



Aetna HEDIS® reference tool

HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
<p>AAB – Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</p> <ul style="list-style-type: none"> 3 months of age and older 	<p>Member diagnosed with acute bronchitis/bronchiolitis and not prescribed antibiotics</p> <p><i>**May not use supplemental data for this measure</i></p>	<p>Requirements: No special requirements</p> <p>Service date range: Begins on July 1 of the year prior to the measurement year and ends June 30 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who died any time during the measurement year 	✓	✓	✓	<p>Claims data only Dispensing of an antibiotic</p> <p>Exclusion: Comorbid conditions</p>
<p>AAP – Adults’ Access to Preventive/ Ambulatory Health Services</p> <ul style="list-style-type: none"> 20 years of age and older 	<p>Members who had an ambulatory or preventive care visit</p> <p>The organization reports three separate percentages for each product line.</p> <ul style="list-style-type: none"> <i>Medicare and Medicaid</i> members during the measurement year who had an ambulatory or preventive care visit <i>Commercial</i> members during the measurement year or two years prior had an ambulatory 	<p>Requirements: Date of service required and appropriate code</p> <p>Service date range:</p> <ul style="list-style-type: none"> Medicaid and Medicare – measurement year Commercial – measurement year and the two years prior to the measurement year <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Any one of the following: Ambulatory visits: 99401</p> <p>Other ambulatory visits: 99402</p> <p>Telephone visit: 99442</p> <p>E-visits/virtual: 99422</p>

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<p>ACP – Advanced Care Planning</p> <ul style="list-style-type: none"> 66 years of age and older <p>MMP Measure</p>	<p>Documentation or discussion about preferences for resuscitation, life-sustaining treatment, and end of life care</p>	<p>Requirements: Date of service required and appropriate code</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	<p>✓</p>			<p>Advance care planning: 99497, 1123F, 1124F, 1157F, 1158F</p>
<p>ADD – Follow-up Care for Children Prescribed ADHD Medication</p> <ul style="list-style-type: none"> 6–12 years of age 	<p>Children with newly prescribed and dispensed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up visits in 10-month period, one within 30 days of the first prescribed ADHD medication</p> <p>Two phases reported:</p> <ol style="list-style-type: none"> Initiation phase: One follow up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication Continuation and maintenance phase: Remained on the medication for at least two follow up visits with a practitioner in the 9 months after the Initiation Phase 	<p>Requirements: Visit service dates, place of service code and provider type or exclusion code</p> <p>Service date range: Begins on March 1 of the year prior to the measurement year and ends the last calendar day of February of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with a diagnosis of narcolepsy anytime during their history through December 31 of the measurement year Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		<p>✓</p>	<p>✓</p>	<p>BH outpatient: 99213</p> <p>Observation: 99218</p> <p>Health and behavior assessment or intervention: 96156</p> <p>Telephone visit: 99442</p> <p>E-visits/virtual: 99422 (Phase 2 only)</p> <p>Exclusions: 99223</p>

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<p>AMM – Antidepressant Medication Management</p> <ul style="list-style-type: none"> 18 years of age and older <p>MMP Measure</p>	<p>Members treated with antidepressant medication, diagnosed with major depression, and remained on antidepressant medication treatment</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Effective Acute Phase Treatment. Members that stayed on an antidepressant medication for at least 84 days (12 weeks) Effective Continuation Phase Treatment. Members stayed on an antidepressant medication for at least 180 days (6 months) 	<p>Requirements: No special requirements</p> <p>Service date range: Begins on May 1 of the year prior to the measurement year and ends on April 30 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who did not have an encounter with the diagnosis of major depression during the 121-day period from 60 days prior to the IPSD. Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Claims data: Dispensing of antidepressant medication</p> <p>Exclusion: N/A</p>

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<p>AMR – Asthma Medication Ratio</p> <ul style="list-style-type: none"> 5–64 years of age 	<p>Members identified as having persistent asthma and had 0.50 or greater ratio of controller medications to total asthma medications during the measurement year</p>	<p>Requirements: No special requirements</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who had a diagnosis from the following values sets: Emphysema, COPD, Chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, or acute respiratory failure Members who had no asthma controller medication dispensed during the measurement year Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	<p>Claims data: Dispensing of asthma controller medication</p> <p><i>Exclusions:</i></p> <p>COPD: J44.9</p> <p>Emphysema: J43.9</p> <p>Cystic Fibrosis: E84.9</p> <p>Acute respiratory failure: J96.00</p>
<p>APM – Metabolic Monitoring for Children and Adolescents on Antipsychotic Medication</p> <ul style="list-style-type: none"> 1–17 years of age 	<p>Children and adolescents who had two or more antipsychotic prescriptions and received metabolic testing</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> Blood glucose testing Cholesterol testing Blood glucose testing and cholesterol testing 	<p>Requirements: Have both a blood glucose test and a cholesterol test. Can be on different dates of service or on the same date of service</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	<p>Glucose Test CPT: 82947</p> <p>HbA1C Test CPT: 83036</p> <p>CPTII: 3044F, 3046F, 3051F, 3052F</p> <p>LDL Test CPT: 80061, 83721</p> <p>CPT II: 3048F, 3049F, 3050F</p>

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<p>BCS-E – Breast Cancer Screening</p> <ul style="list-style-type: none"> Women 50–74 years of age <p>Medicare STARS measure</p>	<p>Mammograms in the past 27 months</p>	<p>Requirements: Mammogram(s) or exclusion code and service date</p> <p>Service date range: Measurement year plus prior 15 months</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who had a bilateral mastectomy Members 66 years of age or older enrolled in SNP or living in a long-term care facility during the measurement period Members 66 years of age and older with frailty and advanced illness Members receiving palliative care anytime during the measurement year Members in hospice or using hospice services 	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>Mammography: 77067</p> <p>Exclusion: Z90.13</p>

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<p>BPD – Blood Pressure Control for Patients with Diabetes</p> <ul style="list-style-type: none"> 18-75 years of age 	<p>Members with a diagnosis of type 1 or type 2 diabetes whose blood pressure is adequately controlled (<140/90 mm Hg)</p>	<p>Requirements: <i>Most recent</i> systolic and diastolic blood pressure reading and service date</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who did not have a diagnosis of diabetes in the measurement year or year prior and who were diagnosed with polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes Members who have died during the measurement year Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 	✓	✓	✓	<p>Systolic BP: 3074F, 3075F, 3077F -and- Diastolic B/P: 3078F, 3079F, 3080F</p> <p>Exclusion: 024.92</p>

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<p>CBP – Controlling High Blood Pressure</p> <ul style="list-style-type: none"> 18–85 years of age <p>Medicare STARS measure</p> <p>MMP Measure</p>	<p>Members with a diagnosis of hypertension (HTN) and adequately controlled blood pressure (<140/90 mm HG) during the measurement year</p>	<p>Requirements: <i>Most recent</i> systolic and diastolic blood pressure reading and service date or exclusion code</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with evidence of ESRD, dialysis, nephrectomy, or kidney transplant any time during the member’s history Members with a diagnosis of pregnancy anytime during the measurement year Members who have died during the measurement year Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year <p>No supplemental or medical record data may be used for these exclusions:</p> <ul style="list-style-type: none"> Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> Enrolled in an institutional SNP (I-SNP) any time during the measurement year Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File 	✓	✓	✓	<p>Systolic B/P: 3074F, 3075F, 3077F -and- Diastolic B/P: 3078F, 3079F, 3080F</p> <p>Exclusion: 024.92</p>

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		<ul style="list-style-type: none"> Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year 				
CCS – Cervical Cancer Screening <ul style="list-style-type: none"> Women 21-64 years of age 	Members who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> 21-64 years of age who had cervical cytology performed within the last three years 30-64 years of age who had within the past five years either cervical high-risk human papillomavirus testing OR <ul style="list-style-type: none"> Cervical cytology/high-risk human papillomavirus co-testing (the woman had to be at least 30 years old on the date of the test) performed 	Requirements: Pap and/or HPV test or exclusion code and service date Service date range: Measurement year plus prior four years contingent upon screening Required exclusions: <ul style="list-style-type: none"> Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix Members who have died during the measurement year Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 		√	√	Cervical cytology: 88175 -or- High risk HPV test: 87624 Exclusion: 58291
CHL – Chlamydia Screening in Women <ul style="list-style-type: none"> Women 16-24 years of age 	Sexually active women who received a chlamydia test during the measurement year	Requirements: Test code and service date Service date range: Measurement year Required exclusions: <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		√	√	Chlamydia lab test: 87110 Exclusion: 81025

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<p>CIS – Childhood Immunization Status</p> <ul style="list-style-type: none"> Children 2 years of age 	<p>Members who had the following vaccines by their second birthday:</p> <ul style="list-style-type: none"> Four diphtheria, tetanus, and acellular pertussis (DTaP) Three polio (IPV) Three hepatitis B (Hep B) One measles, mumps, and rubella (MMR) Three haemophilus influenza type B (HIB) One chicken pox (VZV) Four pneumococcal conjugates (PCV) One hepatitis A (Hep A) Two or three rotaviruses (RV) Two influenza vaccines (Flu) 	<p>Requirements: Vaccine code or exclusion code and service date</p> <p>Service date range: Child’s birth up to two years of age</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who had any on or before their second birthday: severe combined immune-deficiency, HIV, lymphoreticular cancer, multiple myeloma, or leukemia, intussusception Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	<p>Immunizations: 90700, 90713, 90707, 90648, 90744, 90716, 90670, 90633, 90680, 90685</p>

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<p>COA – Care for Older Adults – Medication review <i>Special Needs Plans Only</i></p> <ul style="list-style-type: none"> 66 years of age and older and part of the Dual-Eligible Special Needs Population <p>Medicare STARS measure</p> <p>MMP Measure</p>	<p>Members who had a medication review (MR) documented within the measurement year</p>	<p>Requirements: Codes, service dates and provider type</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	<p>✓</p>			<p>Med list and review: 1159F and 1160F</p> <p>Transitional care: 99496</p> <p>Exclusions: 99223</p>
<p>COA – Care for Older Adults – Functional Stats Assessment <i>Special Needs Plans Only</i></p> <ul style="list-style-type: none"> 66 years of age and older and part of the Dual-Eligible Special Needs Population <p>Medicare STARS measure</p> <p>MMP Measure</p>	<p>Members who had a functional status assessment (FSA) documented within the measurement year</p>	<p>Requirements: Codes and service dates</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	<p>✓</p>			<p>Functional status: 99483, 1170F</p> <p>Exclusions: 99223</p>

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<p>COA – Care for Older Adults – Pain Assessment <i>Special Needs Plans Only</i></p> <ul style="list-style-type: none"> 66 years of age and older and part of the Dual-Eligible Special Needs Population <p>Medicare STARS measure</p> <p>MMP Measure</p>	<p>Members who had a pain assessment (PA) documented within the measurement year</p>	<p>Requirements: Codes and service dates</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	<p>✓</p>			<p>Pain assessment: 1125F, 1126F</p> <p>Exclusions: 99223</p>

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<p>COL – Colorectal Cancer Screening</p> <ul style="list-style-type: none"> 45–75 years of age <p>Medicare STARS measure</p> <ul style="list-style-type: none"> 50-75 years of age <p>MMP Measure</p>	<p>Members who had appropriate screening for colorectal cancer as defined by one of the following:</p> <ul style="list-style-type: none"> Fecal occult blood test (FOBT) during the measurement year Colonoscopy during the measurement year or nine years prior Flexible sigmoidoscopy during the measurement year or four years prior CT colonography during the measurement year or four years prior Stool DNA (sDNA) during the measurement year or two years prior 	<p>Requirements: Test or exclusion code and service date</p> <p>Service date range: Measurement year plus prior nine years contingent upon screening</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who had colorectal cancer or a total colectomy Members in hospice or using hospice services during the measurement year Members who have died during the measurement year Members receiving palliative care anytime during the measurement year <p>No supplemental or medical record data may be used for the following exclusions:</p> <ul style="list-style-type: none"> Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> Enrolled in an institutional SNP (I-SNP) anytime during the measurement year Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness 	✓	✓	✓	<p>Any one of the following:</p> <p>FOBT: 82270</p> <p>Stool DNA (sDNA): 81528</p> <p>Flexible sigmoidoscopy: 45330</p> <p>Colonoscopy: 45378</p> <p>CT colonography: 74262</p> <p>Exclusion: 44150</p>

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<p>COU – Risk of continued opioid use</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>The percentage of members who have a new episodes of opioid use that puts them at risk for continued opioid use</p> <p>Two rates reported:</p> <ol style="list-style-type: none"> Within a 30 day period at least 15 days of prescribed opioids Within a 62 day period at least 31 days of prescribed opioids <p><i>Supplemental data can be used for only required exclusions</i></p>	<p>Requirements: Prescription claims only</p> <p>Service date range: 12-month period starting November 1 of the year prior to the measurement year and ending on October 31 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who had at least one of the following any time within the measurement year: cancer, sickle cell disease, or palliative care any time during the 12 months (1 year) prior to the IPSD through 61 days after the IPSD Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Claims data:</p> <p>Pharmacy claims only</p>
<p>CWP – Appropriate Testing for Pharyngitis</p> <ul style="list-style-type: none"> 3 years of age and older 	<p>The percentage of episodes where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode</p>	<p>Requirements: Test code and service date</p> <p>Service date range: Measurement year plus prior six months</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Group A strep test: 87430</p>

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EDU – Emergency Department Utilization <ul style="list-style-type: none"> 18 years of age and older 	Rate of observed versus expected emergency department visits <i>**May not use supplemental data for this measure</i>	Requirements: No special requirements Service date range: The year prior to the measurement year Required exclusions: <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year 		✓	✓	Claims data only: ED visit: 99281 ED procedure: 10004 Exclusion: 99221
EED - Eye Exam for Patients with Diabetes <ul style="list-style-type: none"> 18-75 years of age Medicare STARS measure Diabetic care – eye exam	Members with a diagnosis of type 1 or type 2 diabetes who had an eye exam (retinal) performed during the measurement year or a negative exam year prior	Requirements: Diabetic Eye Exam or exclusion code, provider specialty in optometry or ophthalmology, retinopathy status and service date or a bilateral eye enucleation anytime during the member's history through December 31 of the measurement year Service date range: Measurement year plus prior year Required exclusions: <ul style="list-style-type: none"> Members who did not have a diagnosis of diabetes in the measurement year or year prior and who were diagnosed with polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes Members who have died during the measurement year Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 	✓	✓	✓	Any of the following: Diabetic retinal screening: 92014; 3072F Eye exam w/retinopathy: 2022F, 2024F, 2026F Eye exam w/o retinopathy: 2023F, 2025F, 2033F Automated eye exam: 92229 Eye enucleation: 65101 (two DOS or bilateral modifier included) Exclusion: 024.92

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<p>FMC – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions</p> <ul style="list-style-type: none"> 18 years of age and older <p>Medicare STARS measure</p>	<p>Members with multiple high-risk chronic conditions who visited the emergency department (ED) and who had a follow-up visit on the day of discharge or seven days after discharge (total of eight days)</p>	<p>Requirements: No special requirements</p> <p>Service date range: Members who are 18 years or older on the date of an ED visit which occurs on or between January 1 and December 24 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	√			<p>Claims data:</p> <p>Outpatient visit: 99213</p> <p>Telephone visit: 99442</p> <p>E-visits/virtual: 99422</p> <p>BH outpatient: 99078</p> <p>Transitional care: 99496</p> <p>Care management: 99489</p> <p>Case management: 99366</p>
<p>FUA – Follow-Up After Emergency Department Visit for Substance Use</p> <ul style="list-style-type: none"> 13 years of age and older 	<p>Members seen in the emergency department (ED) with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and had a follow-up visit for AOD</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Follow-up visit within 30 days of the ED visit (31 total days) Follow-up within seven days of the ED visit (eight total days) 	<p>Requirements: Diagnosis of AOD and ED visit code and date of service</p> <p>Service date range: January 1 through December 1 of the measurement year; the member being 13 years or older on the date of the visit</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	√	√	√	<p>Claims data:</p> <p>IET standalone visit: 98960</p> <p>IET group 1: 90791</p> <p>IET group 2: 99221</p> <p>Online assessment: 99421</p> <p>Telephone visit: 99442</p> <p>E-visits/virtual: 99422</p> <p>Observation: 99218</p> <p>Exclusions: N/A</p>

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<p>FUH – Follow-up After Hospitalization for Mental Illness</p> <ul style="list-style-type: none"> 6 years of age and older <p>MMP Measure</p>	<p>Members who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health provider</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Follow-up within 30 days after discharge Follow-up within 7 days after discharge 	<p>Requirements: Acute inpatient discharge with a diagnosis of mental illness or intentional self-harm</p> <p>Service date range: January 1 through December 1 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Claims data:</p> <p>Visit setting unspecified: 90791</p> <p>ECT: 90870</p> <p>BH outpatient: 99078</p> <p>Observations: 99218</p> <p>Telephone visit: 99442</p> <p>Online assessment: 99421</p>
<p>FUI – Follow-up after high-intensity care for substance use disorder</p> <ul style="list-style-type: none"> 13 years of age and older 	<p>Members with a diagnosis of substance use disorder with acute inpatient hospitalizations, residential treatment or detoxification visit that result in a follow-up visit or a service for substance use disorder</p> <p>Two rates reported:</p> <ol style="list-style-type: none"> Within 30 days after visit or discharge member received a follow-up for substance abuse disorder Within 7 days after visit or discharge member received follow-up for substance use disorder 	<p>Requirements: After an episode of substance use disorder a visits or event within 7 days and 30 days with any practitioner with diagnosis of substance use disorder</p> <p>Service date range: January 1 through December 1 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Claims data:</p> <p>Visit setting unspecified: 90791</p> <p>BH outpatient: 99078</p> <p>Observations: 99218</p> <p>Telephone visit: 99442</p> <p>Online assessment: 99421</p>

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<p>FUM – Follow-Up After Emergency Department Visit for Mental Illness</p> <ul style="list-style-type: none"> 6 years of age and older 	<p>Emergency department visits with a principal diagnosis of mental illness or intentional self-harm and had a follow-up visit for mental illness</p> <p>Two rates are reported</p> <ol style="list-style-type: none"> Follow-up visits within 30 days (31 total days) Follow-up visits within seven days (eight total days) 	<p>Requirements: Date of service and diagnosis of mental health disorder required for all submitted data. Outpatient, partial hospitalization, community health, telehealth or ECT (POS required for ECT)</p> <p>Service date range: January 1 through December 1 of the measurement year; the member being six years or older on the date of the visit</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Claims data: Visit setting unspecified: 90791</p> <p>ECT: 90870</p> <p>BH outpatient: 99078</p> <p>Observations: 99218</p> <p>Telephone visit: 99442</p> <p>Online assessment: 99421</p>
<p>HBD – Hemoglobin A1c Control for Patients with Diabetes</p> <ul style="list-style-type: none"> 18-75 years of age <p>Medicare STARS measure Diabetic care – blood sugar controlled</p>	<p>Members with a diagnosis of type 1 or type 2 diabetes whose HbA1c was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> HbA1c poor control (>9%) HbA1c control (<8%) <p>Medicare STARS definition: HbA1c poor control greater than 9%</p> <p>FEHB definition: HbA1c control < 9%</p>	<p>Requirements: Most recent HbA1c test results and result date</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who did not have a diagnosis of diabetes in the measurement year or year prior and who were diagnosed with polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes Members who have died during the measurement year Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 	✓	✓	✓	<p>HbA1c Lab: 3044F, 3046F, 3051F, 3052F</p> <p>Exclusion: O24.92</p>

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
<p>HDO – Use of opioids at high dosage</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>Members who for 15 days or greater received prescription opioids at a high dosage during the measurement year</p> <p><i>Supplemental data can be used only for required exclusions</i></p>	<p>Requirements: Two or more events with opioid dispensed on two different dates of service and were given for 15 or greater total days</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who had at least one of the following any time within the measurement year: cancer, sickle cell disease, or palliative care Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Claims data</p> <p>Pharmacy claims only</p>
<p>IMA – Immunizations for Adolescents</p> <ul style="list-style-type: none"> Adolescents turning 13 years of age 	<p>Percentage of adolescents who had the following vaccinations by their 13th birthday:</p> <ul style="list-style-type: none"> One dose of meningococcal vaccine between the 11th and 13th birthdays One tetanus, diphtheria, toxoids and acellular pertussis (Tdap) vaccine between the 10th and 13th birthdays Completed the human papillomavirus (HPV) vaccine series between the 9th and 13th birthdays If two doses, there must be 146 days between the first and second dose of the HPV vaccine 	<p>Requirements: Vaccine code and service date or anaphylaxis due to vaccine for specific indicators</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	<p>Vaccines: 90734, 90715, 90649</p>

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
<p>KED – Kidney Health Evaluation for Patients with Diabetes</p> <ul style="list-style-type: none"> 18–85 years of age <p>Medicare STARS measure</p>	<p>Members with diabetes (type 1 or type 2) who received both of the following during the measure year: Estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR)</p>	<p>Requirements: eGFR and uACR test code and result date</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who did not have a diagnosis of diabetes in the measurement year or year prior and who were diagnosed with polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes Members with evidence of ESRD Members who have died during the measurement year Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year <p>No supplemental or medical record data may be used for these exclusions:</p> <ul style="list-style-type: none"> Medicare Members 66 years of age and older as of December 31 of the measurement year who meet either of the following <ul style="list-style-type: none"> Enrolled in an institutional SNP (I-SNP) any time during the measurement year Living long-term in an institution anytime during the measurement year as identified by the LTI flag in the Monthly membership Detail Data File 	✓	✓	✓	<p>eGFR: 80047 -and- Quantitative urine albumin and urine creatinine lab test: 82043, 82570</p> <p><i>Exclusions:</i></p> <p>ESRD: N18.6</p> <p>Dialysis: 39.95</p> <p>Gestational diabetes: 024.92</p> <p>Steroid induced diabetes: E09.8</p>

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
		<ul style="list-style-type: none"> Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness Members 81 years of age and older as of December 31 of the measurement year (all Product lines) with frailty during the measurement year 				
LBP – Use of Imaging Studies for Low Back Pain 18–75 years of age	Members diagnosed with low back pain and did not have an imaging study, X-ray, MRI or CT scan within 28 days of the diagnosis Use supplemental data only for required exclusions.	Requirements: Exclusion code and service date Service date range: January 1 through December 3 of the measurement year Required exclusions: <ul style="list-style-type: none"> Members diagnosed with cancer, recent trauma, intravenous drug use, neurologic impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids, osteoporosis, fragility fracture, lumbar surgery or spondylopathy Members who have died during the measurement year Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 	√	√	√	<i>Exclusion only:</i> Malignant neoplasm: C41.2 Trauma: S12.000A IV Drug abuse: F11.10 Neurological impairment: G83.4 HIV: B20 Spinal Infection: M46.48 Organ Transplant: 32854

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<p>LSC – Lead Screening in Children</p> <ul style="list-style-type: none"> Before second birthday 	<p>Children who had one or more lead blood test for lead poisoning by their second birthday.</p>	<p>Requirements: One capillary or venous blood lead screening test for all children before their second birthday. A lead risk questionnaire does not count</p> <p>Service date range: Birth to second birthday</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓		<p>Lead Screening: 83655</p>
<p>Medication Adherence for Diabetes Medications</p> <ul style="list-style-type: none"> Part D members 18 years of age and older with at least 2 fills of a non-insulin diabetes medication 	<p>The percent of Medicare Part D beneficiaries with a prescription for non-insulin diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication</p> <p><i>**May not use supplemental data for this measure</i></p>	<p>Requirements: Prescription claims only</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with ESRD diagnosis or dialysis treatment One or more prescriptions for insulin Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 	✓			<p>Claims data only:</p> <p>Part D claim for diabetes medication</p>

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
<p>Medication Adherence for Hypertension (RAS antagonists)</p> <ul style="list-style-type: none"> Part D members 18 years of age and older with at least 2 fills of a RAS antagonist medication 	<p>The percent of Medicare Part D beneficiaries with a prescription for a RAS antagonist medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication</p> <p><i>**May not use supplemental data for this measure</i></p>	<p>Requirements: Prescription claims only</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with ESRD diagnosis or dialysis treatment One or more prescriptions for sacubitril/valsartan Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 	√			<p>Claims data only:</p> <p>Part D claim for RAS antagonist medication</p>
<p>Medication Adherence for Cholesterol (Statins)</p> <ul style="list-style-type: none"> Part D members 18 years of age and older with at least 2 fills of a statin medication 	<p>The percent of Medicare Part D beneficiaries with a prescription for a statin medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication</p> <p><i>**May not use supplemental data for this measure</i></p>	<p>Requirements: Prescription claims only</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with ESRD diagnosis or dialysis treatment Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 	√			<p>Claims data only:</p> <p>Part D claim for statin medication</p>

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<p>NCS – Non-Recommended Cervical Cancer Screening in Adolescent Females</p> <ul style="list-style-type: none"> Women 16-20 years of age 	<p>Members screened unnecessarily for cervical cancer</p> <p>Use supplemental data only for required exclusions</p>	<p>Requirements: Exclusion code and service date</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with a history of cervical cancer, HIV or immunodeficiency any time during the members history through December 31 of the measurement year Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	<p><i>Exclusion only:</i> Cervical cancer: C53.0</p> <p>HIV: B20</p> <p>Disorder of immune System: D80.0</p>

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<p>OMW – Osteoporosis Management in Women Who Had a Fracture</p> <ul style="list-style-type: none"> Women 67–85 years of age <p>MMP Measure</p>	<p>Women who had a fracture and either a bone mineral density (BMD) test or received a prescription to treat osteoporosis within six months of the fracture</p> <p>Excludes fractures to the finger, toe, face, and skull</p>	<p>Requirements: Test and service date</p> <p>Service date range: Six months after fracture</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who had a BMD test during the 730 days prior to the episode date Members who had a claim/encounter for osteoporosis therapy during the 365 days prior to the episode date Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days prior to the episode date Members in hospice or using hospice services during the measurement year Members who have died during the measurement year Members who received palliative care any time during the intake period though the end of the measurement year <p>No supplemental or medical record data may be used for these exclusions:</p> <ul style="list-style-type: none"> Members 67 years of age or older enrolled in SNP or living in a long-term care facility during the measurement period Members 67-80 years of age and older who had both frailty and advanced illness Members 81 years and older with at least two frailty indicators 	<p>✓</p>			<p>BMD test: 77080</p> <p>Osteoporosis med: J3489</p>

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<p>PBH – Persistence of Beta-Blocker Treatment After a Heart Attack</p> <ul style="list-style-type: none"> 18 years of age and older <p>MMP Measure</p>	<p>The percentage of members 18 years of age and older during the measurement year who:</p> <ul style="list-style-type: none"> Were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year Had a diagnosis of acute myocardial infarction (AMI) and Received persistent beta-blocker treatment for six months after discharge 	<p>Requirements: No special requirements</p> <p>Service date range: Begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year)</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members identified with intolerance or allergy to beta-blocker therapy Members in hospice or using hospice services during the measurement year Members who have died during the measurement year Members who received palliative care during the measurement year <p>No supplemental data or medical record data may be used for these exclusions:</p> <ul style="list-style-type: none"> Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> Enrolled in an institutional SNP (I-SNP) anytime during the measurement year Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year 	✓	✓	✓	<p>Claims data: Dispensing of a beta blocker medication</p> <p><i>Exclusions:</i> Adverse beta antagonist: T44.7X5A</p> <p>Beta blocker contraindications: I95.9</p> <p>Asthma: 493.90</p> <p>COPD: J44.9</p>

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<p>PCE – Pharmacotherapy Management of COPD Exacerbation</p> <ul style="list-style-type: none"> 40 years of age and older <p>MMP Measure</p>	<p>Members with a COPD exacerbation who had an acute inpatient discharge or ED visit on or between January 1 through November 30 of the measurement year and were dispensed the appropriate medications</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event 	<p>Requirements: No special requirements</p> <p>Service date range: Begins on January 1 of the measurement year through November 30 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Claims data: Dispensing of a systemic corticosteroid and bronchodilator</p> <p>Exclusion: N/A</p>
<p>PCR – Plan All Cause Readmission</p> <ul style="list-style-type: none"> 18 years of age and older <p>MMP Measure</p>	<p>The number of acute inpatient and observation stays followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission</p> <p><i>**May not use supplemental data for this measure</i></p>	<p>Requirements: No special requirements</p> <p>Service date range: January 1 through December 1 of the measurement year)</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year 	✓	✓	✓	<p>Claims data only:</p> <p>Observation: 0760</p> <p>Surgery: 00210</p> <p>Exclusion: 99304</p>

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<p>POD – Pharmacotherapy for opioid use disorder</p> <ul style="list-style-type: none"> 16 years of age and older 	<p>Pharmacotherapy events with new opioid use disorder for 180 days or more</p>	<p>Requirements: Pharmacy claims only</p> <p>Service date range: 12 month period beginning July 1 of the year prior to the measurement year and ends on Jun 30 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Claims data:</p> <p>Pharmacy claims only</p>
<p>PPC – Prenatal and Postpartum Care</p>	<p>Delivery of a live birth on or between October 8 of the year prior and October 7 of the measurement year</p> <p>Timeliness of prenatal care and postpartum care are evaluated</p> <p>Timeliness of prenatal care: Evaluates deliveries with a prenatal care visit in the first trimester or within 42 days of enrollment. The first trimester is defined as 280–176 days prior to delivery</p> <p>Postpartum care: Deliveries with a postpartum visit on or between 7– 84 days after delivery</p> <p>Women are counted twice if they had two separate deliveries (different dates of service) between October 8 of the year prior and October 7 of the measurement year</p>	<p>Requirements: No special requirements</p> <p>Service date range: October 8 of the year prior to the measurement year and October 7 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	<p><i>Any one of the following:</i></p> <p>Prenatal bundled services: 59400</p> <p>Standalone prenatal visits: 0500F, 0501F, 0502F</p> <p>Prenatal visits: 99201</p> <p>Telephone visit: 99442 (with pregnancy dx)</p> <p>Online assessment: 99421 (with pregnancy dx)</p> <p>with-</p> <p><i>Any one of the following:</i></p> <p>Postpartum visit: 0503F</p> <p>Cervical cytology: 88175</p> <p>Postpartum bundled services: 59400</p>

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<p>SAA – Adherence to Antipsychotic Medications for Individuals with Schizophrenia</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>Members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period</p>	<p>Requirements: Prescription claims only</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with a diagnosis of dementia Members who did not have at least two antipsychotic medication dispensing events Members in hospice or using hospice services during the measurement year Members who have died during the measurement year <p>No supplemental data or medical record data may be used for these exclusions:</p> <ul style="list-style-type: none"> Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> Enrolled in an institutional SNP (I-SNP) anytime during the measurement year Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness 	✓	✓	✓	<p>Claims data: Pharmacy claims only</p> <p>Codes: N/A</p>

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<p>SMD – Diabetes Monitoring for People with Diabetes and Schizophrenia</p> <ul style="list-style-type: none"> 18-64 years of age 	<p>Members with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test</p>	<p>Requirements: HbA1c and LDL-C test and result</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who did not have a diagnosis of diabetes in the measurement year or year prior and who were diagnosed with polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓		<p>Claims data:</p> <p>HbA1c: 83036, 3044F, 3046F, 3051F, 3052F</p> <p>LDL-C: 80061, 3048F, 3049F, 3050F</p>
<p>SPC – Statin Therapy for Patients with Cardiovascular Disease</p> <ul style="list-style-type: none"> Males 21–75 years of age and females 40–75 years of age 	<p>Percentage of members who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <ol style="list-style-type: none"> Received statin therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication in the measurement year Statin adherence 80 percent: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period 	<p>Requirements: No special requirements</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with a diagnosis of pregnancy, IVF, dispensed prescription for clomiphene, ESRD, cirrhosis in the measurement year or year prior to the measurement year Members with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year Members who have died during the measurement year Members in hospice or using hospice services during the measurement year Members receiving palliative care anytime during the measurement year 	✓	✓	✓	<p>Claims data:</p> <p>Dispensing of one high or moderate intensity statin medication</p> <p>Exclusions: ESRD: N18.6</p> <p>Pregnancy: 000.0</p> <p>Cirrhosis: K74.60</p> <p>Muscle pain and disease: M79.1</p>

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		<p>No supplemental data or medical record data may be used for these exclusions:</p> <ul style="list-style-type: none"> Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> Enrolled in an institutional SNP (I-SNP) anytime during the measurement year Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File Members 66 and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness 				
<p>SPD – Statin Therapy for Patients with Diabetes</p> <ul style="list-style-type: none"> 40–75 years of age <p>MMP Measure</p>	<p>Percentage of members with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and meet these criteria:</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Received statin therapy: Members who were dispensed at least one statin of any intensity during the measurement year Statin adherence 80 percent: Members who remained on a statin of any intensity for at least 80% of the treatment period 	<p>Requirements: No special requirements</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who did not have a diagnosis of diabetes in the measurement year or year prior and who were diagnosed with polycystic ovarian syndrome or steroid induced diabetes Members with one of the following in the during the year prior to the measurement year: MI, CABG, PCI or other revascularization Members with one of the following during the measurement year and year prior: outpatient visit, telephone visit, e-visit or virtual visit, acute inpatient encounter, or inpatient discharge with IVD diagnosis 	✓	✓	✓	<p>Claims data:</p> <p>Dispensing of one high, moderate, or low intensity statin medication</p> <p>Exclusions:</p> <p>MI: I21.9</p> <p>CABG: 02100J3</p> <p>PCI: 0270466</p> <p>Pregnancy: 000.0</p> <p>ESRD: N18.6</p> <p>Cirrhosis: K74.60</p> <p>Muscle pain and disease: M79.1</p>

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SPD <i>Continued</i>		<ul style="list-style-type: none"> • Members with a diagnosis of pregnancy, IVF, dispensed prescription for clomiphene, ESRD, cirrhosis in the measurement year or year prior to the measurement year • Members with myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year • Members who have died during the measurement year • Members in hospice or using hospice services during the measurement year • Members receiving palliative care anytime during the measurement year <p>No supplemental data or medical record data may be used for these exclusions:</p> <ul style="list-style-type: none"> • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> - Enrolled in an institutional SNP (I-SNP) anytime during the measurement year - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File • Members 66 and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness 				

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
<p>SPR – Use of Spirometry Testing in the Assessment and Diagnosis of COPD</p> <ul style="list-style-type: none"> 40 years of age and older <p>MMP Measure</p>	<p>Members with a new diagnosis of COPD or newly active COPD with confirmation by spirometry testing, who received spirometry testing to confirm the diagnosis in the two years prior to the diagnosis or within six months of the diagnosis</p>	<p>Requirements: Test code and service date</p> <p>Service date range: Measurement year plus prior year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	✓	✓	✓	<p>Spirometry: 94010</p>
<p>SSD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</p> <ul style="list-style-type: none"> 18–64 years of age 	<p>Members with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year</p>	<p>Requirements: One diabetic screening code and service date for members diagnosed with schizophrenia or bipolar disorder that are taking antipsychotic medications</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members with a diagnosis of diabetes in the measurement year or year prior Members who had no antipsychotic medication dispensed during the measurement year Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓		<p>Glucose test: 82947, 80047, 80048, 80053</p> <p>HbA1c test: 83036</p> <p>HbA1c result: 3044F, 3046F, 3051F, 3052F</p>

*Codes are not all inclusive

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
<p>TRC – Transition of Care</p> <ul style="list-style-type: none"> 18 years of age and older <p>MMP Measure</p>	<p>Members who had a discharge and require the following:</p> <ul style="list-style-type: none"> Notification of inpatient admission – documentation of receipt of notification of inpatient admission on day of admission through 2 days after admission Receipt of discharge information - documentation of discharge information on the day of discharge through 2 days after discharge Patient engagement after inpatient discharge – documentation of patient engagement provided within 30 days after discharge Medication reconciliation post-discharge – documentation of medication reconciliation on the date of discharge through 30 days after discharge 	<p>Requirements: Code, provider type, inpatient admission date, discharge date and service date</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	<p>✓</p>			<p>Any one of the following:</p> <p>Outpatient: 99213</p> <p>E-visits/virtual: 99422</p> <p>Telephone visit: 99442</p> <p>Transitional care: 99496</p> <p>Medication reconciliation encounter or intervention: 99483, 1111F</p>

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
<p>UOP – Use of opioids from multiple providers</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>The percentage of members receiving prescription opioids for greater than 15 days from multiple providers during the measurement year</p> <p>Three rates reported:</p> <ol style="list-style-type: none"> Prescriptions for opioids from four or more different prescribers during the measurement year Prescriptions for opioids from four or more different pharmacies during the measurement year Prescription for opioids from four or more different prescribers and four or more different pharmacies during the measurement year <p><i>**May not use supplemental data for this measure</i></p>	<p>Requirements: Pharmacy claims only</p> <p>Service date range: The measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	√	√	√	<p>Claims data:</p> <p>Pharmacy claims only</p>
<p>URI – Appropriate treatment for Upper Respiratory Infection</p> <ul style="list-style-type: none"> 3 months of age and older 	<p>Members with a diagnosis of upper respiratory infection who were not dispensed an antibiotic</p> <p><i>**May not use supplemental data for this measure</i></p>	<p>Requirements: Submit all diagnoses on claims if more than one diagnosis is present when prescribing antibiotics</p> <p>Service date range: July 1 of the year prior to the measurement year and ends on June 30 of the measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 	√	√	√	<p>Claims data only</p> <p>N/A</p>

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
<p>W30 – Well-Child Visits in the First 30 Months of Life</p> <ul style="list-style-type: none"> Children who turned 15-30 months of age 	<p>Children in the measurement year who had the following number of well-child visits with a primary care physician</p> <ul style="list-style-type: none"> Children who turned 15 months old during the measurement year: 6 or more well-child visits Children who turned 30 months old during the measurement year: 2 or more well-child visits 	<p>Requirements: Visit code, provider type and service date</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	<p>One or more of the following codes per visit:</p> <p>Well child checks: 99381, 99382, 99383, 99384, 99385, 99461</p>
<p>WCC – Weight Assessment and Counseling for Nutrition/Physical Activity for Children/Adolescents</p> <ul style="list-style-type: none"> 3–17 years of age 	<p>Evidence an outpatient visit, or telehealth visit during the measurement year with a primary care physician or ob/gyn, which includes counseling for nutrition and physical activity and BMI percentile documentation</p>	<p>Requirements: Visit code, provider type and service date</p> <p>Service date range: Measurement year</p> <p>Required exclusions:</p> <ul style="list-style-type: none"> Members diagnosed with pregnancy during the measurement year Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	<p>Nutrition counseling: 97802</p> <p>Physical activity counseling: Z71.82</p> <p>BMI percentile: Z68.52</p> <p>Exclusion: 000.0</p>

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HEDIS measure	Measure definition	Measure requirements	Medicare	Medicaid	Commercial	Commonly used codes*
WCV – Child and Adolescent Well-Care Visits <ul style="list-style-type: none"> 3–21 years of age 	Members with a visit to a primary care physician (PCP) or an ob/Gyn practitioner for at least one comprehensive well-care visit during the measurement year	Requirements: Well-care visit with a PCP (does not have to be with assigned PCP) or ob/gyn including the following: A health history, physical development history, mental development history, physical exam, and health education/anticipatory guidance Service date range: Measurement year Required exclusions: <ul style="list-style-type: none"> Members in hospice or using hospice services during the measurement year Members who have died during the measurement year 		✓	✓	Well child checks: 99381 , 99382 , 99383 , 99384 , 99385 , 99461

Learn more about this chart

- Electronic supplemental data via data integration team: The comments in the “measure requirements” column identify what is needed to submit supplemental data files electronically. Refer to guidelines and data specs: Aetna Standard HEDIS MY2022 Supplemental Data Reference Guide.xlsx. Contact your engagement manager or HEDIS representative for more details.
- DataLink Evoke360 uploading charts (Medicare measures ONLY): Contact your engagement manager or HEDIS representative for more details.

The above information is not a complete list of services for this measure. For a complete list please refer to the NCQA website at NCQA.org. HEDIS 2022 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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