



PROVIDER REFERENCE GUIDE **HEDIS® 2019**



buckeyehealthplan.com

Provider Services: 1-866-246-4356

Welcome!

Dear Colleagues,

As you know, Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows for comparison across health plans. Through HEDIS NCQA holds Buckeye Health Plan accountable for the timeliness and quality of healthcare services delivered to its diverse membership.

This booklet is meant to serve as a quick HEDIS measure reference guide for your practice, in order to assist with medical record documentation. The booklet also includes general tips and an overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).

If you have any questions or would like to request additional copies, please contact Buckeye Health Plan Quality Improvement at 1-866-246-4356 X 84230.

Thank you for your dedication to improving the health of our members and your patients.

Sincerely,

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Vice President of Medical Affairs, Buckeye Health Plan*

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HEDIS Quick Reference Guide

What we have provided in this guide is the most recent, up-to-date information available at print time. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). This tool is meant to be used as a quick-glance reference. All codes are subject to change; there may be revisions, deletions or additions to this information that occur from one measurement period to another. Please contact Buckeye Health Plan regarding any questions you may have with the information provided. Thank you for your efforts in the continuous improvement of quality for our members/your patients.



What is HEDIS?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows direct, objective comparison of **quality** across health plans. NCQA develops the HEDIS® measures through a committee represented by purchasers, consumers, health plans, health care providers and policy makers. HEDIS® allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons. Consult NCQA's website for more information: ncqa.org.



What are the scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS® rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS® rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds'. These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS®.



How are the rates calculated?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review.



How can I improve my HEDIS scores?

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS®.
- If services are not billed or not billed accurately, they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS® rate calculation.
- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart such as lab results.
- Avoid missed opportunities by taking advantage of sick-care visits; combine the well visit components and use a modifier and proper codes to bill for both the sick and well visit.
- Use the member list provided by Buckeye to contact patients who are in need of a visit.
- Routinely schedule a member's next appointment while in the office for the visit.

What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey sent to members/patients to measure satisfaction with their providers and healthcare systems. The goal of CAHPS is to capture accurate and complete information about the member reported experiences with health care. This information measures how well the member's expectations and goals were met. CAHPS helps determine the areas of service that have the greatest impact on overall satisfaction and opportunities for improvement which aid in increasing the quality of provided care. The CAHPS survey results are shared with the consumers, which provides them information they can use to choose physicians and health systems.

Important topics that are surveyed include, but are not limited to:

- How well Providers communicate with patients
- Providers use of information to coordinate patient care
- Helpful, courteous and respectful office staff
- Patients rating of the Provider

Transportation

Transportation is available to all Buckeye members to covered healthcare/dental appointments, WIC appointments, and redetermination appointments with CDJFS caseworker and trips to your patient's pharmacy following a doctor's appointment (limited area). To refer a patient or for any further questions, please call our Member Services at **1-866-246-4358 (TDD/TTY: 1-800-750-0750)**.

Care Management

Care management, care coordination and disease coaching are part of Buckeye's benefits and available to all Buckeye members. We provide services for many conditions, such as asthma, diabetes, COPD, high-risk pregnancy, mental health/substance use disorders and many other conditions. Our care management staff are highly knowledgeable and experienced to help address your patient's care management needs and assist with removing barriers to care. To refer a patient or for any further questions, please call our Member Services at **1-866-246-4358 (TDD/TTY: 1-800-750-0750)**.

AAB: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Members 18–64 years of age diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Important Codes*			
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456	with or with-out	Telehealth Modifier: CPT: 95, GT
Outpatient	HCPCS: G0402, G0438, G0439, G0463, T1015		
Outpatient	UB Rev: 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983		
Telephone Visit	CPT: 98966, 98967, 98968, 99441, 99442, 99443		
Online Assessment	CPT: 98969, 99444		
Acute Bronchitis	ICD 10: J20.3, J20.4, J20.5, J20.6, J20.7, J20.8,J20.9		

*codes subject to change

HEDIS® Improvement Tips:

- **Educate member:**
 - Antibiotics are not needed for viral infections
 - On importance calling/returning to the office if symptoms worsen or if no improvement
 - Regarding good hand washing to prevent spread of infection
- **Include appropriate documentation, date of episode and submit claims for all diagnoses that are established at the visit.**

AAP: Adults' Access to Preventive/Ambulatory Health Services

Members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Important Codes*			
Ambulatory Visits	CPT: 99201-99205, 99211-99215, 99381-99387, 99391-99397, 99401-99404		
	HCPCS: G0402, G0438, G0439, G0463, T1015		
	UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982-0983		
	ICD 10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9		
Other Ambulatory Visits with or without Telehealth	CPT: 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337	with or without	Telehealth Modifier: CPT: 95, GT
	HCPCS: S0620, S0621		
	UB Rev: 0524, 0525		
Telephone visit	CPT: 98966-98968, 99441-99443		
Online Assessment	CPT: 98969, 99444		

*codes subject to change

HEDIS® Improvement Tips:

- Outreach to newly assigned member to schedule appointment.
- Educate the member on the importance of preventive screenings.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule annual visit or follow-up visit before member leaves the office.

ABA: Adult BMI Assessment

Members 18–74 years of age who had an outpatient visit and whose body mass index was documented during the measurement year or the previous year.

Important Codes*					
Adult BMI (age 20+)					
19 or less	Z68.1	28.0-28.9	Z68.28	37.0-37.9	Z68.37
20.0-20.9	Z68.20	29.0-29.9	Z68.29	38.0-38.9	Z68.38
21.0-21.9	Z68.21	30.0-30.9	Z68.30	39.0-39.9	Z68.39
22.0-22.9	Z68.22	31.0-31.9	Z68.31	40.0-44.9	Z68.41
23.0-23.9	Z68.23	32.0-32.9	Z68.32	45.0-49.9	Z68.42
24.0-24.9	Z68.24	33.0-33.9	Z68.33	50-59.9	Z68.43
25.0-25.9	Z68.25	34.0-34.9	Z68.34	60.0-69.9	Z68.44
26.0-26.9	Z68.26	35.0-35.9	Z68.35	70 or greater	Z68.45
27.0-27.9	Z68.27	36.0-36.9	Z68.36		
Pediatric BMI (age younger than 20)					
BMI <5th percentile for age				ICD-10: Z68.51	
BMI 5th percentile to <85th percentile for age				ICD-10: Z68.52	
BMI 85th percentile to <95th percentile for age				ICD-10: Z68.53	
BMI >95th percentile for age				ICD-10: Z68.54	

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Members with diagnosis of pregnancy during the measurement year or year prior.
- **Documentation must include height, weight, BMI value and date of completion and members younger than 20 years BMI value must be documented in a percentile.**
- **BMI percentile must be documented either as a value (i.e. 85 percentile) or plotted on an age-growth chart.**
- **BMI ranges and thresholds do not meet the criteria.**
- **Obtain height and weight at each visit, document and calculate BMI.**
 - Formulas:
 - BMI = weight (lb.) / [height (inches)]² x 703
 - BMI = weight (kg) / [height (meters)]²
- **Ensure electronic medical record automatically calculates BMI**

ADD: Follow-up Care for Children Prescribed ADHD Medication

Children, ages 6-12, with a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10 month period. The two rates reported for this measure are:

Initiation Phase: Member had one outpatient (**OP**), intensive outpatient (**IOP**) or partial hospitalization (**PHP**) follow-up visit **within 30 days** of ADHD medication dispensed with a practitioner with prescribing authority.

Continuation and Maintenance (C&M) Phase: Member remained on the medication for at least 210 days and had at least 2 follow-up visits with a practitioner **within the next 270 days (9 months)** after the Initiation Phase.

Use Appropriate Billing Codes*				
Initiation and C&M Phase Codes				
Visit Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With either	OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52
			Community Mental Health Center (CMHC)	POS: 53
Behavioral Health Outpatient (BH OP)	CPT: 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, M0064, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
Observation	CPT: 99217-99220			
Health and Behavior Assessment/ Intervention	CPT: 96150-96154			

ADD: Follow-up Care for Children Prescribed ADHD Medication

Initiation and C&M Phase Codes			
PHP/IOP	HCPCS: G0410, G0411, H0035, H2001., H2012, S0201, S9480, S9484, S9485		
	UBREV: 0905, 0907, 0912, 0913		
C&M Only Codes			
Visit Setting Unspecified CPT Codes (see above)	With	Telehealth	POS: 02

Important Codes*:	
Telephone Visits	CPT: 98966-98968, 99441-99443

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Apply for members who have experienced an acute inpatient encounter for mental health or alcohol or other drug (AOD) abuse or dependence, and members diagnosed with narcolepsy.
- The initial visit when medication was prescribed does not count as the initiation phase visit.
- Prescribe 30 day supply and require members attend a 30-day follow-up appointment in order to continue medication.
- Educate caregiver(s) on importance of dispensing the correct amount of prescribed medication and keeping follow-up appointments.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

ADV: Annual Dental Visit

- Members 2–20 years of age who had at least one dental visit during the calendar year with a Dental Practitioner.

Definition of Dental Practitioner
Dental Practitioners hold a DMD (Doctor of Dental Medicine) or a DDS (Doctor of Dental Surgery) from an accredited school and is licensed to practice dentistry by a state board of dental examiners. Certified and licensed dental hygienists are considered dental practitioners.

HEDIS® Improvement Tips:

- Educate parent(s)/guardian(s) and member of the importance of good oral hygiene, especially in starting at an early age. Schedule dental visits as young as 2 years of age.
- Buckeye Health Plan covers (2) periodic oral exams and cleaning per year.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule annual visit or follow-up visit before member leaves the office.
- Transportation to and from dental appointments available for all Buckeye members, contact member service for more details.

Adherence for Cholesterol (Statins)/Hypertension (Renin angiotensin system (RAS) Antagonists)/ Oral Diabetes Medications

Members 18 years of age and older with either:

- Coronary artery disease (CAD) who were prescribed a statin **or**
- Hypertension who were prescribed a RAS antagonists or a angiotensin converting enzyme inhibitors (ACEI), or a angiotensin receptor blockers (ARB), or a direct renin inhibitor medication **or**
- Diabetes who were prescribed any of the following medications: biguanide, sulfonylurea, thiazolidinedione, DPP-IV Inhibitor, incretin mimetic or meglitinide (Please note: Insulin is NOT Included) **and**
- Who has filled and is taking their medication at least 80% of the time during the measurement year.

HEDIS® Improvement Tips:

- During each visit with the member review medication list and ask if there are any issues with filling or taking medications. If there are any problems with filling or taking medications, ask why?
- Educate the member on the purpose of the medication including how often to take the medication and possible side effects.
- Encourage member to take medications as prescribed and to notify provider with any issues regarding the medication.
- Check online formulary for covered medications (buckeyehealthplan.com)
- Offer 90-day supply of medication to member, if stable.
- Encourage member to sign up for auto fill with their pharmacy or mail order.
- Schedule annual visit or follow-up visit before member leaves the office.

AMM: Anti-Depressant Medication Management

Members 18 years of age and older who have a diagnosis of major depression and who were treated and remained on an antidepressant medication.

Two rates are reported:

Effective Acute Phase Treatment. Members who remained on an antidepressant medication for at least **84 days** (12 weeks).

Effective Continuation Phase Treatment. Members who remained on an antidepressant medication for at least **180 days** (6 months).

HEDIS® Improvement Tips:

- **Exclusion:**
 - Members prescribed an antidepressant medication but are not diagnosed with major depression as well as members who filled a prescription for an antidepressant medication up to 105 days before the new prescription.
- **Inform members that it may take up to 6 weeks before the effects of antidepressant medication can be felt.**
- **Educate members on the importance of remaining on antidepressant medication for at least 6 months to prevent relapse.**
- **Prescribe a 30-day supply and require members to attend 30-day follow-up appointment in order to continue medication, except in young adults, ages 18–23 who require a more frequent follow-up. According to the Physician’s Desk Reference, antidepressants increased the risk of suicidal thoughts and behavior in young adults under age 24 in short-term studies. If stable, offer 90-day supply of medication and schedule follow-up appointment in order to continue medication.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents

Children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. (If the number of consecutive days on multiple antipsychotic medications is <90 days, identify the next day during the measurement year when the patient was treated with 2 or more different antipsychotic medications.)

HEDIS® Improvement Tips:

- **Schedule follow-up visits more frequently for these members in order to continuously evaluate the need for multiple concurrent antipsychotic medications.**
- **Educate members and caregivers on the benefits of comprehensive psychosocial services in the treatment of psychotic disorders.**
- **To reduce health risks, consider monotherapy as The American Academy of Child and Adolescent Psychiatry does not recommend the use of more than one atypical antipsychotic medication for children and adolescents.**
- **Closely monitor members for weight gain and other metabolic effects because of the increased risk of health concerns of antipsychotics on children and adolescents.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

APM: Metabolic Monitoring for Children or Adolescents on Antipsychotic

Children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose or HbA1c and LDL-C or Cholesterol test).

Use Appropriate Billing Codes*	
Description	Codes
Glucose Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
	LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	CPT: 83036, 83037 CPT II: 3044F (<7.0%), 3045F (7.0-9.0%), 3046F (>9.0%) LOINC: 17856-6, 4548-4, 4549-2
LDL-C test	CPT: 80061, 83700, 83701, 83704, 83721 CPT II: 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
Cholesterol tests other than LDL	CPT: 82465, 83718, 84478 LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

*codes subject to change

HEDIS® Improvement Tips:

- Educate the caregiver(s) and member on possible medication side effects and the importance of metabolic monitoring.
- NCQA does not specify the type of provider who can submit or review metabolic testing and results.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment **90 days** prior through **30 days** after the dispense date of new antipsychotic medication.

Use Appropriate Billing Codes*	
Description	Codes
Psychosocial Care	CPT: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485

*codes subject to change

HEDIS® Improvement Tips:

- **Members for whom first line antipsychotic medications may be clinically appropriate are excluded.**
- **According to the American Academy of Child and Adolescent Psychiatry, when treating disorders outside of schizophrenia, antipsychotics are generally only used after other interventions, such as psychosocial and pharmacological, have failed.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

ART: Disease Modifying Anti-Rheumatic Drug Therapy

Members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

Use Appropriate Billing Codes*	
Description	Codes
Rheumatoid Arthritis	ICD 10: M05.861, M05.862, M05.869, M05.871, M05.872, M05.879, M05.89, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022, M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.1, M06.20, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.271, M06.272, M06.279, M06.28, M06.29, M06.30, M06.311, M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, M06.349, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879, M06.88, M06.89, M06.9
DMARD	HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515- J7518, J9250, J9260, J9310, Q5102-Q5104

*codes subject to change

HEDIS® Improvement Tips:

- Current practice guidelines from the American College of Rheumatology can be found at: rheumatology.org/Practice-Quality/Clinical-Support/Clinical-Practice-Guidelines/Rheumatoid-Arthritis
- During each visit with the member: review medication list and if any issues with filling or taking medications, ask why?
- Educate the member on the purpose of the medication including how often to take the medication, possible side effects and to notify provider with any issues regarding the medication.
- Encourage member to sign up for auto fill with their pharmacy or mail order.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

AWC: Adolescent Well-Care Visit

Members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.

Well-care visits consists of all of the following:

- A health history
- A physical development history
- Health education/anticipatory guidance
- A mental developmental history
- A physical exam

Use Appropriate Billing Codes*	
Description	Codes
Well-Care Visits	CPT: 99381-99385, 99391-99395
	HCPCS: G0438, G0439
	ICD-10-CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

*codes subject to change

HEDIS® Improvement Tips:

- **Prevent missed opportunities! Use Modifier 25 to pair with sick or sports/day care physicals to well-care visits on a claim.**
- **Include appropriate documentation of well-care visit must include a note indicating a visit to a PCP or OB/GYN that includes date of service and each of the following evidence:**
 - Health history (history of illness, disease, surgery, allergies, medications, immunizations and family health history)
 - Physical developmental history (milestones)
 - Mental developmental history (milestones)
 - Physical exam
 - Health education/anticipatory guidance
- **Additional information regarding well-care please visit the American Academy of Pediatric Guidelines for Health Supervision at aap.org and/or Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents at Brightfutures.org.**
- **Outreach to newly assigned member to schedule appointment.**
- **Reminder calls, text messages or mailings can assist with ensuring patients do not miss scheduled appointments.**

BCS: Breast Cancer Screening

Women 50–74 years of age who had one or more mammograms between October 1, 2 years prior (starting at age 50) to the measurement year and December 31 of the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
Breast Cancer Screening	CPT: 77055-77057, 77061-77067
	HCPCS: G0202, G0204, G0206
	UBREV: 0401, 0403
History of Bilateral Mastectomy	ICD-10: Z290.13

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusions:**
 - Two unilateral mastectomies with service dates 14 or more days apart
 - History of bilateral mastectomy
 - Member 66 years and older who are enrolled in a long-term institution or SNP.
- **Provide education and benefits regarding early detection of breast cancer through routine mammograms.**
- **Encourage all women ages 50–74 to get a mammogram because early detection of breast cancer is key to survival.**
- **Submit the appropriate mastectomy code to exclude the patient from this measure if this diagnosis has occurred in their health history.**
- **MRI's, breast ultrasounds or biopsies DO NOT meet standards for this measure**

CAP: Children's and Adolescents Access to Primary Care Practitioners

Members 12 months–19 years of age who had one or more visit with a PCP.
Members are banded into the following age ranges:

- 12–24 and 25 months–6 years
- 7–11 years and Adolescents 12–19 years

Use Appropriate Billing Codes*	
Description	Codes
Ambulatory Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483
	HCPCS: G0438, G0439, G0463, T1015
	UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982, 0983
	ICD-10: Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.2, V20.2,

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Any visit to specialist provider.
- **Include appropriate documentation of well-care visit must include a note indicating a visit to a PCP or OB/GYN that includes date of service and each of the following evidence:**
 - Health history
 - Physical developmental history
 - Mental developmental history
 - Physical exam
 - Health education/anticipatory guidance
- **Additional information regarding well-care please visit: American Academy of Pediatric Guidelines for Health Supervision at aap.org and/or Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents at Brightfutures.org.**
- **Outreach to newly assigned member to schedule appointment.**
- **Reminder calls, text messages or mailings can assist with ensuring patients do not miss scheduled appointments.**

CBP: Controlling High Blood Pressure

Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled <140/90 mm Hg during the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
Hypertension	ICD-10: I10
Systolic Greater Than/Equal to 140	CPT II: 3077F
Systolic Less Than 130	CPT II: 3074F
Systolic 130-139	CPT II: 3075F
Diastolic Greater Than/Equal to 90	CPT II: 3080F
Diastolic Less Than 80	CPT II: 3078F
Diastolic 80-89	CPT II: 3079F
Remote Blood Pressure Monitoring	CPT: 93784, 93788, 93790, 99091
Telephone Visits	CPT: 98966-98968, 99441-99443
Telehealth Modifier	CPT Modifier: 95, GT

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Member age 66 and older as of January 1 and who are enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.
- The blood pressure reading must be most recent and occur on or after the date the member was diagnosed with hypertension for the second time.
- Blood pressures taken during an emergency room, an acute inpatient stay, diagnostic test/procedure and/or member reported **DO NOT** meet standards for this measure.
- If the member initial blood pressure is high, repeat the blood pressure later in the visit. You may use the lowest systolic and diastolic blood pressure results from the visit to represent that day's visit BP results.
- Ensure when taking the member's BP, the member is sitting with legs uncrossed and arms relaxed.
- Ensure right placement and size of the blood pressure cuff for the member.

CCS: Cervical Cancer Screening

Women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed during the measurement year or the two years prior (every 3 years).
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement year or the four years prior (every 5 years).

Use Appropriate Billing Codes*	
Description	Codes
Cervical Cytology	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests	CPT: 87620-87622, 87624, 87625
	HCPCS: G0476
Absence of Cervix	CPT: 58575

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusions:**
 - Documentation in the member’s health history of a hysterectomy (total, complete or radical) with no residual cervix by either:
 - “Vaginal pap smear” in conjunction with documented hysterectomy **or**
 - Documentation of hysterectomy and patient no longer in need of pap testing/cervical cancer screening.
- **The following do not qualify:**
 - Lab results that state the sample was inadequate or that “no cervical cells were present”
 - Biopsies (these are diagnostic and not valid for primary cervical cancer screening)
- **The human papillomavirus test should be completed <4 days apart to qualify for the five year testing.**
- **Documentation in the medical record must include note indicating:**
 - Date of service and the for cervical cytology was performed (21–64 years).
 - Date of service and the result for cervical cytology and HPV test was performed (30–64 years).

CDC: Comprehensive Diabetes Care

Members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following during the measurement year:

- Hemoglobin A1c (HbA1c) testing
- Medical attention for nephropathy
- Hemoglobin A1c poor control (>9%)
- BP control (<140/90 mm Hg)
- Eye exam (retinal) performed

Use Appropriate Billing Codes*	
Description	Codes
Diabetes Diagnoses	ICD-10: E10, E11, E13, O24
HbA1c Testing and Values	CPT: 83036, 83037
	CPT II: 3044F (<7.0%) 3045F (7.0%-9.0%) 3046F (>9.0%)
Eye Exam	CPT: 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
	CPT II: 2022F, 2024F, 2026F, 3072F
	HCPCS: S0620, S0621, S3000
Blood Pressure	CPT II: 3074F, 3075F, 3077F-3080F
Nephropathy Screening Test (Urine protein Tests)	CPT: 81000-81003, 81005, 82042, 82043, 82044, 84156
	CPT II: 3060F, 3061F, 3062F

*codes subject to change

HEDIS® Improvement Tips:

- HbA1c must be obtained at least once a year.
- A negative retinal or dilated eye exam (negative for retinopathy) must be performed by optometrist or ophthalmologist and is valid for two years.
- Fundus photography (i.e. Optimap) if performed and reviewed by optometrist or ophthalmologist meets the requirement.

CDC: Comprehensive Diabetes Care

HEDIS® Improvement Tips:

- If the member has not had a recent retinal or dilated eye exam, schedule an eye appointment for the member
- Obtain a urine test for albumin or protein during the measurement period. Any of the following urine test for albumin or protein will meet the nephropathy criteria:
 - 24 hour urine
 - Timed urine
 - Spot urine (i.e. urine dipstick or test strip)
 - Urine for albumin/creatinine ratio.
 - 24-hour urine for total protein
 - Random urine for protein/creatinine ratio.
- Documentation of Diabetic nephropathy, End Stage Renal Disease (ESRD), Stage 4 Chronic Kidney Disease (CKD), and/or Kidney Transplant will meet nephropathy criteria.
- Documentation of ACE or ARB dispensed at least once will meet nephropathy criteria.
- Documentation of a visit to an in network nephrologist will meet nephropathy criteria.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

CHIPRA: Low infant birth under 2500 grams

Live births weighing less than 2,500 grams during the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
Live Births	ICD-10: Z37.0, Z37.2, Z37.3, Z37.59, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z38.00, Z38.2, Z38.01, Z38.1, Z38.30

*codes subject to change

HEDIS® Improvement Tips:

- **Improve coding accuracy by including documentation correct birth weight on claim and birth certificate.**
- **Birth file data elements should contain the following:**
 - Claim Number,
 - Child's Member ID,
 - Plan Name,
 - CRISE ID,
 - Child's First Name, Middle Initial, and Last Name,
 - Child's Gender,
 - Child's Date of Birth,
 - Mother's Member ID,
 - Mother's First Name, Middle Initial and Last Name,
 - Mother's Race,
 - Mother's Date of birth.
- **Provide education that includes prenatal care early in pregnancy, promote appropriate inter-pregnancy interval (birth spacing).**
- **Review benefits/importance of prenatal and postpartum care.**
- **To improve risk factor management, provide education and recommendations for existing health issues, smoking cessation and support for regular prenatal and postpartum care.**
- **Full complete and sent form for high risk pregnancy (i.e. PRAF. Pregnancy Risk Assessment Form**
<http://medicaid.ohio.gov/Provider/PRAF>).

CHL: Chlamydia Screening in Women

Women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
Chlamydia Screenings	CPT: 87110, 87270, 87320, 87490-87492, 87810

*codes subject to change

HEDIS® Improvement Tips:

- Perform a routine urine test or collect swab specimens from the endocervix or vagina to check for Chlamydia.
- Documentation should include notation of the visit, date test was performed and result of finding.
- Include appropriate sexually activity and contraceptive prescription codes prior to submitting claim; submit claims timely.
- Educate women regarding the importance of Chlamydia testing, sexually transmitted diseases and transmission.

CIS: Childhood Immunization Status

Children who complete immunizations on or before child's 2nd birthday and document preferably on an Immunization Record/Flow sheet.

DTap: 4 dose	PCV: 4 dose	RV: 2 dose or 3 dose series
IPV: 3 dose	MMR: 1 dose	Flu: 2 dose
HepB: 3 dose	VZV: 1 dose	
HIB: 3 dose	HepA: 1 dose	

Use Appropriate Billing Codes*	
Description	Codes
DTAP: diphtheria, tetanus, and acellular pertussis	CPT: 90698, 90700, 90723
IPV: Polio Vaccine	CPT: 90698, 90713, 90723
MMR: measles, mumps, rubella	CPT: 90707, 90710
HIB: H influenza type B	CPT: 90644-90648, 90698, 90721, 90748
HepB: hepatitis B	CPT: 90723, 90740, 90744, 90747, 90748
	HCPCS: G0010
Newborn Hep B	ICD-10: 3E0234Z
VZV: chicken pox	CPT: 90710, 90716
PCV: pneumococcal conjugate	CPT: 90669, 90670
	HCPCS: G0009
HepA: hepatitis A	CPT: 90633
RV: rotavirus	CPT: 90681 (two dose)
	CPT: 90680 (three dose)
Influenza	CPT: 90655, 90657, 90661, 90662, 90673, 90685-90688
	HCPCS: G0008

*codes subject to change

CIS: Childhood Immunization Status

HEDIS® Improvement Tips:

- Educate office staff on the importance of scheduling appointments **PRIOR** to the patients 2nd birthday.
- Educate parents/guardians on the importance of keeping appointments and having their child immunized as recommended.
- Include immunization evidence that the antigen was performed and includes one of the following notations:
 - Date immunization completed and name of specific antigen.
 - A certificate of immunization prepared by an authorized health care provider or agency including date(s) and type(s) of administered immunizations.
- Include appropriate documentation in the medical record if the patient has evidence of disease for intended immunization or a contradiction to the vaccine exists.
- Outreach to member's parent(s)/guardian(s) to schedule future immunizations appointment.
- Reminder calls, text messages or mailings can assist with ensuring patients do not miss scheduled appointments.
- Review immunization history at each visit to assess for need.

COL: Colorectal Cancer Screening

Members 50–75 years of age who have had appropriate screening for colorectal cancer.

The following screenings meet criteria:

- Fecal Occult Blood Testing during the measurement year.
(common names: FOBT or Guaiac, or iFIT or iFOBT)
- Flexible Sigmoidoscopy during the measurement year or four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year. Must be done by CT (MRI does not count).
- FIT-DNA test during the measurement year or the two years prior to the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
FOBT	CPT: 82270, 82274
	HCPCS: G0328
Colonoscopy	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45380-45393, 45398
	HCPCS: G0105, G0121
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337-45342, 45345-45347, 45349, 45350
	HCPCS: G0104
FIT-DNA	CPT: 81528
	HCPCS: G0464
CT Colonography	CPT: 74261-74263

COL: Colorectal Cancer Screening

HEDIS® Improvement Tips:

- Medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation in the medical record is clear that the test was performed and not merely ordered.
- Member reported data is not allowed, must have some type of documentation the test was completed.
- A pathology report indicating type and date of test performed meets the criteria.
- Educate and encourage the member on the importance of colorectal screening.
- Digital rectal exam (DRE) and FOBT tests performed in an office setting or performed on a sample collected by DRE will not meet the criteria.
- Reminder calls, text messages or mailings can assist with ensuring patients do not miss scheduled appointments.

CWP: Appropriate Testing for Children with Pharyngitis

Children 3–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

NOTE:

- Measurement year begins on July 1 of the prior year and ends on June 30 of the measure year.

Use Appropriate Billing Codes*	
Description	Codes
Group A Strep Test	CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880
Acute Pharyngitis	ICD-10: J02.8, J02.9, J03.00,
Streptococcal Pharyngitis	ICD-10: J02.0
Acute Tonsillitis	ICD-10: J03.80, J03.81, J03.90, J03.91
Acute Streptococcal Tonsillitis	ICD-10: J03.00, J03.01

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Emergency department or observation visits that results in an inpatient stay.
- Before prescribing antibiotics, test child for group A strep when diagnosed with pharyngitis.
- Educate parents/guardians regarding antibiotics are not needed for viral infections, if the throat culture and/or rapid strep test is a negative result.
- Include appropriate documentation, date of episode and submit claims for all diagnoses that are established at the visit.

FUA: Follow-up after Emergency Department Visit for Alcohol and other Drug Dependence

Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD treatment. Two rates are reported:

- The percentage of ED visits for which the member received follow-up **within 7 days** of the ED visit (total 8 days).
- The percentage of ED visits for which the member received follow-up **within 30 days** of the ED visit (total 31 days).

Use Appropriate Billing Codes*			
Description	Codes		
AOD Abuse and Dependence**	ICD-10-CM: F10, F11, F12, F13, F14, F15, F16, F18, F19		
IET Stand Alone Visits	<p>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p>UB REV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p>		
Observation	CPT: 99217-99220		
Telephone Visits	CPT: 98966-98968, 99441-99443		
Online Assessment	CPT: 98969, 99444		
IET Visits Group 1	<p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847</p> <p>90849, 90853, 90875, 90876</p>	With	<p>POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72</p>

FUA: Follow-up after Emergency Department Visit for Alcohol and other Drug Dependence

Description	Codes		
IET Visits Group 2	CPT: 99221 - 99223, 99231-99233, 99238, 99239, 99251 - 99255	With	POS: 02, 52, 53

*codes subject to change **ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- ED visits resulting in an inpatient stay on the date of the ED visit or **within 30 days** of the ED visit are excluded from this measure.
- Include appointment availability in your office for patients with recent ED and hospital discharges.
- Follow-up criteria must include a principle diagnosis of alcohol and other drug dependence diagnosis.
- A telehealth or online assessment visit will meet criteria for a follow-up visit with a principle diagnosis of alcohol and other drug dependence.
- AOD follow-up visits on the same date of the ED visit qualify.

FUH: Follow-up after Hospitalization for Mental Illness

Members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the member received follow-up **within 7 days of discharge.**
- The percentage of discharges for which the member received follow-up **within 30 days of discharge.**

Use Appropriate Billing Codes*				
Description	Codes			
Visit Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With either	OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
		.2264	POS: 52	
		CMHC	POS: 53	
		Tele-health	POS: 02	
BH OP	CPT: 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, M0064, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
PHP/IOP	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913			

FUH: Follow-up after Hospitalization for Mental Illness

Description	Codes			
Electro-convulsive Therapy (ECT)	CPT: 90870 ICD10PCS: GZB0ZZZ-GZB4ZZZ UBREV: 0901	With either	Ambulatory Surgical Center	POS: 24
			CMHC	POS: 53
			OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52
Observation	CPT: 99217-99220			
Transitional CM	CPT: 99495, 99496			

*codes subject to change

HEDIS® Improvement Tips:

- **The following exclusions apply:**
 - Discharges followed by readmission or direct transfer to a non-acute inpatient care setting within the 30-day follow-up period, regardless of the readmission principal diagnosis.
 - Discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30-day follow-up period, if the principal diagnosis was for non-mental health.
- **Schedule member's 7-day follow-up appointment before member's hospital discharge.**
- **Include appointment availability in your office for patients with recent hospital discharges.**
- **Complete appointment reminder calls 24-hours prior to the scheduled follow-up appointment.**
- **Telehealth modifiers may be used with some service types. See page 67 for details.**

FUM: Follow-up after Emergency Department Visit for Mental Illness

Emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:

- The percentage of ED visits for which members received follow-up **within 7 days** of the ED **(8 days total)**.
- The percentage of ED visits for which members received follow-up **within 30 days** of the ED visit **(31 days total)**.

Use Appropriate Billing Codes*				
Description	Codes			
Visit Setting Unspecified	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With either	OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52
			CMHC	POS: 53
			Telehealth	POS:02
BH OP	CPT: 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, M0064, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526- 0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
ECT	CPT: 90870 ICD10PCS: GZB-0ZZZ-GZB4ZZZ UBREV: 0901	With either	Ambulatory Surgical Center	POS: 24
			CMHC	POS: 53
			OP	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	POS: 52

FUM: Follow-up after Emergency Department Visit for Mental Illness

Description	Codes
Observation	CPT: 99217-99220
PHP/IOP	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 UBREV: 0905, 0907, 0912, 0913
Mental Health Diagnosis**	ICD-10-CM: F03.90, F03.91, F20, F21-F24, F25, F28, F29, F30, F31, F32, F33, F34, F39, F40, F41, F42, F43, F44, F45, F48, F50, F51, F52, F53, F59, F60, F63, F64, F65, F66, F68, F69, F80, F81, F82, F84, F88, F89, F90, F91, F93, F94, F95, F98, F99
Intentional Self-Harm**	ICD-10-CM: T14, T36, T37, T38, T39, T40, T41, T42, T43, T44, T45, T46, T47, T48, T49, T50, T51, T52, T53, T54, T55, T56, T57, T58, T59, T60, T61, T62, T63, T64, T65, T71

*codes subject to change **ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- **Exclusion:**
 - Apply for ED visits followed by admission to an acute or non-acute inpatient care setting on the date of or within the 30-day follow-up period (31 days total) of the ED visit, regardless of principal diagnosis for the admission.
- Mental health follow-up visits on the same date of the ED visit qualifies for the measure.
- Include appointment availability in your office for patients with recent ED and/or hospital discharges.
- Complete appointment reminder calls 24 hours prior to the scheduled follow-up appointment.
- Telehealth modifiers may be used with some service types. See page 67 for details.

IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Adolescent and adult members (13 years and older) with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.

- **Initiation of AOD Treatment.** Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication assisted treatment (MAT) **within 14 days** of the diagnosis.
- **Engagement of AOD Treatment.** Members who initiated treatment and who had two or more additional AOD services or MAT **within 34 days** of the initiation visit.

Use Appropriate Diagnostic Codes*
Alcohol Abuse and Dependence ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.14, F10.150, F10.151, F10.159, F10.180 – F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229–F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280–F10.282, F10.288, F10.29
Opioid Abuse and Dependence ICD-10-CM: F11.10, F11.120–F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220–F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29
Other Drug Abuse and Dependence ICD-10-CM**: F12, F13, F14, F15, F16, F18, F19

*codes subject to change

**ICD-10 cohort codes listed

HEDIS® Improvement Tips:

- **Exclusion:**
 - Apply for members who have received treatment for alcohol or other drug abuse or dependence up to 60 days before receiving new AOD abuse or dependence diagnosis.
- **Additional exclusions apply to members in remission.**
- **Notify Buckeye Health Plan of new substance use disorder diagnoses. Case managers will assist in triaging the members to their treatment initiation visit.**
- **Schedule engagement visits before member leaves initiation visit.**

IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- **The following visit types with the appropriate SUD diagnosis meet criteria:**
 - Inpatient Stay
 - IET Stand Alone Visits
 - Observation
 - IET Visits Group 1
 - IET Visits Group 2
 - Telephone Visit
 - Online Assessment
 - AOD Medication Treatment
- **Telehealth modifiers may be used with some service types. See page 67 for details.**

IMA: Immunizations for Adolescents

- Adolescents who complete immunizations on or before members' 13th birthday and document preferably on an Immunization Record/Flow sheet:
- Meningococcal conjugate vaccine (serogroup A, C, W and Y): 1 dose
- Tdap (tetanus, diphtheria toxoids and acellular pertussis): 1 dose
- HPV (human papillomavirus): 2 or 3 doses (series)

Use Appropriate Billing Codes*	
Description	Codes
Meningococcal	CPT: 90734
Tdap	CPT: 90715
HPV	CPT: 90649, 90650, 90651

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Meningococcal polysaccharide or meningococcal recombinant (serogroup B) (MenB) vaccines do not meet criteria.
- **Educate office staff to schedule immunizations prior to the child's 13th birthday.**
- **Include appropriate documentation and submit claims for all diagnoses that are established at the visit.**
- **HPV is recommended for both male and female patients.**
- **Include immunization evidence that the antigen was performed and includes one of the following notations:**
 - Date immunization completed and name of specific antigen.
 - A certificate of immunization prepared by an authorized health care provider or agency including date(s) and type(s) of administered immunizations.
- **For HPV vaccine minimum interval between injections is 146 days.**
- **Exclude and document anaphylactic reaction to the vaccine or components on or prior to the patient's 13th birthday.**
- **Reminder calls, text messages or mailings can assist with vaccine series reminders.**

LBP: Use of Imagine Studies for Low Back Pain

Members 18–50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, and CT scan) **within 28 days** of the diagnosis.

Use Appropriate Billing Codes*	
Description	Codes
Imaging Study	<p>CPT: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220</p> <p>UB REV: 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972</p>
Uncomplicated Low Back Pain	<p>ICD 10: M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06, M48.061, M48.062, M48.08, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.12S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS</p>

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusions:**
 - Member whose imaging was clinically appropriate for the any of the following diagnosis:
 - Cancer
 - Recent Trauma
 - HIV
 - Neurologic impairment
 - Prolonged use of corticosteroids (90 consecutive days any time during the 12 months prior to and including the IESD)
 - Intravenous drug abuse
 - Spinal infection
 - Major organ transplant
- **If member has any of red flags and/or clinically appropriate diagnosis, be sure to indicate the appropriate diagnosis code.**
- **Ensure the member is educated on his or her treatment plan.**

LSC: Lead Screening in Children

Children who complete on or before child's 2nd birthday one or more capillary or venous lead blood test for lead poisoning.

Use Appropriate Billing Codes*	
Description	Codes
Lead Screening in Children	CPT: 83655

*codes subject to change

HEDIS® Improvement Tips:

- Complete a lead screening test by the child's 2nd birthday. The test must be a capillary or venous blood lead test.
- Risk questionnaire does not meet requirements.
- Prevent missed opportunities! Provide preventive screening during sick visit.
- Documentation in the medical record must include a note indicating date the test was performed and the result or finding.
- Children identified with elevated blood lead levels should be evaluated and treated in accordance with CDC guidelines for follow-up care, including care coordination and public health, medical, and environmental management.
- Reminder calls, text messages or mailings can assist with reminders for the screening.

MMA: Medication Management for People with Asthma

Members 5–64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

- The members who remained on an asthma controller medication for at least 50% of their treatment period.
- The members who remained on an asthma controller medication for at least 75% of their treatment period.

Use Appropriate Billing Codes*	
Description - Asthma	Codes
Mild Intermittent	ICD10CM: J45.20, J45.21, J45.22
Mild Persistent	ICD10CM: J45.30, J45.31, J45.32
Moderate Persistent	ICD10CM: J45.40, J45.41, J45.42
Severe Persistent	ICD10CM: J45.50, J45.51, J45.52
Other and Unspecified	ICD10CM: J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusions:**
 - Members who had any of the following diagnoses, Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure during the member's history through December 31 of the measurement year.
 - Members who had no asthma controller medications dispensed during the measurement year.
- During each visit with the member review medication list and ask if there are any issues with filling or taking medications. If there are any problems with filling or taking medications, ask why?
- Educate the member on the purpose of the medication including how often to take the medication, how to use the metered dose inhaler, and possible side effects.
- Buckeye Health Plan's Preferred Drug List for long term controller medication can be found online at: buckeyehealthplan.com.
- Offer 90-day supply of medication to member, if stable.

MMA: Medication Management for People with Asthma

HEDIS® Improvement Tips:

- Encourage member to sign up for auto fill with their pharmacy or mail order.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule annual visit or follow-up visit before member leaves the office.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

MRP: Medication Reconciliation Post-Discharge

Members 18 years of age and older who were discharged from acute or non-acute inpatient stay between January 1-December 1 of the measurement year and who had medications reconciled from the date of discharge through **30 days** after the discharge (**31 total days**).

- Medication reconciliation is a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient record.

Use Appropriate Billing Codes*	
Description	Codes
Medication Reconciliation	CPT: 99495, 99496 CPT II: 1111F

*codes subject to change

HEDIS® Improvement Tips:

- **Medication reconciliation can be performed by prescribing practitioner, clinical pharmacist or registered nurse either by an office or telephonic visit (Note: Outpatient visit is not required).**
- **Medication reconciliation must be completed for every discharge and documented in the outpatient medical record.**
- **Documentation must be present in the outpatient medical record and must include evidence of medication reconciliation and the date it was performed. Any of the following will meet the measure:**
 - Documentation of the current medications with a note referencing the discharge medications, such as “no changes in medications since discharge, discontinue all discharge medications.”
 - Documentation of current and discharge medication lists and note both lists were reviewed on the same date.
 - Documentation of post-discharge hospital follow-up visit was complete with evidence that current and discharge medications were reconciled or reviewed.
 - Documentation that no medications were prescribed or ordered upon discharge.
- **Discharge Summary must be present in outpatient medical record within 30 days after discharge (31 days total).**

OMW: Osteoporosis Management in Women Who Had a Fracture

Women 67–85 years of age who suffered a fracture and had a either a bone mineral density (BMD) test or prescription to treat or prevent osteoporosis within the six months of the fracture. The measurement year start July 1 prior year to June 30 of the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
Bone Mineral Density	CPT: 76977, 77078, 77080, 77081, 77082, 77085, 77086 HCPCS: G0130 IDC10PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1 ICD
Osteoporosis Medication	HCPCS: J0897, J1740, J3110, J3487, J3488, J3489, Q2051

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusions:**
 - Members who had BMD test during the 24 months prior to the Index Episode Start Date (IESD).
 - Member who had a claim/encounter or dispensed a prescription or have an active prescription for osteoporosis therapy/treatment during the 12 months prior to IESD.
 - Member who are enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.
- **Fractures of the fingers, toes, face, skull and ruled out are not included this measure.**
- **Educate member on importance of prevention such as well balance diet, exercise and creating safe environment at home to reduce risk of falls.**
- **Educated member bone density test (BMD) is the same as Dexa Scan.**
- **Assess women member 67–85 years of age at each visit for recent falls and fractures**

OMW: Osteoporosis Management in Women Who Had a Fracture

HEDIS® Improvement Tips:

- Schedule member for bone density test (BMD) within 6 months of fracture, if no BMD within the past 24 months.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

PCE: Pharmacotherapy Management of COPD Exacerbation

COPD Exacerbations for Members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

Two rates are reported:

- 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.

Important Codes	
COPD Exacerbation	
Chronic Bronchitis:	ICD10CM: J41.0, J41.1, J41.8, J42
Emphysema:	ICD10CM: J43.0, J43.1, J43.2, J43.8, J43.9
COPD:	ICD10CM: J44.0, J44.1, J44.9

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Members who have a non-acute inpatient stay.
- **Members who have had an ED visit or acute inpatient stay with a principal diagnosis of either COPD, emphysema or chronic bronchitis meet the criteria.**
- **Outreach and schedule a follow up visit to members to review discharge instructions from ED visit or hospital stay to ensure members understand discharge instructions, have filled and are taking medications as prescribed.**
- **Educate members on the purpose of the medication including how often to take the medication and possible side effects.**
- **Encourage members to take medications as prescribed and to notify provider with any issues regarding the medication.**
- **Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

PPC: Prenatal and Postpartum Care

Delivery of live births on or between November 6 of the year prior until November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care.** Deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or **within 42 days** of enrollment in the organization.
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between **21 and 56 days** after delivery.

Use Appropriate Billing Codes*	
Description	Codes
Prenatal Ultrasound	CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828
	ICD-10-PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
Prenatal Visits	CPT: 99201-99205, 99211-99215
	CPT II: 0500F, 0501F, 0502F
Obstetric Panel	CPT: 80055, 80081
ABO	CPT: 86900
Rh:	CPT: 86901
Torch Panel	Toxoplasma Antibody CPT: 86777, 86778
	Rubella Antibody CPT: 86762
	Cytomegalovirus Antibody CPT: 86644
	Herpes Simplex CPT: 86694-86696
Postpartum Visits	CPT: 57170, 58300, 59430
	CPT II: 0503F
	HCPCS: G0101
	ICD-10-CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical Cytology	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143 - G0145, G0147, G0148, P3000, P3001,
	UBREV: 0923

*codes subject to change

PPC: Prenatal and Postpartum Care

HEDIS® Improvement Tips for Prenatal:

- **Exclusion:**
 - Non-live births are excluded from the measure.
- **COMPLETE the Notification of Pregnancy (NOP) or Pregnancy Risk Assessment Form (PRAF) form as soon as possible.**
- **Educate office staff to schedule the patient's initial appointment with the provider within the first trimester.**
- **Documentation must be completed by PCP, OB/GYN, or other prenatal care practitioner and include a note indicating the date the prenatal visit occurred along with one of the following:**
 - Basic physical obstetrical examination, which include auscultation for fetal heart tones, or pelvic exam with observations or measurement of fundus height (standardized prenatal flow sheet may be used).
 - Prenatal care procedure was performed, such as:
 - Obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or
 - TORCH antibody panel alone, or
 - Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
 - Echography of a pregnant uterus.
 - Documentation of LMP or EDD in conjunction with either with prenatal risk assessment and counseling/education or complete obstetrical history.

PPC: Prenatal and Postpartum Care

HEDIS® Improvement Tips for Postpartum:

- **Emphasize the importance of completing the postpartum visit(s) within 3 weeks of delivery (21-56 days post-delivery). C-Section wound check does not qualify as a postpartum visit.**
- **Documentation must include a note indicating the date the postpartum visit occurred along with reason for visit including:**
 - Pelvic exam.
 - Evaluation of weight, BP, breasts and abdomen. (Notation of breastfeeding will meet the criteria for evaluation of breasts.)
 - Notation of postpartum care, PP Care, PP check, 6 week check or a preprinted “Postpartum Care” form to document the visit.
 - Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.

PQI 16: Lower-Extremity Amputation among Patients with Diabetes

Members 18 and older with an acute inpatient admission for lower-extremity amputation (except toe amputations) among members with diabetes during the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
Procedure Codes	ICD 10: OY620Z Z, OY630ZZ, OY640ZZ, OY670ZZ, OY680ZZ, OY6C0Z1, OY6C0Z2, OY6C0Z3, OY6D0Z1, OY6D0Z2, OY6D0Z3, OY6F0ZZ, OY6G0ZZ, OY6H0Z1, OY6H0Z2, OY6H0Z3, OY6J0Z1, OY6J0Z2, OY6J0Z3, OY6M0Z0, OY6M0Z4, OY6M0Z5, OY6M0Z6, OY6M0Z7, OY6M0Z8, OY6M0Z9, OY6M0ZB, OY6M0ZC, OY6M0ZD, OY6M0ZF, OY6N0Z0, OY6N0Z4, OY6N0Z5, OY6N0Z6, OY6N0Z7, OY6N0Z8, OY6N0Z9, OY6N0ZB, OY6N0ZC, OY6N0ZD, OY6N0ZF
Diagnosis Codes	ICD-10: E10, E11, E13

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusions:**
 - Any member with an inpatient admission for traumatic amputation of the lower extremity.
 - Any member transferred from hospital to hospital, from SNF or Intermediate care Facility (ICF) or from another health care facility.
- **Prevention is the most important recommendation, encourage and educate the member on the benefits of well-balanced diet, exercise, taking medication as regularly as prescribed and regular visit with PCP.**
- **Provide additional member education on:**
 - Diabetic control, foot care, and follow-up care.
 - Blood pressure control.
 - Smoking cessation.
 - Importance of notifying and visiting the PCP regarding and new or worsening wounds.

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Members 19–64 years of age with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Use Appropriate Billing Codes*	
Description	Codes
Schizophrenia	ICD-10: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Dementia	ICD-10: F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83,
Long-Acting Injections 14-Day Supply	HCPCS: J2794
Long-Acting Injections 28-Day Supply	HCPCS: J0401, J1631, J2358, J2426, J2680

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Members with a diagnosis of dementia, or who did not have at least two antipsychotic medication dispensing events by pharmacy data or claims.
- Educate the member on effectiveness of psychotic symptom management with antipsychotic medication, including how often to take the medication, possible side effects, and managing side effects.
- Encourage member to sign up for auto fill with their pharmacy or mail order.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year.

Members who have cardiovascular disease are defined as having any of the following during the year prior to the measurement year:

- Discharged from an inpatient setting with an Acute Myocardial Infarction (AMI), or Coronary Artery Bypass Graft (CABG) either in an inpatient or outpatient setting.
- A Percutaneous Coronary Intervention (PCI) either in an inpatient or outpatient setting.
- Diagnosed with Ischemic Vascular Disease (IVD) during both the measurement year and the year prior to measurement year.

Use of Appropriate Billing Codes*	
Description	Codes
LDL-C Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT II: 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
Schizophrenia	ICD-10-CM: F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
AMI	ICD-10-CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9
IVD**	ICD-10-CM: I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25, I63, I65, I66, I167.2, I70, I75, T82

*codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- NCQA standards permits psychiatric providers to submit lipid testing.
- Complete blood pressure testing at each visit and lipid profile at least every 3 months or more often as needed. Consider using standing orders to complete labs.
- Educate member on the importance of cardiovascular monitoring due to the heart health risk associated with taking antipsychotic medications.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

Members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Use Appropriate Billing Codes*	
Description	Codes
HbA1c	CPT: 83036, 83037 CPT II: 3044F (<7.0%), 3045F (7.0%-9.0%), 3046F (>9.0%) LOINC: 17856-6, 4548-4, 4549-2
LDL-C	CPT: 80061, 83700, 83701, 83704, 83721 CPT II: 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
Diabetes**	ICD-10-CM: E10, E11, E13, O24
Schizophrenia	ICD-10-CM: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

*codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- Complete diabetes testing at the start of treatment and every 3 months.
- Closely verify and monitor member's treatment history to ensure member has completed all HbA1c and LDL testing by December 31st of each year.
- NCQA does not specify the type of provider who can submit or review diabetes testing results.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

SPC: Statin Therapy for Patients with Cardiovascular Disease

Males 21–75 years of age and females 40–75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

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

HEDIS® Improvement Tips:

- During each visit with the member review medication list and ask if there are any issues with filling or taking medications. If there are any problems with filling or taking medications, ask why?
- Educate the member on the purpose of the medication including how often to take the medication and possible side effects and to notify provider with any issues regarding the medication.
- Offer 90-day supply of medication to member, if stable.
- Encourage member to sign up for auto fill with their pharmacy or mail order.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule annual visit or follow-up visit before member leaves the office.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

SPD: Statin Therapy for Patients with Diabetes

Members 40–75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

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

HEDIS® Improvement Tips:

- During each visit with the member review medication list and ask if there are any issues with filling or taking medications. If there are any problems with filling or taking medications, ask why?
- Educate the member on the purpose of the medication including how often to take the medication and possible side effects and to notify provider with any issues regarding the medication.
- Offer 90-day supply of medication to member, if stable.
- Encourage member to sign up for auto fill with their pharmacy or mail order.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule annual visit or follow-up visit before member leaves the office.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications

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

Use Appropriate Billing Codes*	
Description	Codes
Glucose Test	CPT: 80047, 80048, 80053, 80069, 82947, 82950, 82951
	LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	CPT: 83036, 83037
	CPT II: 3044F (<7.0%)
	3045F (7.0-9.0%)
	3046F (>9.0%)
	LOINC: 17856-6, 4548-4, 4549-2
Schizophrenia	ICD-10-CM: F20.0-F20.3, F20.5, F20.81, F20.89, F20.9,
	F25.0, F25.1, F25.8, F25.9
Bipolar	ICD-10-CM: F30.10-F30.13, F30.2-F30.4, F30.8, F30.9,
Disorder	F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5,
	F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9
Other Bipolar Disorder	ICD10CM: F31.81, F31.89, F31.9

*codes subject to change

SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications

HEDIS® Improvement Tips:

- **Exclusions:**
 - Members diagnosed with Diabetes or
 - Members who haven't had antipsychotic medication dispensed.
- Request or perform either glucose or HbA1c testing at the start of new antipsychotic medication regimen and 3-month follow-up.
- Diabetes testing can be completed by the psychiatric provider. Results need to be verified and a follow-up completed by whomever is acting as the member's primary care physician.
- Assist member with scheduling a follow-up appointment within 1-3 months with their PCP to screen for diabetes. Make notation to contact the member with a reminder to schedule an appointment.
- Connect member with case management services for assistance locating a PCP.
- Ensure member (and/or caregiver) is aware of the risk and symptoms of new-onset diabetes while taking antipsychotic medication.
- Monitor weight gain by weighing member at each visit.
- Exams should include documentation of diagnosis, review of prescribed medications, and all pertinent lab results.
- Educate members on the importance of healthy diet, exercise and diabetes monitoring.
- Behavioral health providers and member's primary care physician should engage in multidisciplinary team coordination.
- Screen all members prescribed antipsychotic medications for a family history of diabetes.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule annual visit or follow-up visit before member leaves the office.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

UOD: Use of Opioids at High Dosage

Members 18 years and older, receiving a prescription for opioids for ≥15 days during the measurement year at a high dosage (average milligram morphine equivalent [MME] >120 mg).

Opioid Medications	MME Conversion Factor
Butorphanol	7
Codeine	0.15
Dihydrocodeine	0.25
Fentanyl	
Hydrocodone	1
Hydromorphone	4
Levorphanol	11
Meperidine	0.1

Opioid Medications	MME Conversion Factor
Methadone	3
Morphine	1
Opium	1
Oxycodone	1.5
Oxymorphone	3
Pentazocine	0.37
Tapentadol	0.4
Tramadol	0.1

HEDIS® Improvement Tips:

- **Exclusion:**
 - Members diagnosed with cancer and sickle cell during the measurement year.
- Include documentation of the specific diagnosis code for each medication being used for the member.
- Continue to monitor member's progress, any side effects, or the need for chronic use.
- The number of members whose Average MME was >120 mg MED during the treatment period meets criteria.
- The Ohio Automated Rx Reporting System (OARRS) tracks member's prescriptions for controlled substances and one non-controlled substance (gabapentin). OARRS is required to be checked before dispensing of controlled substances or gabapentin.
- Providers can request a member be evaluated for enrollment into Buckeye Health Plan's Pharmacy Lock-In Coordinated Services Program.

UOP: Use of Opioids from Multiple Providers

Members 18 years and older, receiving a prescription for opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are:

- **Multiple Prescribers:** Members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- **Multiple Pharmacies:** Members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- **Multiple Prescribers and Multiple Pharmacies:** Members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year

HEDIS® Improvement Tips:

- Include documentation that has a specific diagnosis for each medication being used for the member.
- Continue to monitor member's progress, any side effects, or the need for chronic use.
- The Ohio Automated Rx Reporting System (OARRS) tracks member's prescriptions for controlled substances and one non-controlled substance (gabapentin). OARRS is required to be checked before dispensing of controlled substances or gabapentin.
- Providers can request a member be evaluated for enrollment into Buckeye Health Plan's Pharmacy Lock-In Coordinated Services Program.
- Verify member's medications and pharmacy with each visit.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

W15: Well-Child Visits First 15 months of Life

Children who turned 15 months old during the measurement year and who had at least 6 well-child visits with a PCP prior to turning 15 months.

Well-child visits consists of all of the following:

- A health History
- A physical development history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance.

Use Appropriate Billing Codes*	
Description	Codes
Well-Child Visits	CPT: 99381, 99391
	ICD-10: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Any services rendered at an emergency department or inpatient visit
- **Prevent missed opportunities! Provide well-care exam during sick visits, using Modifier 25 to pair visits.**
- **Documentation in the medical record must include a note indicating date of the well-child visit and evidence that includes all of the following:**
 - Health history
 - Physical/mental development history
 - Physical exam
 - Health education/anticipatory guidance
- **Additional information regarding well-care please visit the American Academy of Pediatric Guidelines for Health Supervision at aap.org and/or Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents at Brightfutures.org.**
- **Outreach to newly assigned member to schedule appointment.**
- **Reminder calls, text messages or mailings can assist with ensuring patients do miss scheduled appointments.**

W34: Well-Child Visits First 3–6 years of Life

Children 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

Well-child visits consists of all of the following:

- A health history
- A physical exam
- A physical development history
- Health education/anticipatory guidance
- A mental developmental history

Description	Codes
Well-Child Visits	CPT: 99382, 99383, 99392, 99393
	HCPCS: G0438, G0439
	ICD-10-CM: Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

*codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
 - Any services rendered at an emergency department or inpatient visit
- **Prevent missed opportunities! Provide well-care exam during sick visits, using Modifier 25 to pair visits.**
- **Documentation in the medical record must include a note indicating date of the well-child visit and evidence that includes all of the following:**
 - Health history
 - Physical exam
 - Physical/mental development history
 - Health education/anticipatory guidance
- **Well-child visits at school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation of a well-child exam is available in the medical record or administrative system.**
- **Additional information regarding well-care please visit the American Academy of Pediatric Guidelines for Health Supervision at aap.org and/or Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents at Brightfutures.org.**
- **Outreach to newly assigned member to schedule appointment.**
- **Reminder calls, text messages or mailings can assist with ensuring patients do not miss scheduled appointments.**

WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents

Members 3–17 years of age who received an outpatient visit with a PCP or OB/GYN with evidence of the all following during the measurement year:

- BMI Percentile **OR** BMI percentile plotted on age-growth chart
- Counseling for physical activity
- Counseling for nutrition

Use of Appropriate Codes*	
Description	Codes
BMI Percentile	ICD-10: Z68.51: <5%, Z68.52: 5%–<85%, Z68.53: 85%–95%, Z68.54: ≥95%
Counseling for Nutrition	CPT: 97802–97804
	ICD-10: Z71.3
	HCPCS: G0270, G0271, S9449, S9452, S9470
Counseling for Physical Activity	ICD-10: Z02.5, Z71.82

*codes subject to change

HEDIS® Improvement Tips:

- **BMI percentile, height and weight must be documented at least annually. BMI percentile must include value or plotter on age-growth chart to meet criteria.**
- **Nutrition documentation includes the date of visit and a least one of the following:**
 - Current nutrition behavior discussion
 - Checklist indicating nutrition was discussed
 - Nutrition education counseling or referral given
 - Nutrition educational materials were provided at the time of visit
 - Nutrition guidance given to member
 - Obesity or weight counseling
- **Physical Activity documentation includes the date of visit and at least one of the following:**
 - Current physical activity behavior discussion
 - Checklist indicating physical activity was discussed.
 - Physical activity counseling or referral given
 - Physical education materials were provided at time of visit
 - Physical activity guidance given to member
 - Obesity or weight counseling

Telehealth

A number of the behavioral health measures allow for the use of visits with telehealth modifiers to meet criteria for measure compliance. Use modifier codes 95 and GT for HEDIS 2019 telehealth measures.

Telehealth in the ADD measure:

- Telehealth visits are not permitted for the initiation phase visit.
- 1 of the 2 continuation and maintenance phase visits may be completed via telehealth (adding the POS or modifier code) or a telephone visit.

Telehealth in the FUH measure:

Telehealth modifiers may be utilized with the visit types below:

- Outpatient visit
- Behavioral Health Outpatient visit
- Partial Hospitalization visit
- Community Mental Health Center visit
- Transitional Care Management

Telehealth in the FUM measure:

Telehealth modifiers may be utilized with the visit types below:

- Outpatient visit
- Behavioral Outpatient visit
- Partial Hospitalization visit
- Community Mental Health Center visit

Telehealth in the IET measure:

Telehealth modifiers may be utilized with the visit types below:

- IET Stand Alone Visits
- IET Visits Group 1
- IET Visits Group 2

HEDIS® Measures Medication Tables

ADD

ADHD Medications	
Description	Medication
CNS Stimulants	Amphetamine-dextroamphetamine, Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine
Alpha 2 Receptor Agonists	Clonidine, Guanfacine
Miscellaneous ADHD Medications	Atomoxetine

AMM

Anti-Depressant Medications	
Description	Medication
Miscellaneous Antidepressants	Bupropion, Vilazodone, Vortioxetine
Monoamine Oxidase Inhibitors	Isocarboxazid, Selegiline, Phenelzine, Tranylcypromine
Phenylpiperazine Antidepressants	Nefazodone, Trazodone
Psychotherapeutic Combinations	Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine
SNRI Antidepressants	Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine
SSRI Antidepressants	Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline
Tetracyclic Antidepressants	Maprotiline, Mirtazapine
Tricyclic Antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin(>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine

HEDIS® Measures Medication Tables

APC, APM, APP, SAA, SSD

Antipsychotic Medications	
Description	Prescription
Miscellaneous Antipsychotic agents	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone
Phenothiazine Antipsychotics	Chlorpromazine, Fluphenazine, Perphenazine, Perphenazine-amitriptyline, Prochlorperazine, Thioridazine, Trifluoperazine
Thiozanthenes	Thiothixene
Long-acting injections	Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone
Psychotherapeutic Combinations (APP, SAA, SSD only)	Fluoxetine-olanzapine, Amitriptyline-perphenazine

ART

DMARD Classification	DMARD Name(s)
5-aminosalicylates	sulfasalazine
Alkylating agents	cyclophosphamide
Aminoquinolines	hydroxychloroquine
Anit-rheumatics	Auranofin, Leflunomide, Methotrexate, Penicillamine
Immunomodulators	Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizumab
Immunosuppressive agents	Azathioprine, Cyclosporine, Mycophenolate
Janus kinase (JAK) inhibitor	Tofacitinib
Tetracyclines	Minocycline

HEDIS[®] Measures Medication Tables

CDC

ACE Inhibitor/ARB Medications	
Description	Prescription
Angiotensin converting enzyme inhibitors	Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Quinapril, Trandolapril
Angiotensin II inhibitors	Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Quinapril, Trandolapril
Anithypertensive combinations	Amlodipine-benazepril, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-hydrochlorothiazide-olmesartan, Amlodipine-olmesartan, Amlodipine-perindopril, Amlodipine-telmisartan, Amlodipine-valsartan, Azilsartan-chlorthalidone, Benazepril-hydrochlorothiazide, Candesartan-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-irbesartan, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-losartan, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-quinapril, Hydrochlorothiazide-telmisartan, Hydrochlorothiazide-valsartan, Sacubitril-valsartan, Trandolapril-verapamil

HEDIS® Measures Medication Tables

MMA

Asthma Controller Medications	
Antiasthmatic combinations	Dyphylline-guaifenesin, Guaifenesin-theophylline
Antibody inhibitor	Omalizumab
Anti-interleukin-5	Mepolizumab, Reslizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone
Leukotriene Modifiers	Montelukast, Zafirlukast, Zileuton
Mast cell stabilizers	Cromolyn
Methylxanthines	Dyphylline, Theophylline
Short-acting inhaled beta-2 agonists	Albuterol, Levalbuterol, Pirbuterol

OMW

Osteoporosis Medications	
Biphosphonates	Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid
Other agents	Albandronate, Calcitonin, Denosumab, Raloxifene, Teriparatide

HEDIS® Measures Medication Tables

PCE

Medications for Management of COPD	
Description	Prescription
Systemic Corticosteroid	Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone,
Bronchodilator:	
► Anticholinergic agents	Albuterol-ipratropium, Aclidinium-bromide, Ipratropium, Tiotropium, Umeclidinium
► Beta 2-agonists	Albuterol, Arformoterol, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol, Formoterol-glycopyrrolate, Indacaterol, Indacaterol-glycopyrrolate, Levalbuterol, Mometasone-formoterol, Metaproterenol, Olodaterol hydrochloride, Olodaterol-tiotropium, Pirbuterol, Salmeterol, Umeclidinium-vilanterol
► Methylxathines	Dyphylline, Theophylline
► Antiasthmatic combinations	Dyphylline-guaifenesin, Guaifenesin-theophylline

HEDIS® Measures Medication Tables

SPC, SPD

Statin Therapy Medications	
High-intensity Statin Therapy	Atorvastatin 40-80mg
	Rosuvastatin 20-40mg
	Amlodipine-storvastatin 40-80mg
	Ezetimibe-atorvastatin 40-80mg
	Simvastatin 80mg
	Ezetimibe-simvastatin 80mg
Moderate-intensity Statin Therapy	Atorvastatin 10-20mg
	Amlodipine-atorvastatin 10-20mg
	Ezetimibe-atorvastatin 10-20mg
	Rosuvastatin 5-10mg
	Simvastatin 20-40mg
	Ezetimibe-Simvastatin 20-40mg
	Niacin-simvastatin 20-40mg
	Pravastatin 40-80mg
	Aspirin-pravastatin 40-80mg
	Lovastatin 40mg
	Niacin-lovastatin 40mg
	Fluvastatin XL 80mg
	Fluvastatin 40mg bid
	Pitavastatin 2-4 mg
	Sitagliptin-simvastatin 20-40 mg
Low-Intensity Statin Therapy	Simvastatin 10mg
	Lovastatin 20mg
	Ezetimibe-simvastatin 10 mg
	Niacin-lovastatin 20mg
	Sitagliptin-simvastatin 10mg
	Fluvastatin 20-40mg
	Pravastatin 10-20mg
	Pitavastatin 1mg

HEDIS® Measures Medication Tables

SSD

Description	Generic Name	Brand Name
Miscellaneous Anti-psychotic agents	Aripiprazole	Abilify
	Asenapine	Saphris
	Clozapine	Clozaril
	Haloperidol	Haldol
	Iloperidone	Fanapt
	Loxapine	Loxipac/Loxitane
	Lurasidone	Latuda
	Molindone	Moban
	Olanzapine	Zyprexa
	Paliperidone	Invega
	Pimozide	Orap
	Quetiapine	Seroquel
	Quetiapine Fumarate	Seroquel XR
	Risperidone	Risperdal
	Ziprasidone	Geodon
Phenothiazine Anti-psychotics	Chlorpromazine	Thorazine
	Fluphenazine	Prolixin
	Perphenazine	Trilafon
	Perphenazine Amitriptyline	Etrafon
	Prochlorperazine	Compazine
	Thioridazine	Mellaril
	Trifluoperazine	Stelazine
Psychotherapeutic Combinations	Fluoxetine Olanzapine	Symbyax
Thioxanthenes	Thiothixene	Navane
Long-Acting Injections 28-day supply:	Aripiprazole	Abilify Maintena
	Fluphenazine Decanoate	Prolixin
	Haloperidol Decanoate	Haldol
	Olanzapine	Zyprexa Relprew
	Paliperidone Palmitate	Invega Sustenna
14-day supply	Risperidone	Risperdal Consta

HEDIS® Measures Medication Tables

UOP

Opioid Medications
Medication
Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol

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