2020 Provider Reference Guide for Healthcare Effectiveness Data and Information Set

HEDIS® Measures

Children and Adolescents

HEDIS measure definition	Required service/ documentation	Coding tips
W15 **Well-Child 15 Months** Members who turned 15 months old during the measurement year and who had a minimum of 6 comprehensive well-child visits. *The ages for well-child visits as recommended by the American Academy of Pediatrics' Bright Futures Periodicity Schedule are 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, and 15 months. *Services provided via telehealth will not count towards the measure.	Documentation from the medical record **MUST** include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all of the following: • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance.	**Well-Child** **CPT Codes** – 99381, 99382–99385, 99391–99395, 99461 **Annual Wellness Visit** **ICD-10 Codes** Z00.110 – Health examination for newborn under 8 days old Z00.111 – Health examination for newborn 8-28 days old Z00.121 – Encounter for routine child health check with abnormal findings Z00.129 – Encounter for routine child health check without abnormal findings Z00.8 – Encounter for other general examination
W34 **Well-Child 3-6 Years** Members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year. *One well-child visit every year. *Services provided via telehealth will not count towards the measure.	Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of all of the following: • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance.	**Well-Child** **CPT Codes** – 99381, 99382–99385, 99391–99395, 99461 **Annual Wellness Visit** **ICD-10 Codes** Z00.121 – Encounter for routine child health check with abnormal findings Z00.129 – Encounter for routine child health check without abnormal findings Z00.8 – Encounter for other general examination

Children and Adolescents

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AWC **Adolescent Well-Child Visits** Members 12–21 years of age who had at least one comprehensive well-child visit with a PCP or an Ob/Gyn practitioner during the measurement year. *One well-child visit every year. *Services provided via telehealth will not count towards the measure.	Documentation must include a note indicating a visit to a PCP or Ob/Gyn, the date when the well-child visit occurred and evidence of all of the following: • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance.	**Well-Child** **CPT Codes** – 99381, 99382–99385, 99391–99395, 99461 **Annual Wellness Visit** **ICD-10 Codes** Z00.121 – Encounter for routine child health check with abnormal findings Z00.129 – Encounter for routine child health check without abnormal findings Z00.8 – Encounter for other general examination
WCC **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents** Members 3–17 years of age who had an outpatient visit with a PCP or Ob/Gyn and who had evidence of the following during the measurement year: • BMI Percentile documentation • Counseling for nutrition • Counseling for physical activity.	At least once during the measurement year, there must be documentation of: 1. Height and weight in the measurement year and Body Mass Index (BMI) Percentile rating 2. Counseling for nutrition 3. Counseling for physical activity.	**BMI Percentile** **ICD-10 Codes** Z68.51 BMI <5TH Percentile Z68.52 BMI 5th to <85th Percentile Z68.53 BMI 85th to <95th Percentile Z68.54 BMI > OR = TO 95TH Percentile **Nutrition Counseling** **CPT Codes** – 97802-97804 **ICD-10 Code** – Z71.3 **HCPCS Codes** – G0447, S9470 **Physical Activity Counseling** **ICD-10 Code** – Z02.5, Z71.82 **HCPCS Codes** – G0447, S9451

Children and Adolescents

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CIS **Childhood Immunization Status** Children who received recommended vaccinations prior to their second birthday.	Children who completed the referenced number of immunizations on or before the child's second birthday: **4-DTaP** **3-IPV** **3-Hep B** **3-Hib** **1-Hep A** **1-MMR** **1-VZV** **4-PCV** **3-Rotavirus** **2-Influenza** *Document parental refusal *Documentation in medical record if member has evidence of the disease for which immunization is intended or contraindication due to anaphylactic reaction.	**DTap**: **CPT** – 90700 **IPV**: **CPT** – 90713 **Hep B**: **CPT** – 90740, 90744, 90747 **HIB**: **CPT** – 90645-90648 **Hep A**: **CPT** – 90633 **ICD-10** – B15.0, B15.9 **MMR**: **CPT** – 90707 **Measles and Rubella**: **CPT** – 90708 **VZV**: **CPT** – 90716 **PCV**: **CPT** – 90670 **Rotavirus** (2 dose schedule): **CPT** – 90681 **Rotavirus** (3 dose schedule): **CPT** –90680 **DTaP, IPV, Hib Vaccine (Pentacel): CPT -** 90698 **DTaP, Inactivated Polio Vaccine (IPV), Hepatitis B Vaccine (Pediarix): CPT -** 90723 **DTaP, Haemophilus Influenzae Type B (HiB) Vaccine: CPT** - 90721 **Hepatitis B, Haemophilus Influenzae Type B (HiB) Vaccine: CPT** - 90748 **Measles, Mumps and Rubella, Varicella (MMRV) Vaccine (ProQuad): CPT** - 90710 **Influenza: CPT** - 90655, 90657 **Live Attenuated Influenza: CPT**- 90660
LSC **Lead Screening in Children** Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	At least one lead capillary or venous blood test on or before the child's second birthday. Documentation in the medical record MUST include both of the following: • A note indicating the date the test was performed • The result or finding.	**Lead Screening** **CPT Codes** – 83655 **LOINC Codes** - 83655; 10368-9; 10912-4; 14807-2; 17052-2; 25459-9; 27129-6; 32325-3; 5671-3; 5674-7; 77307-7

Children and Adolescents

HEDIS measure definition	Required service/ documentation	Coding tips
IMA **Immunizations for Adolescents** The percentage of children who turned 13 years of age during the measurement year and had the following vaccinations on or by their thirteenth birthday: • One dose of meningococcal vaccine • One tetanus, diphtheria toxoids and one acellular pertussis vaccine (Tdap) and • Evidence of HPV vaccinations either two doses at least 146 days apart, or three doses with different dates of service on or between the member's 9th and 13th birthdays.		**Meningococcal** **CPT Code** – 90734 **Tdap** **CPT Code** – 90715 **HPV** **CPT Codes** – 90649, 90650, 90651 **Anaphylactic reaction due to vaccination** **ICD-10 Codes** – T80.52XA, T80.52XD, T80.52XS
ADD **Follow-Up Care for Children Prescribed ADHD Medication** The percentage of children newly prescribed attention-deficit/ hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. **Exclusions:** • Exclude members with a diagnosis of narcolepsy any time during their history through December 31 of the measurement year (12/31/2019). • Members in hospice.	• **Initiation Phase:** The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, which had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. • **Continuation and Maintenance (C&M) Phase:** The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. (3 visits total).	**Initiation Phase** – Any of the following codes billed by a practitioner with prescribing authority may be used. **Behavioral Health Outpatient Visits** **CPT Codes** – 98960–98962, 99078, 99201–99205 **Observation Visits** **CPT Code -** 99217-99220 **Continuation and Maintenance Phase** In addition to the above codes used in the Initiation Phase, the following codes billed by a practitioner with prescribing authority may be used. **Telephone Visits** **CPT Codes** – 98966–98968, 99441–99443 *Please note: Telephone visits should only be billed as one of the two follow up visits in the C&M Phase.

Respiratory Condition

HEDIS measure definition	Required service/ documentation	Coding tips
MMA **Medication Management for People with Asthma** The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.	The MMA measure is driven by administrative capture and not medical record review.	Adherence for the MMA measure is determined by the member remaining on their prescribed asthma controller medications for 50% & 75% of their treatment period. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).

Women's Health and Maternity

HEDIS measure definition	Required service/ documentation	Coding tips
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.	Sexually active women ages 16-24 should have at least one chlamydia test each year. The CHL measure is driven by administrative capture and not medical record review.	**Chlamydia Tests** **CPT Codes** – 87110, 87270, 87320, 87490, 87491, 87492, 87810
BCS **Breast Cancer Screening** Women 50–74 years of age who had a mammogram to screen for breast cancer.	One or more mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. The BCS measure is driven by administrative capture and not medical record review.	**Mammography** **CPT Codes** – 77055, 77056, 77057 **HCPCS Codes** – G0202, G0204, G0206 **LOINC Codes** – 24604-1; 24605-8; 24606-6; 24610-8
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 every 3 years • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Women age 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed every 5 years.	*Note–cervical cytology/HPV co-testing must occur on the same claim/DOS. HPV tests performed on a separate DOS after the cervical cytology test are considered reflex testing and do not meet requirements.	**Cervical Cytology** **CPT Codes** – 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175 **HCPCS Codes** – G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **HPV Tests** **CPT Codes** – 87620, 87621, 87622, 87624, 87625 **LOINC Codes** – G0476 **ICD-10 Codes** – Q51.5, Z90.710, Z90.712

Women's Health and Maternity

HEDIS measure definition	Required service/ documentation	Coding tips
PPC **Prenatal and Postpartum Care** The percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care: • **Timeliness of Prenatal Care** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Care occurring on date of enrollment will be considered adherent. • **Postpartum Care** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	**Prenatal Care** A diagnosis of pregnancy must be present. Documentation in the medical record must include evidence of ONE of the following: • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height • Evidence that a prenatal care procedure was performed such as an obstetric panel, or TORCH antibody panel alone, or a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or Echography of a pregnant uterus • Documentation of LMP or EDD with Prenatal risk assessment counseling/education or Documentation of LMP or EDD with complete obstetrical history. **Postpartum visit** Must occur on or between 21 and 56 days after delivery. Documentation in the medical record must ONE of the following: • Pelvic exam or evaluation of weight, BP, breasts and abdomen. Notation of "breastfeeding" is acceptable for the "evaluation of breasts" or notation of PPC, including, but not limited to: - Notation of "postpartum care, " "PP care, " "PP check, " "6-week check." - A preprinted "Postpartum Care" form in which information was documented during the visit.	The simplest method of capturing prenatal visits is through standalone prenatal visit codes. **CPT Codes** – 99500, 0500F, 0501F, 0502F **HCPCS Codes** – H1000–H1004 Additionally, prenatal care may be captured by the combination of one of the following codes ACCOMPANIED BY a pregnancy related diagnosis: **CPT Codes** – 99201–99205, 99211–99215, 99241–99245 *Note if using a code from the prenatal visit set, it must be combined with a pregnancy related diagnosis code. **ICD-10** – O09.00 – O09.03, O09.10 - O09.13, O09.211-O09.213 For postpartum visit capture either a postpartum visit OR a cervical cytology code satisfies the HEDIS requirements. **Postpartum Visit** **ICD-10 Codes** – Z01.411, Z01.419, Z01.42, Z30.430, Z39.1–Z39.2 **CPT** - 57170, 58300, 59430, 99501, 0503F **Cervical Cytology** **CPT Codes** –88141–88143, 88147–88148, 88150, 88152–88154, 88164–88167, 88174–88175 **HCPCS Codes** – G0123–G0124, G0141, G0143–G0145, G0147–G0148 **LOINC Codes** – 10524–7, 18500–9, 19762–4, 19764–0, 19765–7, 19766–5, 19774–9

Women’s Health and Maternity

HEDIS measure definition	Required service/ documentation	Coding tips
FPC **Frequency of Ongoing Prenatal Care** The percentage of Medicaid deliveries between October 8 of the year prior to the measurement year and October 7 of the measurement year that had the following number of expected prenatal visits: <21 percent of expected visits 21–40 percent of expected visits 41–60 percent of expected visits 61–80 percent of expected visits ≥81 percent of expected visits.	The American College of Obstetricians and Gynecologists (ACOG) recommends that women with an uncomplicated pregnancy receive visits every 4 weeks for the first 28 weeks of pregnancy, every 2–3 weeks until 36 weeks of pregnancy, and weekly thereafter. For example, ACOG recommends 14 visits for a 40-week pregnancy. If the member enrolled during her fourth month (3 missed visits prior to enrollment in the organization), the expected number of visits is 14 – 3 = 11.	The simplest method of capturing prenatal visits is through standalone prenatal visit codes. **CPT Codes** – 99500, 0500F, 0501F, 0502F **HCPCS Codes** – H1000–H1004 Additionally, prenatal care may be captured by the combination of one of the following prenatal visit codes ACCOMPANIED BY a pregnancy related diagnosis: **CPT Codes** – 99201–99205, 99211–99215, 99241–99245 *Note if using a code from the prenatal visit set, it must be combined with a pregnancy related diagnosis code. **ICD-10**– O09.00 - O09.03, O09.10 - O09.13, O09.211 - O09.213

Male and Female 21 and Over

HEDIS measure definition	Required service/ documentation	Coding tips
ABA **Adult BMI Assessment** Members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year. • Members younger than 21 use BMI Percentile • Members 21 and over use BMI Value.	BMI value recorded during the measurement year or the year prior to the measurement year.	**BMI Percentile** **ICD-10 Codes** Z68.51 – Less than 5th Percentile for age Z68.52 – 5th Percentile to less than 85th Percentile for age Z68.53 – 85th Percentile to less than 95th Percentile for age Z68.54 – Greater than or equal to 95th Percentile for age **BMI Value** **ICD-10 Codes** Z68.1 BMI less than 19, adult Z68.20 BMI 20.0–20.9 Z68.21 BMI 21.0–21.9 Z68.22 BMI 22.0–22.9 Z68.23 BMI 23.0–23.9 Z68.24 BMI 24.0–24.9 Z68.25 BMI 25.0–25.9, adult Z68.26 BMI 26.0–26.9, adult Z68.27 BMI 27.0–27.9, adult Z68.28 BMI 28.0–28.9, adult Z68.29 BMI 29.0–29.9, adult Z68.30 BMI 30.0–30.9, adult Z68.31 BMI 31.0–31.9, adult Z68.32 BMI 32.0–32.9, adult Z68.33 BMI 33.0–33.9, adult Z68.34 BMI 34.0–34.9, adult Z68.35 BMI 35.0–35.9, adult Z68.36 BMI 36.0–36.9, adult Z68.37 BMI 37.0–37.9, adult Z68.38 BMI 38.0–38.9, adult Z68.39 BMI 39.0–39.9, adult Z68.41 BMI 40.0–44.9, adult Z68.42 BMI 45.0–49.9, adult Z68.43 BMI 50.0–59.9, adult Z68.44 BMI 60.0–69.9, adult Z68.45 BMI 70 and over, adult **BMI Value LOINC Codes** 39156-5 – Body Mass Index 89270-3 – Body Mass Index Estimated

Male and Female 21 and Over

HEDIS measure definition	Required service/ documentation	Coding tips
CBP **Controlling High Blood Pressure** Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria: • 18–85 years of age whose last BP in the measurement year was <140/90 mm Hg. *Both the systolic and diastolic must be below the above readings to be considered "controlled." • Highest compliant blood pressure 139/89 mm Hg.	Document blood pressure reading every visit for members 18–85 years of age with a diagnosis of hypertension • 18–85 years of age whose last BP in the measurement year was <140/90 mm Hg.	**Essential (Primary) Hypertension** **ICD-10 Code** – I10 **Blood Pressure Screening** **CPT-2 Codes** 3074F: Most recent systolic blood pressure <140 mm Hg 3075F: Most recent systolic blood pressure <140 mm Hg 3077F: Most recent systolic blood pressure >=140 mm Hg 3078F: Most recent diastolic blood pressure <80 mm Hg 3079F: Most recent diastolic blood pressure 80-89 mm Hg 3080F: Most recent diastolic blood pressure >=90 mm Hg Outpatient Visit **CPT Codes** 99201-99205; 99211-99215

Male and Female 21 and Over

HEDIS measure definition	Required service/ documentation	Coding tips
CDC **Comprehensive Diabetes Care** Members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: • Hemoglobin A1c (HbA1c) testing - Glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin are acceptable HbA1c tests • HbA1c Poor Control (>9.0%) • HbA1c control (<8.0%) • Eye exam (retinal) performed • Medical attention for nephropathy • BP control (<140/90 mm Hg).	**Measurement year requirements:** • Hemoglobin A1c (HbA1c) testing with result • Medical attention for nephropathy • BP control (<140/90 mm Hg). **Measurement year or negative result from year prior:** • Eye exam (retinal) performed.	**Diabetes Diagnosis** **ICD-10 Codes** Type 1 diabetes mellitus without complications – E10.9 Type 2 diabetes mellitus without complications – E11.9 Other specified diabetes mellitus without complications – E13.9 **HbA1c Test** **CPT Codes** – 83036, 83037 **HbA1c Level** **CPT Codes** HbA1c Level Less Than 7.0 – 3044F HbA1c Level 7.0-9.0 – 3045F HbA1c Level Greater Than 9.0 – 3046F **Diabetic Retinal Screening** **CPT Codes** – 67028, 67030, 67031, 67036, 67039, 67040 **Diabetic Retinal Screening – Negative** **CPT Code** – 3072F **Diabetic Retinal Screening with Eye Care Professional** **CPT Codes** – 2022F, 2024F, 2026F **Nephropathy Screening Tests** **Urine Protein Tests** **CPT Codes** – 82042–82044, 84156, 3060F, 3061F **Diabetes Mellitus with Diabetic Nephropathy** **ICD-10** – E10.21, E11.21, E13.21 **Blood Pressure Screenings** **CPT Codes** **3074F, 3075F**: Most recent systolic blood pressure <140 mm Hg **3077F**: Most recent systolic blood pressure >=140 mm Hg **3078F**: Most recent diastolic blood pressure <80 mm Hg **3079F**: Most recent diastolic blood pressure 80-89 mm Hg **3080F**: Most recent diastolic blood pressure >=90 mm Hg

Dental

HEDIS measure definition	Required service/ documentation	Coding tips
ADV **Annual Dental Visit** The percentage of members 2–20 years of age who had at least one dental visit during the measurement year.	Any visit with a dental practitioner during the measurement year meets criteria	Two codes per visit submission are required to qualify: • Include one of the following codes: - D0120 periodic oral evaluation – established patient - D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver - D0150 comprehensive oral evaluation – new or established patient AND • Include one of the following procedure types: - D1000 – D1999
Fluoride Varnish Application and Referral The percentage of members ages 0 – 5 years for one appropriate application of fluoride varnish and referral to a dental provider per 2020 calendar year.	One appropriate application of fluoride varnish and referral to a dental practitioner by a PCP	Three codes per visit submission are required to qualify: • **CPT Code** 99188 • **ICD 10 Code** Z41.8 AND • **YD modifier** – indicating referral to a dental provider

*The examples of NCQA approved codes included in this document are just a limited sample. For a complete list please refer to the NCQA website at www.ncqa.org.

Also, you may contact our Quality Department with questions by emailing: AetnaBetterHealthPAQM@aetna.com.