

2019 HEDIS® AT-A-GLANCE:

KEY ADULT MEASURES

Missouri Care values everything you do to deliver quality healthcare for our members – your patients. This easy-to-use HEDIS® At-A-Glance Guide gives you the tools to meet, document and code HEDIS Measures. Together, we can improve our quality scores and Star Ratings by ensuring optimum care and service to our members. Please contact your Missouri Care representative if you need more information or have any questions. **Quality care is a team effort. Thank you for playing a starring role!**

* Measurement year 2018

	HEDIS Measure	Documentation Tips	Sample Codes Used
VISITS	<p>Adult Access to Preventive/Ambulatory Health Services (AAP) Members who had an ambulatory or preventive care visit during the measurement year.</p> <p>Medicare Advantage</p> <ul style="list-style-type: none"> • One-time Welcome to Medicare Visit • One Annual Wellness Visit <p>Ages: 20 years and older <i>Performed by: Measurement year*</i></p>	<p>Medicaid and Medicare: One or more ambulatory or preventive care visits during the measurement year.</p>	<p>ICD-10-Dx: General Medical Exam: Z00.00, Z00.01</p> <p>CPT Codes: 18-39 Years Old: 99385, 99395 40-64 Years Old: 99386, 99396 65+ Years: 99387, 99397 Online Assessments: 98969, 99444 Telehealth Modifier: 95, GT Telephone Visits: 98966-98968, 99441-99443</p> <p>Medicare Advantage HCPCS: Welcome to Medicare Visit: G0402 Annual Wellness: G0438, G0439</p>
	<p>★ Adult BMI Assessment (ABA) Those who had an outpatient visit and had their Body Mass Index (BMI) documented during the measurement year or year prior.</p> <p>STAR Weight: 1 Ages: 18-74 years <i>Performed by: Measurement year and prior year*</i></p>	<p>To be calculated and documented at every visit.</p> <ul style="list-style-type: none"> • For members younger than 20, documentation must include height and weight and be represented as a percentile. • For members ≥ 20, documentation must include weight and BMI value. <p>EXCLUSION: Females diagnosed as pregnant during the measurement year or year prior.</p>	<p>Members 20 years and older: Use BMI Values diagnosis codes. ICD-10-Dx: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45</p> <p>Members younger than 20: Use BMI Percentile diagnosis codes. ICD-10-Dx: Z68.51-Z68.54</p>
ASSESSMENT & SCREENING	<p>★ Breast Cancer Screening (BCS) Women who had one or more mammograms to screen for breast cancer during the measurement year or the two years prior.</p> <p>Ages: 50-74 years (Women) STAR Weight: 1 <i>Performed by: Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year</i></p>	<p>Include documentation of mammogram or exclusions. This measure is to evaluate preventive screening. Do not count biopsies, breast ultrasounds or MRIs as they are not appropriate methods for primary breast cancer screening.</p> <p>EXCLUSIONS: Women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart. Medicare members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.</p>	<p>CPT Codes: 77055-77057, 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206</p>

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HEDIS Measure	Documentation Tips	Sample Codes Used
<p>Chlamydia Screening (CHL)</p> <p>Women who were identified as sexually active and who had at least one chlamydia test in the measurement year.</p> <p>Report two age stratifications and a total rate:</p> <ul style="list-style-type: none"> • 16–20 years (Women) • 21–24 years (Women) • Total (Women) <p><i>Performed by: Measurement year*</i></p>	<ul style="list-style-type: none"> • May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis • A note indicating the date the test was performed and the result or finding 	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p>
<p>Cervical Cancer Screening (CCS)</p> <p>Women who received one or more Pap tests to screen for cervical cancer in the current year or the 2 previous years:</p> <ul style="list-style-type: none"> • 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 <p><i>Performed by:</i> <i>PAP: Measurement year and prior years*</i> <i>HPV: Measurement year and prior years*</i></p>	<p>A note indicating the date the test was performed and the result or finding.</p> <ul style="list-style-type: none"> • Labs that indicate the sample was inadequate or “no cervical cells were present” cannot be counted • Biopsies cannot be counted <p>Documentation of “hysterectomy” alone cannot be counted.</p> <p>EXCLUSION: Women who had a total hysterectomy with no residual cervix.</p>	<p>Cervical Cytology: CPT Codes: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 HPV Tests: 87620-87622, 87624, 87625 HCPCS: G0476</p>
<p>★ Colorectal Cancer Screening (COL)</p> <p>Those members who received one or more of the following screenings:</p> <ul style="list-style-type: none"> • Colonoscopy (past 10 years) <ul style="list-style-type: none"> • <i>Performed by: Jan. 1–Dec. 31 of measurement year or 9 prior years</i> • Flexible Sigmoidoscopy (past 5 years) <ul style="list-style-type: none"> • <i>Performed by: Jan 1–Dec. 31 of measurement year or 4 prior years</i> • Fecal Occult Blood Test (FOBT) annually or Fecal Immunochemical Test (FIT) <ul style="list-style-type: none"> • <i>Performed by: Jan. 1–Dec. 31</i> • FIT-DNA/Cologuard:- <ul style="list-style-type: none"> • <i>Performed by: Jan. 1–Dec. 31 of measurement year or 2 prior years</i> • CT Colonography <ul style="list-style-type: none"> • <i>Performed by: Jan. 1–Dec. 31, 2017 of measurement year or 4 prior years</i> <p>STAR Weight: 1 Ages: 50-75 years</p>	<p>A note indicating the date the test was performed. A result is not required if the documentation is clearly part of the medical history section of the record. If it is not clear, the result or finding must also be present.</p> <ul style="list-style-type: none"> • FOBT in current year, or • FIT in current year and two years prior, or • Flexible sigmoidoscopy in current year or the 4 years prior, or • Colonoscopy in current year or the 9 years prior <p>Digital rectal exams do not count.</p> <p>EXCLUSIONS: Those with diagnosis of colorectal cancer or total colectomy. Medicare members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.</p>	<p>FOBT: 82270, 82274 HCPCS: G0328</p> <p>Flexible Sigmoidoscopy: 45330-45335, 45337-45342, 45345-45347, 45349, 45350 HCPCS: G0104</p> <p>Colonoscopy: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 HCPCS: G0105, G0121</p> <p>FIT-DNA/Cologuard: 81528 HCPCS: G0464</p> <p>CT Colonography: 74261-74263</p>

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ASTHMA	<p>Medication Management for People with Asthma (MMA)</p> <p>Those diagnosed with persistent asthma and were dispensed and remained on medications during the treatment period.</p> <p>Ages: 5-64 years</p> <p><i>Performed by: Jan. 1–Dec. 31 of measurement year*</i></p>	<p>Two rates are reported:</p> <ul style="list-style-type: none"> Those who remained on an asthma controller medication for at least 50% of their treatment period Those who remained on an asthma controller medication for at least 75% of their treatment period For a complete list of medications and NDC codes, please visit www.ncqa.org. 	<p>CPT Codes: 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99341-99345, 99347-99350, 99251-99255, 99281-99285, 99291, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</p> <p>ICD-10-Dx Codes: 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>Online Assessments: 98969, 99444</p> <p>Telehealth Modifier: 95, GT</p> <p>Telehealth POS: 02</p> <p>Telephone Visits: 98966-98968, 99441-99443</p>
BLOOD PRESSURE	<p>★ Controlling High Blood Pressure (CBP)</p> <p>Those with a diagnosis of hypertension (HTN) and whose blood pressure (BP) was controlled.</p> <p>STAR Weight: 3</p> <p>Ages: 18-85 BP <140/<90 or Systolic <140 and Diastolic <90</p> <p><i>Performed by: Jan. 1–Dec. 31 of measurement year*</i></p> <p>Members who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year (count services that occur over both years). Visit type need not be the same for the two visits. Only one of the two visits may be a telephone visit, an online assessment or a telehealth visit.</p>	<p>Documentation:</p> <ul style="list-style-type: none"> BP can be taken from remote monitor devices that are digitally stored and transmitted directly to provider. The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. BP must be the last of the year. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading. If the BP reading is high at the beginning of the visit, retake it at the end of the visit and record the lowest systolic and diastolic reading. <p>EXCLUSIONS: Members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.</p>	<p>ICD-10-Dx:</p> <p>HTN: I10</p> <p>CPT Codes: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</p> <p>CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>Remote BP Monitoring: 93784, 93788, 93790, 99091</p> <p>Online Assessments: 98969, 99444</p> <p>Telehealth Modifier: 95, GT</p> <p>Telephone Visits: 98966-98968, 99441-99443</p>

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DIABETES	<p>★ Comprehensive Diabetes Care (CDC) ★ HbA1c Controlled STAR Weight: 3 <i>Performed by: Jan. 1 – Dec. 31 of measurement year*</i></p> <p>★ Eye Exam (Retinal) Performed STAR Weight: 1 <i>Performed by: Jan. 1 – Dec. 31 of measurement year or a negative exam in the prior year*</i></p> <p>★ Kidney Disease Monitoring STAR Weight: 1 <i>Performed by: Jan. 1 – Dec. 31 of measurement year*</i></p> <p>Blood Pressure Controlled Systolic <140 and Diastolic <90 No Star Weight (CBP measure is weighted as 3) <i>Performed by: Jan. 1 – Dec. 31 of measurement year*</i> Ages: 18-75 years</p>	<p>Blood and or urine samples should be sent to lab and/or vendor for analysis.</p> <ul style="list-style-type: none"> • 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 (negative for retinopathy) done by an optometrist or ophthalmologist in previous year. A bilateral eye enucleation anytime during members history through Dec 31 of the measurement year. • A nephropathy screening test – the date when a urine microalbumin test was performed and the result, or evidence of nephropathy (visit to nephrologist, renal transplant, positive urine macroalbumin test, or prescribed ACE/ARB therapy) • Notation of the most recent BP in the medical record. BP can be taken from remote monitoring devices that are digitally stored and transmitted directly to provider. <p>EXCLUSIONS: Members 66 years of age and older; living long term in an institution or enrolled in I-SNP, or with frailty and advanced illness during measurement year.</p>	<p>HbA1c Controlled CPT Codes: 83036, 83037 CPT II & PQRS Codes: <7%: 3044F; 7%–9%: 3045F; >9%: 3046F ICD-10-Dx: Use appropriate code family: E or O</p> <p>Eye Exam (Retinal) Performed Diabetic Retinal Screening Negative-CPT II: 3072F</p> <p>Diabetic Retinal Screening With Eye Care Professional-CPT II & PQRS Codes: 2022F, 2024F, 2026F</p> <p>Kidney Disease Monitoring ICD-10-Dx: Use appropriate code family: E, I, N, Q, R CPT Codes: 81000-81003, 81005, 82042-82044, 84156 CPT II & PQRS Codes: 3060F, 3061F, 3062F, 3066F, 4010F</p> <p>Control of Blood Pressure Systolic: <140: 3074F; 130–139: 3075F; ≥140: 3077F Diastolic: <80: 3078F; 80-89: 3079F; ≥90: 3080F</p> <p>Remote BP Monitoring: 93784, 93788, 93790, 99091</p> <p>Online Assessments: 98969, 99444</p> <p>Telehealth Modifier: 95, GT Telehealth POS: 02 Telephone Visits: 98966-98968, 99441-99443</p>
	MEDICATIONS	<p>Annual Monitoring for Patients on Persistent Medications (MPM) Those who received at least 180 treatment days of ambulatory medication therapy and at least 1 therapeutic monitoring event for the therapeutic agent. Ages: 18 years and older <i>Performed by: Jan. 1 – Dec. 31 of measurement year*</i></p>	<p>Members on ACE/ARBs or diuretics should have a serum K+ and a serum creatinine annually. Members on digoxin should have at least one serum K+, one serum creatinine and one serum digoxin therapeutic test annually.</p>
<p>★ Medication Reconciliation Post Discharge (MRP) STAR Weight: 1 Percentage of discharges from Jan. 1 to Dec. 1 of the measurement year for whom medications were reconciled ≤30 days of discharge by PCP, PA, NP, Clinical Pharmacist or RN. Ages: 18 years and older <i>Performed by: Jan. 1 – Dec. 1 of measurement year*</i></p>		<p>Document any of the following on or within 30 days of discharge:</p> <ul style="list-style-type: none"> • 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 	<p>CPT Codes: Transition of Care 7 Days: 99496 Transition of Care 14 Days: 99495 CPT II Code: 1111F</p>

HEDIS Measure

Prenatal and Postpartum Care (PPC)

The percentage of deliveries of live births between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on enrollment start date or within 42 days of enrollment in the organization. Prenatal care visit includes a visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.
- **Postpartum Care:** Postpartum visit includes a visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery.

*Performed: Measurement year and prior year**

Documentation Tips

Prenatal Care:

Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

- A basic physical OB exam with any of the following: fetal heart tone auscultation, pelvic exam with obstetric observations, fundal height measurement. Use of standardized prenatal flow sheet is acceptable.
- Evidence that a prenatal care procedure was performed, such as:
 - Obstetric panel screening test
 - TORCH antibody panel alone, or
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
 - Ultrasound of a pregnant uterus.
- Documentation of LMP, EDD or gestational age in conjunction with either of the following.
 - Prenatal risk assessment and counseling/education.
 - Complete obstetrical history.

A Pap test alone does not count as a prenatal care visit for the Timeliness of Prenatal Care measure, but is acceptable for the Postpartum Care rate. A colposcopy alone is not compliant for either Timeliness of Prenatal Care or Postpartum Care.

Postpartum Care:

Documentation must include a note indicating the date when a postpartum visit occurred and one of the following.

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
 - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- Notation of postpartum care, including, but not limited to:
 - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
 - A preprinted “Postpartum Care” form in which information was documented during the visit.

Sample Codes Used

Prenatal Care

ICD-10 Dx: Use appropriate code family: O
Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9

CPT Codes:

E/M: 99201-99205, 99211-99215, 99241-99245, 99500

OB Fetal Monitoring: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828

OB Panel: 80055, 80081

Prenatal Bundled Codes: 59400, 59425, 59426, 59510, 59610, 59618

TORCH: 86644, 86694, 86695, 86696, 86762, 86777, 86778

ABO/Rh: 86900, 86901

ICD-10-CM Procedure:

Ultrasonography: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ

Postpartum Care

ICD-10 Dx: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Postpartum Bundled: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

CPT Codes:

E/M: 57170, 58300, 59430, 99501

Cervical Cytology: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175

CPT II Code:

E/M: 0503F

HEDIS Measure	Documentation Tips	Sample Codes Used
<p>Adult Immunization (AIS) Those members who are up to date on the following routine vaccines: <u>Influenza:</u> at least one Age: 19 years and older <i>Performed: on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.</i></p> <p><u>Td or Tdap:</u> Age: 19 years and older <i>Performed by: Jan. 1 – Dec. 31 of measurement year. At least one vaccine between 9 year prior and the end of the measurement period.</i></p> <p><u>Zoster:</u> Age: 50 years and older <i>Performed: Anytime on or after the member's 50th birthday. At least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine.</i></p> <p><u>Pneumococcal:</u> Age: 66 years and older <i>Members administered both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60.</i></p>	<ul style="list-style-type: none"> • A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates of administration. • Document history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine. 	<p>Adult Influenza Vaccine CPT: 90630, 90654, 90656, 90658, 90660, 90661, 90672-90674, 90686, 90688 CVX: 88, 111, 140, 141, 144, 149, 150, 153, 155, 158, 166, 171</p> <p>Herpes Zoster CPT: 90736, 90750 CVX: 121, 187</p> <p>Pneumococcal Conjugate CPT: 90670, 90732 CVX: 133, 33</p> <p>Td CPT: 90714, 90718 CVX: 09, 113, 115, 138, 139</p> <p>Tdap CPT: 90715 CVX 115</p>
<p>Prenatal Immunization (PRS) Females that have delivered in measurement year who received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccines. <i>Influenza: Performed: on or between July 1 of the year prior to the measurement period and delivery date.</i> <i>One Tdap vaccine during the pregnancy including delivery date: Performed by: Jan. 1 – Dec. 31 of measurement year*</i></p>	<ul style="list-style-type: none"> • A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates of administration. • Document history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine. 	<p>Adult Influenza Vaccine CPT: 90630, 90654, 90656, 90658, 90660, 90661, 90672-90674, 90686, 90688 CVX: 88, 111, 140, 141, 144, 149, 150, 153, 155, 158, 166, 171</p> <p>Tdap CPT: 90715 CVX: 115</p>



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★ **Indicates STAR Measure.** This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment.