



# 2019 Clinical Quality Corner Tip Sheets

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Adolescent Well-care Visits (AWC)

Utilization and Risk Adjusted Utilization HEDIS® Measure\*

### HEDIS measure description

The percentage of adolescents who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year.

### Measure population (denominator)

Members ages 12 to 21 as of Dec. 31 of measurement year.

### Measure compliance (numerator)

Evidence of a comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.

Documentation of the visit in the medical record must include the date when the well-care visit occurred and evidence of **all** the following:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

**Note:** This measure can only be met through appropriate coding and claims.

### Exclusions

- Members in hospice

### Helpful HEDIS hints

- Don't include services rendered during an inpatient or emergency department visit.
- Visits to school-based clinics may be counted if documentation that a well-care exam occurred and is available in the medical record in the time frame specified by the measure.
- Preventive services may be rendered on visits other than well-child visits, but services that are specific to the assessment or treatment of an acute or chronic condition don't count toward the measure.

This measure applies to commercial members only.

*continued*

## Documentation is crucial:

- **Must** be completed by either a PCP or an OB/GYN practitioner.
  - PCP: physician, pediatrician, nurse practitioner or physician assistant who offers primary care medical services in settings such as general or family practice, internal medicine and pediatrics.
  - OB/GYN: physician certified as an obstetrician and gynecologist or who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology.
- **Health history:** assessment of the member's medical history.
  - Notation of allergies, medications or immunization status **alone** would not count. However, if all three (allergies, medications, immunization status) are documented, this would meet criteria.
- **Physical developmental history:** developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
  - Notation of "appropriate for age" without specific mention of development or "well-developed/nourished/appearing" would **not** count.

**Note:** Documentation of "Tanner Stage/Scale" meets criteria for physical developmental history for this measure.
- **Mental developmental history:** developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
  - Notation of "appropriately responsive for age," "neurological exam" or "well-developed" would **not** count.
- **Physical exam:** Vital signs alone or visits where care is limited to OB/GYN issues (e.g., prenatal or postpartum care) would not count.
  - The purpose of including visits with OB/GYNs is to allow that practitioner type to perform the adolescent well-care visit requirements.
- **Health education and anticipatory guidance:** given by the health care provider to the member and/or parents, guardians in anticipation of emerging issues that a member and family may face.
  - Information given regarding medications or immunizations or their side effects would **not** count.

## Tips for coding

Codes to identify Well-Care Visits:

- ICD10CM: Z00.00, Z00.01, Z00.5, Z00.8, Z00.110, Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
- CPT® codes\*\*: 99381-99385, 99391-99395, 99461
- HCPCS: G0438, G0439

## References

Retrieved from [ncqa.org/hedis/measures](http://ncqa.org/hedis/measures)\*\*\*

1. Child Trends. 2012. "Well-child visits." <http://www.childtrends.org/?indicators=well-child-visits>\*\*\*
2. Centers for Disease Control and Prevention (CDC). 2014. "Youth Risk Behavior Surveillance — United States, 2013." [cdc.gov/mmwr/pdf/ss/ss6304.pdf](http://cdc.gov/mmwr/pdf/ss/ss6304.pdf)\*\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

This measure applies to both commercial and Medicare members.

## Antidepressant Medication Management (AMM)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of adults who had a diagnosis of major depression, who were treated with antidepressant medication and remained on this treatment. (See list of medications on back.)

### Measure population (denominator)

Adults ages 18 and older who had a diagnosis of major depression and were dispensed an antidepressant medication.

### Measure compliance (numerator)

Two rates reported:

- 1. Effective acute phase treatment:** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- 2. Effective continuation phase treatment:** The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

### Exclusions

- Members in hospice

### Helpful HEDIS hints

- **Educate** patients on the importance of taking medication daily for optimum effectiveness.
- **Explain** how to take antidepressants, their benefits, when they can expect to feel better and the typical duration of treatment.
- **Emphasize** the importance of continuing the medication even after they begin to feel better.
- **Discuss** potential side effects and inquire specifically about potential side effects at follow-up visits.

### Did you know?

- Depression is one of the most common mental disorders in the United States.
- 50% of patients on antidepressant therapy discontinue medications prematurely.
- Continued therapy with antidepressants is usually needed for six to 12 months after the resolution of an acute episode to prevent a relapse.

*continued*



## Helpful HEDIS hints *continued*

- **Make** follow-up telephone calls to check on patients and remind them of upcoming visits.
- **Encourage** patients to call or schedule a follow-up visit and educate them on what to do if they have questions or concerns related to their medication or side effects.
- **Stress** the importance of proper sleep, stress management, social and spiritual support, and diet and exercise to enhance the effectiveness of anti-depressants.
- **Monitor** response to treatment with a standardized tool such as PHQ9.
- **Treat** with a combination of medication and therapy — particularly important in cases of severe depression.
- **Consider** non-adherence or inadequate dosing as contributing factors if there is limited or no response to treatment.

### Antidepressant medications

Description	Prescriptions		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitor	• Isocarboxazid • Phenelzine	• Selegiline	• Tranylcypromine
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline - chlordiazepoxide	• Amitriptyline - perphenazine	• Fluoxetine – olanzapine
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran	• Venlafaxine
SSRI antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine	• Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Desipramine • Doxepin (>6 mg) • Imipramine	• Nortriptyline • Protriptyline • Trimipramine

## References

Retrieved from [ncqa.org/hedis/measures](https://www.ncqa.org/hedis/measures)\*\*

1. National Alliance on Mental Illness. 2013. "Major Depression Fact Sheet: What is Major Depression?"
2. Centers for Disease Control and Prevention. 2012. "Suicide Facts at a Glance 2012."

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One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Appropriate Testing for Children with Pharyngitis (CWP)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of children who were diagnosed with Pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

### Measure population (denominator)

Children 3 to 18 years of age who had an outpatient or emergency department visit with the diagnosis of pharyngitis and were dispensed an antibiotic.

### Measure compliance (numerator)

Children who received a group A streptococcus test for the episode.

### Exclusions

- Members in hospice

### Did you know?

- Inappropriate treatments with antibiotics can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections).
- Most cases (70 to 80 percent) of acute pharyngitis in children are caused by viruses and are benign and self-limited.
- Only about 15 to 30 percent of all cases of pharyngitis in children are due to primary bacterial pathogens, with group A beta hemolytic streptococcus, or GABHS, being the most common.
- More than 80 serotypes (variations within a species of bacteria) of GABHS have been isolated. These are associated with such complications as rheumatic fever, pyoderma and acute post-streptococcal glomerulonephritis.

This measure applies to commercial members only.

*continued*

## Helpful HEDIS hints

- **Ensure** antibiotics are being used only in cases where they are needed. This prevents antibiotic resistance and unnecessary side effects.
- **Educate** patients on:
  - Symptomatic treatments
  - Preventing the spread of illness through good hygiene and frequent hand washing
  - Importance of completing a full course of antibiotics, if needed
- **Remember**, a negative rapid strep test should be verified by culture.
- **Share** the following resources with your patients to provide helpful information:
  - Choosing Wisely Campaign, an initiative of the ABIM Foundation [choosingwisely.org](http://choosingwisely.org)\*\*\*
  - The Centers for Disease Control and Prevention's Get Smart programs [cdc.gov/getsmart](http://cdc.gov/getsmart)\*\*\*

## Tips for coding

- Order one of the following tests with these CPT\*\* codes to confirm the underlying cause for patients with symptoms of pharyngitis:
  - Rapid strep test: 87880
  - Throat culture: 87070, 87071, 87081, 87430, 87650 - 87652

## References

Retrieved from [ncqa.org/hedis/measures/](http://ncqa.org/hedis/measures/)\*\*\*

1. K. Simon. 2014. "Pediatric Pharyngitis." <http://emedicine.medscape.com/article/967384-overview>
2. Centers for Disease Control and Prevention. 2013. "Is It Strep Throat?" [cdc.gov/Features/strepthroat/](http://cdc.gov/Features/strepthroat/)\*\*\*
3. Centers for Disease Prevention and Control. 2013. "Antibiotics Aren't Always the Answer." [cdc.gov/features/getsmart/](http://cdc.gov/features/getsmart/)\*\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of children who were diagnosed with an upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

### Measure population (denominator)

The number of children 3 months to 18 years of age diagnosed with an upper respiratory infection during the measurement year.

### Measure compliance (numerator)

The number of children who didn't receive a prescription for antibiotics within three days of diagnosis.

**Note:** The measure is reported as an inverted rate. A higher rate indicates appropriate treatment of children with a URI, for example, the proportion for whom antibiotics were **not** prescribed.

### Helpful HEDIS hints

- Proper coding is key. HEDIS\* measurement data is captured through claims and therefore relies on proper coding.
- Prescribing antibiotics for a URI isn't consistent with evidence-based medicine unless there's evidence of a coexisting bacterial infection called a "competing diagnosis."

### Did you know?

- Antibiotic resistance is on the rise. Two million Americans contract infections with drug-resistant bacteria yearly, contributing to 23,000 deaths each year.
- The number of antibiotic prescriptions for children has decreased, but approximately 30 percent of antibiotics prescribed to children in the outpatient setting are still unnecessary.
- There are more than 200 viruses associated with the common cold, but rhinovirus is the one most often implicated.

This measure applies to commercial members only.

*continued*

## Helpful HEDIS hints *continued*

- Recommend symptomatic treatments, such as acetaminophen or ibuprofen, fluids, rest, humidifier, saline nasal drops and saltwater gargle.
- Educate patients on proper handwashing and hygiene to prevent the spread of illness to close contacts.
- Good communication is often more important to patient satisfaction than prescribing an antibiotic.
- Visit [cdc.gov/getsmart](https://www.cdc.gov/getsmart)\*\* to access materials you can share with patients.

## Tips for coding

- If prescribing antibiotics for a bacterial infection in a patient with URI, be sure to include the diagnosis code for the co-existing bacterial infection. This provides documentation confirming that an antibiotic is necessary.

### Common related competing diagnosis

Description	ICD-10-CM diagnosis code
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Otitis Media	H66.001 – H66.007, H66.009, H66.011 – H66.017, H66.019, H66.10 – H66.13, H66.20 – H66.23, H66.3X1 – H66.3X3, H66.3X9, H66.40 – H66.43, H66.90 – H66.93, H67.1 – H67.3, H67.9
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
Adenoiditis	J35.02
Whooping Cough/ Pertussis	A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91

### Common unrelated competing diagnosis

Description	ICD-10-CM diagnosis code
Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116; L03.119; L03.211; L03.221; L03.311 – L03.317; L03.319; L03.811; L03.818; L03.90
Acute Cystitis/UTI	N30.00, N30.01, N30.80, N30.81, N30.90, N30.91, N39.0
Bacterial Infection NOS	A49.9
Gastroenteritis/GI bacterial infection- unspecified	A04.9, A09 <b>Note:</b> Many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09
Adenoiditis	J35.02
Whooping cough/ Pertussis	A37.00, A37.01

**Note:** The tables above don't represent an exhaustive list; they provide examples of common comorbid and competing diagnoses.

## Reference

Retrieved from [ncqa.org/hedis/measures/](https://www.ncqa.org/hedis/measures/)\*\*

1. Centers for Disease Prevention and Control. 2013. "Antibiotics Aren't Always the Answer."  
[cdc.gov/features/getsmart/](https://www.cdc.gov/features/getsmart/)\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of members with a diagnosis of acute bronchitis who were **not** given an antibiotic prescription within three days of the visit date.

### Measure population (denominator)

Members ages 18 to 64 with a diagnosis of acute bronchitis (ICD-10, J20.3-J20.9).

### Measure compliance (numerator)

Members dispensed a prescription for an antibiotic medication on or three days after the acute bronchitis diagnosis.

**Note:** 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 not prescribed).

### Exclusions

- Members in hospice

### Helpful HEDIS hints

What if my patient wants antibiotics?

- Recommend symptomatic treatments instead of antibiotics.
- Discuss risks of unnecessary antibiotics.
- Ask patients to follow up with you if their symptoms worsen.
- Visit [cdc.gov/getsmart](https://www.cdc.gov/getsmart)\*\* for materials you can share with patients.
- Prescribing antibiotics for acute bronchitis is not consistent with evidence-based medicine unless there is either:
  - Evidence of a co-existing bacterial infection, called a “competing diagnosis”.
  - A patient with a comorbid condition that compromises the lungs or immune status.

### Tips for coding

- Proper coding is key. HEDIS\* measurement data is captured through claims and therefore relies on proper coding.
- If prescribing antibiotics to treat a bacterial infection or comorbid condition in a patient with acute bronchitis, be sure to include the diagnosis code for the bacterial infection or comorbidity.

*continued*

This measure applies to commercial members only.

## Common related competing diagnosis

Description	ICD-10-CM diagnosis code
Pharyngitis/Tonsillitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91, J35.01, J35.03
Otitis Media	H66.001 – H66.007; H66.009; H66.011 – H66.017; H66.019; H66.10 – H66.13; H66.20 – H66.23; H66.3X1 – H66.3X3; H66.3X9; H66.40 – H66.43; H66.90 – H66.93; H67.1 – H67.3; H67.9
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9

## Common unrelated competing diagnosis

Description	ICD-10-CM diagnosis code
Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116; L03.119; L03.211; L03.221; L03.311 – L03.317; L03.319; L03.811; L03.818; L03.90
Acute Cystitis/UTI	N30.00, N30.01, N30.80, N30.81, N30.90, N30.91, N39.0
Bacterial Infection NOS	A49.9
Gastroenteritis/GI bacterial infection-unspecified	A04.9, A09 <b>Note:</b> Many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09

## Common comorbid diagnosis

Description	ICD-10-CM diagnosis code
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
COPD/Emphysema	J44.0, J44.1, J44.9, J43.0, J43.1, J43.2, J43.8, J43.9
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9
Bronchiectasis	J47.0, J47.1, J47.9
HIV/HIV Type 2	B20, Z21, B97.35
Malignant Neoplasm	Many ICD-10 codes beginning with C are considered comorbid
Sickle Cell Disease	D57.01, D57.211, D57.411, D57.811
Pulmonary Fibrosis	J84.10, J84.112
Interstitial Lung Disease	J84.848, J84.89, J84.9

**Note:** The tables above don't represent an exhaustive list; they provide examples of common comorbid and competing diagnoses.

## Reference

Retrieved from [ncqa.org/hedis/measures](https://www.ncqa.org/hedis/measures)\*\*

- Centers for Disease Control and Prevention (CDC). 2013. "Get Smart: Know When Antibiotics Work—Antibiotic Resistance Questions & Answers." [cdc.gov/getsmart/antibiotic-use/antibiotic-resistance-faqs.html#define-antibiotic-resistance](https://www.cdc.gov/getsmart/antibiotic-use/antibiotic-resistance-faqs.html#define-antibiotic-resistance)\*\*

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One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Cervical Cancer Screening (CCS)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of women who had cervical cancer screening.

### Measure population (denominator)

Women ages 21 to 64 years of age as of December 31 of the measurement year.

### Measure compliance (numerator)

Documentation in the medical record must include evidence of the date **and** result of the screening.

Women who had cervical cancer screening using either of these criteria:

- 21 to 64 years old: Cervical cytology every three years (the measurement year or two years prior).
- 30 to 64 years old: Cervical cytology and HPV cotesting every five years (the measurement year or the four years prior).

**Note:** If the medical record indicates the HPV test was performed only after determining the cytology result, this is considered **reflex** testing and does **not** meet criteria for the measure.

### Exclusions

- Documentation of a “vaginal Pap smear” in conjunction with documentation of “hysterectomy.”
- Hysterectomy in combination with documentation that the patient no longer needs Pap testing or cervical cancer screening, or has no residual cervix.

**Note:** Documentation of hysterectomy alone does not meet the criteria because it is not enough evidence that the cervix was removed.

### Did you know?

- Effective screening has reduced the mortality rate by more than 50 percent over the last 30 years.
- Cervical cancer is preventable in most cases because effective screening tests exist.
- If detected early, cervical cancer is highly treatable.

This measure applies to commercial members only.

*continued*



## Exclusions *continued*

- Total, complete or radical hysterectomy, cervical agenesis or acquired absence of cervix.
- Transgender (male to female) members would need to have appropriate coding submitted indicating the absence of cervix.
- Members in hospice.

## Helpful HEDIS hints

- **Complete** testing using one of the criteria above.
- **Develop** a call-back system to remind patients who are due for screening exams.
- **Educate** patients on the importance of routine screening and remind them that preventive screenings are covered under health care reform.
- **Request** patient information from specialists for your patients who say they've had testing done with their OB-GYN.
- **Ensure** the chart includes documentation of the test performed with both the date and results.
- **Document** exclusions correctly to meet criteria. Hysterectomies in the chart must include additional notation of "no residual cervix" or "in combination with a vaginal pap smear" or "patient no longer needs cervical cancer screenings."
- **Recognize** the importance of coding for both cervical cancer screening and HPV testing.
- **Do not count** lab results that state the sample was inadequate or "no cervical cells were present"; this is not considered appropriate screening.

**Note:** Lab results that indicate the sample contained "no endocervical cells" may be used if a valid result was reported for the test.

- **Be aware** that biopsy-only reports do not count for cervical cancer screening.

## Tips for coding

- **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
- **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, G0476, P3000, P3001, Q0091
- **UBREV:** 923
- **CPT®\*\*:** 87620-87622, 87624, 87625, 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
- **Exclusion codes**
  - ICD-10: Z90.710, Z90.712

## Reference

Retrieved from [ncqa.org/hedis/measures/](https://ncqa.org/hedis/measures/)\*\*\*

1. American Cancer Society. 2014. "Cervical Cancer Prevention and Early Detection." [cancer.org/acs/groups/cid/documents/webcontent/003167-pdf.pdf](https://cancer.org/acs/groups/cid/documents/webcontent/003167-pdf.pdf) Last modified December 11\*\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Childhood Immunization Status (CIS)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of children who had the following vaccines (combo 10) by their 2nd birthday, with each vaccine type given on separate dates of service:

Vaccine	Doses
DTaP – Diphtheria, tetanus, acellular pertussis	4
IPV – Polio	3
MMR – Measles, mumps, rubella	1
HIB – Haemophilus influenza B	3
HepB – Hepatitis B	3
VZV – Chicken pox (Varicella zoster)	1
PCV – Pneumococcal conjugate	4
HepA – Hepatitis A	1
RV – Rotavirus	2-3
Flu – Influenza	2

**Note:** For MMR, VZV, Hep A and Hep B, a seropositive result for each antigen or documented history of disease is also acceptable; however, documentation must be present in the chart, and proper codes should be submitted.

### Measure population (denominator)

Children who turn 2 years of age during the measurement year.

### Did you know?

- Michigan had the fourth-highest rate in the nation of children entering kindergarten who had been exempt from vaccine in the 2013-2014 school year.
- Approximately 300 children in the United States die each year from vaccine-preventable diseases
- Concern about vaccine safety is the most commonly reported reason given by parents who don't have their children vaccinated.
- Michigan now requires families to consult personally with local public health departments before obtaining an immunization waiver. Since then, the rate of immunization waivers has decreased by 35%.

This measure applies to commercial members only.

*continued*

## Measure compliance (numerator)

- For MMR, hepatitis B, VZV and hepatitis A, count any of the following:
  - Dated evidence of the antigen or combination vaccine
  - Documented history of the illness including date
  - A dated seropositive test result for each antigen
- For DTaP, HiB, IPV, pneumococcal conjugate, rotavirus and influenza
  - Dated evidence of the antigen or combination vaccine

## Exclusions

- **Children who have a contraindication for a specific vaccine**
  - DTaP: Encephalopathy coded with vaccine causing adverse effect  
ICD-10: G04.32
  - MMR, VZV and influenza: Immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma or leukemia or anaphylactic reaction to neomycin
  - IPV: Anaphylactic reaction to neomycin, streptomycin or polymyxin B
  - Hepatitis B: Anaphylactic reaction to common baker's yeast
  - Pertussis and pertussis combinations: Vaccines causing adverse effect  
T50.A15A, T50.A15D, T50.A15S
  - Rotavirus: Severe combined immunodeficiency  
D81.0, D81.1, D81.2, D81.9  
History of intussusception: K56.1
  - Any vaccine: anaphylactic reaction  
T80.52XA, T50.52XD, T80.52XS
- Members in hospice

## Helpful HEDIS hints

- MMR, VZV, and hep A need to be given **on or between** the child's first and second birthdays.
- For DTaP, IPV, HiB, PCV, and RV, do not count a vaccination administered prior to 42 days after birth.
- For flu, do not count a vaccination administered prior to six months (180 days) after birth.
- Use the Michigan Care Improvement Registry system of immunization tracking at [MCIR.org](http://MCIR.org)<sup>\*\*\*</sup>.
- Keep clear and meticulous records, using proper coding. See included table for details.
- Review the child's immunization status at every visit and provide necessary vaccines.
- Provide parents with recommended immunization schedules and stress the importance of keeping their children immunized in a timely manner. Ensure the next immunization appointment is scheduled prior to leaving the provider's office.
- The immunization will not be valid for HEDIS\* purposes if given even one day after the second birthday.
- Physicians spending time addressing parental concerns and providing strong recommendations has shown to increase parental compliance with recommended immunizations.
- Reminders by mail, email and text have been shown to be effective in increasing immunization rates.
- Make sure to request previous immunization records for new or recently transferred patients.
- If the child shouldn't be immunized because he or she has already had the disease, be sure to document this information, including the date.



## Tips for coding

Vaccine	CPT** codes	ICD-10
DTaP	90698, 90700, 90721, 90723	
IPV	90698, 90713, 90723	
Hepatitis B	90723, 90740, 90744, 90747, 90748	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51, 3E0234Z
Hepatitis A	90633	B15.0, B15.9
MMR	90707, 90710	
Measles and rubella	90708	
Measles	90705	B05.0-B05.4, B05.81, B05.89, B05.9
Mumps	90704	B26.0-B26.3, B26.81-B26.85, B26.89, B26.9
Rubella	90706	B06.00-B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Influenza	90655, 90657, 90661, 90662, 90673, 90685, 90687	G0008
HIB	90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748	
Rotavirus	90680 (3 doses) 90681 (2 doses)	
VZV	90710, 90716	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29- B02.34, B02.39, B02.7, B02.8, B02.9
Pneumococcal conjugate	90670	G0009
Encephalopathy due to vaccination		G04.32

## References

Retrieved from [ncqa.org/hedis/measures](https://ncqa.org/hedis/measures)\*\*\*

1. Mayo Clinic. 2014. "Infant and Toddler Health. Childhood Vaccines: Tough questions, straight answers. Do vaccines cause autism? Is it OK to skip certain vaccines? Get the facts on these and other common questions." [mayoclinic.com/health/vaccines/CC00014](https://mayoclinic.com/health/vaccines/CC00014)\*\*\*
2. Institute of Medicine. January 2013. "The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies." Report Brief.
3. gov. 2013. "Immunizations and Infectious Diseases." [healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23](https://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23)\*\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.



## Chlamydia Screening in Women (CHL)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of sexually active women who had at least one test for chlamydia during the measurement year.

### Measure population (denominator)

Women ages 16 to 24 years of age who were identified through pharmacy or claims data as being sexually active (e.g., dispensed prescription contraceptives during the measurement year).

### Measure compliance (numerator)

At least one test for chlamydia during the measurement year.

### Exclusions

- A pregnancy test during the measurement year and a prescription for isotretinoin (retinoid) on the date of the pregnancy test or the six days after the pregnancy test.
- A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test or the six days after the pregnancy test.
- Members in hospice.

### Did you know?

- Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States.
- Chlamydia occurs most often among adolescent and young adult females.
- 75% of chlamydia infections in women and 95% of infections in men are asymptomatic. This results in delayed medical care and treatment.
- Untreated chlamydia infections can lead to serious and irreversible complications. This includes pelvic inflammatory disease, infertility and increased risk of becoming infected with HIV.

This measure applies to commercial members only.

*continued*

## Helpful HEDIS hints

- **Take** a sexual history of all teens.
- **Adopt** a no-missed-opportunity strategy by using any visit to screen female patients who may be sexually active.
- **Screen** for chlamydia annually. You can screen for chlamydia using a urine sample or direct sample (usually from the cervix).
- **Educate** young women that infection is often asymptomatic. Untreated chlamydia can result in infertility, ectopic pregnancy, passing the infection to the babies during pregnancy and infecting their partners.
- **Keep** in mind that antibiotics treat chlamydia.
- When taking a sexual history:
  - **Set** expectations for the visit, including private time with the teen.
  - **Reinforce** confidentiality with the teen within state requirements.
  - **Avoid** making assumptions or being judgmental.

## Tips for coding

- Common laboratory billing codes accepted by HEDIS include the following:

CPT** codes	
87110	87270
87320	87490
87810	87491
87492	

## References

Retrieved from [ncqa.org/hedis/measures](https://www.ncqa.org/hedis/measures)\*\*\*

1. Centers for Disease Control and Prevention (CDC). 2014. "Sexually Transmitted Diseases: Chlamydia—CDC Fact Sheet." [cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm](https://www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm)\*\*\*
2. National Chlamydia Coalition. 2010. "Research Briefs: Developments in STD Screening: Chlamydia Testing." 2010 Series, No. 1.
3. Meyers, D.S., H. Halvorson, S. Luckhaupt. 2007. "Screening for Chlamydial Infection: An Evidence Update for the U.S. Preventive Services Task Force." *Ann Intern Med* 147(2):135–42.

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Comprehensive Diabetes Care – Retinal Eye Exam (CDC-E)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of diabetic adults who had a retinal eye exam to screen for diabetic retinal disease.

**Note:** The frequency of the exam is determined by the results.

### Measure population (denominator)

Adults ages 18 to 75 with diabetes (Type 1 and Type 2) as of December 31 of measurement year.

### Measure compliance (numerator)

Documentation of one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year
- A **negative** retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year
- Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year

**Note:** Blindness is **not** an exclusion for a diabetic eye exam due to difficulties distinguishing "legally blind" individuals who still need an exam from those "completely blind" who don't. Also, hypertensive retinopathy isn't handled differently from diabetic retinopathy when reporting the eye exam indicator.

### Did you know?

- Diabetic retinopathy is the leading cause of blindness in U.S. adults.
- Controlling blood sugar, blood pressure and lipids reduce the risk of developing diabetic retinal disease.
- Early diagnosis and treatment of diabetic retinal disease can prevent blindness.
- Up to 50 percent of patients don't receive proper screening for eye disease or receive it too late for treatment to be effective.

This measure applies to both commercial and Medicare members.

*continued*



## Helpful HEDIS hints

- Documentation must include all the following:
  - Date of retinal exam
  - Type of exam (dilated, retinal) - must be bilateral
  - Result of exam (negative or positive for retinopathy)
  - Eye care professional performing and reading exam (optometrist or ophthalmologist)
- Documentation can include:
  - A copy of the exam or a letter from a credentialed eye care professional
  - A bilateral retinal photograph with evidence the fundus photography was read by a credentialed eye care professional, along with date and results
  - A progress note in a medical record that includes all the essential documentation listed above (date, type of exam, result and eye care professional who performed exam)

## Tips for coding

Coding differs based on the type of provider you are. Following are all the procedure codes related to retinal eye exams:

Provider type	CPT** codes	Negative eye exam
Primary care physician	2022F, 2024F, 2026F	3072F
Eye care professional only	S0620, S0621, S3000 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, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260 99203-99205, 99213-99215, 99242, 99245	E10.9, E11.9, E13.9

## Frequently asked questions

### Q. What should I do if my patient doesn't have vision insurance?

- A. Diabetic eye exams are covered under the patient's medical insurance and may be subject to copays and deductibles.

### Q. If my patient had a negative dilated retinal eye exam last calendar year, does he or she need another one this year?

- A. No. As long as there is documentation of a negative exam (PCP code 3072F) that includes the date of the exam and proof that the exam was done by an eye care professional, the patient doesn't need an exam this calendar year. For example, if your patient had a negative exam in 2018 — and the exam is properly documented — they won't need one again until 2020.

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Flu Vaccinations for Adults Ages 18-64 (FVA)

Effectiveness of Care HEDIS® Measure\* collected through the CAHPS® Survey\*\*

### HEDIS measure description

The percentage of patients who received an influenza vaccination during the prior flu season.

### Measure population (denominator)

Members 18 to 64 years of age who responded to the CAHPS® Survey.\*\*

### Measure compliance (numerator)

The number of members who indicated they received an influenza vaccination between July 1 of the measurement year and the date of the CAHPS Survey.

**Note:** Compliance is ascertained through the annual CAHPS Survey.\*\*

### Exclusions

There are no exclusions for this measure.

### Did you know?

- Influenza is a common and contagious respiratory illness caused by a set of viruses that can result in serious complications or death.
- Working adults younger than 65 tend to have the lowest rate of influenza vaccination coverage.
- The best protection against flu is to get the annual flu vaccine, which can reduce flu-related hospitalizations by 71%.
- Influenza vaccinations prevented approximately 5.1 million influenza illnesses, 2.5 million influenza-associated medical visits and 71,000 influenza-associated hospitalizations in the 2015-2016 flu season.

This measure applies to commercial members only.

*continued*

## Helpful HEDIS hints

- Make vaccine status assessment and discussion an integral part of every office visit.
- Proper documentation is critical:
  - Provide clear documentation of vaccines administered or documentation of vaccines received elsewhere, with dates and locations.
  - Use the Michigan Care Improvement Registry tracking system for all patients.
  - Strongly recommend patients get a flu vaccine and educate them about vaccine efficacy and safety.
  - Influenza often leads to hospitalization for patients with chronic or underlying conditions. Consider flagging charts for high-risk patients and sending flu vaccine reminders by mail, email or text.
  - This measure is assessed annually through member experience surveys (CAHPS). It depends on patient recollection of receiving the vaccination.
- The Centers for Disease Control and Prevention modified their recommendations for flu vaccination of persons with an egg allergy as follows:
  - Patients with egg allergies can receive any licensed influenza vaccine.
  - Patients with a severe egg allergy should be vaccinated in a medical setting by a health care provider who can manage a severe reaction if necessary.

**Note:** Severe allergy is described as any symptom other than hives.

## References

Retrieved from [ncqa.org/hedis/measures](http://ncqa.org/hedis/measures)\*\*\*

1. Centers for Disease Control and Prevention (CDC). 2013. "Seasonal Influenza: Flu Basics." Last modified September 12. [cdc.gov/flu/about/disease/index.htm](http://cdc.gov/flu/about/disease/index.htm)\*\*\*
2. "Vaccination and Vaccine Safety." [flu.gov/prevention-vaccination/vaccination/](http://flu.gov/prevention-vaccination/vaccination/)\*\*\*
3. Talbot, H.K., Y. Zhu, Q. Chen, J.V. Williams, M.G. Thompson, M.R. Griffin. 2013. "Effectiveness of Influenza Vaccine for Preventing Laboratory Confirmed Influenza Hospitalizations in Adults, 2011–2012 Influenza Season." *Clinical Infectious Diseases* 56(12):1774–7.

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\*\* CAHPS® Survey, which stands for Consumer Assessment of Healthcare Providers and Systems Survey, was developed by the U.S. Agency for Healthcare Research and Quality. The survey measures the patient experience of care and contributes to the annual star ratings published by the Centers for Medicare & Medicaid Services (CMS).

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

This measure applies to commercial members only.

## Follow-up Care for Children Prescribed ADHD Medication (ADD)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of children that were newly prescribed attention-deficit/hyperactivity disorder medication who had at least **three** follow-up care visits.

**Note:** "Newly prescribed" is defined as not having filled a prescription for ADHD medication in the previous four months.

### Measure population (denominator)

Members ages 6 through 12 who were newly prescribed attention-deficit hyperactivity disorder medication.

### Measure compliance (numerator)

- Initiation phase: **One** outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority during the first **30 days** after the medication was dispensed.

**Note:** Telehealth visits do not count for the initiation phase follow-up visit.

- Continuation and maintenance phase: Members remain on the medication for at least 210 days and had at least **two** outpatient, intensive outpatient or partial hospitalization follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

**Note:** Telehealth visits are acceptable for the continuation and maintenance phase visits. However, only one of the two visits may be a telephone visit.

### Did you know?

- Attention deficit hyperactivity disorder is one of the most common mental disorders affecting children.
- 11% of American children have been diagnosed with ADHD.
- When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness and inability to sustain concentration.

continued



## Exclusions

- Narcolepsy at any time during their history
- Members in hospice

## Helpful HEDIS hints

- **Educate** the parent on the importance of the follow-up visit, especially in the first 10 months of treatment.
  - Follow up appointments should occur once within the first 30 days of filling a new prescription and two additional visits in the following nine months.
  - Ensure a follow-up appointment is scheduled prior to leaving the office.
- **Discuss** the importance of proper sleep, diet and exercise. A diet free of food additives is important since the role of food preservatives and additives in ADHD is still unclear. The American Academy of Pediatrics ([aapg.org](http://aapg.org)\*\*\*) suggests avoiding these substances.
- **Encourage** ongoing communication between the child, parent, teacher and health care providers. Watch for changes in behavior, eating or sleeping. If the child is older, you may want to direct questions to the child.
- **Plan** to see the child for face-to-face visits for medication refills until the child reaches a stabilized level and an optimal response is achieved.

## Tips for coding

- One of the two visits during the continuation and maintenance phase (day 31 to day 300 after the medication was dispensed) may be a telephone visit with a practitioner.
  - CPT\*\* codes for telephone visits are:  
98966, 98967, 98968, 99441, 99442 and 99443

## References

Retrieved from [ncqa.org/hedis/measures](http://ncqa.org/hedis/measures)\*\*\*

1. Visser, S.N., M.L. Danielson, R.H. Bitsko, J.R. Holbrook, M.D. Kogan, R.M. Ghandour, ... & S.J. Blumberg. 2014. "Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003-2011." *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 34–46.
2. The American Psychiatric Association. 2012. *Children's Mental Health*.  
[psychiatry.org/mental-health/people/children](http://psychiatry.org/mental-health/people/children)\*\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Follow-up After Hospitalization for Mental Illness (FUH)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of patients who were hospitalized for treatment of select mental illness **or** intentional self-harm diagnoses and who followed up with a mental health practitioner.

### Measure population (denominator)

Members 6 years and older who were discharged after hospitalized treatment between January 1 and December 1 of the measurement year.

### Measure compliance (numerator)

Two rates are reported. A follow-up visit with a mental health practitioner:

- Within **seven days** after discharge
- Within **30 days** after discharge

**Note:** Visits that occur on the date of discharge do not count.

Any of the following visit types **with** a mental health practitioner would meet criteria:

- Outpatient visit
- Intensive outpatient encounter or partial hospitalization
- Community mental health center
- Electroconvulsive therapy
- A telehealth visit
- An observation visit
- Transitional care management services

### Did you know?

- There are over 2,000,000 hospitalizations each year for mental illness in the U.S.
- Patients discharged after hospitalization for mental illness who do not receive follow-up are more likely to be rehospitalized.
- More than one-third of initial appointments after hospitalization are kept.
- According to the CDC, the national suicide rate reached 13 per 100,000 people in 2014, the highest since 1986.

This measure applies to both commercial and Medicare members.

*continued*

## Exclusions

- Members in hospice

## Helpful HEDIS hints

- Discharge planning beginning upon admission, with discharge planners ensuring that appointments are scheduled **within seven days** of discharge.
- Case management outreach to patients for assessment of possible barriers to a follow-up appointment and assistance, if needed.
- Reminder phone calls placed to patients before visits.
- Providers working with hospitals to ensure access to visits within a specified time frame.
- Discharge planning and outpatient provider support are critical to achieving a successful follow-up after an acute hospitalization.
- Visits occurring on the date of discharge will **not** count toward this measure.

## Tips for coding

A visit with a mental health practitioner can be with **or** without a telehealth modifier.

## References

Retrieved from [ncqa.org/hedis/measures](https://www.ncqa.org/hedis/measures)\*\*

1. National Alliance on Mental Illness. 2011. "Mental Illness: What is Mental Illness: Mental Illness Facts." [nami.org/Search?searchtext=about+mental+illness&searchmode=anyword](https://www.nami.org/Search?searchtext=about+mental+illness&searchmode=anyword)\*\*
2. Centers for Disease Control and Prevention. Updated September 1, 2011. CDC Mental Illness Surveillance. "CDC Report: Mental Illness Surveillance Among Adults in the United States." [cdc.gov/mentalhealthsurveillance/fact\\_sheet.html](https://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html)\*\*
3. Centers for Disease Control and Prevention. 2010. "Health Data Interactive." [cdc.gov/nchs/hdi.htm](https://www.cdc.gov/nchs/hdi.htm)\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Access/Availability of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received treatment.

### Measure population (denominator)

Members ages 13 and older, as of December 31 of the measurement year, with a new episode of AOD abuse or dependence.

### Measure compliance (numerator)

Members who received both of the following:

- 1. Initiation of AOD treatment:** Members who initiated treatment within 14 days of diagnosis in one of the following ways:
  - Inpatient alcohol or other drug abuse or dependence admission
  - Outpatient visit
  - Intensive outpatient encounter or partial hospitalization
  - Telehealth
  - Medication assisted treatment
- 2. Engagement of AOD treatment:** Engaged in alcohol or other drug abuse or dependence treatment.
  - Members who initiated treatment and who had **two or more additional** AOD services within 34 days of the initiation visit.

### Did you know?

- Nearly 88,000 people die annually from alcohol-related causes, making it the third leading preventable cause of death in the U.S.
- The annual cost of excessive alcohol consumption in the U.S. is \$249 billion.
- Approximately 5.1 million people ages 12 to 20 reported binge drinking in the past month.

This measure applies to both commercial and Medicare members.

*continued*



## Exclusions

- Members in hospice

## Helpful HEDIS\* hints

- **Screen** and determine risk level. Ask about the patient's past and current substance use. The national Institute for Alcohol Abuse offers a pocket screening guide at [niaaa.nih.gov/guide](https://niaaa.nih.gov/guide)\*\*.
- **Educate** the patient on the warning signs of addiction and risks of continued behavior. Stress the importance of ongoing treatment. Develop plan in accordance to patient's willingness to participate.
- **Provide** a list of specialists or treatment facilities for substance abuse and dependence. It's important that the patient has a follow-up visit for treatment within 14 days of diagnosis and two additional treatment-related services within 34 days of diagnosis.

## Tips for coding

- When treating patients for issues related to an alcohol or other drug-dependence diagnosis, code for the diagnosis on every claim.

## References

Retrieved from [ncqa.org/hedis/measures/](https://ncqa.org/hedis/measures/)\*\*

1. Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from [samhsa.gov/data/](https://samhsa.gov/data/)\*\*
2. Substance Abuse and Mental Health Services Administration (SAMSHA). "Medication Assisted Treatment (MAT)." [integration.samhsa.gov/clinical-practice/mat/mat-overview](https://integration.samhsa.gov/clinical-practice/mat/mat-overview)\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.



## Immunizations for Adolescents (IMA)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of adolescents who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

### Measure population (denominator)

Adolescents who turn 13 years of age during the measurement year.

### Measure compliance (numerator)

Adolescents who had each of the following by their 13th birthday:

- One dose of the meningococcal vaccine on or between their 11th and 13th birthdays.
- One Tdap vaccine on or between their 10th and 13th birthdays.
- Completed series of HPV two-dose or three-dose series on or between their 9th and 13th birthdays. (For the two-dose series, there must be at least 146 days between the first and second dose.)

**Note:** Count only evidence of the antigen or combination vaccine.

### Exclusions

- **All:** Anaphylactic reaction to the vaccine or its components on or before the member's 13th birthday.
- **Tdap:** Encephalopathy as a result of the vaccine anytime on or before the member's 13th birthday.
- Members in hospice.

### Did you know?

- Cervical cancer was once the leading cause of cancer death for women in the U.S. but is now considered the most preventable of all female cancers.
- The rate of whooping cough (pertussis) is on the rise for preteens and teens. A quarter of the reported cases in the U.S. were among persons ages 10 to 19.
- People between the ages of 16 and 23 have the highest rates of meningococcal disease in the U.S.

This measure applies to commercial members only.

*continued*

## Helpful HEDIS hints

- **Educate** adolescents and parents on the importance of immunizations.
- **Document** all vaccines. If patients received vaccines elsewhere, such as the health department, make sure you document that. Obtain a record of the vaccines, if possible.
- **Train** your staff. Ask your staff to prepare charts in advance of visits, making a note of any overdue or missing vaccinations. Put a reminder system in place, using mail, email or text messaging.
- **Review** patient records. Take advantage of all visits (e.g., those to obtain birth control medication or a sports physical) to review the patient's immunization record and update vaccines, as necessary.
- **Do not count** meningococcal recombinant (serogroup B, MenB) vaccines.
- **Use** Michigan Care Improvement Registry for immunization tracking ([MCIR.org](http://MCIR.org)\*\*\*).

## Tips for coding

**Code correctly.** Clear and correct procedure coding is essential, with the submission of claims and encounter data in a timely fashion. See the table below for details.

### Codes to identify adolescent immunizations

Vaccine	CPT** codes	ICD-10
Meningococcal vaccine	90734	
Tdap	90715	
HPV	90649, 90650, 90651	
Exclusion – Anaphylactic reactions		T80.52XA, T80.52XD, T80.52XS

## References

Retrieved from [ncqa.org/hedis/measures/](http://ncqa.org/hedis/measures/)\*\*\*

1. National Foundation for Infectious Diseases. [AdolescentVaccination.org](http://AdolescentVaccination.org)\*\*\* 2013. "10 Reasons to be Vaccinated." [adolescentvaccination.org/10-reasons](http://adolescentvaccination.org/10-reasons)\*\*\*
2. 2017. "2017 Recommended Immunizations for Children 7–18 Years Old." [cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf](http://cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf)\*\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

This measure applies to both commercial and Medicare members.

## Medical Assistance with Smoking and Tobacco Use Cessation (MSC)

Effectiveness of Care HEDIS® Measure\* collected through the CAHPS® Survey\*\*

### HEDIS measure description

The percentage of members who are current smokers or tobacco users who received advice to quit during the measurement year.

### Measure population (denominator)

Members ages 18 and older who responded to the CAHPS® survey indicating they were current tobacco smokers or users.

### Measure compliance (numerator)

The number of members who responded they were counseled on tobacco cessation in the measurement year by:

- **Advice** for cessation – advised to quit during the measurement year
- **Medications** – discussed or recommended medications for quitting
- **Methods** – discussed or provided with quitting strategies or methods

**Note:** Compliance is ascertained through the annual CAHPS survey.

### Exclusions

There are no exclusions for this measure.

### Did you know?

- In the U.S., more people die from lung cancer than any other type of cancer.
- Smoking and tobacco use are the largest causes of preventable disease and death in the United States.
- More than 23 percent of adult Michigan residents report themselves as smokers.
- Tobacco contains more than 7,000 chemicals and causes disease in nearly every organ in the body.

*continued*



## Helpful HEDIS hints

- Consider making it part of your office policy to ask each patient about his or her tobacco use status.
- Urge tobacco users to quit. Help them set an ideal quit date. Suggest that they remove tobacco products from their environment and get support from family and friends. Review past efforts to quit and discuss what led to their relapse.
- Take a personalized approach to counseling them. Recommend the use of approved pharmacotherapy, if appropriate.
- Provide supplementary materials on tobacco cessation or free coaching services. For example, let them know they can log into their account at [bcbsm.com](http://bcbsm.com) for information and services.

## References

Retrieved from [ncqa.org/hedis/measures](http://ncqa.org/hedis/measures)\*\*\*

1. U.S. Department of Health and Human Services (HHS). 2014. The health consequences of smoking—50 years of progress: a report of the Surgeon General." Atlanta, GA. [surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf](http://surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf)\*\*\*
2. Centers for Disease Control and Prevention (CDC). 2014. "Best practices for comprehensive tobacco control programs—2014." Atlanta, GA: U.S. Department of Health and Human Services. [cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2014/comprehensive.pdf](http://cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf)\*\*\*

\* HEDIS®, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance, or NCQA.

\*\* CAHPS® Survey, which stands for Consumer Assessment of Healthcare Providers and Systems Survey, was developed by the U.S. Agency for Healthcare Research and Quality. The survey measures the patient experience of care and contributes to the annual star ratings published by the Centers for Medicare & Medicaid Services (CMS).

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.



## Medication Management for People with Asthma (MMA)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of members who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

### Measure population (denominator)

Members ages 5 to 64 years of age during the measurement year diagnosed with persistent asthma.

### Measure compliance (numerator)

Members who were dispensed asthma controller medications and remained on the medication during their treatment period.

### Two rates are reported

- Percentage who remained on medication > 50% of the treatment period
- Percentage who remained on medication > 75% of the treatment period

**Note:** Treatment period begins with earliest prescription start date in the measurement year and ends on December 31.

### Exclusions

- Members with a diagnosed history with any of the following conditions:
  - Emphysema
  - Obstructive chronic bronchitis
  - COPD
  - Acute respiratory failure
  - Cystic fibrosis
  - Chronic respiratory conditions due to fumes or vapors
- Members in hospice

This measure applies to commercial members only.

### Did you know?

- Adherence to asthma medication is reported to be as low as 30 to 70 percent.
- Up to three-quarters of the total cost associated with asthma may be due to poor asthma control.
- Michigan school children are allowed by law to carry and self-administer prescribed asthma medication on school grounds and during school-sponsored activity and programs.

*continued*

## Helpful HEDIS hints

- **Partner.** Long-term adherence is essential for successful medication management. Encourage a sense of partnership and self-empowerment through open communication.
- **Educate.** Patient education is a continual and personalized process. Changes in clinical research, as well as patient's life status, require frequent assessment and additional education.
- **Explain.** Patients should know the nature of long-term medication; e.g., the need for it to be taken every day even if the symptoms are not being experienced at the time.
- **Emphasize.** Help patients understand the difference between long-term medication (used as a preventative measure) and short-term medication (used as a rescue measure when symptoms arise).
- **Be aware.** Free medication samples (when given) could interfere with pharmacy claims and produce false non-adherence results.

## Tips for coding

- This measure is calculated solely through pharmaceutical claims data; therefore, it's important that proper diagnosis and procedure codes are used and submitted in a timely manner.
- ICD-10 codes for asthma:  
J45.20-22, J45.30-32, J45.40-42, J45.50-52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
- Asthma controller medications to keep in mind:

Description	Prescription	
Anti-asthmatic combinations	• Dyphylline guaifenesin	
Antibody inhibitor	• Omalizumab	
Anti-interleukin-5	• Mepolizumab	• Rupilizumab
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol	• Fluticasone-vilaterol • Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Budesonide • Ciclesonide	• Flunisolide • Flunisolide CFC free • Mometasone
Leukotriene modifiers	• Montelukast • Zafirlukast	• Zileuton
Methylxanthines	• Theophylline	

## Reference

Retrieved from [ncqa.org/hedis/measures/](https://ncqa.org/hedis/measures/)\*\*

1. Centers for Disease Control and Prevention (CDC). 2011. "CDC Vital Signs: Asthma in the US." [cdc.gov/vitalsigns/pdf/2011-05-vitalsigns.pdf](https://cdc.gov/vitalsigns/pdf/2011-05-vitalsigns.pdf)\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Persistence of Beta-blocker Treatment After a Heart Attack (PBH)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of members who were discharged with a diagnosis of acute myocardial infarction, or AMI, and who received beta-blocker treatment.

### Measure population (denominator)

Members 18 years of age and older with an acute inpatient discharge between July 1 of the prior year to June 30 of the current measurement year with a diagnosis of AMI.

### Measure compliance (numerator)

Members who received persistent beta blocker treatment for six months after discharge.

### Exclusions

- Asthma, chronic obstructive pulmonary disease, obstructive chronic bronchitis or chronic respiratory conditions due to fumes and vapors.
- Hypotension, greater than first-degree heart block or sinus bradycardia.
- A medication dispensing event with any of the following medications indicative of a history of asthma: Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol, Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Fluticasone CFC free or Mometasone.
- Medicare members 66 years of age and older living in a long-term institution anytime during the measurement year.
- Members 66 to 80 years of age with frailty **and** advanced illness during the measurement year or year prior.

### Did you know?

- Beta blockers have been used extensively in the past 40 years after AMI as part of primary therapy and in secondary prevention.
- Beta blockers can decrease the mortality in AMI patients by 23% and decrease the chance of reinfarction by 28%.

This measure applies to both commercial and Medicare members.

*continued*



## Exclusions *continued*

- Members 81 years of age and older with frailty during the measurement year.
- Members in hospice.

## Helpful HEDIS hints

- **Discharge** patients with a prescription for a beta-blocker unless contraindicated.
- **Follow up** with phone calls and office visits to assess compliance to medication therapy. This is critical during the first 90 days when patients are most likely to become noncompliant.
- **Educate** your patients on the importance of beta-blockers in the prevention of future heart attacks.
- **Document** patient medical history and medications. This will ensure that patients with conditions that contraindicate beta-blocker therapy are properly excluded through claims data.
- **Be aware** that medication samples, when given, could interfere with pharmacy claims and produce false nonadherence results.

## Tips for coding

Results for this measure are captured solely through claims data.

- Patients are identified by ICD 10 codes (hospitalized for AMI)  
I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4
- Beta-blocker therapy is derived from prescription claims.

**Following an AMI, a six-month (180 day) treatment course with any of the following beta blockers are compliant for this measure.**

Description	Prescription	
Noncardioselective beta blockers	<ul style="list-style-type: none"><li>• Carvedilol</li><li>• Labetalol</li><li>• Nadolol</li><li>• Pindolol</li></ul>	<ul style="list-style-type: none"><li>• Propranolol</li><li>• Timolol</li><li>• Sotalol</li></ul>
Cardioselective beta blockers	<ul style="list-style-type: none"><li>• Acebutolol</li><li>• Atenolol</li><li>• Betaxolol</li></ul>	<ul style="list-style-type: none"><li>• Bisoprolol</li><li>• Metoprolol</li><li>• Nebivolol</li></ul>
Antihypertensive combinations	<ul style="list-style-type: none"><li>• Atenolol chlorthalidone</li><li>• Bendroflumethiazide nadolol</li><li>• Bisoprolol hydrochlorothiazide</li></ul>	<ul style="list-style-type: none"><li>• Hydrochlorothiazide metoprolol</li><li>• Hydrochlorothiazide propranolol</li></ul>

## Reference

Retrieved from [ncqa.org/hedis/measures](http://ncqa.org/hedis/measures)\*\*

1. American Heart Association (AHA). 2012. "About Heart Attacks." [heart.org HEARTORG/Conditions/HeartAttack/AboutHeartAttacks/About-Heart-Attacks\\_UCM\\_002038\\_Article.jsp](http://heart.org/HEARTORG/Conditions/HeartAttack/AboutHeartAttacks/About-Heart-Attacks_UCM_002038_Article.jsp)\*\*

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# 2019

## HEDIS Measure Tips



# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Pharmacotherapy Management of COPD Exacerbation (PCE)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of members with COPD exacerbations who had an acute inpatient discharge or emergency department visit and were dispensed appropriate medications.

### Measure population (denominator)

Members age 40 and older who had:

- An acute inpatient discharge or emergency department visit with a principal diagnosis of COPD on or between Jan. 1 to Nov. 30 of the current year.

### Measure compliance (numerator)

Two treatment options are reported:

- Patient was dispensed a systemic corticosteroid (or evidence of an active prescription) within 14 days of the event.
- Patient was dispensed a bronchodilator (or evidence of an active prescription) within 30 days of the event.

**Note:** The eligible population for this measure is based on events (acute inpatient discharges and emergency department visits), not members. It is possible for a single individual to be included more than once if they experience multiple events.

### Exclusions

- Members in hospice

### Did you know?

- COPD is the third-leading cause of death in the U.S., and smoking accounts for eight out of 10 COPD-related deaths.
- COPD often is not diagnosed until the disease is advanced because people typically don't know early warning signs.

This measure applies to both commercial and Medicare members.

*continued*

## Helpful HEDIS hints

- **Educate** patients on reducing risk of exacerbations through:
  - Participating in smoking cessation programs
  - Avoiding environmental pollutants: chemicals, dust, fumes, secondhand smoke
  - Keeping vaccinations for flu, pneumonia and pertussis current
  - Maintaining overall fitness and good nutrition
- **Assess** patients for proper use of inhalers. Include family and caregivers in your educational efforts.
- **Provide** patients with a prescription for a bronchodilator and systemic corticosteroid following an emergency department visit or inpatient discharge for COPD.
- **Counsel** patients on the importance of getting their prescriptions filled and remaining compliant.
- **Ensure** patient compliance with therapy after hospital discharge for COPD exacerbation by following up with the patient within seven days.
- **Avoid** providing free drug samples to patients when possible. Doing so may interfere with a pharmacy claim receipt and may falsely indicate patient nonadherence.

**Table 1: Bronchodilators**

Description	Prescriptions		
<b>Anticholinergic agents</b>	<ul style="list-style-type: none"><li>• Albuterol-ipratropium</li><li>• Acclidinium-bromide</li></ul>	<ul style="list-style-type: none"><li>• Ipratropium</li><li>• Tiotropium</li></ul>	<ul style="list-style-type: none"><li>• Umeclidinium</li></ul>
<b>Beta 2-agonists</b>	<ul style="list-style-type: none"><li>• Albuterol</li><li>• Arformoterol</li><li>• Budesonide-formoterol</li><li>• Fluticasone-salmeterol</li><li>• Fluticasone-vilanterol</li><li>• Formoterol</li></ul>	<ul style="list-style-type: none"><li>• Formoterol-glycopyrrolate</li><li>• Indacaterol</li><li>• Indacaterol-glycopyrrolate</li><li>• Levalbuterol</li><li>• Mometasone-formoterol</li><li>• Metaproterenol</li></ul>	<ul style="list-style-type: none"><li>• Olodaterol hydrochloride</li><li>• Olodaterol-tiotropium</li><li>• Salmeterol</li><li>• Umeclidinium-vilanterol</li></ul>
<b>Antiasthmatic Combinations</b>	<ul style="list-style-type: none"><li>• Dyphylline-guaifenesin</li></ul>		

**Note:** A bronchodilator should be dispensed within 30 days after the date of inpatient discharge or emergency department visit. For documentation purposes, count bronchodilators that are active within that timeframe.

**Table 2: Systemic corticosteroids**

Description	Prescriptions		
<b>Glucocorticoids</b>	<ul style="list-style-type: none"><li>• Cortisone-acetate</li><li>• Dexamethasone</li></ul>	<ul style="list-style-type: none"><li>• Hydrocortisone</li><li>• Methylprednisolone</li></ul>	<ul style="list-style-type: none"><li>• Prednisolone</li><li>• Prednisone</li></ul>

**Note:** A systemic corticosteroid should be dispensed within 14 days after the date of inpatient discharge or emergency department visit. For documentation purposes, count systematic corticosteroids that are active within that timeframe.

## References

Retrieved from [ncqa.org/hedis/measures/](https://ncqa.org/hedis/measures/)\*\*

1. National Heart, Lung, and Blood Institute. 2012. "Morbidity and Mortality: 2012 Chart Book on Cardiovascular, Lung, and Blood Diseases."
2. Global Initiative for Chronic Obstructive Lung Disease. 2014. "Global Strategy for the Diagnosis, and Prevention of Chronic Obstructive Pulmonary Disease."

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of patients with a new diagnosis of chronic obstructive pulmonary disease, or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

### Measure population (denominator)

Members 40 years of age and older who have a diagnosis of COPD from July 1 of the prior year through June 30 of the current year and no evidence of a COPD diagnosis during encounters (or on claims) in the prior two years.

### Measure compliance (numerator)

Members who had a spirometry test performed in the two years prior to or within six months of the earliest service date that occurs within the time period of July 1 through June 30.

The following qualify for service dates within this time frame:

- Outpatient visit
- Discharge date from inpatient stay, transfer or readmission
- Emergency department or observation visit that didn't result in an inpatient stay

### Did you know?

- COPD is a progressive, irreversible respiratory condition.
- It is the third leading cause of death in the United States.
- COPD can be detected by spirometry even before the patient has symptoms of the disease.
- Studies confirm that both late diagnosis and underdiagnosis of COPD are common problems. Wider use of spirometry could help provide an earlier diagnosis.

This measure applies to both commercial and Medicare members.

*continued*



## Exclusions

Members in hospice.

## Helpful HEDIS hints

**Testing:** Use spirometry in patients with new onset or exacerbation of symptoms of COPD in any setting to confirm diagnosis.

## Tips for coding

- Emphysema and chronic bronchitis are included in the COPD “value set” for HEDIS\* purposes.
- Tracking spirometry testing is accomplished primarily through claims data. That’s why proper coding of spirometry testing and COPD diagnosis is critical.
- **COPD diagnosis codes**

Description	ICD-10-CM diagnosis code
Chronic bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	J44.0, J44.1, J44.9

- **Spirometry testing codes**

Description	CPT** code
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620

## References:

Retrieved from [ncqa.org/hedis/measures/](https://www.ncqa.org/hedis/measures/)\*\*\*

1. Hoyert, D., and J. Xu. 2012. “Deaths: Preliminary Data for 2011.” National Vital Statistics Reports 61(6):1-52. [cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_06.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf)\*\*\*
2. Global Initiative for Chronic Obstructive Lung Disease. 2014. “Global Strategy for the Diagnosis, and Prevention of Chronic Obstructive Pulmonary Disease.”

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Use of Imaging Studies for Low Back Pain (LBP)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of members with a primary diagnosis of low back pain who did **not** have an imaging study (e.g., standard X-ray, MRI, CT scan) within 28 days of the diagnosis.

### Measure population (denominator)

Members 18 to 50 years of age as of December 31 of the measurement year who had a primary diagnosis of low back pain from Jan 1 to December 3 of the measurement year.

### Measure compliance (numerator)

The number of members with a primary diagnosis of low back pain who did not have an imaging study within 28 days following the diagnosis (such as a plain X-ray, MRI or CT scan).

**Note:** This measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (e.g., the percentage for whom imaging studies did not occur).

### Did you know?

- In a three-month period, more than one-fourth of U.S. adults experience at least one day of back pain.
- Imaging studies done less than six weeks after the onset of low back pain rarely improve outcomes but do increase cost and radiation exposure.

This measure applies to commercial members only.

*continued*

## Exclusions

- Previous diagnosis of low back pain (within prior six months)
- History of cancer
- Recent trauma within the last three months
- History of intravenous drug abuse within the last 12 months
- Severe or progressive neurologic impairment anytime within the last 12 months
- History of HIV
- Members who had a spinal infection within the past 12 months
- History of organ transplant
- Prolonged use of corticosteroids (defined as 90 consecutive days in the last 12 months)
- Members in hospice

## Helpful HEDIS hints

- Acute low back pain can be managed by:
  - Staying active
  - Avoiding bedrest
  - Education on injury prevention
  - Safe back exercises
  - Use of over-the-counter pain relievers
- Avoid ordering diagnostic studies in the first 6 weeks of new-onset back pain unless certain “red flags” are present.

### Red flags

- Severe or progressive neurologic deficits (e.g., bowel or bladder dysfunction, saddle paresthesia)
- Fever
- Sudden back pain with spinal tenderness (especially with a history of osteoporosis, cancer or steroid use)
- Trauma
- Serious underlying medical condition (e.g., cancer)
- If ordering an imaging study and less than six weeks have passed since the onset of back pain and an exclusion applies, be sure to code the exclusion in addition to the diagnoses of low back pain.

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Postpartum Care (PPC)

Access/Availability of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

### Measure population (denominator)

Deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year.

### Measure compliance (numerator)

A postpartum visit to an OB-GYN practitioner or midwife, family practitioner or primary care provider.

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- Pelvic exam
- Evaluation of weight, blood pressure, breasts **and** abdomen
  - Acceptable: notation of “breastfeeding” is compliant for the evaluation of breasts component

**Note:** Notation of “not breastfeeding” is **not** acceptable.

- Notation of postpartum care (e.g., “postpartum care,” “PP care,” “PP check,” “6-week check”) or a preprinted postpartum care form in which information was documented during the visit

### Exclusions

- Nonlive births
- Members in hospice

### Did you know?

- Appropriate perinatal services and education are crucial components of a healthy birth.
- As many as 40% of women nationally don’t keep or attend their postpartum visit.
- As many as 10% to 20% of new moms will experience postpartum depression.

This measure applies to commercial members only.

*continued*



## Helpful HEDIS hints

- **Schedule** postpartum visits following delivery but prior to hospital discharge.
- **Remind** patients through phone calls, mailings or text alerts of the date and time of their follow-up appointment.
- **Counsel** women during their pregnancy about the importance of follow-up care after delivery. Prior to delivery, a postpartum care plan should be developed, identifying the providers who will care for the woman and infant.

## Tips for coding

- Bill the code separately for prenatal, delivery and postpartum visits.
- HEDIS\* data has shown that providers with the highest scores for postpartum care report individual component codes for antepartum, delivery and postpartum visits. Therefore, we encourage you to bill as outlined below:

Maternity services	CPT** codes	CPT** CAT II	ICD-10-CM codes
Postpartum	57170, 58300, 59430, 99501	0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

## Global maternity reporting

- Although global reporting is an alternative method, it's not the recommended best practice.
- Blue Cross will continue to accept global maternity codes only when reported with the CPT\*\* Category II procedure code 0503F. The provider should have completed all components within the global service.
- Report the appropriate global code along with the first antepartum date in the "from" field and the delivery date in the "to" field.
- Report the CPT\*\* Category II code 0503F postpartum visit date in both the "from" field and "to" field.

## References

Retrieved from [ncqa.org/hedis/measures](https://ncqa.org/hedis/measures)\*\*\*

1. National Institutes of Health (NIH). Eunice Kennedy Shriver National Institute of Child Health and Human Development. 2017. "What is prenatal care & why is it important?" [nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx](https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx)\*\*\*
2. American Academy of Pediatrics. American College of Obstetricians and Gynecologists. 2012. "Guidelines for perinatal care." 7th ed. Elk Grove Village, Illinois, American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists.

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# 2019

## HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

This measure applies to commercial members only.



## Prenatal Care (PPC)

Access/Availability of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of deliveries that received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment.

**Note:** A Pap test does not count for the prenatal care visit.

### Measure population (denominator)

Deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year.

### Measure compliance (numerator)

A prenatal care visit to an OB-GYN or other prenatal care practitioner or primary care provider.

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:

- OB exam with FHT, pelvic exam with OB observations or measurement of fundus height
- A prenatal care procedure for one of the following: OB panel, TORCH antibody panel, Rubella antibody test/titer with Rh incompatibility, 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 or education (e.g., assessment for diabetes, smoking, illicit drug use, maternal age)
  - Complete obstetrical history:
    - Health history of present pregnancy (e.g., morning sickness, gestational diabetes, preeclampsia)

### Did you know?

- Appropriate perinatal services and education are crucial components of a healthy birth.
- As many as 75% to 79.9% of patients in the state of Michigan have prenatal care in the 1st trimester.
- Prenatal care is most effective in reducing the chance of low birthweight.

*continued*

## Measure compliance (numerator) *continued*

- Past obstetric history (prior pregnancies or deliveries, outcomes of each, type of delivery)
- Obstetric health history documenting presence or absence of other obstetrical conditions
- Contraceptive history, past medical and surgical history, medication history and allergies, family history, social history

## Exclusions

- Nonlive births
- Members in hospice

## Helpful HEDIS hints

- **Schedule** the patient's first prenatal visit as soon as she thinks she is pregnant.
- **Remind** patients through phone calls, mailings or text alerts of the date and time of their follow-up appointment.
- **Counsel** women during their pregnancy about the importance of follow-up care after delivery. Prior to delivery, a postpartum care plan should be developed, identifying the providers who will care for the woman and infant.

## Tips for coding

- Visits with a primary care provider must include a diagnosis of pregnancy.
  - The following are examples of ICD 10 codes, but are not all-inclusive: Z34.00, Z36, O09.00, O20.0
- HEDIS\* data has shown that providers with the highest scores for postpartum care report individual component codes for antepartum, delivery and postpartum visits. Therefore, we encourage you to bill as outlined below:
  - When antepartum care is reported by the same provider or provider group and more than four visits are billed, it is important to report the CPT\*\* code that best describes the service provided and the number of visits: \*\*59425 or \*\*59426. It is important not to enter date ranges; report the date of the first prenatal visit in both fields. Report the total number of visits in field 24G.
  - Reporting claims information other than as noted may result in claims errors and delays processing your claims. Please refer to Maternity and Delivery Services section in the Claims section of the provider manual for additional information on billing antepartum care services, as well as claim examples.

## References

Retrieved from [ncqa.org/hedis/measures/](https://ncqa.org/hedis/measures/)\*\*\*

1. National Institutes of Health (NIH). Eunice Kennedy Shriver National Institute of Child Health and Human Development. 2017. "What is prenatal care & why is it important?" [nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx](https://nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx)\*\*\*
2. American Academy of Pediatrics. American College of Obstetricians and Gynecologists. 2012. "Guidelines for perinatal care." 7th ed. Elk Grove Village, Illinois, American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists.

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Transitions of Care (TRC)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of discharges for members who had each of the following:

- Notification of inpatient admission
- Receipt of discharge information
- Patient engagement after inpatient discharge
- Medication reconciliation post-discharge

### Measure population (denominator)

Members 18 years of age and older, as of December 31 of the measurement year, who had an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year.

- The denominator is based on discharges, not members.
- If members have more than one discharge on or between Jan. 1 and Dec. 1 of the measurement year, they may be included in the measure more than once.

### Measure compliance (numerator)

- **Notification of inpatient admission** — Documentation of receipt of notification of inpatient admission on the day of admission or the following day.
- **Receipt of discharge information** — Documentation of receipt of discharge information on the day of discharge or the following day.
- **Patient engagement after inpatient discharge** — Documentation of patient engagement such as office visits, visits to the home or telehealth within 30 days after discharge.

### Did you know?

- Individuals with chronic conditions may see up to 16 physicians in one year; a number expected to reach 125 million in the U.S. by 2020.
- Studies show one in five U.S. patients discharged to their home from the hospital experienced an adverse event within three weeks of discharge. 60% of them were medication related and could have been avoided.

This measure applies to Medicare members only.

*continued*



## Measure compliance (numerator) *continued*

- **Medication reconciliation post-discharge** — Documentation of medication reconciliation on date of discharge through 30 days after discharge (31 total days).
  - 1) **Notification of inpatient admission** — Documentation must include receipt of notification of inpatient admission on the day of admission or the following day that includes evidence of the **date it was received**. Examples include:
    - Communication between hospital staff and the patient's primary care doctor or ongoing care provider regarding admission, such as a phone call, email or fax.
    - Documentation indicating that the PCP or ongoing care provider admitted the patient to the hospital.
    - Dated communication through a health information exchange; an admission, discharge and transfer alert system; or a shared electronic medical record.
    - Documentation indicating that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay.
    - Clear documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission not limited to the day of or the following day after admission as long as the planned admission documentation or preadmission exam clearly pertains to the admission event.
  - 2) **Receipt of discharge information** — Documentation must include receipt of discharge information on the day of discharge or the following day that includes evidence of the **date it was received**.
    - Discharge information **must** be sent directly to the PCP or ongoing care provider and include **all** of the following:
      - The practitioner responsible for the member's care during the inpatient stay
      - Procedures or treatment provided
      - Diagnoses at discharge
      - Current medication list
      - Testing results, documentation of pending tests, or documentation of no tests pending
      - Instructions to the PCP or ongoing care provider for patient care
  - 3) **Patient engagement after inpatient discharge** — Documentation of patient engagement provided within 30 days after discharge. **Do not** include patient engagement that occurs on the date of discharge.
    - Either of the following meets criteria:
      - An outpatient visit including office visits and home visits
      - A telehealth visit where real-time interaction occurred between the member and provider via telephone or videoconferencing
        - Documentation in the PCP or ongoing care providers outpatient medical record that indicates a live conversation was had with the patient will meet criteria, regardless of provider type. For example, medical assistants and registered nurses may perform the patient engagement.
  - 4) **Medication reconciliation post-discharge** — Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).
    - The medication reconciliation post-discharge must be conducted by a prescribing practitioner, clinical pharmacist or registered nurse.

## Measure compliance (numerator) *continued*

- The outpatient medical record must include evidence of medication reconciliation and the **date** when it was performed.
  - Must be documented in the outpatient medical record, but an outpatient face-to-face visit isn't required
- Documentation of the current medications and reference to the discharge medications (examples):
  - Notation that the provider reviewed or reconciled the current and discharge medications on same date of service
  - Notation that references the discharge medications
  - Notation that no medications were prescribed or ordered upon discharge
  - 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

## Exclusions

- Members in hospice

## Helpful HEDIS hints

- You can reduce errors at the time of discharge by using the computer order entry system to generate a list of medications used before and during the hospital admission.
- Safe and effective transfer of responsibility for a patient's medical care relies on effective provider communication with **patient comprehension of his or her discharge instructions**.
- Documentation of notification must include a time frame or date when the document was received.

### Examples of documentation that are not acceptable:

- Documentation that the member or the member's family notified the member's PCP or ongoing care provider of the admission or discharge.
- Documentation of notification that doesn't include a time frame or date when the documentation was received.

## Tips for coding

The following codes can't be billed in combination:

- **CPT\*\* code 1111F** — Reporting code that notes discharge medications are reconciled with the most recent medication list in the outpatient medical record; documentation requirements must be met.
- **CPT\*\* code 99483** — Care planning services to individuals with cognitive impairment, including Alzheimer's disease, and requires an array of assessments and evaluations, including medication reconciliation and review for high-risk medications, if applicable.
- **CPT\*\* transition of care codes 99495 and 99496** — include medication reconciliation and therefore **can't** be used in conjunction with \*\*1111F.

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

This measure applies to commercial members only.

## Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)

Effectiveness of Care HEDIS® Measure\*

### HEDIS measure description

The percentage of children and adolescents who had an outpatient visit with a primary care provider or an OB-GYN and who had evidence of BMI percentile, counseling for nutrition, and counseling for physical activity.

### Measure population (denominator)

Members 3 to 17 years of age who had an outpatient visit with a PCP or an OB-GYN during the measurement year.

### Measure compliance (numerator)

Documentation must include evidence of the following during the measurement year:

- **BMI percentile:** Documentation must include height, weight and BMI percentile.
- **Counseling for nutrition:** Documentation of counseling for nutrition or referral for nutrition education.
- **Counseling for physical activity:** Documentation of counseling for physical activity or referral for physical activity.
- See additional requirements and codes on second page of flyer.

**Note:** Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than BMI value. Documentation of a BMI value would not count.

### Did you know?

- Over the last three decades, childhood obesity has more than doubled in children and tripled in adolescents.
- It is the primary health concern among parents in the United States, topping drug abuse and smoking.
- Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases

*continued*

## Exclusions

- Members with a pregnancy diagnosis during the measurement year
- Members in hospice

## Helpful HEDIS hints

Services can be rendered at visits other than a wellness visit; however, documentation specific to assessment or treatment of an acute or chronic condition doesn't count. For example, neither the notation of "BRAT diet" for treatment of diarrhea nor the notation of "exercise-induced asthma" meet criteria.

Variable	Document the following	Associated codes
<b>BMI percentile</b>	<ol style="list-style-type: none"><li>1. Date of visit</li><li>2. Height, weight and BMI percentile from the same data source. A distinct BMI percentile is required; ranges and thresholds don't meet criteria. Examples of acceptable BMI percentile:<ul style="list-style-type: none"><li>• 85th percentile</li><li>• 85%</li><li>• Plotted on an age-growth chart</li></ul></li></ol>	<b>ICD 10</b> Z68.51 – Z68.54
<b>Nutrition counseling</b>	<ol style="list-style-type: none"><li>1. Date of visit</li><li>2. Notation of at least one of the following:<ul style="list-style-type: none"><li>• Discussion of current nutrition behaviors, such as eating habits, dieting behaviors</li><li>• Checklist indicating nutrition was addressed</li><li>• Member received educational materials on nutrition during a face-to-face visit</li><li>• Anticipatory guidance for nutrition</li><li>• Weight or obesity counseling</li></ul></li></ol>	<b>ICD 10</b> Z71.3 <b>CPT** codes</b> 97802, 97803, 97804 <b>G codes</b> G0270-G0271, G0447
<b>Physical activity counseling</b>	<ol style="list-style-type: none"><li>1. Date of visit</li><li>2. Notation of at least one of the following:<ul style="list-style-type: none"><li>• Discussion of current physical activity behaviors, such as exercise routine, participation in sports activities, exam for sports participation</li><li>• Checklist indicating physical activity was addressed</li><li>• Counseling or referral for physical activity</li><li>• Member received educational materials on physical activity during a face-to-face visit</li><li>• Anticipatory guidance specific to the child's physical activity</li><li>• Weight or obesity counseling</li></ul></li></ol>	<b>ICD 10</b> Z02.5, Z71.82 <b>G codes</b> G0447

## Tips for coding

- Bill the appropriate BMI percentile billing code from the table above after the evaluation and management code on the bill.
- Use appropriate diagnosis codes and procedure codes for claims data.



## Common documentation errors:

- Documenting BMI percentile only without height and weight
- Documenting height and weight only without BMI percentile
- Documenting weight, height and BMI value – must be a BMI percentile
- Counseling or education before or after the measurement year
- Documenting physical exam finding, such as “well-nourished,” doesn’t meet the criteria for nutritional counseling
- Without specific mention of nutrition or physical activity, the following notations don’t meet criteria:
  - Health education
  - Anticipatory guidance
  - Cleared for gym class
  - Anticipatory guidance related solely to safety, such as “wears helmet” or “water safety”
  - Documentation related to a member’s appetite
  - Notation solely related to screen time (computer or television)

## References

Retrieved from [ncqa.org/hedis/measures](https://ncqa.org/hedis/measures)\*\*\*

1. Centers for Disease Control and Prevention (CDC). 2013. “Adolescent and School Health: Childhood Obesity Facts”. [cdc.gov/healthyouth/obesity/facts.htm](https://cdc.gov/healthyouth/obesity/facts.htm)\*\*\*
2. CDC. 2012. “NCHS Data Brief: Physical Activity in U.S. Youth Aged 12-15 Years, 2012.” [cdc.gov/nchs/data/databriefs/db141.htm](https://cdc.gov/nchs/data/databriefs/db141.htm)\*\*\*
3. American Heart Association. 2013. “Overweight in Children” [heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Overweight-in-Children\\_UCM\\_304054\\_Article.jsp](https://heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Overweight-in-Children_UCM_304054_Article.jsp)\*\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.



## Well-child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Utilization and Risk Adjusted Utilization HEDIS® Measure\*

### HEDIS measure description

The percentage of children who had one or more well-child visits with a primary care provider during the measurement year.

### Measure population (denominator)

Members 3 to 6 years of age as of the measurement year.

### Measure compliance (numerator)

- At least one well-child visit with a PCP, physician assistant or nurse practitioner during the measurement year.
- Documentation must include a note indicating a visit to a PCP, the date and evidence of *all* the following:
  1. Health history
  2. Physical developmental history
  3. Mental developmental history
  4. Physical exam
  5. Health education or anticipatory guidance

**Note:** This measure can only be met through appropriate coding and claims.

### Exclusions

- Members in hospice

### Did you know?

- Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.
- Well-care visits provide an opportunity for providers to influence health and development.

This measure applies to commercial members only.

*continued*

## Helpful HEDIS hints

Documentation is critical.

- **Health history:** An assessment of the member's history of disease or illness such as past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history. Example: Must include allergies, medications and immunization status; documenting just one doesn't meet criteria.
- **Physical developmental history:** Assesses specific age-appropriate developmental milestones. Documenting "well-developed/nourished/appearing" or "appropriate for age" without specific mention of development doesn't count.
- **Mental developmental history:** Assesses specific age-appropriate mental developmental milestones (behaviors seen in children as they grow and develop). Documenting "appropriately responsive for age" or "well-developed" doesn't count.
- **Physical exam:** Documentation of vital signs alone doesn't count.
- **Health education or anticipatory guidance** is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face. Information regarding medications or immunizations or their side effects don't count.

## Tips for coding

- Codes to identify Well-Child Visits:
  - ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
  - CPT® codes\*\* 99381, 99382, 99383, 99384, 99385, 99391, 99392-99395, 99461
  - HCPCS: G0438, G0439

## References

Retrieved from [ncqa.org/hedis/measures](https://ncqa.org/hedis/measures)\*\*\*

1. Child Trends. 2012. "Well-child visits." [childtrends.org/? indicators=well-child-visits](https://childtrends.org/?indicators=well-child-visits)\*\*\*
2. Centers for Disease Control and Prevention (CDC). 2014. "Youth Risk Behavior Surveillance—United States, 2013." [cdc.gov/mmwr/pdf/ss/ss6304.pdf](https://cdc.gov/mmwr/pdf/ss/ss6304.pdf)\*\*\*

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# 2019 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Well-child Visits in the First 15 months of Life (W15)

Utilization and Risk Adjusted Utilization HEDIS® Measure\*

### HEDIS measure description

The percentage of children who had six or more well-child visits with a primary care provider during their first 15 months of life.

### Measure population (denominator)

Children who turned 15 months old during the measurement year.

- Calculate the 15-month birthday as the child's first birthday plus 90 days.

### Measure compliance (numerator)

Documentation in the medical record must include notes indicating six or more well-child visits with a PCP, physician assistant or nurse practitioner on or before the child's 15-month birthday, the date when the well-child visit occurred and evidence of all the following:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education or anticipatory guidance

**Note:** This measure can only be met through appropriate coding and claims. Each visit must be 14 days apart.

### Did you know?

- Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.
- Well-care visits offer a crucial opportunity for screening and counseling.

This measure applies to commercial members only.

*continued*

## Exclusions

- Members in hospice

## Helpful HEDIS hints

Documentation is critical.

- **Health history:** Assessment of the member's history of disease or illness. Health history can include, but isn't limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **Physical developmental history:** Assesses specific age-appropriate physical developmental milestones. Documenting "well-developed/nourished/appearing" or "appropriate for age" without specific mention of development doesn't count.
- **Mental developmental history:** Assesses specific age-appropriate mental developmental milestones (behaviors seen in children as they grow and develop). Documenting "appropriately responsive for age" or "well-developed" doesn't count.
- **Physical exam:** Documentation of vital signs alone doesn't count.
- **Health education or anticipatory guidance:** Given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face. Information regarding medications or immunizations or their side effects don't count.

## Tips for coding

- Codes to identify Well-Care Visits:
  - ICD10CM: Z00.00, Z00.01, Z00.5, Z00.8, Z00.110, Z00.111, Z00.121, Z00.129, Z02.0- Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
  - CPT® codes\*\*: 99381 - 99385, 99391 - 99395, 99461
  - HCPCS: G0438, G0439

## References

Retrieved from [ncqa.org/hedis/measures/](https://ncqa.org/hedis/measures/)\*\*\*

1. Child Trends. 2012. "Well-child visits." [childtrends.org/? indicators=well-child-visits](https://childtrends.org/?indicators=well-child-visits)\*\*\*
2. Centers for Disease Control and Prevention (CDC). 2014. "Youth Risk Behavior Surveillance—United States, 2013." [cdc.gov/mmwr/pdf/ss/ss6304.pdf](https://cdc.gov/mmwr/pdf/ss/ss6304.pdf)\*\*\*

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