BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Healthcare Effectiveness Data and Information Set (HEDIS®): Care Opportunities

Provider Reference Matrix

2018

This guide provides insight about HEDIS measures and standards for providing quality medical care.

Table of Contents

Introduction 3

Whom to Contact 5

HEDIS 2018 Clinical Measures 6

Summary of Changes for 2018 8

Measure Descriptions

- Prevention and Screening Measures 9
- Respiratory Measures 18
- Cardiovascular and Diabetic Measures 23
- Musculoskeletal Measures 28
- Behavioral Health Measures 31
- Medication Management and Care Coordination Measures 36
- Overuse/Appropriateness Measures 39
- Access/Availability of Care Measures 45
- Utilization and Risk-Adjusted Utilization Measures 50

Compliance Forms 55

Index 76

Introduction

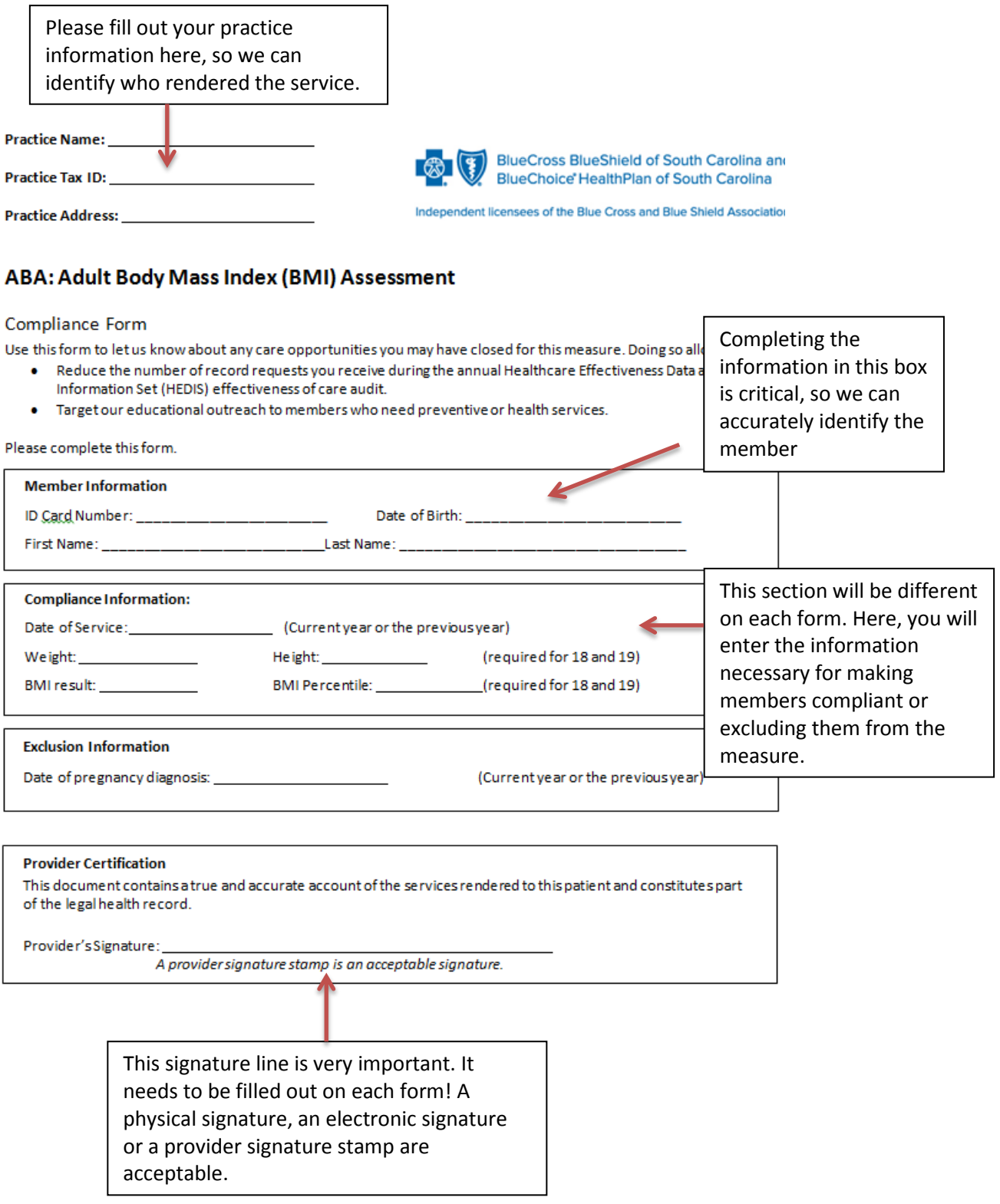
This matrix provides measure-specific information on what services are needed and how you can help improve our members' overall health. You may have relevant information indicating the member has already received the service or has a condition that excludes him or her from the measure. When this is the case, you can assist by:

- Submitting a claim for the service.
- Submitting a data transfer of medical record information.
- Submitting the medical record.
- Submitting the appropriate **Compliance Companion Form.**

It is important to note that we are less likely to request medical records when you submit claims with suitable procedure and diagnosis codes. If we need medical documentation, you can submit a Compliance Companion Form in place of medical records. You can find Compliance Companion forms at www.SouthCarolinaBlues.com or www.BlueChoiceSC.com.

The information in this guide is general information only and does not guarantee payment for services provided. Benefits are always subject to the terms and limitations of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Our Compliance Companion forms are designed to allow you to communicate to us about the completion of services that we may not have received on a claim. There is a form for all measures on your Care Opportunities report, as long as the measure is eligible for medical record submission. All forms begin by briefly explaining the measure. The forms then provide areas for communicating compliance or exclusion information relevant to the measure. Only the compliance or exclusion pages, along with a cover sheet, need to be sent back to us at the fax number or email address on the bottom of the form. An example form and how to complete it is shown below.



Please fill out your practice information here, so we can identify who rendered the service.

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina an
BlueChoice HealthPlan of South Carolina
Independent licensees of the Blue Cross and Blue Shield Associatio

ABA: Adult Body Mass Index (BMI) Assessment

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so all

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data a Information Set (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Completing the information in this box is critical, so we can accurately identify the member

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

This section will be different on each form. Here, you will enter the information necessary for making members compliant or excluding them from the measure.

Compliance Information:

Date of Service: _____ (Current year or the previous year)

Weight: _____ Height: _____ (required for 18 and 19)

BMI result: _____ BMI Percentile: _____ (required for 18 and 19)

Exclusion Information

Date of pregnancy diagnosis: _____ (Current year or the previous year)

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

This signature line is very important. It needs to be filled out on each form! A physical signature, an electronic signature or a provider signature stamp are acceptable.

Whom to Contact

If you have any questions about HEDIS, we can assist you. The Quality Improvement team is available to provide you with care opportunity reports, conduct on-site medical record reviews and provide clinical feedback.

If you have questions about your report, please contact your assigned Quality Navigator. If your contact person is not available and you need immediate assistance, please reach out to:

Mary Barnard
Manager of HEDIS Projects & Planning, Compliance & Quality Improvement
Phone: 803-382-5103
Fax: 803-419-8191
Email: Mary.Barnard@bcbssc.com

If you have questions for your Provider Advocate or need to send other information to BlueCross BlueShield of South Carolina or BlueChoice Healthplan®:

Contessa Struckman
Provider Advocate for Quality Initiatives
Phone: 803-264-3481
Fax: 803-870-9878
Email: Contessa.Struckman@bcbssc.com

Billy Quarles
Provider Advocate for Medicare Advantage
Phone: 803-264-6402
Email: Billy.Quarles@bcbssc.com

For more information or to schedule a meeting, please contact Provider Education at Provider.Education@bcbssc.com or call 803-264-4730.

ID	Clinical Measures	Commercial	Quality Rating System (Exchange)	Medicare Advantage
AAB	Avoidance of Antibiotics, Adults w Acute Bronchitis	X	X	
ABA	Adult BMI Assessment	X	X	X
ADD	Follow-Up Care for Children Prescribed ADHD Medication			
	Followup after ADD medication, Initiation	X	X	
	Followup after ADD medication, Continuation	X	X	
AMM	Antidepressant Medication Management			
	Antidepressant Medication Management, Acute	X	X	
	Antidepressant Medication Management, Continuation	X	X	
AMR	Asthma Medication Ratio - Total Rate	X		
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Reported rate – Total	X		
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics - Reported rate – Total	X		
ART	Disease-Modifyingh Anti-Rheumatic Drug Therapy			X
BCS	Breast Cancer Screening	X	X	X
CBP	Controlling High Blood Pressure	X	X	X
CCS	Cervical Cancer Screening	X	X	
CDC	Comprehensive Diabetes Care			
	Diabetes Care - Retinal Eye Exam	X	X	X
	Diabetes Care - Attention to Nephropathy	X	X	X
	Diabetes Care - A1c Testing		X	
	Diabetes care-A1c <8%	X	X	
	Diabetes Care - A1c Poor Control >9	X		X
	Diabetes Care - BP Control <140/90	X		
CHL	Chlamydia Screening in Women, Total Rate	X	X	
CIS	Childhood Immunization Status	X		
	Dtap	X		
	IPV/OPV	X		
	MMR	X		
	HiB	X		
	Hepatitis B	X		
	VZV	X		
	Pneumococcal Conjugate	X		
	Hepatitis A	X		
	Rotavirus	X		
	Influenza	X		
CIS	Combo 3		X	
CIS	Combo 10	X		
COL	Colorectal Cancer Screening	X	X	X
CWP	Approp. Testing of Children w Pharyngitis	X	X	

ID	Clinical Measures	Commercial	Quality Rating System (Exchange)	Medicare Advantage
DAE	Use of High-Risk Medications in the Elderly			X
FUH	Follow Up after Hospitalization for Mental Illness			
	7 days	X	X	
	30 days			
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment			
	Initiation of AOD Treatment	X	X	
	Engagement of AOD Treatment	X	X	
IMA	Immunizations for Adolescent - Combo 2	X	X	
LBP	Avoidance of Imaging in Low Back Pain	X	X	
MMA	Medication Management for People With Asthma - 75% Compliance	X	X	
MRP	Medication Reconciliation Post-Discharge			X
MPM	Annual Monitoring for Patients on Persistent Medications			
	Annual Monitoring for Members on ACE/ARB		X	
	Annual Monitoring for Members on Diuretics		X	
NCS	Non-recommended Cervical Cancer Screening in Adolescent Females	X		
OMW	Osteoporosis Management in Women Who Had a Fracture			X
PBH	Persistence of Beta Blocker Therapy after MI	X		
PCE	Pharmacotherapy Management of COPD Exacerbation			
	Bronchodilator	X		
	Corticosteroid	X		X
PCR	Plan All-Cause Readmissions	X	X	X
PDC	Portion of Days Covered			
	RAS Antagonists		X	X
	Diabetes All Cases		X	X
	Statins		X	X
PPC	Prenatal and Postpartum Care			
	Prenatal Care	X	X	
	Postpartum Care	X	X	
URI	Avoidance of Antibiotics, Children with URI	X	X	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
	BMI Percentile in Children/Adolescents	X	X	
	Activity Counseling in Children/Adolescents	X	X	
	Nutrition Counseling in Children/Adolescents	X	X	
AWC	Adolescent Well-Care Visits	X		
W15	Well-Child Visits in the First 15 Months of Life	X	X	
W34	Well-Child Visit in 3rd, 4th, 5th & 6th Years	X	X	

2018 Summary of Changes

AAB	No changes noted.
ABA	No changes noted.
ADD	Newly added measure to Provider Matrix Book.
AMM	Newly added measure to Provider Matrix Book.
AMR	Newly added measure to Provider Matrix Book.
APM	Newly added measure to Provider Matrix Book.
APP	Newly added measure to Provider Matrix Book.
ART	Newly added measure to Provider Matrix Book.
AWC	Newly added measure to Provider Matrix Book.
BCS	No Changes Noted.
CBP	Newly added measure to Provider Matrix Book.
CCS	Updated wording on Compliance Form to clarify what is required.
CDC	HbA1c: Clarification of which codes still need a record submitted. Medical Attention to Nephropathy: Updated compliance options. Reformatted all parts of the measure.
CHL	Fixed coding error.
CIS	Clarified the 14-day rule for dates of service.
COA	Newly added measure to Provider Matrix Book.
COL	Changed the order in the “About This Measure” section to follow the order in the “Coding Guidance” section.
CWP	Newly added measure to Provider Matrix Book.
DAE	Newly added measure to Provider Matrix Book.
FUH	No Changes Noted.
IET	Newly added measure to Provider Matrix Book.
IMA	HPV: Updated dosing requirements from three doses to two doses for compliance. Tdap: Updated “Coding Guidance” table to clarify that Tdap is the only acceptable vaccine for compliance.
LBP	No Changes Noted.
MMA	Newly added measure to Provider Matrix Book.
MPM	Reformatted to include all parts of the measure on one page.
MRP	Newly added measure to Provider Matrix Book.
NCS	Newly added measure to Provider Matrix Book.
OMW	Newly added measure to Provider Matrix Book.
PBH	Newly added measure to Provider Matrix Book.
PCE	Newly added measure to Provider Matrix Book.
PCR	Newly added measure to Provider Matrix Book.
PDC	Newly added measure to Provider Matrix Book.
PPC	Prenatal Care: Removed “Coding Guidance,” as it was not comprehensive and included too many variables.
URI	No Changes Noted.
W15	No Changes Noted.
W34	No Changes Noted.
WCC	Reformatted to include all parts of the measure on one page.

Prevention and Screening Measures

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Adult Body Mass Index (BMI) Assessment

About this Measure

This measure assesses the percentage of members 18–74 years of age who had an outpatient office visit and had their BMI documented during the measurement year or the year before. If the member is younger than 20 years of age on the date of service, the BMI percentile must be measured instead of or in addition to the adult BMI value.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to adult BMI assessment by using these codes:	
ADULT BMI VALUE ICD-10 CODES (for use with patients 20 years of age or older)	
BMI < 20	Z68.1
BMI 20.0 – 29.9	Z68.20 – Z68.29
BMI 30.0 – 39.9	Z68.30 – Z68.39
BMI 40.0 – 69.9	Z68.41 – Z68.44
BMI ≥ 70	Z68.45
BMI PERCENTILE ICD-10 CODES (for use with patients younger than 20 years of age)	
Pediatric BMI < 5%	Z68.51
Pediatric BMI 5% – < 85%	Z68.52
Pediatric BMI 85% - < 95%	Z68.53
Pediatric BMI ≥ 95%	Z68.54

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

About This Measure

This measure assesses the percentage of members aged 3–17 years old who had an outpatient visit with a primary care practitioner/obstetrician-gynecologist (OB-GYN) and who had evidence of body mass index (BMI) percentile documentation, evidence of counseling for nutrition and evidence of counseling for physical activity during the measurement year.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to weight assessment for children/adolescents by using these codes:	
BMI Percentile – ICD-10 Codes	
Pediatric BMI < 5%	Z68.51
Pediatric BMI 5% – < 85%	Z68.52
Pediatric BMI 85% - < 95%	Z68.53
Pediatric BMI ≥ 95%	Z68.54
Counseling for Nutrition	
ICD-10 Code:	Z71.3
CPT Codes:	97802, 97803, 97804
HCPCS Codes:	G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	
ICD-10 Code:	Z02.5, Z71.82
HCPCS Codes:	G0447, S9451

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

CIS: Childhood Immunization Status

About This Measure

This measure assesses the percentage of children who became 2 years old during the measurement year and who received these vaccinations on or before their second birthday: four DTAPs; three IPVs; one MMR; three HiBs; three Hep Bs; one VZV; four PCVs; one Hep A; two or three RVs; and two flu vaccines. Each dose of the same type of vaccine must be coded with dates of service *at least* 14 days apart.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?			
When filing claims, you can help improve our awareness of the services you provide related to childhood immunizations by using these codes:			
Childhood Immunizations			
DTaP:	90698, 90700, 90723		
Hepatitis A:	90633		
Hepatitis B:	90723, 90740, 90744, 90747, 90748, G0010		
HiB:	90644, 90647, 90648, 90698, 90748		
Influenza:	90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, G0008		
IPV:	90698, 90713, 90723		
MMR:	90707, 90710		
Pneumococcal Conjugate:	90670, G0009		
Three-Dose Rotavirus:	90680	Two Dose Rotavirus:	90681
VZV:	90710, 90716		

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

IMA: Immunizations for Adolescents

About This Measure

This measure assesses the percentage of adolescents who became 13 years old during the measurement year and who had received these vaccinations on or before their 13th birthdays:

- One dose of meningococcal vaccine
- One tetanus, diphtheria toxoids, acellular pertussis vaccine (Tdap)
- Two doses of the human papillomavirus (HPV) vaccine

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to immunizations for adolescents by using these codes:	
Adolescent Immunizations	
Meningococcal:	90734
Tdap:	90715
HPV:	90649, 90650, 90651

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

BCS: Breast Cancer Screening

About This Measure

This measure assesses the percentage of women ages 50–74 who had a mammogram screening for breast cancer. You must do at least one mammogram any time on or after Oct. 1 of two years before Dec. 31 of the measurement year. This measure does not count biopsies, breast ultrasounds or MRIs, because they are not primary methods of breast cancer screening.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to mammography by using these codes:	
CPT Codes:	77055-77057, 77061-77063, 77065-77067
HCPCS Codes:	G0202, G0204, G0206

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

CCS: Cervical Cancer Screening

About This Measure

This measure monitors the percentage of women ages 21–64 years who were appropriately screened for cervical cancer using either of these criteria:

- Women ages 21–64 who had cervical cytology performed every three years.
- Women ages 30–64 who had cervical cytology with human papillomavirus (HPV) co-testing performed every five years.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to screening for cervical cancer by using these codes:	
CPT Codes (Pap):	88141-88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164-88167, 88174, 88175
CPT Codes (HPV):	87624, 87625
HCPCS Codes:	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
* Collection Only Note:	HCPCS Q0091 is the only code from the lists above that represents collection of cells for cervical cytology without interpretation, such as those that are to be sent to a lab for evaluation. All other codes include completion of interpretation and may not be appropriate for use in all office settings.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

COL: Colorectal Cancer Screening

About This Measure

This measure assesses whether adults 50–75 years of age have had appropriate screening for colorectal cancer. We define "appropriate screening" by meeting any one of these screening methods:

- Flexible sigmoidoscopy in the measurement year or the preceding four years.
- Fecal occult blood test (FOBT) during the measurement year. (May not be collected via digital rectal exam.)
- FIT-DNA in the measurement year or the preceding two years.
- Colonoscopy in the measurement year or the preceding nine years.
- CT colonography in the measurement year or the preceding four years.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to colorectal cancer screenings by using these codes:	
Flexible Sigmoidoscopy	
CPT Codes:	45330- 45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350
HCPCS Code:	G0104
FOBT	
CPT Codes:	82270, 82274
HCPCS Code:	G0328
FIT-DNA	
CPT Code:	81528
HCPCS Code:	G0464
Colonoscopy	
CPT Codes:	44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398
HCPCS Codes:	G0105, G0121
CT Colonography	
CPT Code:	74261, 74262, 74263

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

CHL: Chlamydia Screening in Women

About This Measure

This measure assesses the percentage of sexually active women 16–24 years of age who were screened for chlamydia. We base member compliance on having at least one chlamydia screening during the measurement year.

Chlamydia screening is essential, because the majority of women who have the condition do not experience symptoms. The main objective of chlamydia screening is to prevent pelvic inflammatory disease (PID), infertility and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated chlamydia infections.

We determine sexual activity by tests for pregnancy, diagnosis of or related to pregnancy, procedures related to pregnancy or termination of pregnancy, tests for sexually transmitted diseases (STDs), diagnosis of STDs or the prescription use of contraceptives.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to chlamydia testing by using these codes:	
Chlamydia Test Screening	
CPT Codes:	87110, 87270, 87320, 87490, 87491, 87492, 87810

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Respiratory Conditions

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

CWP: Appropriate Testing for Children with Pharyngitis

About This Measure

This measure assesses the percentage of children aged 3–18 years who were diagnosed with pharyngitis, dispensed an antibiotic, AND received a group A Streptococcus (strep) test.

The intent of this measure is to confirm that appropriate testing is occurring at the time of a pharyngitis diagnosis with a prescribed antibiotic.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
Thorough coding of all relevant diagnoses on claims can help to ensure that only the appropriate patients you see are incorporated into this measure. Here are some example codes that indicate comorbid conditions and other competing diagnoses. This is a sample list and is not all-inclusive.	
Pharyngitis Diagnosis	
ICD-10 Codes:	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Streptococcus Testing	
CPT Codes:	87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

PCE: Pharmacotherapy Management of COPD Exacerbation

About This Measure

This measure assesses the percentage of members with COPD exacerbations aged 40 years and older who had an acute inpatient discharge or ED visit on or between Jan. 1 through Nov. 30 of the measurement year and who were dispensed appropriate medications.

There are two categories that are monitored for these members:

- Members who *fill* a prescription for a systemic corticosteroid within 14 days of the event
- Members who *fill* a prescription for a bronchodilator within 30 days of the event.

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the pharmacy when the member *fills* the prescribed corticosteroid or bronchodilator.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

MMA: Medication Management for People with Asthma

About This Measure

This measure assesses the percentage of members aged 5–64 years who were identified as having persistent asthma and filled prescriptions for appropriate medications that they remained on during the treatment period.

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the pharmacy when the member fills the prescribed asthma medication.

We report two percentages. The first monitors how many members remained on an asthma controller medication for at least 50 percent of the treatment period. The second monitors how many members remained on an asthma controller medication for at least 75 percent of the treatment period.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

AMR: Asthma Medication Ratio

About This Measure

This measure assesses the percentage of members aged 5–64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the pharmacy when the member fills the prescribed medication.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Cardiovascular and Diabetic

Measures

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

CBP: Controlling High Blood Pressure

About This Measure

This measure assesses whether patients diagnosed with hypertension were adequately controlled. For compliance, the last blood pressure for the year must meet the following criteria:

- Members 18–59 years of age whose BP was <140/90
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90

Coding Guidance

This measure cannot be influenced by code and claim submission throughout the year.

During HEDIS, a sample of the eligible population will be chosen by NCQA. We will send requests directly to your office and will need the following documentation:

- Submit a record identifying a diagnosis of hypertension PRIOR to June 30 of the measurement year.
- Submit the LAST recorded blood pressure reading of the measurement year. Based on the results of the reading, the member will either be compliant or non-compliant. There is no additional way to influence compliance.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

PBH: Persistence of Beta-Blocker Treatment after a Heart Attack

About This Measure

This measure assesses the percentage of members aged 18 years and older who were hospitalized and discharged from July 1 of the year prior to the measurement year through June 30 of the measurement year with a diagnosis of Acute Myocardial Infarction (AMI) and who received persistent beta-blocker treatment for 6 months after discharge.

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the pharmacy when the member *fills* the prescribed beta-blocker.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

CDC: Comprehensive Diabetes Care

About This Measure

This measure assesses whether patients diagnosed with diabetes (Type 1 and Type 2) have had the following care:

- Appropriate Hemoglobin A1c testing. We base member compliance on the most recent HbA1c testing performed during the measurement year.
- Retinal or dilated eye examination. We base member compliance on eye screening for diabetic retinal disease by one of these:
  - A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year.
  - A negative retinal or dilated eye exam (negative for retinopathy) by an optometrist or ophthalmologist in the measurement year or year prior.
- Screened or monitored for kidney disease. We base member compliance on completion of one of the following during the measurement year:
  - Completion of a urine screening test for albumin or protein
  - Treatment for nephropathy (including prescription of an ACE inhibitor or ARB)
  - Evidence of nephropathy
  - A visit with a nephrologist

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?		
When filing claims, you can help improve our awareness of the services you provide related to HbA1c testing and/or values by using these codes:		
HbA1c Test < 7.0: 3044F	**HbA1c Test 7.0 - 9.0:** 3045F *	**HbA1c Test > 9.0:** 3046F
HbA1c Test (Does Not Communicate Value)	83036*, 83037*	

*Submission of these codes will not close the gap. Medical records must be supplied to confirm whether the result was <8.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to a negative diabetic retinal screening by using these codes:	
Eye Exam: For Use By Any Provider Type – Negative Results	3072F
Eye Exam: For Use By Any Provider Type – No Results	2022F, 2024F, 2026F
For Use By Eye Care Professionals (Optometrists and Ophthalmologists) Only – No Results	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245; S3000, S0620, S0621

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to nephropathy testing or showing evidence of nephropathy by using these codes:	
Nephropathy Screening Test	
CPT Codes:	81000-81003, 81005, 82042-82044, 84156, 3060F, 3061F, 3062F, 3066F, 4010F
Treatment for Nephropathy or ACE/ARB Therapy	
ICD-10 Codes:	E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10-I13.2, I15.0, I15.1, N00.0-N00.9, N01.0-N01.9, N02.0-N02.9, N03.0-N03.9, N04.0-N04.9, N05.0-N05.9, N06.0-N06.9, N07.0-N07.9, N08, N14.0-N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1-N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8, Q61.9, Q62.0-Q62.39, R80.0-R80.3, R80.8, R80.9
CPT Codes:	3066F, 4010F
Evidence of Nephropathy - Stage 4 Chronic Kidney Disease, ERSD or Kidney Transplant	
ICD-10 Codes:	N18.4, N18.5, N18.6, Z91.15, Z94.0, Z99.2

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Musculoskeletal Conditions

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

ART: Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

About This Measure

This measure assesses the percentage of members aged 18 years and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one prescription for a disease-modifying anti-rheumatic drug (DMARD).

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the pharmacy when the member *fills* the prescribed disease-modifying anti-rheumatic drug (DMARD).

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

OMW: Osteoporosis Management in Women Who Had a Fracture

About This Measure

This measure assesses the percentage of women aged 67–85 years who suffered a fracture and who had either a bone mineral density (BMD) test or *filled* prescription for a drug to treat osteoporosis in the six months after the fracture.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
Thorough coding of all relevant diagnoses on claims can help to ensure that only the appropriate patients you see are incorporated into this measure. Here are some example codes that indicate comorbid conditions and other competing diagnoses. This is a sample list and is not all-inclusive.	
Bone Mineral Density Test	
ICD-10 Code:	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
CPT Codes:	76977, 77078, 77080 – 77082, 77085, 77086
HCPCS Codes:	G0130

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Behavioral Health

Measures

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

AMM: Antidepressant Medication Management

About This Measure

This measure assesses the percentage of members aged 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the pharmacy when the member fills the prescribed antidepressant medication.

We report two percentages. The first monitors how many members filled prescriptions for the first 84 days. The second monitors how many members filled prescriptions for 180 days.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

ADD: Follow Up Care for Children Prescribed ADHD Medication

About This Measure

This measure assesses the percentage of children who are newly prescribed ADHD medication and who had at least three follow-up care visits within a 10 month period, with the first follow-up care visit being within 30 days of the filled prescription.

To gain compliance, utilize the codes below during any follow-up care visit related to the ADHD diagnosis.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?
Due to the large number of codes that meet the above criteria, we have not provided a detailed list on this form. We strongly encourage thorough coding of all relevant diagnoses on claims to ensure that only appropriate patients are incorporated into this measure.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

FUH: Follow-Up After Hospitalization for Mental Illness

About This Measure

This measure looks at continuity of care for mental illness by measuring the percentage of members ages 6 and older who were hospitalized for selected mental disorders and who were seen on an outpatient basis *by a mental health provider* on the day of discharge from the hospital or within seven days afterward.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?				
When filing claims, you can help improve our awareness of the services you provide related to follow-up after hospitalization for mental illness by using these codes:				
CPT Stand-Alone Codes:	98960 – 98962; 99078, 99201 – 99205; 99211 – 99215; 99217 - 99220; 99241 – 99245; 99341 – 99345; 99347 - 99350; 99383 – 99387; 99393 – 99397; 99401 – 99404; 99411, 99412, 99510			
HCPCS Stand-Alone Codes:	G0155, G0176, G0177, G0409 - G0411; G0463, H0002, H0004, H0031, H0034 - H0037, H0039, H0040, H2000, H2001, H2010 - H2020, S0201, S9480, S9484, S9485, T1015			
OR				
Place of Service Codes:	02,03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72	***PLUS***	Visit CPT Codes:	90791, 90792, 90832 – 90834; 90836 – 90840, 90845, 90847, 90849, 90853, 90867 – 90870, 90875, 90876
OR				
Place of Service Codes:	02, 52, 53	***PLUS***	Visit CPT Codes:	99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

About This Measure

This measure assesses the percentage of children and adolescents aged 1–17 years who had two or more antipsychotic prescriptions and had metabolic testing.

To be compliant in this measure, the member must have had BOTH of the following testing completed during the measurement year:

1) Test for blood glucose or an HbA1c
2) Test for LDL-C or cholesterol

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
Thorough coding of all relevant diagnoses on claims can help to ensure that only the appropriate patients you see are incorporated into this measure. Here are some example codes that indicate comorbid conditions and other competing diagnoses. This is a sample list and is not all-inclusive.	
Blood Glucose/HbA1C	
CPT Codes:	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1C	
CPT Codes:	83036, 83037, 3044F, 3045F, 3046F
LDL-C or Cholesterol	
CPT Codes:	80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F
Cholesterol Tests Other Than LDL	
CPT Codes:	82465, 83718, 84478

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Medication Management and Care Coordination

Measures

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

MPM: Annual Monitoring for Patients on Persistent Medications ACE Inhibitors, ARBs, or Diuretics

About This Measure

This measure looks at the percentage of members 18 years of age and older who received at least 180 treatment days of an ACE inhibitor, an ARB, or a diuretic, during the current year and had at least one annual monitoring event to assess for side-effects and adjust drug dosage/therapeutic decisions accordingly.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us.

Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?				
When filing claims, you can help improve our awareness of the services you provide related to treatment of an ACE inhibitor or ARB by using these codes:				
Monitoring Test for ACE Inhibitors, ARBs, or Diuretics				
Lab Panel Test:	80047, 80048, 80050, 80053, 80069			
Serum Potassium Test:	80051, 84132	***AND***	Serum Creatinine Test:	82565, 82575

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

MRP: Medication Reconciliation Post-Discharge

About This Measure

This measure assesses the percentage of members aged 18 years and older who were discharged from the hospital during Jan. 1 through Dec. 1 of the measurement year and for whom medications were reconciled on the date of discharge through 30 days after discharge.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to medication reconciliation by using these codes:	
CPT Codes:	99495, 99496, 1111F

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Overuse/Appropriateness

Measures

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

NCS: Non-Recommended Cervical Cancer Screening in Adolescent Females

About This Measure

This measure monitors the percentage of women ages 16–20 years who were screened unnecessarily for cervical cancer. However, we understand that some members may have additional diagnoses that make the decision to screen for cervical cancer appropriate. We will exclude all members from this study who fall into the following categories:

- Members with a diagnosis of cervical cancer
- Members with a diagnosis of HIV
- Members with a diagnosis of Immunodeficiency

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to screening for cervical cancer by using these codes:	
CPT Codes (Pap):	88141-88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164-88167, 88174, 88175
CPT Codes (HPV):	87624, 87625
HCPCS Codes:	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
* Collection Only Note:	HCPCS Q0091 is the only code from the lists above that represents collection of cells for cervical cytology without interpretation, such as those that are to be sent to a lab for evaluation. All other codes include completion of interpretation and may not be appropriate for use in all office settings.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

URI: Appropriate Treatment for Children with Upper Respiratory Infection

About This Measure

This measure assesses the percentage of children 3 months to 18 years of age who were diagnosed with a URI and were *NOT* dispensed an antibiotic prescription.

The intent of this measure is to reduce the use of antibiotics in healthy children who have uncomplicated URIs. We recognize that antibiotics may be appropriate for some members, so not all members diagnosed with a URI are included in the measure. Members are *NOT* included in this measure if they have a competing diagnosis on the same day as the diagnosis of a URI or within three days after. Examples of competing diagnoses include pharyngitis, otitis media, sinusitis, tonsillitis, hypertrophy of tonsils, bacterial pneumonia or acute bronchitis known to be bacterial in origin. There are many additional diagnosis codes that are considered, as well; these are just some examples.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
Thorough coding of all relevant diagnoses on claims can help to ensure that only the appropriate patients you see are incorporated into this measure. Here are some example codes that indicate comorbid conditions and other competing diagnoses. This is a sample list and is not all-inclusive.	
Competing Diagnoses	
ICD-10 Codes:	H66.90, J01.90, J02.9, J03.90, J35.1, J15.9, J20.2

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

AAB: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

About This Measure

This measure assesses the percentage of adults 18–64 years of age who were diagnosed with acute bronchitis and were *NOT* dispensed an antibiotic prescription.

The intent of this measure is to reduce the use of antibiotics in healthy adults who have uncomplicated acute bronchitis. We recognize that antibiotics may be appropriate for some members, so we did not include all members diagnosed with acute bronchitis in the measure. Members are *NOT* included in this measure if they have an identifiable history of HIV, malignant neoplasm, emphysema, COPD, cystic fibrosis or one of many other exclusionary diagnoses within the 12 months before their diagnosis with acute bronchitis. Members are also *NOT* included in this measure if they have a competing diagnosis within the time period between 30 days before and seven days after the diagnosis of acute bronchitis. Examples of competing diagnoses include pharyngitis, otitis media, sinusitis, tonsillitis, hypertrophy of tonsils, bacterial pneumonia or if the cause of the acute bronchitis is known to be bacterial. There are many additional diagnosis codes that are considered, as well; these are just some examples.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
Thorough coding of all relevant diagnoses on claims can help to ensure that only the appropriate patients you see are incorporated into this measure. Here are some example codes that indicate comorbid conditions and other competing diagnoses. This is a sample list and is not all-inclusive.	
Comorbid Conditions *Not a complete list	
ICD-10 Codes:	B20, J43.0-J43.2, J43.8-J43.9, J44.0-J44.1, J44.9, E84.0, E84.11, E84.19, E84.8-E84.9, A15.0, J41.0, J42, J68.9, J81.0
Competing Diagnoses *Not a complete list	
ICD-10 Codes:	H66.91, J01.90, J03.90, J35.1, J15.9, J20.2, J02.9

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

LBP: Use of Imaging Studies for Low Back Pain

About This Measure

This measure assesses the percentage of members with a primary diagnosis of low back pain that did NOT receive an imaging study (plain X-ray, MRI or CT scan) within 28 days of the initial diagnosis.

The intent of this measure is to reduce the use of imaging studies in members who have new onset or exacerbation of previously controlled low back pain and present without complications that would warrant imaging. To help remove members who are suffering from chronic low back pain, a member's claim history must be free from diagnosis of low back pain for at least 180 days before the event that brings him or her into this measure. We recognize that there are conditions that modify back pain and would warrant an imaging study. As a result, a member will *NOT* be included in this measure if we can identify that he or she has:

- A diagnosis of cancer at any point in his or her history through 28 days after the identifying episode.
- A diagnosis indicating trauma between 90 days before through 28 days after the identifying episode.
- A diagnosis of neurologic impairment between one year (12 months) before through 28 days after the identifying episode.
- A diagnosis of IV drug abuse between one year (12 months) before through 28 days after the identifying episode.
- A diagnosis of HIV at any point in his or her history through 28 days after the identifying episode.
- A diagnosis of spinal infection one year (12 months) before through 28 days after the identifying episode.
- A major organ transplant at any point in his or her history through 28 days after the identifying episode.
- Evidence of 90 consecutive days of corticosteroid treatment from one year (12 months) before through 28 days after the identifying episode.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

Due to the large number of codes that meet the above criteria, we have not provided a detailed list on this form. We strongly encourage thorough coding of all relevant diagnoses on claims to ensure that only appropriate patients are incorporated into this measure.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

DAE: Use of High-Risk Medication in the Elderly

About This Measure

This measure assesses the percentage of members aged 66 years and older who filled at least one high-risk prescription during the measurement year.

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the pharmacy when the member fills the prescribed high-risk medication.

We report two percentages. The first monitors members who filled one prescription. The second monitors members who filled two or more prescriptions.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Access/Availability of Care

Measures

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

About This Measure

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

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the treatment facility when the member initiates AOD treatment.

We report two percentages. The first monitor's members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the new diagnosis. The second monitor's members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment and who had two or more additional AOD services or MAT within 34 days of the new diagnosis.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

PPC: Prenatal and Postpartum Care
Timeliness of Prenatal Care

About This Measure

This measure assess the percentage of deliveries that received prenatal care within the first trimester of pregnancy, or if the member is a new enrollee into the plan, within 42 days of enrollment.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms. If Global Billing is submitted for the member's obstetrical care, a medical record or compliance MUST be submitted.

While there are too many individual codes to list, the following are the services that need to be performed and billed for to gain compliance:

If the provider is a PCP, a diagnosis of pregnancy must be submitted along with one of the following options:

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, ***or*** pelvic exam with obstetric observations, ***or*** measurement of fundus height (a standardized prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), ***or***
  - TORCH antibody panel alone, ***or***
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, ***or***
  - Echography of a pregnant uterus.
- Documentation of LMP or EDD in conjunction with *either* of the following.
  - Prenatal risk assessment and counseling/education
  - Complete obstetrical history

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

BlueCross BlueShield of South Carolina and[1] BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

PPC: Prenatal and Postpartum Care
Postpartum Care

About This Measure

This measure assesses the percentage of deliveries that received a postpartum care visit on or between 21 and 56 days post-delivery.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms. If Global Billing is submitted for the member's obstetrical care, a medical record or compliance MUST be submitted.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to postpartum care visits by using these codes:	
Postpartum Care On or Between 21 and 56 Days After Delivery	
Postpartum Visit:	57170, 58300, 59430, 0503F, 99501, G0101
Postpartum Diagnosis (ICD-10):	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

About This Measure

This measure assesses the percentage of members aged 1–17 years who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as a first-line treatment.

While some members have documented medical diagnoses that would require immediate use of antipsychotics, this measure assesses how frequently members are referred for psychosocial care before being started on a medication for treatment. Members with a documented diagnosis history of schizophrenia, bipolar disorder, or other documented psychotic disorders are excluded from this measure.

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the pharmacy when the member fills the prescribed medication. Once the prescription is filled our systems look back through previous claims to determine if a visit for psychosocial care occurred within the measure guidelines for compliance.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Utilization and Risk Adjusted Utilization

Measures

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

W15: Well-Child Visits in the First 15 Months of Life

About This Measure

This measure looks at the adequacy of well-child care for infants by measuring the percentage of children who have had at least six well-child visits by the time they turned 15 months of age. During these visits, the physician should conduct a health history, physical developmental history, mental developmental history, physical exam and health education/anticipatory guidance to monitor development.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to well-child visits by using these codes:	
Well-Care Visits	
ICD-10 Codes:	Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
CPT Codes:	99381-99382, 99391-99392, 99461
HCPCS Codes:	G0438, G0439

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

W34: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

About This Measure

This measure looks at the use of routine checkups for preschool and early school-age children. It assesses the percentage of children 3, 4, 5 and 6 years of age who received at least one well-child visit with a primary care practitioner during the measurement year. During these visits, you should conduct a health history, physical developmental history, mental developmental history, physical exam and health education/anticipatory guidance to monitor development.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to well-child visits by using these codes:	
Well-Care Visits	
ICD-10 Codes:	Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
CPT Codes:	99382-99383, 99392-99393
HCPCS Codes:	G0438, G0439

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

AWC: Adolescent Well-Care Visits

About This Measure

This measure looks at the use of routine checkups for adolescents. It assesses the percentage of adolescents aged 12–21 years who received at least one well-care visit with a primary care practitioner during the measurement year. During these visits, you should conduct a health history, physical developmental history, mental developmental history, physical exam and health education/anticipatory guidance to monitor development.

Coding Guidance

You can submit up to 25 codes with any claim to help transmit this information to us. Additional coding allows us to close these opportunities based on claims without having to get records or compliance forms.

WHAT CODES DO I FILE?	
When filing claims, you can help improve our awareness of the services you provide related to well-child visits by using these codes:	
Well-Care Visits	
ICD-10 Codes:	Z00.00, Z00.01, Z00.121, Z00.129,Z00.5, Z00.8, Z02.0, Z02.5
CPT Codes:	99381-99385, 99391-99395
HCPCS Codes:	G0438, G0439

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

PCR: Plan All-Cause Readmissions

About This Measure

This measure assesses the percentage of members aged 18 years and older who had an acute inpatient stay during the measurement year that was followed by an unplanned acute readmission for ANY diagnosis within 30 days of discharge

Coding Guidance

This measure is unable to be influenced by code submission via the physician's office. The data collected comes from the inpatient facility and charges submitted upon discharge and re-admission.

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Compliance Forms

Please note that the codes listed herein will result in a closure of an identified care opportunity. This is not a guarantee of benefits or payment. Benefits are always subject to the terms and limitations of the plan. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan® has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

Please verify eligibility and benefits before providing services. You can do this by using our secure provider portal, My Insurance Manager℠, available at www.SouthCarolinaBlues.com or at www.BlueChoiceSC.com.

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

ABA: Adult Body Mass Index (BMI) Assessment

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information:

Date of Service:_____ (Current year or the previous year)

Weight:_____ Height:_____ (required for ages 18 and 19)

BMI result: _____ BMI Percentile: _____(required for ages 18 and 19)

Exclusion Information

Date of pregnancy diagnosis: _____ (Current year or the previous year)

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

AWC: Adolescent Well-Care

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Visits with a primary care physician (PCP) which include the following components: health history, physical developmental history, mental developmental history, physical exam and health education/anticipatory guidance.

Visit date: _____ (Current year only)

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BCS: Breast Cancer Screening

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Mammogram date: _____ (Current year, previous year or on or after Oct. 1 of two years before)

Exclusion Information

Date of bilateral mastectomy: _____

OR

Date of left-sided mastectomy: _____

Date of right-sided mastectomy: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Cervical Cancer Screening (CCS)

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form. D*o* not count cervical biopsies, because they are not a primary method of cervical cancer screening.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Pap (cervical cytology) test date: _____ Results: _____ (Current year or the previous two years for ages 21–64)

Pap with HPV co-test date: Results: _____ (Current year or the previous four _____ years for ages 30–64)

Exclusion Information

Date of hysterectomy: _____

You are certifying the hysterectomy was “complete,” “total” or “radical,” AND no residual cervix remains.

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider’s Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Comprehensive Diabetes Care

Compliance Form – Page 1

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

HbA1c Testing

HbA1c testing date: _____ (Must be within the current year)

HbA1c test result: _____

Monitoring for Nephropathy

Urine test for albumin or protein date: _____ (Current year only) Result: _____

OR Nephrologist visit date: _____ (Current year only)

OR ARB/ACE inhibitor: _____ Prescription date: _____ (Current year only)

OR Known Conditions

☐ CKD Diagnosis date: _____

☐ ESRD Diagnosis date: _____

☐ Kidney transplant Diagnosis date: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Comprehensive Diabetes Care

Compliance Form – Page 2

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Eye Exam (must be completed by an optometrist or ophthalmologist)

Date of ophthalmoscopic, retinal or dilated exam: _____

Retinopathy found: ☐ Yes ☐ No (Current year or the previous year if negative)

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

Chlamydia Screening in Women (CHL)

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Chlamydia test date: _____ (Current year)

Note: Off-label use of birth control does not qualify as an exclusion.

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

CIS: Childhood Immunization Status

Vaccinations on or before a child's second birthday.

Compliance Form – Page 1

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Date and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form. We require member information and certification boxes for all pages for which you enter compliance information:

Member Information

ID Card Number: _____ Member's Date of Birth: _____

First Name: _____ Last Name: _____

DTaP Compliance Information (at least four) *Do not count a vaccination administered prior to 42 days after birth.*

Vaccine #1 date: _____ Vaccine #2 date: _____

Vaccine #3 date: _____ Vaccine #4 date: _____

IPV Compliance Information (at least three) *Do not count a vaccination administered prior to 42 days after birth***.**

Vaccine #1 date: _____ Vaccine #2 date: _____ Vaccine #3 date: _____

MMR Compliance Information (at least one or a combination)

Measles vaccine date:_____ AND Mumps vaccine date:_____ AND Rubella vaccine date:_____

History of Measles date: _____ History of Mumps date: _____

History of Rubella date: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

CIS: Childhood Immunization Status

Vaccinations on or before a child's second birthday.

Compliance Form – Page 2

Member Information

ID Card Number: _____ Member's Date of Birth: _____

First Name: _____ Last Name: _____

HiB Compliance Information (at least three) *Do not count a vaccination administered prior to 42 days after birth.*

Vaccine #1 date: _____ Vaccine #2 date: _____ Vaccine #3 date: _____

Hepatitis B Compliance Information (at least three)

Vaccine #1 date: _____ Vaccine #2 date: _____ Vaccine #3 date: _____

History of Hepatitis B date:_____

VZV Compliance Information

VCV vaccine date: _____ History of chicken pox date: _____

Pneumococcal Conjugate Compliance Information (at least four) *Do not count a vaccination administered prior to 42 days after birth.*

Vaccine #1 date: _____ Vaccine #2 date: _____

Vaccine #3 date: _____ Vaccine #4 date: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

CIS: Childhood Immunization Status

Vaccinations on or before a child's second birthday.

Compliance Form – Page 3

Member Information

ID Card Number: _____ Member's Date of Birth: _____

First Name: _____ Last Name: _____

Hepatitis A Compliance Information

Hepatitis A vaccine date: _____ Hepatitis A history of illness: _____

Rotavirus Compliance Information (schedule-dependent dosing) *Do not count a vaccination administered prior to 42 days after birth.*

Two-Dose vaccine dose #1 date: _____ Dose #2 date: _____ **OR**

Three-Dose vaccine dose #1 date: _____ Dose #2 date: _____ Dose #3 date: _____

Influenza Compliance Information (at least two) *Do not count a vaccination administered prior to six months after birth.*

Vaccine #1 date: _____ Vaccine #2 date: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

COL: Colorectal Cancer Screening

Compliance Form – Page 1

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set ® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information – Option 1 (Colonoscopy)

Date of colonoscopy: _____ (Current year or the previous nine years)

Result: _____

Compliance Information – Option 2 (Flexible Sigmoidoscopy)

Date of sigmoidoscopy: _____ (Current year or the previous four years)

Result: _____

Compliance Information – Option 3 (FIT-DNA)

Date of FIT-DNA completion: _____ (Current year or the previous two years)

Result: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

COL: Colorectal Cancer Screening

Compliance Form – Page 2

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information – Option 4 (FOBT)

Type of FOBT test: ☐ Guaiac ☐ FIT Number of samples returned: _____ (up to three samples required)

Dates of FOBT completion: (Current year only)	Results:
1)_____	1)_____
2)_____	2)_____
3)_____	3)_____

Compliance Information – Option 5 (CT Colonography)

Date of CT colonography: _____ (Current year or the previous four years)

Result: _____

Exclusion Information

Date of colorectal cancer diagnosis: _____

OR

Date of total colectomy: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

IMA: Immunizations for Adolescents

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information – Meningococcal *Date of service must be on or between member's 11th and 13th birthdays.*

Meningococcal Conjugate vaccine date: _____

Compliance Information – Tetanus, Diphtheria Toxoids and Acellular Pertussis *Date of service must be on or between the member's 10th or 13th birthdays.*

Tdap vaccine date: _____

Compliance Information – Human Papillomavirus *Date of service must be on or between the member's 9th or 13th birthdays and at least 146 days apart.*

HPV vaccine #1 date: _____

HPV vaccine #2 date: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

LBP: Imaging Avoidance — First Four Weeks of Low Back Pain

Exclusion Form

Use this form to let us know that a member may not be appropriate for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Exclusion Information – Competing Diagnoses

☐ Cancer/malignant neoplasm ☐ HIV

☐ Recent trauma ☐ Spinal infection

☐ Neurologic impairment ☐ Major organ transplant

☐ IV drug abuse

Date of diagnosis: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

MPM: Annual Monitoring for Patients on Persistent Medications

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Serum potassium date: _____ (Current year only)

AND

Serum creatinine date:_____ (Current year only)

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

OMW: Osteoporosis Management in Women Who Had a Fracture

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Bone Mineral Density test date: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

PPC: Prenatal and Postpartum Care

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Provider Type: ☐ PCP ☐ OB-GYN Pregnancy diagnosis date: _____

Prenatal visit date: _____ EDD date: _____

Postpartum visit date: _____ Delivery date: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

W15: Well-Child Visits in the First 15 Months of Life

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Visits with a primary care physician (PCP) in which the visit included the following components–health history, physical developmental history, mental developmental history, physical exam and health education/anticipatory guidance:

Visit date #1: _____ Visit date #2: _____

Visit date #3: _____ Visit date #4: _____

Visit date #5: _____ Visit date #6: _____

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

W34: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Visits with a primary care physician (PCP) that include the following components–health history, physical developmental history, mental developmental history, physical exam and health education/anticipatory guidance:

Visit date: _____ (Current year only)

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

Practice Name: _____

Practice Tax ID: _____

Practice Address: _____

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Compliance Form

Use this form to let us know about any care opportunities you may have closed for this measure. Doing so allows us to:

- Reduce the number of record requests you receive during the annual Healthcare Effectiveness Data and Information Set® (HEDIS) effectiveness of care audit.
- Target our educational outreach to members who need preventive or health services.

Please complete this form.

Member Information

ID Card Number: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Compliance Information

Nutrition Counseling Date: _____(Current year)

Physical Activity Counseling Date: _____(Current year)

Date BMI Percentile Taken: _____(Current year)

Height: _____(In inches) Weight: _____(In pounds)

Exclusion Information

Pregnancy diagnosis date: _____ (Current year only)

Provider Certification

This document contains a true and accurate account of the services rendered to this patient and constitutes part of the legal health record.

Provider's Signature: _____

A provider signature stamp is an acceptable signature.

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

2018 Index of Measures

Page	
	AAB: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
	ABA: Adult BMI Assessment
	ADD: Follow-Up Care for Children Prescribed ADHD Medication
	AMM: Antidepressant Medication Management
	AMR: Asthma Medication Ratio
	APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics
	APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
	ART: Disease-Modifying Anti-Rheumatic Drug Therapy
	AWC: Adolescent Well-Care Visits
	BCS: Breast Cancer Screening
	CBP: Controlling High Blood Pressure
	CCS: Cervical Cancer Screening
	CDC: Comprehensive Diabetes Care
	CHL: Chlamydia Screening in Women
	CIS: Childhood Immunization Status
	COA: Care for Older Adults
	COL: Colorectal Cancer Screening
	CWP: Appropriate Testing for Children with Pharyngitis
	DAE: Use of High-Risk Medication in the Elderly
	FUH: Follow-Up After Hospitalization for Mental Illness
	IET: Initiation and Engagement of Alcohol and Other Drug-Dependence Treatment
	IMA: Immunizations for Adolescents
	LBP: Use of Imaging Studies for Low Back Pain
	MMA: Medication Management for People with Asthma
	MRP: Medication Reconciliation Post-Discharge
	MPM: Monitoring for Patients on Persistent Medications
	NCS: Non-Recommended Cervical Cancer Screening in Adolescent Females
	OMW: Osteoporosis Management in Women Who Had a Fracture
	PBH: Persistence of Beta-Blocker Treatment After a Heart Attack
	PCE: Pharmacotherapy Management of COPD Exacerbation
	PCR: Plan All-Cause Readmissions
	PDC: Portion of Days Covered
	PPC: Prenatal and Postpartum Care
	URI: Appropriate Treatment for Children With Upper Respiratory Infections
	WCC: Weight Assessment and Counseling for Nutrition and Physical Activity
	W15: Well-Child Visits in the First 15 Months of Life
	W34: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Once completed, please fax to 803-419-8191, Attn: HEDIS,
or **send by secure email** only to HEDIS.Records@bcbssc.com