

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 : <ul style="list-style-type: none"> • 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 : <ul style="list-style-type: none"> • 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 ICD-10: 790.710, 790.712, Q51.5
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: <ul style="list-style-type: none"> • Contraceptives are prescribed • Medical coding 	CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810

MEASURE	DESCRIPTION	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 ICD-10: Z85.038, Z85.048

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	<ul style="list-style-type: none"> • 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.
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EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS

Controlling high blood pressure Ages 18 to 85	Those ages 18 to 85 years with two diagnosis of hypertension in the prior two years, and whose blood pressure (BP) was adequately controlled based on specific criteria	Criteria for controlled: <ul style="list-style-type: none"> • Notation of most recent BP was less than 140/90 on or after the date of the second diagnosis of hypertension • Notation of most recent BP must occur during measurement year 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	Blood Pressure CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F In an outpatient or remote blood pressure monitoring setting Remote Blood Pressure Monitoring CPT: 93784, 93788, 93790, 99091
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Statin therapy for patients with cardiovascular disease Males 21 to 75; females 40 to 75	Patients diagnosed with clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: <ul style="list-style-type: none"> • Received statin therapy • Complied with therapy at least 80 percent of treatment period 	<ul style="list-style-type: none"> • 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
 In an outpatient or remote blood pressure monitoring setting:
Remote Blood Pressure Monitoring CPT: 93874, 93788, 93790, 99091

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

EFFECTIVENESS OF CARE: ACCESS/AVAILABILITY OF CARE

Adults' access to preventive/ambulatory health services

20 and older who had an ambulatory or preventive care visit.

20 and older

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. Telehealth option available for this measure.

CPT: 92002, 92004, 92012, 92014, 98966-98969, 99201-99205, 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, 99441-99444
HCPCS: G0402, G0438, G0439, G0463, S0620, S0621, T1015
ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, 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, cytomegalovirus 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, 59425, 59426
CPT II: 0500F, 0501F, 0502F
HCPCS: H1000-H1004

– OR –

CPT: 99201-99205, 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