



REFERENCE SHEET FOR PROVIDERS

BEHAVIORAL HEALTH HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Initiation and Engagement of Substance use Disorder (SUD) Treatment	13 years and older	<p>Telehealth has been added to the numerator's compliance.</p> <p>For new episodes of substance use disorder (SUD):</p> <ul style="list-style-type: none"> Initiation of SUD Treatment. Initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. Engagement of SUD Treatment. Initiated treatment and who had two or more additional services with a diagnosis of SUD within 30 days of the initiation visit 	<p>Codes to Identify Follow up Visits (must include primary diagnosis of Substance use Disorder)</p> <p>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510</p> <p>Hospice Intervention: 99377, 99378</p> <p>CPT with POS 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99217-99220 99281-99285</p> <p>CPT with POS 02, 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>Telephone Visit: CPT 98966-98968, 99441-99443</p> <p>Online Assessment: CPT 98969-98972, 99421-99444, 99457</p>
Follow-up After Hospitalization for Mental Illness (FUH)	6 years and older	<p>Telehealth Modifiers added to the numerator's compliance.</p> <p>Members hospitalized for treatment of selected mental health disorders need to have an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days and 30 days of discharge.</p>	<p>Codes to Identify Visits (must be with mental health practitioner) CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0182 G0409-G0411, G0463, G0512, G9473-G9479, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, Q5003- Q5010, S0201, S9126, S9480, S9484, S9485, T1015, T2042-T2046</p> <p>CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876</p> <p>CPT with POS 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>Telehealth Modifiers: 95, GT</p>
Follow-up Care for Children Prescribed ADHD Medication (ADD)	6-12 years	<p>Telehealth Modifiers added to the numerator's compliance.</p> <p>Children who have been newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication need to have at least three follow-up care visits within a 10-month period.</p> <p>Note: One visit needs to be within 30 days of when the first ADHD medication was dispensed. One visit after the initial 30 days can be a telephone visit with a practitioner.</p>	<p>Codes to Identify Follow-up Visits:</p> <p>CPT: 96150-96159, 96164-96168, 96170-96171, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99492-99494, 99510</p> <p>CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p>CPT with POS 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291</p> <p>Codes to Identify Telephone Visits (only counts for 10 month): 98966-98968, 99441-99443</p> <p>Online Assessment: CPT 98969-98972, 99421-99444, 99457</p>



REFERENCE SHEET FOR PROVIDERS

BEHAVIORAL HEALTH HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Antidepressant Medication Management (AMM)	18 years and older	For members diagnosed with major depression and newly treated with antidepressant medication, two rates are reported: <ul style="list-style-type: none"> 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). 	Medication List: Bupropion, Vilazodone, Vortioxetine, Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine, Nefazodone, Trazodone, Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine, Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine, Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Maprotiline, Mirtazapine, Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	19-64 years	The percentage of members during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Medication List: (Oral and Injectables) Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Amitriptyline-perphenazine, Thiothixene
Follow-up After Emergency Department Visit for Mental Illness (FUM)	6 years and older	Telehealth Modifiers added to the numerator's compliance. The percentage of emergency department (ED) visits with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: Follow-up within 7 days, Follow-up within 30 days.	Codes to Identify Follow-up Visits: (visit with any practitioner and must include principal diagnosis) CPT with POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 22, 33, 49, 50, 71, 72: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015 CPT with POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 57, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876 CPT with POS 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifiers: 95, GT
Follow-up After Emergency Department Visit for Substance Use (FUA)	13 years and older	Telehealth Modifiers added to the numerator's compliance. The percentage of emergency department (ED) visits for members with a principal diagnosis of substance use disorder, who had a follow up visit for SUD. Two rates are reported: Follow-up within 7 days, Follow-up within 30 days after visit or discharge	CPT with POS 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 CPT with POS 02, 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifiers: 95, GT



REFERENCE SHEET FOR PROVIDERS

BEHAVIORAL HEALTH HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	1-17 years	The percentage of children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing.	CPT: 80047, 80048, 80050, 80069, 82947, 82950, 82951, 83036, 83037, 80061, 83700, 83701, 83704, 83721 CPT II: 3044F, 3046F, 3051F, 3052F, 3048F, 3049F, 3050F
Pharmacotherapy for Opioid Use Disorder (POD)	16 years and older	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members with a diagnosis of OUD and a new OUD pharmacotherapy event.	ICD-10: F11.10, F11.120-2, F11.129, F11.13-4, F11.150-1, F159, F11.181-2, F11.188, F11.19-20, F11.220-2, F11.229, F11.23-4, F11.250-1, F11.259, F11.281-2, F11.288, F11.29 Medication List: Naltrexone (oral or injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film), Methadone (oral)
Steroid after hospitalization for acute COPD (PCE)	40 years and older	The percentage of COPD exacerbations for members 40 years of age 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.	Medication List: Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone
Bronchodilator after hospitalization for acute COPD (PCE)	40 years and older	The percentage of COPD exacerbations for members 40 years of age 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.	Medication List: Acclidinium bromide, Ipratropium, Tiotropium, Umeclidinium, Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, Olodaterol, Salmeterol, Albuterol-ipratropium, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasonevilanterol, Fluticasone furoate-umeclidinium-vilanterol, Formoterol-acclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Glycopyrrolate-indacaterol, Olodaterol-tiotropium, Umeclidinium-vilanterol Medication List: Acclidinium bromide, Ipratropium, Tiotropium, Umeclidinium, Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, Olodaterol, Salmeterol, Albuterol-ipratropium, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasonevilanterol, Fluticasone furoate-umeclidinium-vilanterol, Formoterol-acclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Glycopyrrolate-indacaterol, Olodaterol-tiotropium, Umeclidinium-vilanterol
Appropriate Treatment for Upper Respiratory Infection (URI)	3 months of age and older	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	Medication List: Amikacin, Streptomycin, Gentamicin, Tobramycin, Amoxicillin, Ampicillin, Amoxicillin-clavulanate, Piperacillin-tazobactam, Ampicillin-sulbactam, Cefadroxil, Cephalexin, Cefazolin, Cefepime, Clindamycin, Lincomycin, Azithromycin, Erythromycin, Clarithromycin, Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin, Penicillin G benzathineprocaine, Penicillin G procaine, Penicillin V potassium, Penicillin G sodium, Penicillin G benzathine, Penicillin G potassium, Dicloxacillin, Nafcillin, Oxacillin, Ciprofloxacin, Gemifloxacin, Levofloxacin, Ofloxacin, Moxifloxacin, Cefaclor, Cefoxitin, Cefuroxime, Cefotetan, Cefprozil, Cefuroxime, Sulfadiazine, Sulfamethoxazole-trimethoprim, Doxycycline, Minocycline, Tetracycline, Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone, Fosfomycin, Nitrofurantoin macrocrystals-monohydrate, Nitrofurantoin, Trimethoprim



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BEHAVIORAL HEALTH HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)	3 months and older	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.	Medication List: Amikacin, Gentamicin, Streptomycin, Tobramycin, Amoxicillin, Ampicillin, Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam, Cefadroxil, Cefazolin, Cephalexin, Cefepime, Clindamycin, Lincomycin, Azithromycin, Clarithromycin, Erythromycin, Aztreonam, Chloramphenicol, Dalbopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin, Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine, Dicloxacillin, Nafcillin, Oxacillin, Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin, Rifampin, Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime, Sulfadiazine, Sulfamethoxazole-trimethoprim, Doxycycline, Minocycline, Tetracycline, Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone, Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim
Risk of Continued Opioid Use (COU)	18 years and older	The percentage of members who have a new episode of opioid use that puts them at risk for continued opioid use.	Medication List: Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol
Use of Opioids at High Dosage (HDO)	18 years and older	The percentage of members who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.	Medication List: Benzhydrocodone, Butorphanol, Codeine, Dihydrocodeine, Fentanyl buccal or sublingual tablet transmucosal lozenge (mcg)2, Fentanyl oral spray (mcg)3, Fentanyl nasal spray (mcg)4, Fentanyl transdermal film/ patch (mcg/hr)5, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone6, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	18-64 years	The percentage of members with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	Medication List: Alpha-glucosidase inhibitors, Amylin analogs, Antidiabetic combinations, Insulin, Meglitinides, Glucagon-like peptide-1 (GLP1) agonists, Sodium glucose cotransporter 2 (SGLT2) inhibitor, Sulfonylureas, Thiazolidinediones, Dipeptidyl peptidase-4 (DDP-4) inhibitors
Use of Opioids from Multiple Providers (UOP)	18 years and older	The percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers.	Medication List: Benzhydrocodone, 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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PEDIATRIC HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Well Child Visits 0-30 Months of Life (W30)	0-30 months	Telehealth exclusion removed. Rate 1: Six or more well-child visits* 0 to 15 months. Rate 2: Two additional well-child visits 15 to 30 months. *Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition)	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 *ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
Child and Adolescent Well-Visits (WCV)	3-21 years	Telehealth exclusion removed. One or more well-child visits* with a PCP during the measurement year. *Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition, exercise)	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 *ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
Weight Assessment and Counseling (WCC)	3-17 years	BMI percentile, counseling for nutrition (diet) and counseling for physical activity (sports participation/exercise) during the measurement year. <i>Note: documentation of appetite does not meet criteria</i>	BMI Percentile *ICD-10: Z68.51-Z68.54 Counseling for Nutrition CPT: 97802-97804 *ICD 10: Z71.3 HCPCS: G0270, G0271, S9449, S9452, S9470 Counseling for Physical Activity HCPCS: G0447, S9451 ICD 10: Z71.82, (Z02.5 Only for Sports Physical)
Lead Screening (LSC)	0-2 years	At least one lead capillary or venous blood test on or before age 2.	CPT: 83655
Childhood Immunizations (CIS)	0-2 years	Vaccines need to be administered by age 2: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Hep A, 2-3 Rotavirus and 2 flu vaccines	CPT: DTaP: 90698, 90698, 90700, 90723; IPV: 90697, 90698, 90713, 90723; MMR: 90707, 90710; ICD-10*: B26.0-B26.3, B26.81-B26.85, B26.89, B26.9 HiB: 90644, 90647, 90648, 90697, 90698, 90748 Hep B (newborn): ICD-9: 99.55; ICD-10*: 3E0234Z Hep B: 90697, 90723, 90740, 90744, 90747, 90748; ICD-10: B16.0-B16.2, B16.9, B17.0, B18.0-B18.1, B19.10-B19.11 PCV: 90670, G0009; VZV: 90710, 90716; ICD10: B01.0, B01.11-B01.12, B01.2, B01.81, B01.89, B01.9, B02.0-B02.1, B02.21-B02.24, B02.29-B02.34, B02.39, B02.7-B02.9 Hep A: 90633; Flu: 90655, 90657, 90661, 90673, 90685-90689; G0008 (HCPCS): RV: 90681 (2 dose) or RV 90680 (3 dose) LAIV: 90660, 90672
Immunizations for Adolescents (IMA)	11-13 years *HPV 9-13 years	One dose of meningococcal vaccine and one Tdap or one Td on or before the 13th birthday. At least two HPV vaccinations on or between the 9th and 13th birthdays	Meningococcal CPT: 90619, 90733, 90734 Tdap CPT: 90715 HPV CPT: 90649, 90650, 90651



REFERENCE SHEET FOR PROVIDERS

RESPIRATORY / BP HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Asthma Medication Ratio (AMR)	5-64 years persistent asthmatics	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	<p>Codes to Identify Asthma *ICD-10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p>Asthma Controller Medications Antiasthmatic combinations: Dyphylline- guaifenesin, Antibody inhibitor: Omalizumab Inhaled steroid combinations: Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-vilanterol, Formaterol – mometasone Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton Methylxanthines:, Theophylline</p>
Appropriate Testing for Children with Pharyngitis (CWP)	2-18 years	If a child was diagnosed with pharyngitis and dispensed an antibiotic, a Group A strep test should have been performed within 3 days prior to the diagnosis date through the 3 days after the diagnosis date.	<p>Codes to Identify Pharyngitis *ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p> <p>Codes to Identify Group A strep tests CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880</p>
Controlling High Blood Pressure (CBP)	18-85 years (hypertensive members)	<ul style="list-style-type: none"> Members 18–59 years of age whose BP was <140/90 mm Hg. Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. <p><i>Exclusion: Female members with a diagnosis of pregnancy during the measurement year.</i></p>	<p>Codes to Identify Hypertension *ICD-10: I10 CPT: 99453, 99454, 99457 CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F *with a DX of HTN prior to June 30th Telephone Visit: 98966-98968, 99441-99443</p>
Breast Cancer Screening (BCS)	50-74 years	One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. <i>Exclusion: Bilateral mastectomy</i>	<p>CPT: 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206 UB Rev: 0401, 0403</p>
Cervical Cancer Screening (CCS)	21-64 years	Women who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> Women age 24-64 who had cervical cytology performed every 3 years Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years <p><i>Exclusion: Hysterectomy with no residual cervix</i></p>	<p>Codes to Identify 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 UB Rev: 0923</p> <p>Codes to Identify HPV Tests CPT: 87624-87625 HCPCS: G0476</p>
Chlamydia Screening (CHL)	16-24 years (women)	At least one Chlamydia test during the measurement year for sexually active women.	CPT: 87110, 87270, 87320, 87490-87492, 87810



REFERENCE SHEET FOR PROVIDERS

ADULT HEDIS® MEASURES

HEDIS MEASURE		AGE	MEASURE DESCRIPTION	BILLING CODES
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	20 years and older	Telehealth Modifiers added to the numerator's compliance. At least one ambulatory or preventive care visit during the measurement year 20 years and older as of December 31 st of the measurement year	<p>CPT: 99201-99205, 99211-99215, 99241- 99245, 99341-99345 99347-99350, 99377-99378, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483</p> <p>HCPCS: G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046</p> <p>*ICD 10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2</p> <p>CPT: 92002, 92004, 92012, 92014, 99304- 99310, 99315, 99316, 99318, 99324-99328, 99334-99337, S0620, S0621</p> <p>Telephone Visit: 98966-98968, 99441-99443</p> <p>Online Assessment: 98969-98972, 99421-99423, 99444,99457, G0071, G2010, G2012, G2061- G2063</p>	
Timeliness of Prenatal Care (PPC)	All pregnant women	<p>Timeliness of Prenatal Care: Prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment.</p> <p>Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these:</p> <ul style="list-style-type: none"> • Basic physical obstetrical exam (e.g., auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height); standard prenatal flow sheet may be used • Obstetric panel • Ultrasound of pregnant uterus • Pregnancy-related diagnosis code (For visits to a PCP, a diagnosis of pregnancy must be present) • TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus, and Herpes simplex testing) • Rubella & ABO, Rubella & Rh, or Rubella & ABO/Rh test • Documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/education (for when the practitioner is a PCP) <p><i>* For visits to a PCP, a diagnosis of pregnancy must be present along with any of the above.</i></p>	<p>Prenatal Care Visits CPT: 99201-99205, 99211-99215, 99241-99245, 99483</p> <p>Pregnancy Stand Alone Visit: 99500</p> <p>PCP: Bill a prenatal care visit code with a Pregnancy Diagnosis Code.</p> <p>CMS 1500 Form: Box 14 (LMP/EDD must be present)</p> <p><i>*For criteria that requires a prenatal visit code and a pregnancy-related diagnosis code, codes must be on the same claim.</i></p>	
Postpartum Care (PPC)	All women who delivered a baby	<p>Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7 and 84 days after delivery. Documentation in the medical record must include a note with the date when the postpartum visit occurred and one of these:</p> <ul style="list-style-type: none"> • Pelvic exam, or • Evaluation of weight, BP, breast and abdomen, or • Notation of "postpartum care", PP check, PP care, six-week check notation, or pre-printed "Postpartum Care" form in which information was documented during the visit. 	<p>Postpartum Visit CPT: 57170, 58300, 59430, 99501</p> <p>HCPCS: G0101</p> <p>Codes to Identify Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>UB Rev: 0923</p>	



REFERENCE SHEET FOR PROVIDERS

ADULT HEDIS® MEASURES

ADULT HEDIS® MEASURES			
HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
Statin Therapy for Patients with Diabetes (SPD)	40-75 years (diabetics)	<p>The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:</p> <p>Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.</p> <p>Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</p>	<p>Medication List: Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg, Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 1–4 mg, Ezetimibe-simvastatin 10 mg, Fluvastatin 20 mg, Lovastatin 10-20 mg, Pravastatin 10–20 mg, Simvastatin 5-10 mg</p>
Blood Pressure Control for Patients with Diabetes (BPD)	18-75 years (diabetics)	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.</p>	<p>Diastolic Blood Pressure CPT-CAT-II: 3080F</p> <p>Systolic Blood Pressure CPT-CAT-II: 3074F, 3075F, 3077F</p>
Hemoglobin A1c Control for Patients with Diabetes (HBD)	18-75 years (diabetics)	<p>The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <p>HbA1c Control (<8.0%). HbA1c Poor Control (>9.0%).</p>	<p>CPT II: 3044F (if HbA1c<7%), 3045F (if HbA1c 7.0%-9.0%), 3046F (if HbA1c>9%) 3051F (if HbA1c >=7.0% and <8.0%) 3052F (if HbA1c level >=8.0% =<9.0%)</p>
Eye Exam for Patients with Diabetes (EED)	18-75 years (diabetics)	<p>Eye exam (retinal or dilated) performed by an optometrist or ophthalmologist in the measurement year, or a negative retinal exam in the year prior.</p>	<p>Codes to Identify Eye Exam (performed by optometrist or ophthalmologist) CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201-92202, 92225-92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99221-99223, 99231-99233, 99238-99239 99242-99245, 99251-99255, 99291 HCPCS: S0620, S0621, S3000</p> <p>Codes to Identify Diabetic Retinal Screening with Eye Care Professional (billed by any provider) CPT II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F HCPCS: S0625 (retinal tele screening)</p>
Kidney Health Evaluation for Patients With Diabetes (KED)*	18-85 years	<p>Kidney health evaluation, defined by at least one estimated glomerular filtration rate, and at least one urine albumin-creatinine ratio, during the measurement year.</p>	<p>Estimated Glomerular Filtration Rate Lab Test: CPT: 80047, 80048, 80050, 80053, 80069, 82565</p> <p>Quantitative Urine Albumin Lab Test: CPT: 82043</p> <p>Urine Creatinine Lab Test: CPT: 82570</p>
Fall Risk Management*	65 years and older	<p>Members with balance/walking problems or a fall in the past 12 months, who were seen by a practitioner in the past 12 months, who discussed falls or problems with balance/walking, and who received fall risk intervention from their current practitioner.</p>	<p>History of Falling: ICD-10: Z91.81</p> <p>Repeated Falls: IDC-10: R29.6</p>