

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

Each HEDIS measure identified below has criteria that is required for your patient’s chart or claims review to be considered valid towards HEDIS measurement. To make the most of your office visits towards meeting HEDIS measures, please document the following criteria as applicable.

HEDIS Measure	Member Description	Documentation Requirements	Codes
Adult BMI Assessment (ABA) <i>Medicare Health Plan Rating Measure</i>	18-74 year old members	BMI documented during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> <li>• BMI: date and result</li> <li>• Weight: date and result</li> <li>• Note: For patients age 18-19 on date of visit, a height, weight &amp; BMI percentile must be recorded.</li> </ul>	<p><b>BMI:</b></p> <p><b>ICD-10-CM:</b> Z68.1, Z68.20-Z68.39, Z68.41- Z68.45</p> <p><b>BMI Percentile:</b></p> <p><b>ICD-10-CM:</b> Z68.51-Z68.54</p> <p><b>Outpatient Visits:</b></p> <p><b>CPT®:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</p> <p><b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b>UB Revenue:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p><b>Exclusions:</b></p> <p>Pregnancy</p>

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<p>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis(AAB)</p>	<p>Members 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription</p>	<p>Dispensed prescription for antibiotic medications (listed in the HEDIS 2018 specs) on or three days after the IESD (index episode start date). The measure is reported as an inverted rate. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were <i>not</i> prescribed). May use Outpatient, Observation or ED visits, do not count observation or ED visits resulting in an inpatient stay.</p>	<p><b>Acute Bronchitis</b>  <u>ICD-10:</u> J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9  <b>Outpatient Visit</b>  <u>CPT®:</u> 99201 – 99205, 99211- 99215, 99241 - 99245, 99341- 99345, 99347-99350, 99381-99387, 99391 -99397, 99401 - 99404, 99411, 99412, 99429, 99455, 99456  <u>HCPCS:</u> G0402, G0438, G0439, G0463, T1015  <u>UBREV:</u> 0510-0517, 0519-0523, 0526-0529, 0982, 0983  <b>Observation</b>  <u>CPT®</u> -99217, 99218, 99219, 99220  <b>ED:</b>  <u>CPT®:</u> 99281-99285  <u>UBREV:</u> 0450-0452, 0456, 0459, 0981    <b>Exclusions:</b>    Members diagnosed with Pharyngitis or a Competing Diagnosis are excluded if during the period 30 days prior to the Episode Date through 7 days after the Episode date (38 days total)    Members with a diagnosis of the following during the 12 months prior to or on the Episode date are excluded:  HIV  HIV Type 2  Malignant Neoplasms  Emphysema  COPD  Cystic Fibrosis  Comorbid Conditions  Disorders of the Immune System</p>

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Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Members 6 years of age as of March 1 of the year prior to the measurement year to 12 years of age as of February 28 of the measurement year	<p>There are two rates:</p> <ol style="list-style-type: none"> <li><i>Initiation Phase</i> -the percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.</li> <li><i>Continuation and Maintenance (C&amp;M) Phase</i> -the percentage of members 6–12 years of age as of the IPSD 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.</li> </ol>	<p><b>ADD POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72</p> <p><b>ADD Stand Alone Visits:</b>  <b>CPT®:</b> 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510  <b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015  <b>UB REV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983</p> <p><b>ADD Visits Group 1</b>  <b>CPT®:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p><b>ADD Visits Group 2</b>  <b>CPT®:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b>Telephone Visits:</b>  <b>CPT®:</b> 98966-98968, 99441-99443  <b>Telehealth Modifier Value Set:</b> 95, GT  <b>POS:</b> 02</p> <p><b>Exclusions:</b>            Exclude members who had an inpatient encounter for mental health or chemical dependency during the 300 days after the IPSD.</p>

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Antidepressant Medication Management (AMM)	Members 18 years of age and older as of April 30 of the measurement year who were treated with antidepressant medication, had a diagnosis of major depression and remained on an antidepressant medication treatment	<p>There are two rates:</p> <ol style="list-style-type: none"> <li>1. Effective Acute Phase Treatment: the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)</li> <li>2. Effective Continuation Phase Treatment: the percentage of members who remained on an antidepressant medication for at least 180 days (6 months)</li> </ol>	<p><b>Major Depression:</b>  <u>ICD-10:</u> F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p><b>AMM Stand Alone Visits</b>  <u>CPT®:</u> 98960-98962, 99078, 99201-99205, 99211- 99215, 99217 - 99220, 99241-99245, 99341- 99345, 99347 - 99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99510  <u>HCPCS:</u> G0155, G0176, G0177, G0409-G0411, G0463,H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015  <u>UBREV:</u> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900- 0905, 0907, 0911-0917, 0919, 0982, 0983</p> <p><b>AMM Visits</b>  <u>CPT®:</u> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b>ED:</b>  <u>CPT®:</u> 99281-99285  <u>UBREV:</u> 0450-0452, 0456, 0459, 0981</p> <p><b>Inpatient Stay:</b>  <u>UBREV:</u> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p> <p><b>AMM POS:</b> 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p><b>Telephone Visits:</b>  <u>CPT®:</u> 98966-98968, 99441-99443  <b>Telehealth Modifier Value Set:</b> 95, GT</p>

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HEDIS Measure	Member Description	Documentation Requirements	Codes
Breast Cancer Screening (BCS)	Women 50–74 years of age	One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.	<p><b><u>Mammography:</u></b>  <b><u>CPT®:</u></b> 77055, 77056, 77057, 77061-77063, 77065-77067  <b><u>HCPCS:</u></b> G0202, G0204, G0206  <b><u>UBREV:</u></b> 0401, 0403</p> <p><b><u>Exclusions:</u></b></p> <p>Members who have had a bilateral mastectomy or two unilateral mastectomies during any time in the member’s history can be excluded.</p> <p>Absence of Right Breast - ICD-10: Z90.11  Absence of Left Breast – ICD-10: Z90.12  History of Bilateral Mastectomy – ICD-10: Z90.13  Unilateral Mastectomy – CPT®: 19180, 19200, 19220, 19240, 19303-19307  Unilateral Mastectomy Right - ICD10 PCS: 0HTT0ZZ  Unilateral Mastectomy Left - ICD10 PCS: 0HTU0ZZ  Bilateral Mastectomy – ICD-10 PCS: 0HTV0ZZ  Right/Left Modifier: RT/LT  Bilateral Modifier: 50, 09950</p>

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Care for Older Adults (COA)	Members 66 years and older during the measurement year	Documentation of each of the following during the measurement year: <ul style="list-style-type: none"> <li>• Advance care planning</li> <li>• Medication review</li> <li>• Functional status assessment</li> <li>• Pain assessment</li> </ul>	<p><b><u>Advance Care Planning:</u></b>  <b>CPT®:</b> 99497  <b>CPT-CAT-II:</b> 1123F, 1124F, 1157F, 1158F  <b>HCPCS:</b> S0257</p> <p><b><u>Medication Review:</u></b>  <b>CPT®:</b> 90863, 99605, 99606  <b>CPT-CAT-II:</b> 1159F, 1160F  <b>HCPCS:</b> G8427</p> <p><b><u>Functional Status Assessment:</u></b>  <b>CPT-CAT-II:</b> 1170F</p> <p><b><u>Pain Assessment:</u></b>  <b>CPT-CAT-II:</b> 1125F, 1126F</p> <p><b><u>TCM 7 Day:</u></b>  <b>CPT®:</b> 99496</p> <p><b><u>TCM 14 Day:</u></b>  <b>CPT®:</b> 99495</p>

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Cervical Cancer Screening (CCS)	<p>Women age 21-64 who had cervical cytology performed every 3 years</p> <p>Women age 30-64 who had cervical cytology/HPV co-testing performed every 5 years</p>	<p>Evidence of cervical cytology within last 3 years (date and result)</p> <p>For women that do not meet above criteria, evidence of cervical cytology and an HPV test on the same date of service during the measurement year or the four years prior to the measurement year. (date and result)</p>	<p><b><u>Cervical Cytology:</u></b>  <b><u>CPT® (Cervical Cytology):</u></b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175  <b><u>HCPCS:</u></b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091  <b><u>UB Revenue:</u></b> 0923  <b><u>LOINC:</u></b> 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</p> <p>Same as above and one of the following:</p> <p><b><u>HPV Tests:</u></b>  <b><u>CPT® (HPV):</u></b> 87620-87622, 87624-87625  <b><u>LOINC (HPV):</u></b> 21440-3, 30167-1, 38372-9 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0  <b><u>HCPCS:</u></b> G0476</p> <p><b><u>Exclusions:</u></b>  <b><u>Absence of Cervix:</u></b>  <b><u>ICD-10-CM (Absence of Cervix):</u></b> Q51.5, Z90.710, Z90.712  <b><u>ICD-10-PCS (Absence of Cervix):</u></b> OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ  <b><u>CPT® (Absence of Cervix):</u></b> 51925, 56308, 57540, 57545, 57550, 57555-57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135</p>

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Childhood Immunization Status (CIS)	Members turning 2 years of age	<p>Vaccines administered on or before 2<sup>nd</sup> birthday:</p> <table border="0"> <tr> <td>3 IPV</td> <td>1 VZV</td> </tr> <tr> <td>4 DTaP</td> <td>1 MMR</td> </tr> <tr> <td>3 HIB</td> <td>1 Hep A</td> </tr> <tr> <td>3 Hep B</td> <td>2 Influenza</td> </tr> <tr> <td>4 PCV</td> <td>2-3 RV</td> </tr> </table>	3 IPV	1 VZV	4 DTaP	1 MMR	3 HIB	1 Hep A	3 Hep B	2 Influenza	4 PCV	2-3 RV	<p><b><u>Inactivated Polio Vaccine (IPV)</u></b>  <b>IPV CPT®:</b> 90698, 90713, 90723  <b>IPV CVX:</b> 10, 89, 110, 120</p> <p><b><u>DTaP</u></b>  <b>DTaP CPT®:</b> 90698, 90700, 90721, 90723  <b>DTaP CVX:</b> 20, 50, 106, 107, 110, 120</p> <p><b><u>HiB</u></b>  <b>Hib CPT®:</b> 90644-90648, 90698, 90721, 90748  <b>Hib CVX:</b> 17, 46, 47, 48, 49, 50, 51, 120, 148</p> <p><b><u>Hepatitis B (Hep B)</u></b>  <b>CPT®:</b> 90723, 90740, 90744, 90747, 90748  <b>HCPCS:</b> G0010  <b>CVX:</b> 08, 44, 45, 51, 110  <b>ICD-10-CM:</b> B16.0-2, B16.9, B17.0, B18.0-1, B19.10-11, Z22.51</p> <p><b><u>Pneumococcal Conjugate Vaccine (PCV)</u></b>  <b>CPT®:</b> 90669, 90670  <b>HCPCS:</b> G0009  <b>CVX:</b> 100, 133, 152</p> <p><b><u>Varicella Zoster (VZV)</u></b>  <b>CPT®:</b> 90710, 90716  <b>ICD-10-CM:</b> B01.0, B01.11-12, B01.2, B01.81, B01.89, B01.9, B02.0-1, B02.21-24, B02.29-34, B02.39, B02.7-9  <b>CVX:</b> 21, 94</p>
3 IPV	1 VZV												
4 DTaP	1 MMR												
3 HIB	1 Hep A												
3 Hep B	2 Influenza												
4 PCV	2-3 RV												







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HEDIS Measure	Member Description	Documentation Requirements	Codes
Colorectal Cancer Screening (COL) <i>Medicare Health Plan Rating Measure</i>	50-75 year old members	<p>Documentation (date and result) of one or more of these screenings:</p> <ul style="list-style-type: none"> <li>• <b>Colonoscopy</b> during measurement year or 9 years prior;</li> <li>• <b>FOBT</b> during measurement year;</li> <li>• <b>CT Colonography</b> during measurement year or 4 years prior;</li> <li>• <b>FIT-DNA test</b> during measurement year or 2 years prior</li> <li>• <b>Flexible Sigmoidoscopy</b> during measurement year or 4 years prior</li> </ul> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnosis of colorectal cancer</li> <li>• Total Colectomy</li> </ul>	<p><b>Colonoscopy:</b>  <b>CPT®:</b> 44388-44394, 44397, 44401-44408, 45355, 45378, 45379, 45380-45393, 45398  <b>HCPCS:</b> G0105, G0121</p> <p><b>FOBT:</b>  <b>CPT®:</b> 82270, 82274  <b>HCPCS:</b> G0328  <b>LOINC:</b> 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6</p> <p><b>CT Colonography:</b>  <b>CPT®:</b> 74261-74263</p> <p><b>FIT-DNA:</b>  <b>CPT®:</b> 81528  <b>HCPCS:</b> G0464  <b>LOINC:</b> 77353-1, 77354-9</p> <p><b>Flexible Sigmoidoscopy:</b>  <b>CPT®:</b> 45330-45335, 45337-45342, 45345-45347, 45349-45350  <b>HCPCS:</b> G0104</p>

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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
<p>Colorectal Cancer Screening (COL) <i>Medicare Health Plan Rating Measure</i></p> <p><i>Cont'd</i></p>	<p>50-75 year old members</p>	<p>Documentation (date and result) of one or more of these screenings:</p> <ul style="list-style-type: none"> <li>• <b>Colonoscopy</b> during measurement year or 9 years prior;</li> <li>• <b>FOBT</b> during measurement year;</li> <li>• CT Colonography during measurement year or 4 years prior:</li> <li>• FIT-DNA test during measurement year or 2 years prior</li> <li>• <b>Flexible Sigmoidoscopy</b> during measurement year or 4 years prior <b>or</b></li> </ul> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Diagnosis of colorectal cancer</li> <li>• Total Colectomy</li> </ul>	<p><b>Exclusions:</b></p> <p><b>Colorectal Cancer:</b> <b>ICD-10-CM:</b> C18.0–C189.9, C19- C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 <b>HCPCS:</b> G0213-G0215, G0231</p> <p><b>Total Colectomy:</b> <b>ICD-10-PCS:</b> ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ <b>CPT®:</b> 44150-44153, 44155-44158, 44210-44212</p>

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HEDIS Measure	Member Description	Documentation Requirements	Codes
<p>Comprehensive Diabetes Care (CDC)</p> <p>Medicare Health Plan Rating Measure</p>	<p>18-75 year old members with type 1 or type 2 diabetes</p>	<p>The percentage of members 18-75 with diabetes who had each of the following:</p> <ul style="list-style-type: none"> <li>• HbA1c testing and result*</li> <li>• Blood Pressure*</li> <li>• Medical attention to nephropathy (micro/macro urine, ACE/ARB medication therapy) in measurement year</li> <li>• Retinal eye exam performed by an ophthalmologist or optometrist in measurement year or year prior</li> </ul> <p>*Date and result of last screening in the measurement year</p>	<p><b>Diabetes</b></p> <p><b>ICD-10-CM:</b> E10.9, E10.10-11, E10.21-22, E10.29, E10.311, E10.319, E10.321, E10.3211- E10.3213, E10.3219, E10.329- E10.3293, E10.3299, E10.331- E10.3313, E10.3319, E10.339- E10.3393, E10.3399, E10.341-3413, E10.3419, E10.349-3493, E10.3499, E10.351-3513, E10.3519, E10.3521-E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.359-E10.3593, E10.3599, E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-44, E10.49, E10.51-52, E10.59, E10.610, E10.618, E10.620-22, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00-01, E11.21-22, E11.29, E11.311, E11.319, E11.321, E11.3211-E11.3213, E11.3219, E11.329, E11.3291- E11.3293, E11.3299, E11.331, E11.3311-E11.3313, E11.3319, E11.339, E11.3391-E11.3393, E11.3399, E11.341, E11.3411- E11.3413, E11.3419, E11.349, E11.3491-E11.3493, E11.3499, E11.351, E11.3511-E11.3513, E11.3519, E11.3521- E11.3523, E11.3529, E11.3531- E11.3533, E11.3539, E11.3541- E11.3543, E11.3549, E11.3549, E11.3551,-E.11.3553, E11.3559, E11.37X1-E11.37X3, E11.37X9, E11.39, E11.39-44, E11.49, E11.51-52, E11.59, E11.610, E11.618, E11.620-22, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21-22, E13.29, E13.311, E13.319, E13.321, E13.3211-E13.3213, E13.3219, E13.329, E13.3291- E13.3293, E13.3299, E13.331, E13.3311- E13.3313, E13.3319, E13.339, E13.3391-E13.3393, E13.3399, E13.341, E13.3411-E13.3413, E13.3419, E13.349, E13.3491- E13.3493, E13.3499, E13.351, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3539, E13.3541- E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.359, E13.3591-E13.3593, E13.3599, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39, E13.40, E13.41-44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620-22, E13.628, E13.630,</p>

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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
<p>Comprehensive Diabetes Care (CDC) – Continued</p> <p><i>Medicare Health Plan Rating Measure</i></p> <p>Cont'd</p>	<p>18-75 year old members with type 1 or type 2 diabetes</p>	<p>The percentage of members 18-75 with diabetes who had each of the following:</p> <ul style="list-style-type: none"> <li>• HbA1c testing and result*</li> <li>• Blood Pressure*</li> <li>• Medical attention to nephropathy (micro/macro urine, ACE/ARB medication therapy) in measurement year</li> <li>• Retinal eye exam performed by an ophthalmologist or optometrist in measurement year or year prior</li> </ul> <p>*Date and result of last screening in the measurement year</p>	<p><b><u>Diabetes ICD-10-CM cont'd</u></b>            E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011-13, O24.019, O24.02, O24.03, O24.111-113, O24.119, O24.12, O24.13, O24.311-313, O24.319, O24.32, O24.33, O24.811-813, O24.819, O24.82, O24.83</p> <p><b><u>Outpatient Visits:</u></b>  <b><u>HCPCS:</u></b> G0402, G0438, G0439, G0463, T1015</p> <p><b><u>Inpatient:</u></b>  <b><u>UB Revenue:</u></b> 0118, 0128, 0138, 0148, 0158, 0190-4, 0199, 0510-23, 0524-5, 0526-29, 550-2, 0559, 0660-3, 0669</p> <p><b><u>HbA1c Test:</u></b>  <b><u>CPT®:</u></b> 83036, 83037,  <b><u>CPT CAT-II:</u></b> 3044F, 3045F, 3046F  <b><u>LOINC:</u></b> 17856-6, 4548-4, 4549-2</p> <p><b><u>Eye Exams:</u></b>  <b><u>Eye Exams CPT®:</u></b> 67028, 67030, 67031, 67036, 67039-43, 67101, 67105, 67107-67108, 67110, 67112-67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-21, 67227-28, 92002, 92004, 92012, 92014, 92018-92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245,  <b><u>CPT CAT II:</u></b> 2022F, 2024F, 2026F, 3072F  <b><u>HCPCS:</u></b> S0620, S0621, S3000</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Comprehensive Diabetes Care (CDC) – Continued <i>Medicare Health Plan Rating Measure</i> Cont'd	18-75 year old members with type 1 or type 2 diabetes	<p>The percentage of members 18-75 with diabetes who had each of the following:</p> <ul style="list-style-type: none"> <li>• HbA1c testing and result*</li> <li>• Blood Pressure*</li> <li>• Medical attention to nephropathy (micro/macro urine, ACE/ARB medication therapy) in measurement year</li> <li>• Retinal eye exam performed by an ophthalmologist or optometrist in measurement year or year prior</li> </ul> <p>*Date and result of last screening in the measurement year</p>	<p><b><u>Unilateral Eye Enucleation (with a Bilateral Modifier below):</u></b></p> <p><b><u>CPT®:</u></b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p><b><u>Bilateral Modifier:</u></b></p> <p><b><u>CPT®:</u></b> 50, 09950</p> <p><b><u>Unilateral Eye Enucleation Left:</u></b></p> <p><b><u>ICD-10-PCS:</u></b> 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ</p> <p><b><u>Unilateral Eye Enucleation Right:</u></b></p> <p><b><u>ICD-10-PCS:</u></b> 08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ</p> <p><b><u>Blood Pressure:</u></b></p> <p><b><u>Diastolic 80-89:</u></b>  <b><u>CPT-CAT-II:</u></b> 3079F</p> <p><b><u>Diastolic Greater Than/Equal to 90:</u></b>  <b><u>CPT-CAT-II:</u></b> 3080F</p> <p><b><u>Diastolic Less Than 80:</u></b>  <b><u>CPT-CAT-II:</u></b> 3078F</p> <p><b><u>Systolic Greater Than/Equal to 140:</u></b>  <b><u>CPT-CAT-II:</u></b> 3077F</p> <p><b><u>Systolic Less Than 140:</u></b>  <b><u>CPT-CAT-II:</u></b> 3074F, 3075F</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Comprehensive Diabetes Care (CDC) – Continued <i>Medicare Health Plan Rating Measure</i> Cont'd	18-75 year old members with type 1 or type 2 diabetes	The percentage of members 18-75 with diabetes who had each of the following: <ul style="list-style-type: none"> <li>• HbA1c testing and result*</li> <li>• Blood Pressure*</li> <li>• Medical attention to nephropathy (micro/macro urine, ACE/ARB medication therapy) in measurement year</li> <li>• Retinal eye exam performed by an ophthalmologist or optometrist in measurement year or year prior</li> </ul> *Date and result of last screening in the measurement year	<p><b><u>Nephropathy Treatment:</u></b></p> <p><b><u>CPT CAT-II:</u></b> 3066F, 4010F</p> <p><b><u>ICD-10-CM:</u></b> E08.21-E08.22, E08.29, E09.21-E09.22, E09.29, E10.21-E10.22, E10.29, E11.21-E11.22, E11.29, E13.21-22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-9, N01.0-9, N02.0-9, N03.0-9, N04.0-9, N05.0-9, N06.0-9, N07.0-9, N08, N14.0-4, N17.0-2, N17.8, N17.9, N18.1-6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-6, Q61.00-02, Q61.11, Q61.19, Q61.2-5, Q61.8, Q61.9, R80.0-3, R80.8, R80.9</p> <p><b><u>Urine Protein Tests:</u></b></p> <p><b><u>CPT®:</u></b> 81000-81003, 81005, 82042-82044, 84156</p> <p><b><u>CPT-CAT-II:</u></b> 3060F, 3061F, 3062F</p> <p><b><u>LOINC:</u></b> 11218-5, 12842-1, 13705-9, 13801-6, 14585-4, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49023-5, 50561-0, 50949-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 76401-9, 77158-4, 77253-3, 77254-1, 9318-7</p>



# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
<p>Controlling High Blood Pressure (CBP) <i>Medicare Health Plan Rating Measure</i></p>	<p>18-85 year old members with diagnosis of hypertension</p>	<p>The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> <li>Members 18-59 years of age whose BP was &lt; 140/90 mmHg</li> <li>Members 60-85 years of age with a diagnosis of diabetes whose BP was &lt; 140/90 mmHg</li> <li>Members 60-85 years of age without a diagnosis of diabetes whose BP was &lt; 150/90 mmHg</li> </ul> <p>Documentation requirements are the following:</p> <ul style="list-style-type: none"> <li>Date of diagnosis of hypertension before or on June 30 of the measurement year from a problem list, office note, SOAP note, encounter form, diagnostic report or hospital discharge summary and</li> <li>Last BP reading (date &amp; result) in the measurement year (if elevated, document all BP readings)</li> </ul>	<p><b><u>Essential Hypertension:</u></b> <b><u>ICD-10-CM:</u></b> I10</p> <p><b><u>Outpatient Visit:</u></b> <b><u>CPT®:</u></b> 99201 – 99205, 99211- 99215, 99241 - 99245, 99341- 99345, 99347-99350, 99381-99387, 99391 -99397, 99401- 99404, 99411, 99412, 99429, 99455, 99456</p> <p><b><u>HCPCS:</u></b> G0402, G0438, G0439, G0463, T1015</p> <p><b><u>Exclusions:</u></b> ESRD, Kidney Transplant, Pregnancy, Non acute Inpatient Stay</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Follow-Up after Hospitalization for Mental Illness (FUH)	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	<p>There are two rates:</p> <ol style="list-style-type: none"> <li>1. The percentage of discharges for which the member received follow-up within 30 days of discharge.</li> <li>2. The percentage of discharges for which the member received follow-up within 7 days of discharge.</li> </ol>	<p><b>FUH POS Group 1:</b> 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> <p><b>FUH POS Group 2:</b> 02, 52, 53</p> <p><b>FUH REV Codes Group 1:</b> 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919</p> <p><b>FUH REV Codes Group 2:</b> 0510, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>FUH Stand Alone Visits:</b> <b>CPT®:</b> 98960,98961,98962,99078,99201,99202,99203,99204,99205,99211,99212,99213,99214,99215,99217,99218,99219,99220,99241,99242,99243,99244,99245,99341,99342,99343,99344,99345,99347,99348,99349,99350,99383,99384,99385,99386,99387,99393,99394,99395,99396,99397,99401,99402,99403,99404,99411,99412,99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</p> <p><b>FUH Visits Group 1</b> <b>CPT®:</b> 90791,90792,90832,90833,90834,90836,90837,90838,90839,90840,90845,90847,90849,90853,90867,90868,90869,90870,90875,90876</p> <p><b>FUH Visits Group 2</b> <b>CPT®:</b> 99221,99222,99223,99231,99232,99233,99238,99239,99251,99252,99253,99254,99255</p> <p><b>Mental Illness:</b> <b>ICD-10:</b> F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22,F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, 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, F32.0-F32.5, F32.8, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Follow-Up after Hospitalization for Mental Illness (FUH)	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	<p>There are two rates:</p> <ol style="list-style-type: none"> <li>1. The percentage of discharges for which the member received follow-up within 30 days of discharge.</li> <li>2. The percentage of discharges for which the member received follow-up within 7 days of discharge.</li> </ol>	<p><b><u>Inpatient Stay:</u></b>  <b><u>UBREV:</u></b> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p> <p><b><u>Acute readmission or transfer:</u></b>  <b><u>Mental Health Diagnosis:</u></b>            F03.90, F03.91, F20.0- F20.3, F20.5, F20.81, F20.89, F20.9, F21 - F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10- F30.13, F30.2 – F30.4, F30.8, F30.9, 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, F32.0- F32.5, F32.8, F32.81, F32.89, F32.9, F33.0 - F33.3, F33.40 –F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F40.00 –F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230 – F40.233, F40.240 – F40.243, F40.248, F40.29, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F42.2- F42.4, F42.8, F42.9, F43.0, F43.10 – F43.12, F43.20 – F43.25,F43.29, F43.8, F43.9, F44.0-F44.2, F44.4 – F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20 – F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00 – F50.02, F50.2, F50.8, F50.81, F50.89, F50.9, F51.01 – F51.05, F51.09, F51.11 – F51.13, F51.19, F51.3 – F51.5, F51.8, F51.9,F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53, F59, F60.0- F60.7, F60.81, F60.89, F60.9, F63.0- F63.3, F63.81, F63.89, F63.9, F64.0 – F64.2, F64.8, F64.9, F65.0 - F65.4, F65.5 – F65.52, F65.81, F65.89, F65.9, F66,F68.10 – F68.13, F68.8, F69, F80.0 – F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8,F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0 – F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0 – F94.2, F94.8, F94.9, F95.0 – F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3 – F98.5, F98.8, F98.9, F99</p> <p><b><u>Telehealth Modifier Value Set:</u></b> 95, GT  <b><u>Transitional Care Management Services</u></b>  <b><u>CPT®:</u></b> 99495, 99496</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Immunizations for Adolescents (IMA)	13 year old adolescents	Vaccines administered on or before their 13 <sup>th</sup> birthday: <ul style="list-style-type: none"> <li>• 1 MCV/meningococcal vaccine on or between 11<sup>th</sup> &amp; 13<sup>th</sup> birthdays –and–</li> <li>• 1 Tdap or 1 Td vaccine on or between their 10<sup>th</sup> and 13<sup>th</sup> birthdays</li> <li>• 2 doses or 3 doses of HPV vaccine administered on or between ages 9 and 13 years old</li> </ul>	<p><b><u>Meningococcal CPT</u></b>:® 90734</p> <p><b><u>Meningococcal CVX</u></b>: 108, 136, 147</p> <p><b><u>Tdap CPT</u></b>:® 90715</p> <p><b><u>Tdap CVX</u></b>: 115</p> <p><b><u>HPV CPT</u></b>:® 90649, 90650, 90651</p> <p><b><u>HPV CVX</u></b>: 62, 118, 137, 165</p> <p><b><u>Exclusions:</u></b>            Anaphylactic Reaction to Serum/Vaccination</p> <p><b><u>ICD10CM</u></b>: T80.52XA, T80.52XD, T80.52XS</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment (IET)	Members 13 years and older as of December 31 of the measurement year	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ol style="list-style-type: none"> <li><b>Initiation of AOD Treatment</b>-the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.</li> <li><b>Engagement of AOD Treatment</b>-the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 34 days of the initiation visit.</li> </ol>	<p><b><u>IET POS Group 1:</u></b> 02, 03, 05, 07 ,09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72</p> <p><b><u>IET POS Group 2:</u></b> 52, 53</p> <p><b><u>IET Stand Alone Visits:</u></b> <b>CPT®:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99217, 99218, 99219, 99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, 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 <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p> <p><b><u>IET Visits Group 1:</u></b> <b>CPT®:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p><b><u>IET Visits Group 2:</u></b> <b>CPT®:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b><u>Inpatient Stay:</u></b> <b>UBREV:</b> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment (IET) cont'd	Members 13 years and older as of December 31 of the measurement year	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ol style="list-style-type: none"> <li><i>Initiation of AOD Treatment</i>-the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.</li> <li><i>Engagement of AOD Treatment</i>-the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 34 days of the initiation visit.</li> </ol>	<p><b>ED:</b>  <b>CPT®:</b> 99281-99285  <b>UBREV:</b> 0450-0452, 0456, 0459, 0981  <b>Medication Assisted Treatment:</b>  <b>HCPCS:</b> H0020, H0033, J0571 - J0575, J2315, S0109  <b>Detoxification</b>  <b>HCPCS:</b> H0008-H0014  <b>ICD10PCS:</b> HZ2ZZZZ  <b>UBREV:</b> 0116, 0126, 0136, 0146, 0156  <b>Opioid Abuse and Dependence</b>  <b>ICD-10:</b> F11.10-F11.29  <b>Other Drug Abuse and Dependence</b>  <b>ICD-10:</b> F12.10-F19.29  <b>Alcohol Abuse and Dependence</b>  <b>ICD-10:</b> F10.10-F10.29  <b>AOD Abuse and Dependence:</b>  <b>ICD-10:</b> F10.10-F19.29  <b>Online Assessments:</b> 98969, 99444  <b>Telehealth Modifier Value Set:</b> 95, GT  <b>Telephone Visits:</b> 98966, 98967, 98968, 99441, 99442, 99443</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Use of Imaging Studies for Low Back Pain (LBP)	Members 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year	<p>The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p>The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</p>	<p><b>Outpatient Visit</b>  <b>CPT®:</b> 99201 – 99205,99211- 99215,99241 - 99245, 99341- 99345, 99347-99350, 99381-99387, 99391 - 99397, 99401 - 99404,99411,99412,99429,99455,99456  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015  <b>UBREV:</b> 0510-0517, 0519-0523, 0526-0529, 0982,0983</p> <p><b>Uncomplicated Low Back Pain</b>  <b>ICD-10:</b> M47.26-M47.28, M47.816-M46.818, M47.896-M46.898, M48.06-M48.08, M51.16-M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-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, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS</p> <p><b>Inpatient Stay:</b>  <b>UBREV:</b> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p> <p><b>ED:</b>  <b>CPT®:</b> 99281-99285  <b>UBREV:</b> 0450-0452, 0456, 0459, 0981</p> <p><b>Imaging Study:</b>  <b>CPT®:</b> 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131 – 72133, 72141, 72142, 72146 – 72149, 72156, 72158, 72200, 72202, 72220  <b>UBREV:</b> 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972</p> <p><b>Osteopathic and Chiropractic Manipulative Treatment:</b>  <b>CPT®:</b> 98925-98929, 98940-98942</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Use of Imaging Studies for Low Back Pain (LBP) Cont'd	Members 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year	<p>The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p>The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</p>	<p><b><u>Physical Therapy</u></b>: 97110, 97112, 97113, 97124, 97140, 97161-97164</p> <p><b><u>Telehealth Modifier</u></b>: 95, GT</p> <p><b><u>Telephone Visits</u></b>: 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b><u>Observation</u></b>  <b><u>CPT®</u></b>:99217,99218,99219,99220</p> <p><b><u>Online Assessments</u></b>:  <b><u>CPT®</u></b>: 98969, 99444</p> <p><b><u>Exclusions</u></b>:            Exclude members who had a diagnosis for which imaging is clinically appropriate for the following: Cancer, Recent Trauma, Intravenous drug abuse, Neurologic impairment, HIV, Spinal infection, Major organ transplant, Prolonged use of corticosteroids.</p>



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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Medication Management for People with Asthma (MMA)	Members 5-64 years of age as of December 31 of the measurement year.	<p>Members who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.</li> <li>2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.</li> </ol>	<p><b>ED:</b>  <b>CPT®:</b> 99281,99282,99283,99284,99285  <b>UBREV:</b> 0450, 0451, 0452, 0456, 0459,0981</p> <p><b>Asthma:</b>  <b>ICD-10:</b> J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p><b>Acute Inpatient</b>  <b>CPT®:</b>            99221,99222,99223,99231,99232,99233,99238,99239,99251,99252, 99253,99254,99255,99291  <b>UBREV:</b> 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720-0724, 0729, 0987</p> <p><b>Outpatient Visit</b>  <b>CPT®:</b> 99201 – 99205,99211- 99215,99241 - 99245, 99341- 99345, 99347-99350, 99381-99387, 99391 -99397, 99401 - 99404,99411,99412,99429,99455,99456  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015  <b>UBREV:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p><b>Observation</b>  <b>CPT®:</b>            99217,99218,99219,99220</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Medication Management for People with Asthma (MMA) Cont'd	Members 5-64 years of age as of December 31 of the measurement year.	Members who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: <ol style="list-style-type: none"> <li>1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.</li> <li>2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.</li> </ol>	<b>Exclusions:</b> <u><b>Acute Respiratory Failure:</b></u> <u>ICD-10:</u> J96.00-J96.02, J96.20-J96.22  <u><b>Chronic Respiratory Conditions Due to Fumes/Vapors</b></u> <u>ICD-10:</u> J68.4  <u><b>COPD</b></u> <u>ICD-10:</u> J44.0, J44.1, J44.9  <u><b>Cystic Fibrosis</b></u> <u>ICD-10:</u> E84.0, E84.11, E84.19, E84.8, E84.9  <u><b>Emphysema</b></u> <u>ICD-10:</u> J43.0-J43.2, J43.8, J43.9  <u><b>Other Emphysema</b></u> <u>ICD-10:</u> J98.2, J98.3

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Medication Reconciliation Post-Discharge (MRP)	The percentage of discharges from January 1- December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).	<p>Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meets criteria:</p> <ul style="list-style-type: none"> <li>•Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.</li> <li>•Documentation of the current medications with a notation that references the discharge medications.</li> <li>•Documentation of the member’s current medications with a notation that the discharge medications were reviewed.</li> <li>•Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.</li> <li>•Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.</li> <li>•Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record.</li> <li>•Notation that no medications were prescribed or ordered upon discharge.</li> </ul> <p>Only documentation in the outpatient medical record meets the intent of the measure, but an outpatient visit is not required.</p>	<p><b><u>Medication Reconciliation:</u></b>  <b><u>CPT®:</u></b> 99495, 99496  <b><u>CPT-CAT-II:</u></b> 1111F</p> <p><b><u>Inpatient Stay:</u></b>  <b><u>UBREV:</u></b> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Prenatal and Postpartum Care - Prenatal Rate - (PPC)	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<p><b>Prenatal visit</b> in the first trimester or within 42 days of enrollment to an OB/GYN practitioner, other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation must include the visit date <u>and</u> evidence of <b>one</b> of the following:</p> <ol style="list-style-type: none"> <li>1) A basic physical obstetrical examination that includes <ul style="list-style-type: none"> <li>• Auscultation for fetal heart tone, <b>or</b></li> <li>• Pelvic exam with obstetric observations, <b>or</b></li> <li>• Measurement of fundus height (a standardized prenatal flow sheet may be used),</li> </ul> </li> <li>2) Prenatal Care Procedure: Could be: <ul style="list-style-type: none"> <li>• Screening test/obstetric panel <b>or</b></li> <li>• TORCH antibody panel alone, <b>or</b></li> <li>• A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, <b>or</b></li> <li>• Ultrasound/Echography of a pregnant uterus</li> </ul> </li> <li>3) Documentation of LMP or EDD with <i>either</i> prenatal risk assessment &amp; counseling/education, <b>or</b> complete obstetrical history</li> </ol>	<p><b>Prenatal Bundled Services:</b>  <b>CPT®:</b> 59400, 59425, 59426, 59510, 59610, 59618,  <b>HCPCS:</b> H1005</p> <p><b>Prenatal Visits:</b>  <b>HCPCS:</b> G0463, T1015  <b>UB Rev:</b> 0514</p> <p><b>Stand-Alone Prenatal Visits CPT®:</b>  99500</p> <p><b>Stand-Alone Prenatal Visits CPT-CAT-II:</b>  0500F, 0501F, 0502F</p> <p><b>Stand-Alone Prenatal Visits HCPCS:</b>  H1000-H1004</p> <p><b>Prenatal Visit CPT®:</b> 99201-99205, 99211-99215, 99241-99245 with one of the following:</p> <ul style="list-style-type: none"> <li>• <b>OB Panel CPT®:</b> 80055, 80081</li> <li>• <b>Prenatal Ultrasound CPT®:</b> 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</li> <li>• <b>Prenatal Ultrasound ICD-10-PCS:</b> BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ</li> </ul>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Codes
Prenatal and Postpartum Care - Prenatal Rate - (PPC)  Cont'd	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<b><u>Pregnancy Diagnosis ICD-10-CM:</u></b> O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.619, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93, O09.A0-O09.A3, O10.011-O10.013, O10.019, O10.02, O10.03, O10.111-O10.113, O10.119, O10.12, O10.13, O10.211-O10.213, O10.219, O10.22, O10.23, O10.311-O10.313, O10.319, O10.32, O10.33, O10.411-O10.413, O10.419, O10.42, O10.43, O10.911-O10.913, O10.919, O10.92, O10.93, O11.1-O11.5, O11.9, O12.00-O12.05, O12.10-O12.15, O12.20-O12.25, O13.1-O13.5, O13.9, O14.00, O14.02-O14.05, O14.10, O14.12-O14.15, O14.20, O14.22- O14.25, O14.90, O14.92-O14.95, O15.00, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1-O16.5, O16.9, O20.0, O20.8, O20.9, O21.0-O21.2, O21.8, O21.9, O22.00-O22.03, O22.10-O22.13, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, O23.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23.513, O23.519, O23.521-O23.23, O23.529, O23.591-O23.593, O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.02, O24.03, O24.111-O24.113, O24.119, O24.12, O24.13, O24.311-O24.313, O24.319, O24.32, O24.33 O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439, O24.811-O24.813, O24.819, O24.82, O24.83, O24.911-O24.913, O24.919, O24.92, O24.93, O25.10-O25.13, O25.2, O25.3, O26.00-O26.03, O26.10-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26.613, O26.619, O26.62, O26.63 O26.711-O26.713, O26.719, O26.72, O26.73, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891-O26.893, O26.899, O26.90-O26.93, O28.0-O28.5, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.023, O29.029, O29.091-O29.093, O29.099, O29.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-O29.193, O29.199, O29.211-O29.213, O29.219, O29.291-O29.293, O29.299, O29.3X1-O29.3X3, O29.3X9, O29.40-O29.43, O29.5X1-O29.5X3, O29.5X9,

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Codes
Prenatal and Postpartum Care - Prenatal Rate - (PPC)  Cont'd	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<b><u>Pregnancy Diagnosis ICD-10-CM Cont'd:</u></b> O29.60-O29.63, O29.8X1-O29.8X3, O29.8X9, O29.90-O29.93, O30.001-O30.003, O30.009, O30.011-O30.013, O30.019, O30.021-O30.023, O30.029, O30.031-O30.033, O30.039, O30.041-O30.043, O30.049, O30.091-O30.093, O30.099, O30.101-O30.103, O30.109, O30.111-O30.113, O30.119, O30.121-O30.123, O30.129, O30.191-O30.193, O30.199, O30.201-O30.203, O30.209, O30.211-O30.213, O30.219, O30.221-O30.223, O30.229, O30.291-O30.293, O30.299, O30.801-O30.803, O30.809, O30.811-O30.813, O30.819, O30.821-O30.823, O30.829, O30.891-O30.893, O30.899, O30.90-O30.93, O31.00X0-O31.00X5, O31.00X9, O31.01X0-O31.01X5, O31.01X9, O31.02X0-O31.02X5, O31.02X9, O31.03X0-O31.03X5, O31.03X9, O31.10X0-O31.10X5, O31.10X9, O31.11X0-O31.11X5, O31.11X9, O31.12X0-O31.12X5, O31.12X9, O31.13X0-O31.13X5, O31.13X9, O31.20X0-O31.20X5, O31.20X9, O31.21X0-O31.21X5, O31.21X9, O31.22X0-O31.22X5, O31.22X9, O31.23X0-O31.23X5, O31.23X9, O31.30X0-O31.30X5, O31.30X9, O31.31X0-O31.31X5, O31.31X9, O31.32X0-O31.32X5, O31.32X9, O31.33X0-O31.33X5, O31.33X9, O31.8X10-O31.8X15, O31.8X19, O31.8X20-O31.8X25, O31.8X29, O31.8X30-O31.8X35, O31.8X39, O31.8X90-O31.8X95, O31.8X99, O32.0XX0-O32.0XX5, O32.0XX9, O32.1XX0-O32.1XX5, O32.1XX9, O32.2XX0-O32.2XX5, O32.2XX9, O32.3XX0-O32.3XX5, O32.3XX9, O32.4XX0-O32.4XX5, O32.4XX9, O32.6XX0-O32.6XX5, O32.6XX9, O32.8XX0-O32.8XX5, O32.8XX9, O32.9XX0-O32.9XX5, O32.9XX9, O33.0-O33.2, O33.3XX0-O33.3XX5, O33.3XX9, O33.4XX0-O33.4XX5, O33.4XX9, O33.5XX0-O33.5XX5, O33.5XX9, O33.6XX0-O33.6XX5, O33.6XX9, O33.7- O33.7XX5, O33.7XX9, 33.8-33.9, O34.00-O34.03, O34.10-O34.13, O34.21, O34.29, O34.30-O34.33, O34.40-O34.43, O34.511-O34.513, O34.519, O34.521-O34.523, O34.529, O34.531-O34.533, O34.539, O34.591-O34.593, O34.599, O34.60-O34.63, O34.70-O34.73, O34.80-O34.83, O34.90-O34.93, O35.0XX0-O35.0XX5, O35.0XX9, O35.1XX0-O35.1XX5, O35.1XX9, O35.2XX0-O35.2XX5, O35.2XX9, O35.3XX0-O35.3XX5, O35.3XX9, O35.4XX0-O35.4XX5, O35.4XX9, O35.5XX0-O35.5XX5, O35.5XX9, O35.6XX0-O35.6XX5, O35.6XX9, O35.7XX0-O35.7XX5, O35.7XX9, O35.8XX0-O35.8XX5, O35.8XX9, O35.9XX0-O35.9XX5, O35.9XX9, O36.0110-O36.0115, O36.0119, O36.0120-O36.0125, O36.0129, O36.0130-O36.0135, O36.0139, O36.0190-O36.0195, O36.0199, O36.0910-O36.0915, O36.0919, O36.0920-O36.0925, O36.0929, O36.0930-O36.0935, O36.0939, O36.0990-O36.0995, O36.0999, O36.1110-O36.1115, O36.1119, O36.1120-O36.1125, O36.1129, O36.1130-O36.1135, O36.1139, O36.1190-O36.1195, O36.1199, O36.1910-O36.1915, O36.1919-O36.1925, O36.1929, O36.1930-O36.1935, O36.1939, O36.1990-O36.1995,

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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Codes
Prenatal and Postpartum Care - Prenatal Rate - (PPC)  Cont'd	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<b><u>Pregnancy Diagnosis ICD-10-CM Cont'd:</u></b> O36.1999, O36.20X0-O36.20X5, O36.20X9, O36.21X0-O36.21X5, O036.21X9, 36.22X0-O36.22X5, O36.22X9, O36.23X0-O36.23X5, O36.23X9, O36.4XX0-O36.4XX5, O36.4XX9, O36.5110-O36.5115, O36.5119, O36.5120-O36.5125, O36.5129, O36.5130-O36.5135, O36.5139, O36.5190-O36.5195, O36.5199, O36.5910-O36.5915, O36.5919, O36.5920-O36.5925, O36.5929, O36.5930-O36.5935, O36.5939, O36.5990-O36.5995, O36.5999, O36.60X0-O36.60X5, O36.60X9, O36.61X0-O36.61X5, O36.61X9, O36.62X0-O36.62X5, O36.62X9, O36.63X0-O36.63X5, O36.63X9, O36.70X0-O36.70X5, O36.70X9, O36.71X0-O36.71X5, O36.71X9, O36.72X0-O36.72X5, O36.72X9, O36.73X0-O36.73X5, O36.73X9, O36.80X0-O36.80X5, O36.80X9, O36.8120-O36.8125, O36.8129, O36.8130, O36.8135, O36.8139, O36.8190-O36.8195, O36.8199, O36.8210-O36.8215, O36.8219, O36.8220-O36.8225, O36.8229, O36.8230-O36.8235, O36.8239, O36.8290-O36.8295, O36.8299, O36.8910-O36.8915, O36.8919, O36.8920-O36.8925, O36.8929, O36.8930-O36.8935, O36.8939, O36.8990-O36.8995, O36.8999, O36.90X0-O36.90X5, O36.90X9, O36.91X0-O36.91X5, O36.91X9, O36.92X0-O36.92X5, O36.92X9, O36.93X0-O36.93X5, O36.93X9, O40.1XX0-O40.1XX5, O40.1XX9-O40.2XX0-O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX5, O40.3XX9, O40.9XX0-O40.9XX5, O40.9XX9, O41.00X0-O41.00X5, O41.00X9, O41.01X0-O41.01X5, O41.01X9, O41.02X0-O41.02X5, O41.02X9, O41.03X0-O41.03X5, O41.03X9, O41.1010-O41.1015, O41.1019, O41.1020-O41.1025, O41.1029, O41.1030-O41.1035, O41.1039, O41.1090-O41.1095, O41.1099, O41.1210-O41.1215, O41.1219, O41.1220-O41.1225, O41.1229, O41.1230-O41.1235, O41.1239, O41.1290-O41.1295, O41.1299, O41.1410-O41.1415, O41.1419, O41.1420-O41.1425, O41.1429, O41.1430-O41.1435, O41.1439, O41.1490-O41.1495, O41.1499, O41.8X10-O41.8X15, O41.8X19, O41.8X20-O41.8X25, O41.8X29, O41.8X30-O41.8X35, O41.8X39, O41.8X90-O41.8X95, O41.8X99, O41.90X0-O41.90X5, O41.90X9, O41.91X0-O41.91X5, O41.91X9, O41.92X0-O41.92X5, O41.92X9, O41.93X0-O41.93X5, O41.93X9, O42.00-O42.013, O42.019, O42.02, O42.10, O42.111-O42.113, O42.119, O42.12, O42.90, O42.911-O42.913, O42.919, O42.92, O43.011-O43.013, O43.019, O43.021-O43.023, O43.029, O43.101-O43.103, O43.109, O43.111-O43.113, O43.119, O43.121-O43.123, O43.129,

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HEDIS Measure	Member Description	Codes
Prenatal and Postpartum Care - Prenatal Rate - (PPC)  Cont'd	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<b><u>Pregnancy Diagnosis ICD-10-CM Cont'd:</u></b> O43.191-O43.193, O43.199, O43.211-O43.213, O43.219, O43.221-O43.223, O43.229, O43.231-O43.233, O43.239, O43.811-O43.813, O43.819, O43.891-O43.893, O43.899, O43.90-O43.93, O44.00-O44.03, O44.10-O44.13, O44.20-O44.23, O44.30-O44.33, O44.40-O44.43, O44.50-O44.53, O45.001-O45.003, O45.009, O45.011-O45.013, O45.019, O45.021-O45.023, O45.029, O45.091-O45.093, O45.099, O45.8X1-O45.8X3, O45.8X9, O45.90-O45.93, O46.001-O46.003, O46.009, O46.011-O46.013, O46.019, O46.021-O46.023, O46.029, O46.091-O46.093, O46.099, O46.8X1-O46.8X3, O46.8X9, O46.90-O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O60.10X0-O60.10X5, O60.10X9, O60.12X0-O60.12X5, O60.12X9, O60.13X5, O60.13X9-O60.14X5, O60.14X9, O60.20X0-O60.20X5, O60.20X9, O60.22X0-O60.22X5, O60.22X9, O60.23X0-O60.23X5, O60.23X9, O61.0, O61.1, O61.8-O62.4, O62.8, O62.9, O63.0-O63.2, O63.9, O64.0XX0-O64.0XX5, O64.0XX9, O64.1XX0-O64.1XX5, O64.1XX9, O64.2XX0-O64.2XX5, O64.2XX9, O64.3XX0-O64.3XX5, O64.3XX9, O64.4XX0-O64.4XX5, O64.4XX9, O64.5XX0-O64.5XX5, O64.5XX9, O64.8XX0-O64.8XX5, O64.8XX9, O64.9XX0-O64.9XX5, O64.9XX9, O65.0-O65.5, O65.8-O66.3, O66.40, O66.41, O66.5, O66.6, O66.8, O66.9, O67.0, O67.8, O67.9, O68, O69.0XX0-O69.0XX5, O69.0XX9, O69.1XX0-O69.1XX5, O69.1XX9, O69.2XX0-O69.2XX5, O69.2XX9, O69.3XX0-O69.3XX5, O69.3XX9, O69.4XX0-O69.4XX5, O69.4XX9, O69.5XX0-O69.5XX5, O69.5XX9, O69.81X0-O69.81X5, O69.81X9-O69.82X5, O69.82X9, O69.89X0-O69.89X5, O69.89X9, O69.9XX0-O69.9XX5, O69.9XX9, O70.0- O70.4, O70.9-O71.00, O71.02-O71.03, O71.1-O71.7, O71.81-O71.82, O71.89, O71.9, O72.0-O72.3, O73.0, O73.1, O74.0-O74.9, O75.0-O75.5, O75.81, O75.82, O75.89, O75.9, O76, O77.0, O77.1, O77.8, O77.9, O80, O82, O85, O86.0, O86.11-O86.13, O86.19-O86.22, O86.29, O86.4, O86.81, O86.89, O87.0-O87.4, O87.8, O87.9, O88.011-O88.013, O88.019, O88.02, O88.03, O88.111-O88.113, O88.119, O88.12, O88.13, O88.211-O88.213, O88.219, O88.22, O88.23, O88.311-O88.313, O88.319, O88.32, O88.33, O88.811-O88.813, O88.819, O88.82, O88.83, O88.811-O88.813, O88.819, O88.82, O88.83, O89.01, O89.09, O89.1-O89.6, O89.8, O89.9, O90.0-O90.6, O90.81, O90.89, O90.9, O91.011-O91.013, O91.019, O91.02, O91.03, O91.111-O91.113, O91.119, O91.12, O91.13, O91.211-O91.213, O91.219, O91.22, O91.23, O92.011-O92.013, O92.019, O92.02, O92.03, O92.111-O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3-O92.6, O92.70, O92.79, O98.011-O98.013, O98.019, O98.02, O98.03, O98.111-O98.113, O98.119, O98.12, O98.13, O98.211-O98.213, O98.219, O98.22, O98.23, O98.311-O98.313, O98.319,



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HEDIS Measure	Member Description	Codes
Prenatal and Postpartum Care - Prenatal Rate - (PPC)  Cont'd	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<u>Pregnancy Diagnosis ICD-10-CM Cont'd:</u> O98.32, O98.33, O98.411-O98.413, O98.419, O98.42, O98.43, O98.511-O98.513, O98.519, O98.52, O98.53, O98.611-O98.613, O98.619, O98.62, O98.63, O98.711-O98.713, O98.719, O98.72, O98.73, O98.811-O98.813, O98.819, O98.82, O98.83, O98.911-O98.913, O98.919, O98.92, O98.93, O99.011-O99.013, O99.019, O99.02, O99.03, O99.111-O99.113, O99.119, O99.12, O99.13, O99.210-O99.215, O99.280-O99.285, O99.310-O99.315, O99.320-O99.325, O99.330-O99.335, O99.340-O99.345, O99.350-O99.355, O99.411-O99.413, O99.419, O99.42, O99.43, O99.511-O99.513, O99.519, O99.52, O99.53, O99.611-O99.613, O99.619, O99.62, O99.63, O99.711-O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825, O99.830, O99.834, O99.835, O99.840-O99.845, O99.89, O9A.111-O9A.113, O9A.119, O9A.12—O9A.13, O9A.211-O9A.213, O9A.219, O9A.22-O9A.23, O9A.311-O9A.313, O9A.319, O9A.32, O9A.33, O9A.411-O9A.413, O9A.419, O9A.42, O9A.43, O9A.511-O9A.513, O9A.519, O9A.52, O9A.53, Z03.71-Z03.75, Z03.79, Z33.1-Z33.2, Z33.3, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36.

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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Codes
<p>Prenatal and Postpartum Care - Prenatal Rate - (PPC)</p> <p>Cont'd</p> <p><b>NOTE:</b> There are additional antibody LOINC codes for Toxoplasma, Rubella, Cytomegalovirus, and Herpes Simplex that are not included in this slide and the next due to the volume.</p>	<p>Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year</p>	<p><b><u>Toxoplasma Antibody CPT®:</u></b> 86777 or 86778</p> <p><b><u>Toxoplasma Antibody LOINC:</u></b> 11598-0, 12261-4, 12262-2,13286-0, 17717-0,21570-7, 22577-1, 22580-5, 22582-1, 25584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 34422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40697-5, 40785-8, 40786-6, 41123-1, 41124-9, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8</p> <p><b><u>Rubella Antibody CPT®:</u></b> 86762 or</p> <p><b><u>Rubella Antibody LOINC:</u></b> 13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0</p> <p><b><u>Cytomegalovirus Antibody CPT®:</u></b> 86644 or</p> <p><b><u>Cytomegalovirus Antibody LOINC:</u></b> 13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-3, 32791-6, 32835-1, 45326-6, 47307-4, 47363-7, 47430-4, 49539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52976-8, 52984-2, 59838-3, 78445-4, 7851-9, 7852-7, 7853-5, 9513-3</p>

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HEDIS Measure	Member Description	Codes
Prenatal and Postpartum Care - Prenatal Rate - (PPC)  Cont'd	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<p><b><u>Herpes Simplex Antibody CPT®:</u></b> 86694-86696</p> <p><b><u>Herpes Simplex Antibody LOINC:</u></b> 10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16944-1, 16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4, 21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9, 30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9, 34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0, 43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5202-7, 5203-5, 5204-3, 5205-0, 5206-8, 52076, 5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7, 7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7</p> <p><b><u>ABO CPT®:</u></b> 86900</p> <p><b><u>ABO LOINC:</u></b> 57743-7, 883-9</p> <p><b><u>ABO &amp; Rh LOINC:</u></b> 882-1, 884-7</p> <p><b><u>ABO &amp; Rh LOINC:</u></b> 77397-8</p> <p><b><u>Rh CPT®:</u></b> 86901</p> <p><b><u>Rh LOINC:</u></b> 10331-7, 1305-2, 34961-3, 972-0, 978-7</p> <p><b><u>Deliveries CPT®:</u></b> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p> <p><b><u>Deliveries ICD10-PCS:</u></b> 10D00Z0- 10D07Z8, 10E0XZZ</p>

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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Codes
<p>Prenatal and Postpartum Care - Prenatal Rate - (PPC)</p> <p>Cont'd</p>	<p>Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year</p>	<p><b>Exclusions:</b></p> <p><b>Non-live births</b></p> <p><b>ICD 10 – CM:</b> O00.0-O00.21, O00.8-O00.81, O00.9-O00.91, O01.0-O01.1, O01.9-O02.1, O02.81, O02.89, O02.9,-O03.2, O03.30-O03.39, O03.4-O03.7, O03.80-O03.9, O04.5-O04.7, O04.80-O04.89, O07.0-O07.2, O07.30-O07.39, O07.4, O08.0-O08.7, O08.81-O08.83, O08.89, O08.9, Z37.1, Z37.4, Z37.7</p>

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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Prenatal and Postpartum Care - Postpartum Rate - (PPC)	Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year	<p><b>Postpartum visit</b> to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery.</p> <p>Documentation must indicate visit date &amp; evidence of:</p> <ul style="list-style-type: none"> <li>• Pelvic exam, <i>or</i></li> <li>• Examination of breasts (or notation of breastfeeding), abdomen, weight and blood pressure <i>or</i></li> <li>• Notation of postpartum care: such as, “6 week check”, “postpartum” visit/care, PP care, or preprinted postpartum care form</li> </ul>	<p><b>Postpartum Visits:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT®</b>: 57170, 58300, 59430, 99501</li> <li>• <b>CPT-CAT-II</b>: 0503F</li> <li>• <b>ICD-10-CM</b> : Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</li> <li>• <b>HCPCS</b>: G0101</li> </ul> <p><b>Postpartum Bundled Services :</b></p> <ul style="list-style-type: none"> <li>• <b>CPT®</b>: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</li> </ul>

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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)	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	An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data <b>and</b> a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.	<p><b>Glucose Tests:</b></p> <p><b>CPT®:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>LOINC:</b> 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</p> <p><b>HbA1c Tests:</b></p> <p><b>CPT®:</b> 83036, 83037,</p> <p><b>CPT –CAT-II:</b> 3044F, 3045F, 3046F</p> <p><b>LOINC:</b> 17856-6, 4548-4, 4549-2</p> <p><b>Long-Acting Injections:</b></p> <p><b>HCPCS:</b> J0401, J1631, J2358, J2426, J2680, J2794</p> <p><b>Bipolar Disorder</b></p> <p><b>ICD-10:</b> F30.10-F30.13, F30.2 - F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30 - F31.32, F31.4, F31.5, F31.60-F31.64, F31.70 –F31.78</p> <p><b>Other Bipolar Disorders</b></p> <p><b>ICD-10:</b> F31.81, F31.89, F31.9</p> <p><b>Schizophrenia</b></p> <p><b>ICD-10:</b> F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p>

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## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)	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	An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data <b>and</b> a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.	<p><b><u>BH Acute Inpatient</u></b>  <b>CPT®:</b> 90791,90792,90832 - 90834, 90836 - 90840, 90845, 90847, 90849,90853,90867-90870, 90875, 90876,99221-99223,99231-99233,99238,99239,99251-,99255,99291  <b>BH Acute Inpatient POS:</b> 21, 51  <b>BH Nonacute inpatient</b>  <b>CPT®:</b>            90791,90792,90832,90833,90834,90836,90837,90838,90839,90840,90845,90847,90849,90853,90867,90868, 90869,90870,90875,90876, 99291  <b>POS:</b> 31, 32, 56  <b>BH Outpatient/PH/IOP</b>  <b>CPT®:</b>            90791,90792,90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90867 - 90870, 90875,90876,99221 - 99223, 99231 - 99233,99238,99239,99251 - 99255, 99291  <b>POS:</b> 03,05,07,09,11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72  <b>BH Stand Alone Acute Inpatient</b>  <b>UBREV:</b>            0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720 - 0724, 0729, 0987  <b>BH Stand Alone Nonacute Inpatient</b>  <b>CPT®:</b>            99304,99305,99306,99307,99308,99309,99310,99315,99316,99318,99324,99325,9326,99327,99328,99334, 99335,99336,99337,            HCPCS: H0017, H0018, H0019, T2048  <b>UBREV:</b>            0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1003, 1004, 1005  <b>BH Stand Alone Outpatient/PH/IOP</b>  <b>CPT®:</b> 98960-98962, 99078, 99201-99205, 99211- 99215, 99217 - 99220, 99241-99245, 99341 – 99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99412, 99510  <b>HCPCS:</b>            G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015  <b>UBREV:</b>            0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0900-0905, 0907, 0911-0917, 0919, 0982-0983</p>

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Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSD)	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	An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data <b>and</b> a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.	<p><b><u>BH ED</u></b>  <b><u>CPT®:</u></b>            90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99291</p> <p><b><u>Acute Inpatient</u></b>  <b><u>CPT®:</u></b>            99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291  <b><u>UBREV:</u></b>            0100-0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159-0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720-0724, 0729, 0987</p> <p><b><u>Nonacute Inpatient</u></b>  <b><u>CPT®:</u></b>            99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337  <b><u>UBREV:</u></b>            0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559-0663, 0669</p> <p><b><u>Outpatient</u></b>  <b><u>CPT®:</u></b>            99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455, 99456  <b><u>UBREV:</u></b>            0510-0517, 0519-0523, 0526-0529, 0982, 0983  <b><u>HCPCS:</u></b>            G0402, G0438, G0439, G0463, T1015</p> <p><b><u>ED:</u></b>  <b><u>CPT®:</u></b>            99281-99285  <b><u>UBREV:</u></b>            0450, 0451, 0452, 0456, 0459, 0981  <b><u>POS:</u></b>            23</p> <p><b><u>Observation:</u></b>  <b><u>CPT®:</u></b>            99217, 99218, 99219, 99220</p> <p><b><u>Exclusions:</u></b> Exclude members with Diabetes by claim encounter data and by pharmacy data.</p>



# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	3-17 year old members	<p>Evidence of outpatient visit with PCP or OB/GYN containing the following during the measurement year:</p> <ol style="list-style-type: none"> <li>1. BMI percentile (may be a BMI growth chart if utilized)               <ul style="list-style-type: none"> <li>• Weight date and value</li> <li>• Height date and value</li> </ul> </li> <li>2. Counseling for Nutrition (diet)</li> <li>3. Counseling for Physical Activity (sports participation/exercise)</li> </ol>	<p><b>BMI:</b></p> <p><b>ICD-10-CM:</b> Z68.51-Z68.54</p> <p><b>Nutrition Counseling:</b></p> <p><b>ICD-10-CM:</b> Z71.3</p> <p><b>CPT®:</b> 97802-97804</p> <p><b>HCPCS:</b> G0447, G0270, G0271, S9449, S9452, S9470</p> <p><b>Physical Activity Counseling:</b></p> <p><b>ICD-10-CM:</b> Z02.5</p> <p><b>HCPCS:</b> G0447, S9451</p> <p><b>Codes to Identify Outpatient Visits:</b></p> <p><b>CPT®:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</p> <p><b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b>UB Revenue:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p><b>Exclusions:</b> Pregnancy</p>

# HEDIS® Measure 2018

## Physician Documentation Guidelines and Administrative Codes

HEDIS Measure	Member Description	Documentation Requirements	Codes
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Member 3-6 years of age as of December 31 of the measurement year	<p>Well-child visits <u>with a PCP</u> during the measurement year with the following:</p> <ul style="list-style-type: none"> <li>• <b>Health History (i.e. immunizations, medications, allergies) <u>AND</u></b></li> <li>• <b>Physical Developmental History (i.e. number of words spoken, plays with peers, goes up and down stairs) <u>AND</u></b></li> <li>• <b>Mental Developmental History (i.e. imaginative play, learning alphabet and numbers) <u>AND</u></b></li> <li>• <b>Physical Exam (i.e. height, weight, BMI, heart, lungs, abdomen, more than one system assessed) <u>AND</u></b></li> <li>• <b>Health Education/Anticipatory Guidance (i.e. address safety issues bike helmet, pool fences, window guards)</b></li> </ul>	<p><b><u>Codes to Identify Well-Child Visits:</u></b></p> <p><b><u>CPT</u></b>®: 99381-99385, 99391-99395, 99461</p> <p><b><u>ICD-10-CM</u></b>: 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</p> <p><b><u>HCPCS</u></b>: G0438, G0439</p>