

HEDIS[®] Quick Reference

Provider Guide

This guide contains information and education based on NCQA Technical Specifications for the 2021 Measurement Year.



South Carolina

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**Same information found in two different sections.*

Coding guidance available in this guide should only be used if medical documentation supports the use of the code.



The following measures relate to adult health quality measures. These include both well, sick and preventive measures.

AAB

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

About this measure

The percentage of members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription.

Helpful Documentation Tips

Documentation of a co-morbid condition in the 12 months prior to and including the dispense date will remove the member from the measure. The following are some examples: HIV, HIV-2, Malignant Neoplasms, Emphysema, COPD, Cystic Fibrosis and Other Disorders of the Immune System.

Documentation of a competing diagnosis in the 30 days prior to through seven days following the dispense date will remove the member from the measure. For example: pharyngitis.

HEDIS Coding Guidelines

ICD-10:

Please refer to most recent ICD-10 codes and HEDIS Value Sets for applicable codes.

BCS

Breast Cancer Screening

About this measure

The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer.

Helpful Documentation Tips

Documentation of a mammogram in the measurement year, previous year, or on/after Oct. 1 of two years prior to the measurement year.

HEDIS Coding Guidelines

CPT Codes:

77061-77067

HCPCS:

G0202; G0204; G0206

CBP

Controlling High Blood Pressure

About this measure

The percentage of members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Helpful Documentation Tips

Documentation of the last blood pressure reading during the measurement year will be used to calculate compliance.

Blood pressure readings taken during the following scenarios will not be considered for compliance:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or a diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

CBP cont.

Controlling High Blood Pressure

HEDIS Coding Guidelines

CPT II Codes:

Systolic Reading

3074F*: Systolic <130 mmHg

3075F*: Systolic between 130 – 139 mmHg

3077F*: Systolic \geq 140 mmHg

Diastolic Reading

3078F*: Diastolic <80 mmHg

3079F*: Diastolic between 80 – 89 mmHG

3080F*: Diastolic \geq 90 mmHg

Both systolic and diastolic reading CPT II codes must be submitted on the same claim to be considered for compliance.

ICD-10:

I10: Essential (Primary) Hypertension

**These codes may be eligible for a quality bonus incentive.*

CCS

Cervical Cancer Screening

About this measure

The percentage of women 21 – 64 years of age who were screened for cervical cancer using any one of the following criteria:

- Women 21 – 64 years of age who had cervical cytology performed within the measurement year or up to two years prior to the measurement year.
- Women 30 – 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the measurement year or up to four years prior to the measurement year.
- Women 30 – 64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed within the measurement year or up to four years prior to the measurement year.

Helpful Documentation Tips

Documentation of any cervical cancer screening method that includes collection and microscopic analysis of cervical cells with the result notated will be considered for compliance.

The following documentation will not be considered for compliance:

- Lab results that explicitly state the sample was inadequate or that “no cervical cells were present”; this is not considered an appropriate screening.
- Biopsies are considered diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

Continued on next page 5

CCS cont.

Cervical Cancer Screening

HEDIS Coding Guidelines

CPT Codes:

51925, 56308, 57530, 57531, 57540-57556, 58150, 58152, 58200-58294, 58548-58575, 58951-58956, 59135, 87623-87625, 88141-88154, 88164-88167, 88174-88175

ICD-10 Codes:

Q51.5, Z790.710, Z90.712

HCPCS Codes:

G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, G0476

CDC-A1c

Comprehensive Diabetes Care - HbA1c Screening

About this measure

HbA1C screening

- Hemoglobin A1C compliance will be based on the requirements of the product line.

Helpful Documentation Tips

HbA1C screening

Documentation of the last HbA1C result during the measurement year will be used to calculate compliance.

HEDIS Coding Guidelines

CPT Codes:

83036, 83037

HbA1c Results

3044F*: HbA1C <7%

3051F*: HbA1C \geq 7%, but less than 8%

3052F*: HbA1C \geq 8%, but less than 9%

3046F*: HbA1C >9%

**These codes may be eligible for a quality bonus incentive.*

ICD-10:

E08.21-E08.29; E09.21-E09.29; E10.10-E10.29; E11.21-E11.29;
E13.21-E13.29; I12.0-I12.9; I13.0-I13.2; I15.0, I15.1; N00.0-N08;
N14.0-N14.4; N17.0-N17.9; N18.1-N18.9; N19; N25.0-N25.9; N26.1-N26.9;
Q60.0-Q60.6; Q61.00-Q61.9; R80.0-R80.9

CDC – Eye

Comprehensive Diabetes Care – Eye

About this measure

The percentage of members 18 – 75 years of age with diabetes who had a retinal eye exam performed.

Helpful Documentation Tips

Documentation of at least one of the following will be considered for compliance:

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

CDC – Eye cont.

Comprehensive Diabetes Care – Eye

HEDIS Coding Guidelines

CPT Codes:

67028-67043; 67101-67113; 67121-67145; 67208-67228; 92002-92014; 92018, 92019; 92134; 92201-92202; 92225-92240; 92250, 92260; 99202-99205; 99213-99215; 99242-99245;

3072F*: Low risk for retinopathy (no evidence of retinopathy in the prior year)

2022F*: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed

2023F*: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy

2024F*: Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed

2025F*: Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy

2026F*: Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed

2033F*: Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy

HCPCS:

S0620, S0621, S3000

**These codes may be eligible for a quality bonus incentive.*

CHL

Chlamydia Screening in Women

About this measure

The percentage of women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Helpful Documentation Tips

- Documentation for compliance must include at least one screening test for chlamydia during the measurement year.
- Documentation of lack of sexual activity does not exclude a member from this measure.
- Members are reported in this measure based on claims for certain prescriptions, diagnosis of pregnancy and/or pregnancy testing.

HEDIS Coding Guidelines

CPT Codes:

87110, 87270, 87320, 87490, 87491, 87492, 87810

COL

Colorectal Cancer Screening

About this measure

The percentage of members 50 – 75 years of age who had appropriate screening for colorectal cancer.

Helpful Documentation Tips

- Documentation of any of the following during the time frames specified will be considered for compliance:
 - Fecal occult blood test (FOBT) during the measurement year.
 - › FOBTs performed in office or via digital rectal exam do not meet the standards for compliance.
 - Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
 - › A pathology report that indicates the type of screening and the date when the screening was performed can be considered for compliance.
 - +For reports that do NOT indicate the type or screening or are incomplete: Documentation must be clear as to how far the the scope advanced.
 - CT colonography during the measurement year or the four years prior to the measurement year.

COL cont.

Colorectal Cancer Screening

- Colonoscopy during the measurement year or the nine years prior to the measurement year.
 - › A pathology report that indicates the type of screening and the date when the screening was performed can be considered for compliance.
 - +For reports that do NOT indicate the type or screening or are incomplete: Documentation must be clear as to how far the the scope advanced.
- FIT-DNA test during the measurement year or the two years prior to the measurement year.
- A result is not required if the documentation of the test is clearly part of the member's past medical history with a date and type of the colorectal cancer screening performed.

HEDIS Coding Guidelines

CPT Codes:

82270, 82274, 45330-45350, 81528; 44388-44397; 44401-44408; 45355; 45378-45398; 74261-74263; 81528

HCPCS:

G0104, G0464, G0105, G0121, G0328

CWP

Appropriate Testing for Pharyngitis

About this measure

The percentage of episodes for members 3 years and older who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Helpful Documentation Tips

Documentation of a group A strep test must include the test date, results, and be performed during the time period of three days prior through three days following the antibiotic fill to be considered for compliance.

HEDIS Coding Guidelines

CPT:

87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

LBP

Use of Imaging Studies for Low Back Pain

About this measure

The percentage of members 18 – 50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Helpful Documentation Tips

Documentation of the following can exclude the member from the 28-day waiting period:

- Cancer, malignant neoplasm, HIV or major organ transplant any time prior to or within 28 days after the imaging study.
- Recent trauma within 90 days prior to or within 28 days after the imaging study.
- Spinal infection, neurologic impairment or IV drug abuse within one year prior to or within 28 days after the imaging study.
- Neurologic impairment within one year prior to or within 28 days after the imaging study.

HEDIS Coding Guidelines

Please refer to most recent ICD-10, HCPCS, CPT codes and HEDIS Value Sets for applicable codes.

OMW

Osteoporosis Management in Women Who Had a Fracture

About this measure

The percentage of women 67 – 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or dispensing of a prescription for a drug to treat osteoporosis in the six months after the fracture.

Helpful Documentation Tips

Documentation of a bone mineral density test will be considered for compliance if it was completed within the six months following the fracture. Medication treatment for osteoporosis will only be considered for compliance if the member fills the prescription in the six months following the fracture.

The following dispensed medications will be considered for compliance: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid, Abaloparatide, Calcitonin, Denosumab, Ralxifene or Teriparatide.

HEDIS Coding Guidelines

CPT:

76977, 77078-77086

ICD-10:

Please refer to most recent ICD-10 codes and HEDIS Value Sets for applicable codes.

HCPCS:

J0897, J1740, J3110, J3111, J3489

PCR

Plan All-Cause Readmissions

About this measure

For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Helpful Documentation Tips

Members are reported in this measure when their admission criteria indicate that they were re-admitted within 30 days of a previous discharge.

Documentation of hospice care during the measurement year is the only allowable exclusion.

Members must be continuously enrolled with the plan for at least 395 days with no more than one gap in enrollment of up to 45 days during this period.

The denominator for this measure is based on discharges, not members.

PPC — Prenatal

Prenatal Care

About this measure

The percentage of deliveries of live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these women, the measure assesses the following facets of prenatal care:

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

Helpful Documentation Tips

Documentation of the prenatal care visit must be with an OB-GYN, other prenatal care practitioner or PCP.

For visits to a PCP, a diagnosis of pregnancy must be present.

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

- A diagnosis of pregnancy.
- 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).

PPC — Prenatal cont.

Prenatal Care

- 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 a TORCH antibody panel alone OR a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing OR an ultrasound of a pregnant uterus.
- Documentation of LMP, EDD or gestational age in conjunction with either of the following: Prenatal risk assessment and counseling/education OR complete obstetrical history.

HEDIS Coding Guidelines

CPT:

59400, 59425, 59426, 59510, 59610, 59618, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483, 99500, 99421-99457, 98969-98972

ICD-10:

Please refer to most recent ICD-10 codes and HEDIS Value Sets for applicable codes.

CPT II:

0500F*, 0501F*, 0502F*

HCPCS:

G0463, H1000, H1001, H1002, H1003, H1004, H1005, T1015, G0071, G2010, G2012, G2061-G2063

**These codes may be eligible for a quality bonus incentive.*

PPC — Postpartum

Postpartum Care

About this measure

The percentage of deliveries of live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these women, the measure assesses the following facets of postpartum care:

- The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery in an outpatient setting.

Helpful Documentation Tips

Any of the following between seven and 84 days after delivery will be considered for compliance:

- Documentation of pelvic exam.
- Documentation to include evaluation of weight, blood pressure, breasts and abdomen.
- Documentation that states postpartum care was given.
- Documentation that a perineal or cesarean incision/wound check was performed.
- Documentation of a screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorder.
- Glucose screening for women with gestational diabetes.

PPC — Postpartum cont.

Postpartum Care

- Documentation of any of the following topics: Infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, OR resumption of physical activity and attainment of healthy weight.

HEDIS Coding Guidelines

CPT:

59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 57170, 58300, 59430, 99501, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175

CPT II:

0503F*

ICD-10:

Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

HCPCS:

G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

**These codes may be eligible for a quality bonus incentive.*



The following measures relate to pediatric health quality measures. These include both well, sick and preventive measures.

PEDIATRIC

AAB

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

About this measure

The percentage of members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription.

Helpful Documentation Tips

Documentation of a co-morbid condition in the 12 months prior to and including the dispense date will remove the member from the measure. The following are some examples: HIV, HIV-2, Malignant Neoplasms, Emphysema, COPD, Cystic Fibrosis and Other Disorders of the Immune System.

Documentation of a competing diagnosis in the 30 days prior to through seven days following the dispense date will remove the member from the measure. For example: pharyngitis.

HEDIS Coding Guidelines

ICD-10:

Please refer to most recent ICD-10 codes and HEDIS Value Sets for applicable codes.

CHL

Chlamydia Screening in Women

About this measure

The percentage of women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Helpful Documentation Tips

Documentation for compliance must include at least one screening test for chlamydia during the measurement year.

Documentation of lack of sexual activity does not exclude a member from this measure.

Members are reported in this measure based on claims for certain prescriptions, diagnosis of pregnancy and/or pregnancy testing.

HEDIS Coding Guidelines

CPT Codes:

87110, 87270, 87320, 87490, 87491, 87492, 87810

CIS

Childhood Immunization Status

About this measure

The percentage of children 2 years of age who had the following vaccines administered by their second birthday:

- Four diphtheria, tetanus and acellular pertussis (DTaP)
- Three polio (IPV)
- One measles, mumps and rubella (MMR)
- Three haemophilus influenza type B (HiB)
- Three hepatitis B (HepB)
- One chicken pox (VZV)
- Four pneumococcal conjugate (PCV)
- One hepatitis A (HepA)
- Two series or three series rotavirus (RV)
- Two influenza (flu)

The measure calculates a rate for each vaccine and nine separate combination rates.

Helpful Documentation Tips

Documentation must include full vaccination history with administration dates and names of vaccines administered prior to the second birthday.

Documentation of a seropositive test result must include the date of the test and results prior to the second birthday.

Documentation of illness (for MMR, hepatitis B, VZV or hepatitis A) must include a date of diagnosis prior to the second birthday.

CIS cont.

Childhood Immunization Status

HEDIS Coding Guidelines

CPT:

DTap: 90698, 90700, 90723

Flu: 90655, 90657, 90661, 90673, 90685-90689,
90660, 90672

HiB: 90644-90648, 90698, 90748

Hep A: 90633

Hep B: 90723, 90740, 90744, 90747, 90748

IPV: 90698, 90713, 90723

MMR: 90704, 90705, 90706, 90707, 90708, 90710

PCV: 90670

Rotavirus: 90680, 90681

VZV: 90710, 90716

ICD 10:

Hep A: B15.0, B15.9

Hep B: B16.0-B16.9, B17.0, B18.0, B18.1, B19.10, B19.11

Measles: B05.0-B05.4, B05.81, B05.89, B05.9

Mumps: B26.0-B26.9

Rubella: B06.00-B06.9

VZV: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1,
B02.21- B02.24, B02.29-B02.34, B02.39, B02.7-B02.9

HCPCS:

Hep B: G0010

Flu: G0008

PCV: G0009

CWP

Appropriate Testing for Pharyngitis

About this measure

The percentage of episodes for members 3 years and older who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Helpful Documentation Tips

Documentation of a group A strep test must include the test date and results, and be performed during the time period of three days prior through three days following the antibiotic fill to be considered for compliance.

HEDIS Coding Guidelines

CPT:

87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

IMA

Immunizations for Adolescents

About this measure

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

This measure calculates a rate for each vaccine and two combination rates.

Helpful Documentation Tips

Meningococcal serogroups A, C, W, Y

Documentation of at least one meningococcal serogroups A, C, W or Y vaccine with a date of service on or between the member's 11th and 13th birthdays.

Tdap

Documentation of at least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays.

IMA cont.

Immunizations for Adolescents

HPV

- Documentation of at least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.
 - There must be at least 146 days between the first and second dose of the HPV vaccine.

OR

- Documentation of at least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.

HEDIS Coding Guidelines 2019

CPT:

HPV: 90649, 90650, 90651

Meningococcal: 90734, 90619

Tdap: 90715

URI

Appropriate Treatment for Upper Respiratory Infection

About this measure

The percentage of episodes for members 3 months of age and older who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

HEDIS Coding Guidelines

ICD-10:

Please refer to most recent ICD-10 codes and HEDIS Value Sets for applicable codes.

WCC

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

About this measure

Weight Assessment

This measure assesses the percentage of members ages 3 – 17 years who had an outpatient visit with a primary care practitioner/OB-GYN and had documentation of height, weight and body mass index (BMI) percentile during the measurement year.

Counseling for Nutrition

This measure assesses the percentage of members ages 3 – 17 years who had an outpatient visit with a primary care practitioner/OB-GYN and evidence of counseling for nutrition during the measurement year.

Counseling for Physical Activity

This measure assesses the percentage of members ages 3 – 17 years who had an outpatient visit with a primary care practitioner/OB-GYN and evidence of counseling for physical activity during the measurement year.

Helpful Documentation Tips

Weight Assessment

- Assessment must include height, weight and BMI percentile on the same date of service.
- Ranges and thresholds are not acceptable for this measure. A BMI percentile value is needed.

WCC cont.

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

- Documentation of >99% or <1% meet criteria because a distinct BMI percentile value is evident (i.e., 100% or 0%).
- A BMI percentile plotted on an age-growth chart is acceptable.

Counseling for Nutrition

- Documentation must include a date and evidence of nutrition counseling.
 - Examples: Discussion of current nutrition behaviors (eating habits, dieting behaviors, etc.) indicating nutrition was addressed, counseling or referral for nutrition education, member received educational material on nutrition during face-to-face visit, anticipatory guidance for nutrition, weight or obesity, or a referral for WIC all meet criteria.
- Documentation of nutrition for treatment of an acute or chronic condition does not meet criteria.
 - Examples: ADA diet for diabetes or BRAT diet for stomach virus.
- Documentation of physical exam findings/observations (e.g., well-nourished) or documentation related to a member's "appetite" do not meet criteria.

Counseling for Physical Activity

- Documentation must include a date and evidence of physical activity counseling.

WCC cont.

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

- Examples: Discussion of current physical activity behaviors (exercise routine, participation in sports, etc.), checklist indicating physical activity was addressed, counseling or referral for physical activity education, member received educational material on physical activity during face-to-face visit, anticipatory guidance specific to physical activity, weight or obesity counseling all meet criteria.
- Documentation of being "cleared for gym class" without additional documentation of a discussion, anticipatory guidance related to safety (e.g., wears helmet or water safety), or notation related solely to screen time (computer or television) do not meet criteria.

HEDIS Coding Guidelines 2019

Nutrition

CPT:

97802, 97803, 97804

ICD-10:

Z71.3

HCPCS:

G0270, G0271, G0447, S9449, S9452, S9470

Physical Activity

ICD-10:

Z02.5, Z71.82

WCC cont.

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

HCPCS:

G0447, S9451

BMI Percentile

ICD-10:

For use with patients younger than 20 years of age

Pediatrics BMI <5% = Z68.51

Pediatrics BMI 5% to <85% = Z68.52

Pediatric BMI 85% - <95% = Z68.53

Pediatric BMI ≥95% = Z68.54

Please note that codes should only be submitted for BMI if documentation meets the American Medical Association guidelines for submission.

WCV

Child and Adolescent Well-Care Visits

About this measure

The percentage of members 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Helpful Documentation Tips

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all of the following:

- A health history. Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- A physical developmental history. Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.

WCV cont.

Child and Adolescent Well-Care Visits

- A mental developmental history. Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- A physical exam.
- Health education/anticipatory guidance. Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face. Handouts given without evidence of a discussion documented in the medical record do not meet compliance criteria.

HEDIS Coding Guidelines

CPT:

99381-99385; 99391-99395, 99461

ICD-10:

Z00.121, Z00.129, Z00.00, Z00.01, Z00.110, Z00.111, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

HCPCS:

G0438, G0439, S0302

W30

Well-Child Visits in the First 30 Months of Life

About this measure

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

Well-Child Visits in the First 15 Months

Children who turned 15 months old during the measurement year: Six or more well-child visits.

Well-Child Visits for Age 15 Months – 30 Months

Children who turned 30 months old during the measurement year: Two or more well-child visits in the 15-month – 30-month time frame.

Helpful Documentation Tips

Documentation must include a note indicating a visit with a PCP, the date when the well-child visit occurred, and evidence of all of the following:

- A health history. Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- A physical developmental history. Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.

W30 cont.

Well-Child Visits in the First 30 Months of Life

- A mental developmental history. Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- A physical exam.
- Health education/anticipatory guidance. Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face. Handouts given without evidence of a discussion documented in the medical record do not meet compliance criteria.

HEDIS Coding Guidelines

CPT:

99381-99385; 99391-99395, 99461

ICD-10:

Z00.121, Z00.129, Z00.00, Z00.01, Z00.110, Z00.111, Z00.2, Z00.3, Z76.1, Z76.2

HCPCS:

G0438, G0439, S0302

Please note that six visits must be completed within the first 15 months of life AND two or more well-child visits between 15 months and 30 months of life to be considered fully compliant.



The following measures relate to behavioral health quality measures.

BEHAVIORAL

FUA

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

About this measure

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD.

Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days).

Helpful Documentation Tips

Documentation from the outpatient follow-up visit must have a principal diagnosis of AOD to be considered for compliance.

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90876, 99221-99239, 99251-99255, 98960-98962; 99078; 99201-99205; 99211-99215; 99241-99245; 99341-99345; 99347-99350; 99384-99387; 99394-99397; 99401-99404; 99408-99412; 99483; 99510, 98966-98972; 99421-99423; 99441-99444; 99457

FUA cont.

Follow-Up After Emergency Department Visit for
Alcohol and Other Drug Abuse or Dependence

ICD-10:

F10.10-F10.20; F10.220-F10. 29; F11.10; F11.120-F11.20; F11.220-F11.29;
F12.10; F12.120-F12.20; F12.220-F12.29; F13.10; F13.120-F13.20;
F13.220-F13.29; F14.10; F14.120-F14.20; F14.220-F14.29;
F15.10; F15.120-F15.20; F15.220-F15.29; F16.10; F16.120-F16.20;
F16.220-F16.29; F18.10; F18.120-F18.20; F18.220-F18.29; F19.10;
F19.120-F19.20; F19.220-F19.29

HCPCS:

G0071, G0155; G0176-G0177; G0396-G0397; G0409-G0411; G0443;
G0463; G2010; G2012; G2061-G2077; G2080; G2086; G2087;
H0001-H0007; H0015-H0016; H0022; H0031; H0034-H0037; H0039;
H0040; H0047; H2000-H2001; H2010-H2020; H2035-H2036; S0201;
S9484-S9485; T1006; T1012; T1015; S9480

FUH

Follow-Up After Hospitalization for Mental Illness

About this measure

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days after discharge with a mental health provider.
- The percentage of discharges for which the member received follow-up within seven days after discharge with a mental health provider.

Helpful Documentation Tips

Documentation from the outpatient follow-up visit must be with a mental health provider to be considered for compliance.

Follow-up visits performed on the day of discharge will not be considered for compliance.

FUH cont.

Follow-Up After Hospitalization for Mental Illness

HEDIS Coding Guidelines

CPT:

90791, 90792, 90832-90840, 90845-90849, 90853, 90870, 90875, 90876, 98960-98962, 98966-98972, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99239, 99241-99245, 99251-99255, 99341-99350, 99381-99404, 99411, 99412, 99421-99423, 99441-99444, 99457, 99483, 99495, 99496, 99510

ICD-10:

Please refer to most recent ICD-10 codes and HEDIS Value Sets for applicable codes.

HCPCS:

G0071, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G2010, G2012, G2061-G2063, H0002, H0004, H0031, H0034, H0035, H0036-H0040, H2000, H2001, H2010, H2011, H2012, H2013-H2020, S0201, S9480-S9485, T1015

FUM

Follow-Up After Emergency Department Visit for Mental Illness

About this measure

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 days total).
- The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days).

Helpful Documentation Tips

Documentation from the outpatient follow-up visit must have a principal diagnosis of mental illness or intentional self harm.

HEDIS Coding Guidelines

CPT:

99201-99215; 99241-99245; 99341-99350; 99381-99397;
99401-99404; 99411-99412; 99483; 99510; 98960-98962; 99078;
90791, 90792, 90832-90840, 90845-90849, 90853, 90870, 90875,
90876, 98966-98972, 99217-99223, 99231-99239, 99251-99255,
99421-99423, 99441-99444, 99457

FUM cont.

Follow-up After Emergency Department Visit for Mental Illness

ICD-10:

Please refer to most recent ICD-10 codes and HEDIS Value Sets for applicable codes.

HCPCS:

G0155, G0176-G0177; G0409; G0463; H0002; H0004; H0031; H0034; H0036; H0037; H0039; H0040; H2000; H2010; H2011; H2013-H2020; T1015; G0071; G0410; G0411; G2010; G2012; G2061-G2063; H0035; H2001; H2012; S0201; S9480-S9485

IET

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

About this measure

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

Two rates are reported.

- Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the AOD diagnosis.
- Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.

HEDIS Coding Guidelines

CPT:

99078, 99201-99205; 99211-99215; 99241-99245; 99341-99350;
99384-99387; 99394-99397; 99401-99404, 99408-99412; 99483;
99510; 90791, 90792, 90832-90845, 90847-90853, 90875, 90876;
99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960,
98961, 98962; 98966-98972; 99217-99220; 99421-99444; 99457

IET cont.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

ICD-10:

Please refer to most recent ICD-10 codes and HEDIS Value Sets for applicable codes.

HCPSC:

G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001-H0014; H0015, H0016, H0022, H0031, H0033-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020; H2035, H2036; S0201, S9480, S9484, S9485, T1006, T1012, T1015; H0020, J5070, J0571-J0575, J2315, Q9991, Q9992, S0109, G0071, G2010, G2012, G2061-G2063, G2067-G2077, G2080, G2086, G2087

Companion Benefit Alternatives (CBA)

Behavioral Health Administrator

About this benefit

CBA offers a continuum of services to include pre-authorization of behavioral health treatment requests, ensuring that the member receives the most appropriate care at the least restrictive level of care.

CBA also offers optional case management and health coaching services to members who would benefit.

Helpful Tips

Our website is an excellent source of information for both providers and members. Visit www.CompanionBenefitAlternatives.com or call us at 800-868-1032.

Companion Benefit Alternatives, Inc. is a separate company that manages behavioral health and substance abuse benefits on behalf of BlueCross BlueShield of South Carolina.

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Companion Benefit Alternatives, Inc. is a managed care organization dedicated to helping people maximize the value of their behavioral health benefits, promoting optimal behavioral health care outcomes in a cost-efficient manner.



The following measures relate to quality measures that require pharmaceutical intervention or involvement.

ADD

Follow-Up Care for Children Prescribed ADHD Medication

About this measure

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10 month period.

Two rates are reported:

- Initiation Phase: The percentage of members 6 – 12 years of age who had at least one follow-up visit with a prescribing practitioner within 30 days of the filled prescription.
- Continuation and Maintenance Phase: The percentage of members 6 – 12 years of age who remained on ADHD medication for at least 210 days and had at least two additional follow-up visits with a prescribing practitioner within nine months after the Initiation Phase.

Helpful Documentation Tips

- Documentation for the follow-up visit must be in an outpatient setting with a prescribing practitioner.
- Visits documented on the same day as the initial fill of ADHD medication will not be considered for compliance.
- Visits must be face-to-face. Telehealth visits will not be considered for compliance.

ADD cont.

Follow-Up Care for Children Prescribed ADHD Medication

HEDIS Coding Guidelines

CPT:

96150-96171, 98960-98962, 99078, 99201-99215, 99241-99245, 99341-99350, 99381-99397, 99401-99404, 99411, 99412, 99483, 90791, 90792, 90832-90849, 90853, 90875, 90876, 96156-96171, 98966-98968, 99217-99223, 99231-99239, 99251-99255, 99341-99344, 99345, 99441-99443 99510, 99217-99220

HCPCS:

G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0040, H2000, H2010, H2011, H2013-H2020, T1015, G0410, G0411, H0035, H2001, H2012, S0201, S9480-S9485

AMM

Antidepressant Medication Management

About this measure

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

- Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (six months).

Helpful Documentation Tips

If samples of medication are given to the member, documentation must include:

- Date of Issue
- Drug Name
- NDC
- Expiration Date
- Drug Strength
- Drug Frequency
- Route of Administration
- Amount Supplied

AMO

Annual Monitoring for Persons on Long-Term Opioid Therapy

About this measure

The percentage of members 18 years of age and older who are prescribed long-term opioid therapy and have not received a drug test at least once during the measurement year.

This is a PQA measure and is not found in the NCQA Technical Specifications.

Helpful Documentation Tips

- Members who are prescribed ≥ 90 days' cumulative supply of any combination of opioid analgesics during the measurement year.
- The cumulative days' supply does not have to be consecutive.
- The prescriptions can be for the same or different opioids.

AMR

Asthma Medication Ratio

About this measure

The percentage of members 5 – 64 years of age 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.

Helpful Documentation Tips

If samples of medication are given to the member, documentation must include:

- Date of Issue
- Drug Name
- NDC
- Expiration Date
- Drug Strength
- Drug Frequency
- Route of Administration
- Amount Supplied

HEDIS Coding Guidelines

ICD-10

J45.21-J45.22; J45.30-J45.32; J45.40-J45.42; J45.50-J45.52;
J45.901-J45.909, J45.991, J45.998

APM

Metabolic Monitoring for Children and Adolescents on Antipsychotics

About this measure

The percentage of children and adolescents 1 – 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Helpful Documentation Tips

Three rates are reported for this measure:

- The percentage of children and adolescents on antipsychotics who received blood glucose testing
- The percentage of children and adolescents on antipsychotics who received cholesterol testing
- The percentage of children and adolescents on antipsychotics who received blood glucose testing and cholesterol testing

All testing must be performed and results noted during the measurement year to be considered for compliance.

HEDIS Coding Guidelines

CPT:

80061, 83700, 83701, 83704, 83721, 82465, 83718, 83722, 84478, 80047-80050, 80053, 80069, 82947, 82950, 82951, 83036, 83037

CPT II:

3048F, 3050F, 3044F, 3046F, 3049F, 3051F, 3052F

APP

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

About this measure

The percentage of children and adolescents 1 – 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Helpful Documentation Tips

Documentation must show that the member had an outpatient visit for psychosocial care before the date the anti-psychotic medication prescription was filled.

Members can be excluded from this measure if there is documentation of any of the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder during the measurement year.

APP Cont.

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

HEDIS Coding Guidelines

CPT:

90832-90849, 90853, 90875, 90876, 90880, 98960-98962, 99078,
99201-99215, 99241-99245, 99341-99350, 99381-99397, 99401-
99404, 99411, 99412, 99483, 99510, 90832-90834, 90836-90840,
90845-90847, 90849, 908653, 90875-90876, 90880

HCPCS:

G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031,
H0034, H0036-H0040, H2000, H2010, H2011, H2013-H2020, T1015,
G0410, G0411, H0035, H2012, H2001, S0201, S9480, S9484, S9485,
G0176-G0177, G0409-G0411, H0004, H0035-H0040, H2000-H2001,
H2011-H2014, H2017-H2020, S0201, S9480, S9484-S9485

INR

International Normalized Ratio Monitoring for Individuals on Warfarin

About this measure

The percentage of members 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy.

This is a PQA measure and is not found in the NCQA Technical Specifications.

Helpful Documentation Tips

- If the days' supply extends beyond the end of the measurement year, the treatment period ends on Dec. 31 of the measurement year.
- Gaps in prescription claims for warfarin can occur during the treatment period.
- The last prescription claim for warfarin should be used to determine the end of the treatment period even if there is a supply from a previous prescription claim for warfarin that extends beyond the supply for the last prescription claim during the treatment period.
- If two prescription claims for warfarin occur on the same date of service, the date of service with the longest days' supply is used to determine the end of the treatment period.

PBH

Persistence of Beta-Blocker Treatment After a Heart Attack

About this measure

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

Helpful Documentation Tips

If samples of medication are given to the member, documentation must include:

- Date of Issue
- Drug Name
- NDC
- Expiration Date
- Drug Strength
- Drug Frequency
- Route of Administration
- Amount Supplied

HEDIS Coding Guidelines

ICD-10:

I21.01-I21.4

PCE

Pharmacotherapy Management of COPD Exacerbation

About this measure

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between Jan. 1 – Nov. 30 of the measurement year and who were dispensed appropriate medications.

Two rates are reported:

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

Helpful Documentation Tips

If samples of medication are given to the member, documentation must include:

- Date of Issue
- Drug Name
- NDC
- Expiration Date
- Drug Strength
- Drug Frequency
- Route of Administration
- Amount Supplied

PDC

Portion of Days Covered

About this measure

Diabetes

Percentage of members with a prescription for diabetes medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.

Hypertension (RAS Antagonists)

Percentage of members with a prescription for blood pressure medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.

Cholesterol (statins)

Percentage of members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.

This is a PQA measure and is not found in the NCQA Technical Specifications.

Helpful Documentation Tips

If samples of medication are given to the member, documentation must include:

- Date of Issue
- Drug Name
- NDC
- Expiration Date
- Drug Strength
- Drug Frequency
- Route of Administration
- Amount Supplied

SPC

Statin Therapy for Patients with Cardiovascular Disease

About this measure

The percentage of males 21 – 75 years of age and females 40 – 75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

The following rates are reported:

- Received Statin Therapy – Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- Statin Adherence 80 percent – Members who remained on a high-intensity or moderate-intensity statin medication for at least 80 percent of the treatment period.

Helpful Documentation Tips

If samples of medication are given to the member, documentation must include:

- Date of Issue
- Drug Name
- NDC
- Expiration Date
- Drug Strength
- Drug Frequency
- Route of Administration
- Amount Supplied

SUPD

Statin Use in Persons with Diabetes

About this measure

Percent of members who are dispensed at least two diabetes medication fills who received a statin medication fill during the same measurement period.

This is a PQA measure and is not found in the NCQA Technical Specifications.

Helpful Documentation Tips

If samples of medication are given to the member, documentation must include:

- Date of Issue
- Drug Name
- NDC
- Expiration Date
- Drug Strength
- Drug Frequency
- Route of Administration
- Amount Supplied

Provider Resources

My Insurance Manager®

www.SouthCarolinaBlues.com

Voice Response Unit (VRU)

Outside of Columbia
800-868-2510

Columbia Area Only
800-334-2583

HEDIS® Quality Reports

Providers can access their HEDIS Quality Reports by logging in to the My Insurance Manager portal and navigating to the Office Management tab. For assistance, contact your assigned Quality Navigator or email Navigator@bcbssc.com.

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