HEDIS® CODING GUIDE – **ADULTS**

Please use this coding guide as a resource to help you correctly document adults' visits at your practice to meet HEDIS measures.

MEASURE	DESCRIPTION	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
Adult body mass index (BMI) assessment Ages 18 to 74	Those patients 18 to 74 who had an outpatient visit and whose BMI was documented during the measurement year or the previous year	Documentation of BMI : **20 years and under:** Document: height, weight and BMI percentile **20 years and older:** Document: weight and BMI value	**(Ages 19 and under) BMI Percentile ICD-10:** Z68.51, Z68.52, Z68.53, Z68.54 **(Ages 20 and over) ICD-10:** Z68.XXX
Breast cancer screening Women 50 to 74	Women 50 to 74 who receive a mammogram to screen for breast cancer once every 27 months	Biopsies, breast ultrasounds or MRIs do not count towards this measure	**CPT:** 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067 **HCPCS:** G0202, G0204, G0206 ***Potential exclusion from measure*** **ICD-10 for mastectomy in patient history:** Z90.11, Z90.12, Z90.13
Cervical cancer screening Women 21 to 64	Women 21 to 64 who were screened for cervical cancer	**Women ages 21 to 64 who had cervical cytology during the measurement year or the two years prior:** Documentation must include **both**: • A note indicating the date when the cervical cytology was performed • The result or finding **Women ages 30 to 64, as of Dec. 31 of the measurement year, who had cervical cytology and an HPV test on the same date of service during the measurement year or the four years prior, and who were 30 years or older as of the date of testing:** Documentation must include **both**: • A note indicating the date when the cervical cytology and the HPV test were performed. The cervical cytology and HPV test must be from the same data source. • The results or findings.	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88154, 88164-88167, 88174, 88175, 87620-87622, 87624, 87625, 88153 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0476, P3000, P3001, Q0091 ***Potential exclusion from measure*** **ICD-10 for hysterectomy in patient history:** Q51.5, Z90.710, Z90.712
Chlamydia screening in women Women 16 to 24	Women 16 to 24 who identified as sexually active and who had at least one test for chlamydia during the measurement year	Women who identified as sexually active should be tested. Women are considered sexually active if there is evidence of the following: • Contraceptives are prescribed • Medical coding	**CPT:** 87110, 87270, 87320, 87490, 87491, 87492, 87810

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Colorectal cancer screening Ages 50 to 75	Adults 50 to 75 who had appropriate screening for colorectal cancer. One or more screenings for colorectal cancer. Any of the following meet criteria: • Fecal occult blood test – **yearly** • FIT – DNA test – **every 3 years** • CT colonography – **every 5 years** • Flexible sigmoidoscopy – **every 5 years** • Colonoscopy – **every 10 years**	Documentation in the medical record must include: • **A note indicating the date when the colorectal cancer screening was performed.** (A result is not required if the documentation is clearly part of the "medical history" section of the record. If this is not clear, the result or finding must also be present. This ensures that the screening was performed and not merely ordered.)	**Colonoscopy CPT:** 44388, 44389, 44390-44394, 44397, 45355, 45378, 45379, 45380-45393, 45398, 44401-44408 **HCPCS:** G0105, G0121 **Flexible sigmoidoscopy CPT:** 45330-45335, 45337-45342, 45345-45347, 45349, 45350 **HCPCS:** G0104 **FOBT CPT:** 82270, 82274 **HCPCS:** G0328 **FIT – DNA CPT:** 81528 **FIT – DNA HCPCS:** G0464 **CT Colonography CPT:** 74261-74263 ***Potential exclusion from measure*** **ICD-10 for colorectal cancer in patient history:** C18.0-C20, C21.2, C21.8, C78.5, Z85.038, Z85.038
EFFECTIVENESS OF CARE: **RESPIRATORY CONDITIONS**			
Medication ratio and management for people with asthma Ages 5 to 64	Ages 5 to 64 with persistent asthma and were dispensed appropriate medications, remaining on them during the treatment period	• Medications given as oral, inhaler, or as an injection are counted • Controller medication(s) should account for more than 0.50 of total asthma medications dispensed • Those who remained on an asthma controller medication for at least 75 percent of their treatment period.	Compliance occurs only if patient fills prescription. Please encourage your patients to fill prescriptions on time and take medications as prescribed.
EFFECTIVENESS OF CARE: **CARDIOVASCULAR CONDITIONS**			
Controlling high blood pressure Ages 18 to 85	Those ages 18 to 85 years with a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled based on specific criteria	Criteria for controlled: • Age 18 to 59 whose BP was less than 140/90 • Ages 60 to 85 **with a diagnosis of diabetes** whose BP was less than 140/90 • Ages 60 to 85 without a diagnosis of diabetes whose BP was less than 150/90 **Exclusions:** Members with evident end-stage renal disease (ESRD); diagnosis of pregnancy during the current year; patients who had an admission to a nonacute inpatient setting in the current year	**Record review:** Notation of the **most recent BP** in the medical record
Statin therapy for patients with cardiovascular disease Males 21 to 75; females 40 to 75	Patients who have clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: • Received statin therapy • Complied with therapy at least 80 percent of treatment period	Patients with diagnosis of myocardial infarction (MI), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI) or other revascularization process are automatically included in measure. Patients should be dispensed at least one high- or moderate-intensity statin and stay on medication for at least 80 percent of the treatment period.	Compliance occurs only if the patient fills prescription. Encourage the patient to fill prescriptions on time and take medications as prescribed.

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EFFECTIVENESS OF CARE: DIABETES			
Statin therapy for patients with diabetes Ages 40 to 75	Patients who have diabetes and **DO NOT HAVE** clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: • Received statin therapy • Were adherent to therapy at least 80 percent of treatment period	• Patients who were identified as having diabetes with diagnosis of MI, CABG, PCI or other revascularization process are automatically excluded in measure. • Patients should be dispensed at least one high- or moderate-intensity statin and stay on medication for at least 80 percent of treatment period.	Compliance occurs only if the patient fills the prescription. Encourage the patient to fill prescriptions on time and take medications as prescribed.
Comprehensive diabetes care Ages 18 to 75 with Type 1 or 2 diabetes	Adults with annual screening of the following: • HbA1c testing and lab value • HbA1c result less than 8 percent • Retinal eye exam with an optometrist or ophthalmologist • Diabetic nephropathy assessment – urine test for albumin or protein • BP less than 140/90 for patients with hypertension	• Notation of the most recent HbA1c screening (expanded to include glycohemoglobin, glycated hemoglobin and glycosylated hemoglobin) and result performed in current year • A retinal or dilated eye exam by an optometrist or ophthalmologist in current year, or a negative retinal or dilated exam (i.e., negative for retinopathy) done by an optometrist or ophthalmologist in previous year • A nephropathy screening test – the date when a urine microalbumin test was performed and the result, or evidence of nephropathy (e.g., visit to nephrologist, renal transplant, positive urine macroalbumin test, or prescribed angiotensin-converting enzyme inhibitor [ACE]/angiotensin-receptor blocker [ARB] therapy) • Notation of the **most recent BP** in the medical record	**HbA1c CPT:** 83036, 83037 **HbA1c CPT II:** 3044F, 3045F, 3046F **Eye exam CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208. 67210. 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242-99245 **Eye exam CPT II:** 2022F, 2024F, 2026F, 3072F **Eye exam HCPCS:** S0620, S0621, S3000 **Nephropathy CPT:** 81000-81003, 81005, 82042, 82043, 82044, 84156 **Nephropathy CPT II:** 3060F, 3061F, 3062F, 3066F, 4010F **Nephropathy Treatment ICD-10:** 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, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N08, N14.0-N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1-N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-Q60.6, Q61.00, Q61.01, Q61.02, Q61.11, Q61.19, Q61.2-Q61.9, R80.0-R80.3, R80.8, R80.9 **Blood Pressure CPT II:** 3074F, 3075F, 3077F, 3078F, 3079F, 3080F
EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION			
Medication reconciliation post-discharge Ages 18 and older	Percentage of discharges for whom medications were reconciled less than 30 days of discharge	Document any of the following on or within 30 days of inpatient discharge: • Discharge and current medications were reviewed and reconciled. • Current medications were reviewed with reference to discharge medication status (e.g., no changes). • No medication changes or additions were prescribed upon discharge.	**Medication Reconciliation CPT:** 99495, 99496 **Medication Reconciliation CPT II:** 1111F, 1159F, 1160F

MEASURE	DESCRIPTION	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
EFFECTIVENESS OF CARE: **ACCESS/AVAILABILITY OF CARE**			
Adults' access to preventive/ ambulatory health services 20 and older	20 and older who had an ambulatory or preventive care visit.	This measure looks at whether adult members receive preventive and ambulatory services. To qualify, the member must receive evaluation and management care during an ambulatory visit with a medical professional. Care received in an urgent care, emergency department or inpatient setting does not qualify.	**CPT:** 92002, 92004, 92012, 92014, 99201-992015, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99429 **HCPCS:** G0402, G0438, G0439, G0463, S0620, S0621, T1015 **ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 **Revenue code:** 0510-0517, 0519-0529, 0982-0983
Prenatal and postpartum care All ages	The following measures assess the 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 the enrollment start date or within 42 days of enrollment in the organization. • **Frequency of prenatal care:** Pregnant women require monitoring throughout the pregnancy. **Visits should follow a schedule:** – Every four weeks for the first 28 weeks of pregnancy – Every two to three weeks for the next seven weeks – Weekly thereafter until delivery • **Postpartum care:** The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	A qualified prenatal care visit with an obstetrician/gynecologist (OB/GYN) must be face-to-face and include at least one of the following: • Auscultation for fetal heart tones • Pelvic exam with OB observations (a pap test alone does not count) • Measurement of fundal height • Basic OB visit that includes one of the following prenatal procedures: – Complete OB lab panel – Toxoplasmosis, rubella, cytomeglavirus and herpes simplex virus (TORCH) antibody panel – Rubella antibody with Rh incompatibility blood typing – Ultrasound of pregnant uterus • Documentation of last menstrual date (LMD) or estimated delivery date (EDD) in conjunction with a prenatal risk assessment and education or a complete obstetrical history • Visits with a primary care provider (PCP) or other family practitioner must follow the same guidelines but also include a documented diagnosis of pregnancy A qualified postpartum visit must be face-to-face and included at least one of the following: • Notation of postpartum care • Pelvic exam • Evaluation of weight, blood pressure, breast and abdomen (must have all four components)	**Prenatal visits:** **CPT:** 99500 **CPT II:** 0500F, 0501F, 0502F **HCPCS:** H1000-H1004 **– OR –** **CPT:** 99201-992015, 99211-99215, 99241-99245 **HCPCS:** G0463 **Revenue Code:** 0514 With an appropriate pregnancy diagnosis **– AND –** *At least one of the following:* **Obstetric Panel CPT:** 80055, 80081 **Prenatal Ultrasound CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 **Prenatal Ultrasound Procedure Code:** BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4CZZZ, BY4FZZZ, BY4GZZZ **– OR –** *An appropriate combination of:* **Toxoplasma Antibody CPT:** 86777, 86778 **Rubella Antibody CPT:** 86762 **Cytomegalovirus Antibody CPT:** 86644 **Herpes Simplex Antibody CPT:** 86694- 86696 **ABO CPT:** 86900 **Rh CPT:** 86901 **Postpartum visits:** **CPT:** 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **CPT II:** 0503F **HCPCS:** G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 **Revenue code:** 0923