021 -Dean Powell QM HEDIS Manager

Lead Screening in Children (LSC)

Children who turn 2 years of age in the measurement year and receive one or more capillary or venous lead blood test on or before their second birthday.

Several options exist for in-office lead testing, including:

- Blood lead analyzer – Aetna does reimburse for in-office lead testing
- MedTox filter paper testing – Medtox reimbursed, not office

Lead poisoning information and the complete testing guidelines for children are available from the Florida Department of Health:

<http://www.floridahealth.gov/environmental-health/lead-poisoning/index.html>

Common Chart Deficiencies

- Fail to order blood lead test on Medicaid members
- A lead risk assessment tool does not satisfy the Medicaid venous blood lead requirement regardless of the risk score
- Test performed after age 2 is late

Lead Screening Test	CPT: 83655
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Weight Assessment and Counseling for Nutrition and Physical Activity for Children (WCC)

Members who turn 3-17 years of age in the measurement year and have a visit with PCP with the following three items documented:

- BMI percentile or BMI percentile plotted on growth chart
(A BMI value alone is not acceptable for this age range)
- Counseling for nutrition
- Counseling for physical activity

Note: Referrals to WIC count for Counseling for Nutrition

WCC coding continued next page

Weight Assessment and Counseling for Nutrition and Physical Activity for Children (WCC) - continued

There is coding that can be used to drive administrative compliance for these measure components, which can significantly reduce the need for medical record requests during “HEDIS season.”

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	BMI Percentile ICD-10 CM: Z68.51-Z68.54
	Nutrition Counseling CPT: 97802-97804 ICD-10 CM: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
	Physical Activity Counseling ICD-10 CM: Z71.82, Z02.5 HCPCS: G0447, S9451

Childhood Immunization Status (CIS)

Children who turn 2 years of age in the measurement year and receive the following vaccinations on or by their second birthday:

VACCINE	# OF DOSES
DTap	4
IPV	3
MMR	1
HiB	3
Hep B	3
VZV	1
PCV	4
Hep A	1
Rotavirus*	2 or 3
Influenza	2

Be sure to give the correct number of doses based on manufacturer and code **Rotavirus correctly.

- **Rotarix®** from GlaxoSmithKline is a two-dose formula and the CPT code is 90681
- **RotaTeq®** from Merck is a three dose formula and the CPT code is 90680

Revised 10/2021 -Dean Powell QM HEDIS Manager

Childhood Immunization Status (CIS) - continued

Common Chart Deficiencies & Best Practice Tips:

- Vaccines for DTaP, IPV, HiB, PCV, or Rotavirus given before 42 days after birth do not count as compliant for HEDIS
- *MMR-at least one vaccine on or between the child's first and second birthday
- Any vaccines given after age 2
- Record the immunizations in the state registry – Florida Shots
- Use each visit to review vaccine schedule and as an opportunity to catch-up on missing immunizations
- Document parent refusal and place a signed copy in the medical record
- Document the date of the first hepatitis B vaccine given at the hospital and name of the hospital, if available
- Record date and immunization(s) provided at health department in the patient's medical record
- Document and code any contraindications or allergies

Childhood Immunization Status (CIS) – Coding

Childhood Immunization Status (CIS)	DTaP Vaccine CPT: 90698, 90700, 90723
	IPV Vaccine CPT: 90698, 90713, 90723
	MMR Vaccine CPT: 90707, 90710
	Measles Vaccine CPT: 90705
	Measles and Rubella Vaccine CPT: 90708
	Mumps Vaccine CPT: 90704
	Rubella Vaccine CPT: 90706
	HiB Vaccine CPT: 90644, 90647, 90648, 90698, 90748
	Hep B Vaccine CPT: 90723, 90740, 90744, 90747, 90748 ICD-10 PCS: 3E0234Z (newborns only) HCPCS: G0010
	VZV Vaccine CPT: 90710, 90716
	PCV Vaccine CPT: 90670 HCPCS: G0009
	Hep A Vaccine CPT: 90633
	RV Vaccine CPT: 90681 (2 dose), 90680 (3 dose)
Flu Vaccine CPT: 90655, 90657, 90660, 90661, 90672, 90673, 90685-90689 HCPCS: G0008	

Immunization for Adolescents (IMA)

Adolescents who turn 13 years of age in the measurement year and receive the following vaccinations by their 13th birthday:

- Meningococcal vaccine given between 11th and 13th birthdays
 - Meningococcal Serogroups A, C, W, Y vaccine
- Tdap vaccine given between 10th and 13th birthdays
- HPV vaccine (2 or 3 dose) given on or between child's 9th and 13th birthdays
 - 2 dose schedule must be must be given at least 146 days apart or
 - 3 doses with different dates of service

For more information to share with your patients regarding the importance of the HPV vaccine visit:

<https://www.cdc.gov/hpv/hcp/materials-resources.html>

Immunizations for Adolescents (IMA)	Meningococcal CPT: 90734
	Tdap CPT: 90715
	HPV CPT: 90651

Follow-up Care for Children Prescribed ADHD Medication (ADD)

Members 6-12 years of age in the measurement period*, newly prescribed ADHD medication and had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

*The measurement period for this measure is March 1 of the year prior to measurement year and ending February 28 of the measurement period.

This measure is reported two ways:

- Initiation Phase – one follow-up visit by a practitioner with prescribing authority within 30 days of when first ADHD medication was dispensed
- Continuation Phase – members who remained on ADHD medication for at least 210 days who in addition to the Initiation Phase visit, had at least two more follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended

Best Practice Tips:

- Do not write for refills until the initial follow-up visit is complete
- Conduct initial follow-up visit 2-3 weeks after member starts medication therapy
- If member cancels an appointment, reschedule the appointment right away

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ADULT MEASURES

Adults' Access to Preventive/Ambulatory Health Services (AAP)

Members 20 years of age and older who had an ambulatory or preventive care visit in the measurement period.

Controlling High Blood Pressure (CBP)

Members 18-85 years of age in the measurement year with a diagnosis of hypertension whose blood pressure is adequately controlled.

- 18-85 years of age whose Blood Pressure is <140/90

The HEDIS requirement is to review only the last blood pressure reading in the measurement year.

Best Practice Tips:

Most of the time the patient's BP is taken when the patient first walks back to the exam room and there are a variety of factors which could impact BP results. To record a more accurate reading:

- Retake the BP at the end of the visit if elevated
- Take the BP in both arms with the elbow level with the heart
- Don't round up when recording the readings
- Check BP in both arms – HEDIS allows lowest reading
- Ensure the BP cuff is the correct size for the patient's arm

Controlling High Blood Pressure (CBP)

The use of coding for your blood pressure ranges could reduce the need for chart requests in this measure:

CPT II Codes:

- 3074F: systolic BP < 130
- 3075F: systolic BP 130-139
- 3077F: systolic BP ≥ 140
- 3078F: diastolic BP < 80
- 3079F: diastolic BP 80-89
- 3080F: diastolic BP ≥ 90

(Please bill one code each for systolic and diastolic.)

Comprehensive Diabetes Care (CDC)

Members 18 – 75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) and that have each of the following performed annually:

- Hemoglobin A1c (HbA1c) testing*
- Retinal Eye Exam
- BP Control (<140/90 mm Hg)

*Results of HbA1c testing are reported in the submeasures of:

- Poor Control >9%
- Control <8%

NCQA retired the HbA1c <7% requirement that was reported on select populations.

NCQA retired the Nephropathy Screening requirement for Commercial and Medicaid.
Note this measure is still reported for Medicare members.

Comprehensive Diabetes Care (CDC)	HbA1c Screening: 83036, 83037
	<p>The use of coding for HbA1c results could reduce the need for chart requests in this measure:</p> <p>CPT II Codes:</p> <ul style="list-style-type: none"> ▪ 3044F: HbA1c < 7.0% ▪ 3051F: HbA1c > 7.0% and < 8.0% ▪ 3052F: HbA1c > 8.0% and ≤ 9.0% ▪ 3046F: HbA1c > 9.0%
	<p>The use of coding for your blood pressure ranges could reduce the need for chart requests in this measure:</p> <p>CPT II Codes:</p> <ul style="list-style-type: none"> ▪ 3074F: systolic BP < 130 ▪ 3075F: systolic BP 130-139 ▪ 3077F: systolic BP ≥ 140 ▪ 3078F: diastolic BP < 80 ▪ 3079F: diastolic BP 80-89 ▪ 3080F: diastolic BP ≥ 90 <p>(Please bill one code each for systolic and diastolic.)</p>

****New Measure****

Kidney Health Evaluation for Patients with Diabetes (KED)

Members 18 – 85 years of age with diabetes (Type 1 or 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.

Kidney Health Evaluation for Patients with Diabetes (KED)	eGFR CPT: 80047, 80048, 80050, 80053, 80069, 82565
	At least one uACR identified by both a quantitative urine albumin test AND a urine creatinine test: Quantitative Urine Albumin CPT: 82043 Urine Creatinine CPT: 82590

WOMEN'S MEASURES

Breast Cancer Screening (BCS)

Women ages 50-74 years of age in the measurement year that had one or more mammogram/breast tomosynthesis* any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

* Breast tomosynthesis is an acceptable testing method to meet this measure

Breast Cancer Screening Coding	Mammogram Codes CPT: 77055-77057, 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206 Mastectomy Codes CPT: 19180, 19200, 19220, 19240, 19303- 19307 ICD-10 PCS: 0HTV0ZZ, 0HTU0ZZ, 0HTT0ZZ ICD-10 CM: Z90.13 (hx of bilateral mastectomy) ICD-10 CM: Z90.11, Z90.12 (absence of right or left breast)
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Cervical Cancer Screenings (CCS)

Women 21-64 years of age in the measurement year that were screened for cervical cancer using one of the following criteria:

- Age 21-64 - Cervical cytology performed within the last three years
- Age 30-64 -Cervical high-risk human papillomavirus (hrHPV) **or** Cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed in the last 5 years

Best Practice Tips:

- For a member to be excluded from this measure due to previous hysterectomy the following descriptions must be used in the medical record:
 - words such as “complete,” “total,” or “radical” hysterectomy
 - phrases such as “cervix removed”
- Cervical cytology and HPV co-testing must occur on the same date of service and same data source
- Results for both tests must be documented
- Use billing codes for Pap smear test completed during pregnancy

<p>Cervical Cancer Screening (CCS)</p>	<p>Cervical Cytology Codes CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Test CPT: 87620-87622, 87624, 87625</p> <p>HCPCS: G0476</p> <p>Hysterectomy/Cervical Agenesis codes CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135</p> <p>ICD-10 CM: Q51.5 ICD-10 CM: Z90.710, Z90.712 (hx of complete hysterectomy) ICD-10 PCS: OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ</p>
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Chlamydia Screening in Women (CHL)

Members 16-24 years of age in the measurement year identified as sexually active who had at least one chlamydia test during the measurement year.

- Members are identified as sexually active through administrative claim data either through pregnancy codes or pharmacy data for prescription contraceptives

Best Practice Tips:

- Include chlamydia screening via urine test as part of the annual physical exam.
- Parental consent is not required.

Chlamydia Screening in Women (CHL)	CPT: 87110, 87270, 87320, 87490-87492, 87810
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Prenatal Immunization Status (PRS-E)

Women with a delivery that received both influenza and Tdap vaccinations.

Measurement Period: January 1 - December 31

Influenza compliance can come from vaccinations given on or between July 1 of the year prior to Measurement Period and through delivery date.

Tdap compliance comes from vaccinations given during pregnancy including on delivery date.

Prenatal Depression Screening and Follow-Up (PND-E)

Deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

Measurement Period: January 1 - December 31

There are two rates reported:

1. Depression Screening: Occur during pregnancy but must occur by December 1st of the Measurement Period (this gives enough time for following by December 31st)
2. Follow-up on Positive Screen: On or up to 30 days after first positive screen (31 days total)

Postpartum Depression Screening and Follow-Up (PDS-E)

Deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

Measurement Period: January 1 - December 31

There are two rates reported:

1. Depression Screening: Occur within 7-84 days after delivery
2. Follow-up on Positive Screen: On or up to 30 days after the first positive screen (31 days total)

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Prenatal and Postpartum Care (PPC)

Women who delivered a live birth on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. There are two components to this measure:

Timeliness of Prenatal Care:

- At least one Prenatal visit in the first trimester **on or before** the enrollment start date or within 42 days of enrollment into the health plan

Postpartum Care:

- Postpartum visit between **7 and 84 days** after delivery
- C-section incision checks and family planning discussions **now count toward compliance for postpartum care measure**

Best Practice Tips:

- Refer to and use the ACOG sheets to help ensure measure compliance
- Aetna Better Health of Florida **does** pay for both a staple removal visit and a subsequent post-partum visit

Prenatal Coding	Stand Alone Codes CPT: 99500 CPT Cat II: 0500F-0502F HCPCS: H1000-H1004
	Routine Office Visit CPT: 99201-99205, 99211-99215, 99241-9245, 99483 HCPCS: G0463, T1015
	Telephone Visits CPT: 98966-98968, 99441-99443 Online Assessments CPT: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061-G2063
Postpartum Coding	Postpartum Visits <ul style="list-style-type: none"> ▪ Bundled Services: <ul style="list-style-type: none"> ▪ 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 ▪ Postpartum Visit: <ul style="list-style-type: none"> ▪ 57170, 58300, 59430, 99501, 0503F ▪ G01101 ▪ Postpartum Diagnosis: <ul style="list-style-type: none"> ▪ Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Revised 10/2021 -Dean Powell QM HEDIS Manager

THANK YOU for the outstanding
care you provide our members



Contact Information:

For more information or questions related to HEDIS send an email

to: FLMedicaidQualityDept@aetna.com

For general questions send an email Provider Relations at:

FLMedicaidProviderRelations@aetna.com



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APPENDIX - HEDIS CODING REFERENCES

The use of correct billing codes is critical to ensure your office receives credit for performing the exam, screening, or test performed. The following codes are NOT necessarily all inclusive but represent the most commonly used that will make members administratively compliant for the measure. NCQA uses value sets so for exams like well visits, you will note any well visit code makes the member Admin compliant, regardless of age. Please refer to the NCQA website for a complete list of value sets that can be used for each measure. Measures are listed alphabetically.

HEDIS® Measure	Codes
<p>Breast Cancer Screening (BCS)</p> <p>Women 50 - 74 years of age</p>	<p>Mammogram Codes CPT: 77055-77057, 77061-77063, 77065-77067</p> <p>HCPCS: G0202, G0204, G0206</p> <p>Mastectomy Codes CPT: 19180, 19200, 19220, 19240, 19303- 19307</p> <p>ICD-10 PCS: 0HTV0ZZ, 0HTU0ZZ, 0HTT0ZZ ICD-10 CM: Z90.13 (hx of bilateral mastectomy) ICD-10 CM: Z90.11, Z90.12 (absence of right or left breast)</p>
<p>Cervical Cancer Screening (CCS)</p> <p>Women 21 – 64 years of age</p>	<p>Cervical Cytology Codes CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Test CPT: 87620-87622, 87624, 87625</p> <p>HCPCS: G0476</p> <p>Hysterectomy/Cervical Ageneis codes CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135</p> <p>ICD-10 CM: Q51.5 ICD-10 CM: Z90.710, Z90.712 (hx of complete hysterectomy) ICD-10 PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ</p>

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HEDIS® Measure	Codes
Chlamydia Screening in Women (CHL) Women 16 - 24 years of age	CPT: 87110, 87270, 87320, 87490-87492, 87810
Childhood Immunization Status (CIS) Members turning 2 years of age	DTaP Vaccine CPT: 90698, 90700, 90723
	IPV Vaccine CPT: 90698, 90713, 90723
	MMR Vaccine CPT: 90707, 90710 Measles Vaccine CPT: 90705 Measles and Rubella Vaccine CPT: 90708 Mumps Vaccine CPT: 90704 Rubella Vaccine CPT: 90706
	HiB Vaccine CPT: 90644-90648, 90698, 90721, 90748
	Hep B Vaccine CPT: 90723, 90740, 90744, 90747, 90748 ICD-10 PCS: 3E0234Z (newborns only) HCPCS: G0010
	VZV Vaccine CPT: 90710, 90716
	PCV Vaccine CPT: 90670 HCPCS: G0009
	Hep A Vaccine CPT: 90633
	RV Vaccine CPT: 90681 (2 dose), 90680 (3 dose)
	Flu Vaccine CPT: 90655, 90657, 90660, 90661, 90662, 90672, 90673, 90685-90689 HCPCS: G0008

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HEDIS® Measure	Codes
<p>Comprehensive Diabetes Care (CDC)</p> <p>Members 18 - 75 years of age with type 1 or type 2 diabetes</p>	<p>HbA1c Test CPT: 83036, 83037</p>
	<p>The use of coding for HbA1c results could reduce the need for chart requests in this measure:</p> <ul style="list-style-type: none"> ▪ CPT II Codes: ▪ 3044F: HbA1c < 7.0% ▪ 3051F: HbA1c > 7.0% and < 8.0% ▪ 3052F: HbA1c > 7.0% and ≤ 9.0% ▪ 3046F: HbA1c > 9.0%
	<p>The use of coding for your blood pressure ranges could reduce the need for chart requests in this measure:</p> <ul style="list-style-type: none"> ▪ CPT II Codes: ▪ 3074F: systolic BP < 130 ▪ 3075F: systolic BP 130-139 ▪ 3077F: systolic BP ≥ 140 ▪ 3078F: diastolic BP < 80 ▪ 3079F: diastolic BP 80-89 ▪ 3080F: diastolic BP ≥ 90 <p>(Please bill one code each for systolic and diastolic.)</p> <p>Nephropathy Screening or ACE/ARB Pharmacotherapy CPT: 81000-81003, 81005, 82042-82044, 84156 CPT Cat II: 3066F, 4010F ICD-10 CM: E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N08, N14.0-N14.4, N17.0-N17.2, N17.8-N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19-Q61.5, Q61.8, Q61.9, R80.0-R80.3, R80.8, R80.9</p>

HEDIS® Measure	Codes
<p>Controlling High Blood Pressure (CBP)</p> <p>Members 18 - 85 years of age with a diagnosis of hypertension</p>	<p>The use of coding for your blood pressure ranges could reduce the need for chart requests in this measure:</p> <ul style="list-style-type: none"> ▪ CPT II Codes: ▪ 3074F: systolic BP < 130 ▪ 3075F: systolic BP 130-139 ▪ 3077F: systolic BP ≥ 140 ▪ 3078F: diastolic BP < 80 ▪ 3079F: diastolic BP 80-89 ▪ 3080F: diastolic BP ≥ 90 <p>(Please bill one code each for systolic and diastolic.)</p>
<p>Follow-up Care for Children Prescribed ADHD Medication (ADD)</p> <p>Children ages 6-12 who are newly prescribed ADHD medication who have at least 1 follow up visit in 30 days and 2 more in the following 9 months for a total of 3 visits.</p>	<p>Visit with a Prescribing Practitioner CPT: 96150-96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0037, H0039, H0040, H2000, H2010-H2011, H2013-H2020, T1015 UB Revenue: 0510, 0513, 0515-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983</p> <p>Online Assessments CPT: 98969-98972, 99421-99423, 99444, 99458</p> <p>HCPCS: G2010, G2012, G2061-G2063</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p>
<p>Immunizations for Adolescents (IMA)</p> <p>Members turning 13-years of age in the measurement year</p>	<p>Meningococcal CPT: 90734</p>
	<p>Tdap CPT: 90715</p>
	<p>HPV CPT: 90651</p>
<p>Lead Screening in Children (LSC)</p>	<p>CPT: 83655</p>

HEDIS® Measure	Codes
<p>Prenatal and Postpartum Care (PPC)</p> <p>Women who delivered a live birth between October 8 of the year prior to the measurement year and October 7 of the measurement year</p> <p>Prenatal Codes</p> <p>Postpartum Codes</p>	<p>Stand Alone Codes CPT: 99500</p> <p>CPT Cat II: 0500F-0502F</p> <p>HCPCS: H1000-H1004</p>
	<p>Routine Office Visit CPT: 99201-99205, 99211-99215, 99241-9245, 99483 HCPCS: G0463, T1015</p>
	<p>Prenatal Bundled Services CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005</p>
	<p>Telephone Visits CPT: 98966-98968, 99441-99423</p> <p>Online Assessments CPT: 98969-98972, 99421-99423, 99444 HCPCS: G2010, G2012, G2061-G2063</p>
	<p>Postpartum Visits</p> <ul style="list-style-type: none"> ▪ Bundled Services: <ul style="list-style-type: none"> ▪ 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 ▪ Postpartum Visit: <ul style="list-style-type: none"> ▪ 57170, 58300, 59430, 99501, 0503F, G0101 ▪ Postpartum Diagnosis: <ul style="list-style-type: none"> ▪ Z01.411, Z01.419, Z01.42, Z30. 430, Z39.1, Z39.2

HEDIS® Measure	Codes
<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</p> <p>Members 3-17 years</p>	<p>BMI Percentile ICD-10 CM: Z68.51-Z68.54</p>
	<p>Nutrition Counseling CPT: 97802-97804 ICD-10 CM: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470</p>
	<p>Physical Activity Counseling ICD-10 CM: Z71.82, Z02.5 HCPCS: G0447, S9451</p>
<p>Well Child Visits in the First 30 Months of Life (W30) Two reported age ranges:</p> <p>Members turning 15 Months of age Members turning 30 months of age</p>	<p>CPT: 99381-99385, 99391-99395, 99461 ICD-10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 HCPCS: G0438, G0439, S0302</p>
<p>Child and Adolescent Well-Care Visits (WCV)</p> <p>Members 3 - 21 years of age</p>	<p>CPT: 99381-99385, 99391-99395, 99461 ICD-10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z00.5, Z76.1, Z76.2 HCPCS: G0438, G0439, S0302</p>