2014 – 2015 Provider Tips for Optimizing HEDIS® Results

CareSource
Health Care with Heart

Childhood Immunizations

Immunizations must occur on or before child's 2nd birthday

Combo 2
- 4 doses – DTaP/DT
- 3 doses – IPV
- 1 doses – MMR
- 3 doses – Hib
- 3 doses – Hep B
- 1 dose – VZV

Document all seropositives and illness history of chicken pox, measles, mumps, and rubella. Document the first Hep B vaccine given at the hospital or at birth when applicable, or if unavailable, name of hospital where child was born.

No provider requirements specified.

Codes for Immunizations:

DTaP	Hep B	Hib	IPV	MMR	PCV	VZV
CPT	CPT	CPT	CPT	CPT	CPT	CPT
90698	90723	90645–90648	90698	90707	90669	90710
90700	90740	90698	90713	90710	90670	90716
90721	90744	90721	90723		HCPCS	
90723	90747	90748			G0009	
	90748					
	HCPCS					
	G0010					

History of Disease Diagnosis Codes:

Chicken Pox	Measles	Mumps	Rubella
ICD-9	ICD-9	ICD-9	ICD-9
052	055	072	056
053			

**In order to be reimbursed for the Immunization the Vaccine code must be billed along with the following Administration Code: 90460, 90471-90474*

Immunizations for Adolescents

Members age 13 years during the measurement year

Complete Immunizations:
- 1 dose – Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine on or between the member's 11th and 13th birthdays
- 1 dose – Tetanus, Diphtheria Toxoids Vaccine (Td) on or between the member's 10th and 13th birthdays

Document a note indicating the name of the specific antigen and the date of the immunization OR document a certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

No provider requirements specified.

CPT Codes for Immunizations:

Diphtheria	Meningococcal	Td	Tdap	Tetanus
90719	90733	90714	90715	90703
	90734	90718		

**In order to be reimbursed for the Immunization the Vaccine code must be billed along with the following Administration Code: 90460, 90471-90474*

Lead Screening

Members age turning age 2 during the measurement year

For all children turning 2 years old in the measurement year, a lead blood test must be completed before their second birthday.

No provider requirements specified.

CPT
83655

Well Care Visits

Members age 0-21 years

Ages 0-15 months: 6 visits in the first 15 months of life
Ages 18-30 months: 3 visits (one every 6 months)
Ages 3-6 years: 1 visit annually
Ages 7-11 years: 1 visit annually
Ages 12-21 years: 1 visit annually

All three components of a Well Child Visit must be included:
- Health and Development History (physical and mental)
- Physical Examination
- Health Education/Anticipatory Guidance

Primary Care Physician (PCP): A physician or non-physician (e.g. nurse practitioner) who offers primary care medical services.
- General or family practice physician
- General internal medicine physician
- General pediatrician
- Obstetrician/gynecologist (OB/GYN)
- Certified nurse midwife, nurse practitioner, and physician assistant under the direction of an OB/GYN certified provider

CPT
99381 or 99391 (younger than 1 year)
99382 or 99392 (age 1-4 years)
99383 or 99393 (age 5-11 years)
99384 or 99394 (age 12-17 years)
99385 or 99395 (18 years and older)

ICD-9
V20.3 Newborn check under 8 days old
V20.3 Newborn check 8 – 28 days old
V20.2 Routine infant or child health check
V70.0 Routine general medical examination

The codes do not have to be primary codes.

Well visits can be done in conjunction with sick visits as long as they are billed with the appropriate modifier. Well visits can be performed anytime in the measurement/calendar year.

Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)

Members age 3 –17 years

Ages 3 – 15 years on the date of service, documentation of:
- BMI percentile or BMI percentile plotted on age-growth chart (A BMI value is not acceptable for this age range)
- Counseling for nutrition
- Counseling for physical activity

Ages 16 –17 years on the date of service, documentation of:
- BMI value expressed as kg/m^2 is acceptable
- Counseling for nutrition
- Counseling for physical activity

- PCP
- OB/GYN

BMI		Counseling	
Percentile	Value *(ages 16-17)*	Nutrition	Physical Activity
ICD-9	ICD-9	ICD-9	ICD-9
V85.51	V85.0 – V85.45	V65.3	V65.41
V85.52			
V85.53		CPT	
V85.54		97802-97804	

Exclusions: Members with diagnosis of pregnancy during the measurement year or year prior.

Use of Appropriate Medications for People With Asthma

Members age 5– 64 years

Members 5– 64 years of age during the measurement year who were identified as having persistent asthma who were appropriately prescribed medication during the measurement year.

Four age stratifications and a total rate are reported:
- 5-11 years
- 12-18 years
- 19-50 years
- 51-64 years
- Total

No provider requirements specified.

Controller Medications:	Preferred Asthma Therapy Medications:
Description	Prescriptions
Antiasthmatic	dyphylline-guaifenesin, guaifenesin-theophylline
Antibody inhibitor	omalizumab
Inhaled corticosteroids	beclomethasone, budesonide, ciclesonide, flunisolide, mometasone,
Inhaled steroid	triamcinolone
Leukotriene modifiers	budesonide-formoterol, fluticasone-salmeterol, mometasone-formoterol
Mast cell stabilizers	montelukast, zafirlukast, zileuton
Methylxanthines	cromolyn, nedocromil aminophylline, dyphylline, theophylline

Exclusions: Emphysema, COPD, Chronic respiratory conditions due to fumes/vapors, cystic fibrosis, acute respiratory failure, and members who have had no asthma controller medications dispensed during measurement year.

Prenatal Postpartum Care

Women who had a live delivery between November 6th of the year prior to the measurement year and November 5th of the measurement year.

Prenatal Care

A prenatal visit within the 1st trimester or within 42 days of enrollment

Postpartum Care

A visit that occurs on or between 21–56 days after delivery. Components of a postpartum exam visit note:
- Pelvic exam, OR
- Weight, BP, breast and abdominal evaluation, and breast feeding status, OR
- PP check, PP Care, six-week check notation, or pre-printed "Postpartum Care" form in which information was documented during the visit

Prenatal Care Provider
- OB/GYN
- Midwife or nurse practitioner under the direction of an OB/GYN

Primary Care Provider
- Family practitioner or other PCP
- Nurse practitioner or physician assistant

Prenatal Visits		Postpartum Visits			
ICD-9	CPT	ICD-9	CPT	HCPCS	UB
V22-V23	99201-99205	V24.1	57170	G0123	0923
V28	99211-99215	V24.2	58300	G0124	
	99241-99245	V25.11	59430	G0141	
	99500	V25.12	88141–88143	G0143	
		V25.13	88147	G0144	
		V72.31	88148	G0145	
		V72.32	88150	G0147	
		V76.2	88152–88154	G0148	
			88164–88167	P3000	
			88174	P3001	
			88175	Q0091	
			99501		

Chlamydia Screening

Women age 16 –24 years

Documentation of at least one chlamydia test during the measurement year.

No provider requirements specified.

CPT
87110
87270
87320
87490–87492
87810

Exclusions: Members who had a pregnancy test during the measurement year followed within seven days (inclusive) by either a prescription for isotretinoin (Accutane) or xray. Pregnancy test alone does not apply.

Controlling High BP

Members age 18–85 years

Documentation of the **most recent** BP reading during the measurement year after the diagnosis of hypertension was made.

Documentation of diagnosis with hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.

If initial BP is high, physician or staff must document a subsequent BP during that visit.

No provider requirements specified.

This measure is Medical Record Review Only.

Diagnosis and documented BP must come from the same medical practitioner.

Exclusions: Members with evident ESRD, members with diagnosis of pregnancy during the measurement year, and members who had an admission to a non-acute inpatient setting during the measurement year

HEDIS Tip Sheet – Key		
Children	**Both**	**Adults**
Well Care Visits	Controlling High Blood Pressure	Adult BMI Assessment
Childhood Immunizations	Diabetic Eye Exam	Breast Cancer Screening
Immunizations for Adolescents	Diabetic HbA1c Testing	Cervical Cancer Screening
Lead Screening	Diabetic Nephropathy Screening	Colorectal Cancer Screening
Weight Assessment & Counseling for Nutrition & Physical Activity	Diabetic Blood Pressure Control	
	7-Day Follow-up After Hospitalization	
	Appropriate Asthma Medication Use	
	Prenatal and Postpartum Care	
	Chlamydia Screening	

Please distribute to billing and office personnel as appropriate.

Contact your Clinical Practice Consultant with any questions.

The codes contained in this HEDIS guide are examples of codes typically billed for the various types of services and may change from year to year. Submitting claims using these codes helps improve reporting of quality measures performed. Please keep in mind, billing these codes does not guarantee payment.

<table>
<tr>
<td>Diabetic Eye Exam
Members age 18–75 years with diabetes</td>
<td>Optometrist/ophthalmologist exam every two years for patients without retinopathy and every year with diabetic retinopathy. At a minimum, documentation in the medical record must include one of the following:
• A letter prepared by an optometrist, ophthalmologist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed, the date when the procedure was performed, and the results.
• A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
• Documentation of a negative retinal or dilated exam by an eye care professional in the year prior to the measurement year, where results indicate retinopathy was not present</td>
<td>• Ophthalmologist
• Optometrist</td>
<td>CPT: 67028, 67030, 67031, 67036, 67039– 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203 –99205, 99213 – 99215, 99242–99245
HCPCS: S0620, S0621, S3000

Exclusions: Members that are not diabetic per current PCP documentation, OR members with a diagnosis of polycystic ovaries, gestational diabetes, or steroid induced diabetes.
Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</td>
</tr>
<tr>
<td>Diabetic HbA1c Testing and Control
Members age 18–75 years with diabetes</td>
<td>At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. To be considered controlled, the most recent HbA1c must be <8.0%.</td>
<td>No provider requirements specified.</td>
<td>
<table>
<tr><th>HbA1c Test</th><th></th><th>HbA1c Control</th></tr>
<tr><td>CPT
83036
83037</td><td>LOINC
4548-4
4549-2
17856-6</td><td>Must be documented in the medical record. The most recent result must be <8.0% to be considered controlled.</td></tr>
</table>
Exclusions: Members that are not diabetic per current PCP documentation, OR members with a diagnosis of polycystic ovaries, gestational diabetes, or steroid induced diabetes.
</td>
</tr>
<tr>
<td>Diabetic BP Control
Members age 18–75 years with diabetes</td>
<td>Documentation in the medical record must include the most recent BP taken during the measurement year. Adequately controlled BP must be <140/90 during the measurement year.</td>
<td>No provider requirements specified.</td>
<td>The most recent blood pressure must be documented in the medical record and <140/90 to be considered controlled.

Exclusions: Members that are not diabetic per current PCP documentation, OR members with a diagnosis of polycystic ovaries, gestational diabetes, or steroid induced diabetes.</td>
</tr>
<tr>
<td>Diabetic Nephropathy Monitoring
Members age 18–75 years with diabetes</td>
<td>Evidence of one of the following, per year:
• Nephropathy screening test
• Treatment for nephropathy or ACE/ARB therapy
• Evidence of stage 4 chronic kidney disease
• Evidence of ESRD
• Evidence of a kidney transplant
• A positive urine macroalbumin test</td>
<td>No provider requirements specified.</td>
<td>
<table>
<tr><th>Nephropathy Screening Test</th><th>Positive Urine Macroalbumin</th><th colspan="2">Nephropathy Treatment</th></tr>
<tr><td>CPT
82042
82043
82044
84156</td><td>CPT
3062F</td><td>CPT
3066F
4010F</td><td>ICD-9
Codes available upon request</td></tr>
</table>
Exclusions: Members that are not diabetic per current PCP documentation, OR members with a diagnosis of polycystic ovaries, gestational diabetes, or steroid induced diabetes.
</td>
</tr>
<tr>
<td>7-Day Follow-up After Hospitalization
Members age 6 and older</td>
<td>Documentation of an outpatient visit with a mental health practitioner within 7 days after discharge with a selective mental health disorder.

Only facility claim identifies a discharge.

Mental Health Diagnosis:
ICD-9 295–299, 300.3, 300.4, 301, 308, 309, 311–314</td>
<td>Mental Health Practitioner:
• Psychiatrist
• Psychologist
• Psychiatric nurse practitioner
• Masters prepared social worker
• Clinical nurse specialist
• Certified marital and family therapist (MFT)
• Professional counselor (PCC, PCC-S)</td>
<td>CPT: 98960-98962, 99078, 99201-99205, 99211-99215,99217-99220, 99241-99245, 9341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510
HCPCS: G0155, G0176, G0177, G0409–G0411, G0463, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010 –H2020, M0064, S0201, S9480, S9484, S9485;</td>
</tr>
<tr>
<td>Adult BMI Assessment
Members age 18–74 years</td>
<td>Documentation in the medical record must indicate the weight and BMI value dated during the measurement year or year prior to the measurement year.
Members younger than 19 years:
• BMI percentile documented as a value (e.g., 85th percentile)
• BMI percentile plotted on an age-growth chart</td>
<td>No provider requirements specified.</td>
<td>ICD-9: V85.0–V85.5
CPT: 99201-99205, 992211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

Exclusions: Members with diagnosis of pregnancy during the measurement year or year prior.</td>
</tr>
<tr>
<td>Breast Cancer Screening
Women age 52–74 years</td>
<td>One or more mammograms any time on or between October 1st, two years prior to the measurement year, and December 31st of the measurement year.
Obtain a copy of mammogram results or record date of test and result.

This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast cancer screening.</td>
<td>No provider requirements specified.</td>
<td>
<table>
<tr><th colspan="4">Coding to Identify Mammogram:</th></tr>
<tr><td>CPT
77055- 77057</td><td>HCPCS
G0202
G0204
G0206</td><td>ICD-9
87.3
87.37</td><td>UB
0401
0403</td></tr>
</table>
<table>
<tr><th colspan="3">Coding to Identify Exclusions:</th></tr>
<tr><td>Bilateral Mastectomy
ICD-9
85.42
85.44
85.46
85.48</td><td>*Unilateral Mastectomy
CPT
19180
19200
19220
19240
19303–
19307</td><td>
ICD-9
85.41
85.43
85.45
85.47</td></tr>
</table>
*MUST be billed with bilateral modifier: 50 or 09950
</td>
</tr>
<tr>
<td>Cervical Cancer Screening
Women age 24–64 years

(two-year look-back includes Paps given at age 21)</td>
<td>The percentage of women 21– 64 years of age who were screened for cervical cancer using either of the following criteria:
• ages 21– 64 who had cervical cytology performed every 3 years
• ages 30 – 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

The following does not qualify:
• Lab results that indicate inadequate sample or no cervical cells

Referral to OB/GY N alone does not meet the measure. Biopsies are considered diagnostic and do not meet the measure.</td>
<td>No provider requirements specified.</td>
<td>
<table>
<tr><th colspan="4">Cervical Cytology</th></tr>
<tr><td>CPT
88141–88143
88147
88148
88150
88152–88154
88164–88167
88174
88175</td><td>HCPCS
G0123
G0124
G0141
G0143 –G0145
G0147
G0148
P3000
P3001
Q0091</td><td>LOINC
10524-7
18500-9
19762-4
19764-0
19765-7
19766-5
19774-9
33717-0
47527-7
47528-5</td><td>UB
0923</td></tr>
</table>
<table>
<tr><th colspan="2">HPV Test</th></tr>
<tr><td>CPT
87620-87622</td><td>LOINC
21440-3,30167-1,
38372-9,
49896-4, 59420-0</td></tr>
</table>
Exclusions: members who have had a hysterectomy with no residual cervix.
</td>
</tr>
<tr>
<td>Colorectal Cancer Screening
Members age 51-75 years</td>
<td>One or more screenings for colorectal cancer.

Appropriate screenings are defined by one of the following:
• FOBT during the measurement year
• Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
• Colonoscopy during the measurement year or the nine years prior to the measurement year</td>
<td>No provider requirements specified.</td>
<td>
<table>
<tr><th>Colonoscopy</th><th>Flexible Sigmoidoscopy</th><th>FOBT</th></tr>
<tr><td>CPT
44388–44394
44397
45355
45378–45387
45391
45392
HCPCS
G0105
G0121
ICD-9
45.22
45.23
45.25
45.42
45.43</td><td>CPT
45330–45335
45337–45342
45345
HCPCS
G0104
ICD-9
45.24</td><td>CPT
82270, 82274
HCPCS
G0328
LOINC
2335-8
12503-9
12504-7
14563-1
14564-
14565-6
27396-1
27401-9
27925-7
27926-5
29771-3
56490-6
56491-4
57905-2
58453-2</td></tr>
</table>
Exclusions: Members with a diagnosis of colorectal cancer or total colectomy.
</td>
</tr>
</table>

The CareSource ***Clinical Practice Registry*** and ***Member Profile*** are available to providers to look up services and tests needed for members.

To access the CareSource ***Clinical Practice Registry*** and ***Member Profile***, please visit **caresource.com**.

- The ***Clinical Practice Registry*** can be found by clicking Providers > Member Care > Clinical Guidelines
- ***Member Profiles*** can be found by logging on the Provider Portal

How to improve your HEDIS score

- You will receive the highest scores if you document all services and procedures on a claim as this ensures you will receive credit.
- Using codes as outlined on this document may also decrease the number of chart reviews required during HEDIS data collection.
- Members may be incorrectly identified as diabetic through ER claims. If this is the case with your member, send in a copy of the member's problem list or progress notes to validate "not a diabetic."