

## HEDIS Tip Sheet for Calendar Year 2017



HEDIS MEASURE	MEASURE DESCRIPTION	REQUIRED DOCUMENTATION	CODING TIPS	TIPS TO IMPROVE PATIENT CARE/ HEDIS RATES
1. Controlling high blood pressure (CBP)	<p>The percent of members 18-85 years of age who had a diagnosis of hypertension (HTN) between 1/1/17 and 6/30/17, and whose blood pressure is adequately controlled during the measurement period</p> <p>Measurement Period: 1/1/17 – 12/31/17</p> <p><b>Adequate BP control criteria by age ranges:</b></p> <ul style="list-style-type: none"> <li>• 18-59 years of age: BP &lt; 140/90 mm Hg</li> <li>• 60-85 years of age with diabetes: BP &lt; 140/90 mm Hg</li> <li>• 60-85 years of age without diabetes: BP &lt; 150/90 mm Hg</li> </ul> <p>If the member does not have a BP recorded, the member should be reported as "not controlled."</p>	<p>The CBP measure requires collection of medical records for evidence of the following:</p> <p>Diagnosis of HTM on or before June 30<sup>th</sup> of the measurement year</p> <p>Last BP reading (date and result) in the measurement period. If the BP is elevated, it is recommended to document all BP readings. This measure requires visit notes from two dates of service.</p> <p><b>Acceptable documentation:</b></p> <p>The following are acceptable forms of documentation with a notation indicating a hypertension diagnosis:</p> <ul style="list-style-type: none"> <li>• Progress notes</li> <li>• Office note</li> <li>• Encounter form</li> <li>• Hospital discharge summary</li> <li>• Problem list in a chart</li> <li>• Undated problem list (member summary from EMR)</li> <li>• Diagnostic report</li> <li>• SOAP (Subjective, Objective, Assessment, Plan) note</li> </ul> <p><b>Acceptable Diagnoses:</b></p> <p>Documented hypertension diagnoses on or before June 30<sup>th</sup> of the measurement period using one of the following diagnoses:</p> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• HTN</li> <li>• High BP</li> <li>• Elevated BP</li> <li>• Border HTN</li> <li>• Intermittent HTN</li> <li>• History of HTN</li> <li>• HVD (Hypertensive Vascular Disease)</li> <li>• Hyperpiesia or Hyperpiesis</li> </ul>	<p>Submit a claim with the following codes:</p> <p><b>Hypertension diagnosis:</b></p> <p>ICD-10 Code:</p> <ul style="list-style-type: none"> <li>• I10</li> </ul> <p><b>Diabetes diagnosis:</b></p> <p>ICD-10 Code:</p> <ul style="list-style-type: none"> <li>• E10</li> <li>• E11</li> <li>• E13</li> <li>• O24</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99221-99223</li> <li>• 36800-36810</li> </ul> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members with evidence of end stage renal disease (ESRD) or a kidney transplant on or prior to December 31 of the measurement year</li> <li>• Diagnosis of pregnancy during the measurement year</li> <li>• All members who had a non-acute inpatient admission during the measurement year</li> </ul>	<p>Measure and record blood pressure (BP) at each visit. If BP is high, recheck before the patient leaves the office, and if improved, record this value.</p> <p>Educate patients on the BP goal, and the risks associated with high blood pressure.</p> <p>Remember to schedule and ensure follow up appointments for BP rechecks!</p> <p>Code for hypertension even if patient has well controlled HTN.</p>

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<b>2. Comprehensive Diabetes Care (CDC): Hemoglobin A1C (HbA1c) Testing and Results</b>	<p>Percent of members 18-75 years old with diabetes who had a HbA1c testing during the measurement year.</p> <p>Measurement Period: 1/1/17 – 12/31/17</p> <p>Members are classified as diabetics if, in the measure year or the year prior, they have had two outpatient visits, observation visits or ED visits or an acute inpatient encounter on different date of service, with a diagnosis of diabetes or at least one acute inpatient encounter</p> <p>OR if they are dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis.</p>	<p>This measure requires collection of medical records for evidence of the following:</p> <ul style="list-style-type: none"> <li>• A note with the date the HbA1c was performed, and the result</li> <li>• Automated laboratory data</li> </ul> <p><b>Exclusions:</b> Gestational or steroid-induced diabetes.</p>	<p><b>Diabetes CPT II Hba1c result Codes:</b></p> <ul style="list-style-type: none"> <li>• 3044F: Less than 7.0</li> <li>• 3045F: 7.0 – 9.0</li> <li>• 3046F: Greater than 9</li> </ul> <p><b>HbA1c testing CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 83036</li> <li>• 83037</li> </ul> <p><b>ICD – 10 Diabetes diagnosis codes:</b></p> <ul style="list-style-type: none"> <li>• E10.XXX, E11.XXX</li> </ul> <p><b>Exclusion:</b></p> <p>Members who have a diagnosis of diabetes or gestational diabetes, or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year and have no other diagnosis of diabetes.</p>	<p>Ensure that poorly controlled diabetes have regular exams scheduled and that there is an office tracking system to assist in monitoring their follow up.</p> <p>NHP Diabetes Disease Management Programs can assist in managing difficult to control diabetics. Please visit <a href="http://www.nhp.org">www.nhp.org</a> and select the provider tab to learn more about our Disease Management Programs.</p>

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3. <b>Comprehensive Diabetes Care (CDC) Eye Exam</b>	<p>Percent of members ages 18-75 years with diabetes (type 1 and type 2) who had an eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (1/1/17 – 12/31/17) or a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.</p> <p>Measurement Period: 1/1/16 – 12/31/16</p>	<p>This measure requires collection of medical records for evidence of the following:</p> <ul style="list-style-type: none"> <li>Documentation (note or letter) of a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) during the measurement year (1/1/17 – 12/31/17), including the date and the results.</li> <li>Documentation (note or letter) of a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year (1/1/16 – 12/31/16) including the date and the results.</li> </ul>	<p><b>Diabetes ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>E10.XXX, E11.XXX</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>67030-67031</li> <li>67040-67043</li> <li>99203-99205</li> </ul> <p><b>CPTII Codes:</b></p> <ul style="list-style-type: none"> <li>3072F</li> <li>2022F</li> <li>2024F</li> <li>2026F</li> </ul> <p><b>HCPCS Codes:</b></p> <ul style="list-style-type: none"> <li>S3000</li> <li>S0620-S0621</li> </ul>	<p>Refer members to an optometrist or ophthalmologist for dilated retinal eye exam annually. These codes must be billed by an eye care provider to be complaint for the measure.</p>
4. <b>Comprehensive Diabetes Care (CDC) Medical Attention for Nephropathy</b>	<p>The percentage of members ages 18-75 years with diabetes (types 1 and type 2) who had a nephropathy screening or monitoring test or evidence of nephropathy the following during the measurement year.</p> <p>Measurement Period: 1/1/17 – 12/31/17</p>	<p>This measure requires collection of medical records for evidence of the following:</p> <ul style="list-style-type: none"> <li>A nephropathy screening or monitoring test (date and results)</li> <li>Evidence of treatment for nephropathy or ACE/ARB therapy (from pharmacy claims)</li> <li>Evidence of stage 4 chronic kidney disease, ESRD or kidney transplant</li> <li>A note indicating that the member had a visit with a nephrologist during the measurement period</li> </ul> <p>A note indicating that the member received a prescription for ACE inhibitors/ARBs in the measurement year.</p>	<p><b>Monitoring for nephropathy Urine protein test CPT code:</b></p> <ul style="list-style-type: none"> <li>81005</li> <li>81000-81003</li> <li>82042-82044</li> </ul> <p><b>Diabetes ICD-10 codes:</b></p> <ul style="list-style-type: none"> <li>H54.XX</li> <li>E10.XXX, E11.XXX</li> </ul> <p><b>CPTII Codes:</b></p> <ul style="list-style-type: none"> <li>3044F-3046F</li> </ul>	<p>Document history of chronic kidney disease, or history of kidney transplant (if appropriate) in medical record. Submit diagnosis code of appropriate level of kidney disease in a yearly basis (if present) for all members with diabetes.</p>

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5. <b>Comprehensive Diabetes Care (CDC) Blood Pressure (BP) Control (&lt;140/90)</b>	<p>The percentage of members ages 18-75 years of age with diabetes (type 1 and type 2) who had the following during the measurement year.</p> <p>Measurement Period: 1/1/17 – 12/31/17</p>	<p>This measure requires medical record review for evidence of blood pressure (BP) control in members with diabetes. The most recent blood pressure documented during the measurement period is required.</p>	<p><b>Comprehensive Diabetes: CPTII BP result codes:</b></p> <ul style="list-style-type: none"> <li>• 3044F-3046F</li> </ul> <p><b>Exclusionary diagnosis codes ICD-10:</b></p> <ul style="list-style-type: none"> <li>• O24.XXX</li> </ul> <p><b>Diagnosis codes ICD-10:</b></p> <ul style="list-style-type: none"> <li>• E11.XXX</li> <li>• E10.XXX</li> </ul>	<p>Ensure that members with diabetes have their blood pressure measured and documented at each visit. If BP is high, recheck before the patient leaves the office and record the value. Educate patients on their BP goal and the risk associated with high blood pressure.</p>
6. <b>Post-Partum Care</b>	<p>The percentage of deliveries that received postpartum care visit to OB/GYN practitioner or PCP between 21 and 56 days after delivery.</p> <p>Measurement Period: 11/6/16 – 11/5/17</p>	<p>This measure requires medical record review for an evidence that include a note indicating date following:</p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of weight, BP, breasts and abdomen.</li> <li>• Breastfeeding status</li> <li>• Notation of postpartum care</li> </ul>	<p><b>Post-Partum Care: ICD-10:</b></p> <ul style="list-style-type: none"> <li>• Z01.411</li> <li>• Z30.430</li> <li>• Z39.1-Z39.2</li> <li>• Z01.419-Z01.42</li> </ul> <p><b>PPC Visit CPT:</b></p> <ul style="list-style-type: none"> <li>• 57170</li> <li>• 58300</li> <li>• 59430</li> <li>• 99501</li> </ul> <p><b>PPC Visit CPTII:</b></p> <ul style="list-style-type: none"> <li>• 0503F</li> </ul> <p><b>PPC Visit HPCS:</b></p> <ul style="list-style-type: none"> <li>• G0101</li> </ul> <p><b>Exclusion:</b> Non-live births</p>	<p>If care begins after 25 weeks, bill prenatal and postpartum visits (PPV) individually as required by NHP payment guidelines.</p> <p>Partner with OBs to ensure the PPV is being performed in a timely manner</p> <p>Remind pediatricians in your practice to ask new moms when their PPV is to ensure it has been scheduled and reinforce the importance of this visit and maintaining their own good health.</p>

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7. <b>Timeliness of Prenatal Care</b>	<p>The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment.</p> <p>Measurement Period: 11/6/16 – 11/5/17</p>	<p>This measure requires medical record review for an evidence that include a note such as:</p> <ul style="list-style-type: none"> <li>• First trimester visit</li> <li>• Any visit to an OB/GYN</li> <li>• Midwife</li> <li>• Obstetrics panel</li> <li>• Any pregnancy-related dx code</li> <li>• Ultrasound of pregnant uterus</li> <li>• TORCH antibody panel</li> </ul>	<p><b>Timeliness of Prenatal Care:</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• Z01.411</li> <li>• Z30.430</li> <li>• Z39.1-Z39.2</li> <li>• Z01.419-Z01.42</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 57170</li> <li>• 58300</li> <li>• 59430</li> <li>• 99501</li> </ul> <p><b>Exclusion:</b> Non-live births</p>	<p>If care begins after 25 weeks bill prenatal and postpartum visits individually as required by NHP payment guidelines.</p>
8. <b>Frequency of Prenatal Care</b>	<p>The percentage of women prenatal visits based on number of weeks of gestation at delivery and months of pregnancy. Members who had 81% or more of expected visits.</p> <p>Measurement Period: 11/6/16 – 11/5/17</p>	<p>This measure requires a medical note or documentation of a prenatal care visit such as:</p> <ul style="list-style-type: none"> <li>• An OB/GYN visit</li> <li>• Prenatal care practitioner</li> <li>• PCP</li> <li>• Include any diagnosis of pregnancy</li> </ul>	<p><b>Frequency of Prenatal Care:</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• O36.xxxx, O09.xx, O41.xxxx - O48.xxxx</li> <li>• O60.xx, O71.xx, O88.xxx</li> <li>• O98.xxx, O99.xxx, O9A.xxx</li> <li>• Z03.xx, Z33.xxx, Z34.xx</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 57170</li> <li>• 58300</li> <li>• 59430</li> <li>• 99501</li> </ul> <p><b>Exclusion:</b> Non-live births</p>	<p>If care begins after 25 weeks, bill prenatal and postpartum visits individually as required by NHP payment guidelines.</p> <p>If care is provided by a non-OB provider, a diagnosis of pregnancy must be present in the visit notes in addition to documentation of OB care.</p>

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9. <b>Well Child Visits (0-15 months) (W15)</b>	<p>The percentage of children who turned 15 months old during the measurement year and who have had at least 6 well-child visits prior turning 15 months.</p> <p>Measurement Period: From birth to 15 months</p>	<p>This measure requires medical note or document of following:</p> <ul style="list-style-type: none"> <li>• A health history</li> <li>• Physical and mental developmental history</li> <li>• A physical exam</li> <li>• Health education /anticipatory guidance</li> </ul>	<p><b>Well Child Visit (0-15 months):</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• Z00.00</li> <li>• Z00.129</li> <li>• Z00.8</li> <li>• Z02.1</li> <li>• Z02.89</li> <li>• Z00.110-Z00.111</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99391-99395</li> <li>• 99381-99385</li> </ul>	<p>Bill initial newborn as well as visit (if allowed by NHP). If a patient is booked as a well child visit and is sick, remember to reschedule the well child visit if not performed. If performed, bill the well child visit code.</p> <p>Remember to administer the age appropriate vaccines and include the antigens on the claim in order to capture the immunizations properly, and perform lead screening if required.</p> <p>Establish a tracking system for the recall of patients for their well child visits.</p>
10. <b>Well Child Visits (3-6 years): W34</b>	<p>The percentage of children 3-6 years of age who have had one or more well-child visits with a PCP during the measurement year</p> <p>Measurement Period: 1/1/17 – 12/31/17</p>	<p>This measure requires medical record or note include the date for following:</p> <ul style="list-style-type: none"> <li>• A health history</li> <li>• Physical and mental developmental history</li> <li>• A physical exam</li> <li>• Health education/anticipatory guidance</li> <li>• The well-child visit must occur with a PCP</li> </ul>	<p><b>Well Child Visits (3-6 months):</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• Z00.00</li> <li>• Z00.8</li> <li>• Z02.1</li> <li>• Z02.89</li> <li>• Z00.129</li> <li>• Z00.110-Z00.111</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99461</li> <li>• 99381-99385</li> <li>• 99391-99395</li> </ul>	<p>Educate parents to follow health education/ anticipatory guidance.</p> <p>Establish a tracking system to recall patients for their yearly well child visits.</p> <p>Remember to administer the age appropriate vaccines and include the antigens on the claim in order to capture the immunizations properly.</p>

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11. Adolescent Well Care Visits (AWC)	<p>The percentage of members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.</p> <p>Measurement Period: 1/1/17 – 12/31/17</p>	<p>This measure requires medical record review for an evidence for following:</p> <ul style="list-style-type: none"> <li>• A health history</li> <li>• Physical and mental developmental history</li> <li>• A physical exam</li> <li>• Health education/anticipatory guidance</li> </ul>	<p><b>Adolescent Well Care Visit:</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• Z00.00</li> <li>• Z00.8</li> <li>• Z02.1</li> <li>• Z02.89</li> <li>• Z00.129</li> <li>• Z00.110-Z00.111</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99461</li> <li>• 99381-99385</li> <li>• 99391-99395</li> </ul>	<p>Educate parents to follow health education/anticipatory guidance.</p> <p>Establish a tracking system to recall patients for their yearly WCC.</p> <p>Remember to administer the age appropriate vaccines and include the antigens on the claim in order to capture the immunizations properly.</p>
12. Appropriate Testing for Children with Pharyngitis (CWP)	<p>The percentage of children 2-18 years of age diagnosis with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (trep) test.</p> <p>Measurement Period: 7/1/16 – 6/30/17</p>	<p>A rapid strep test or throat culture performed within three days before or three days after the antibiotic prescription date.</p> <p>Any co-morbid dx code will exclude patient from the denominator.</p>	<p><b>Appropriate testing for children:</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• J02.x</li> <li>• J03.xx</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99201-99205</li> <li>• 99217-99220</li> <li>• 87070-87081</li> </ul>	<p>If rapid strep test and/or throat culture is negative, educate parents that an antibiotic is not necessary for viral infections.</p>
13. Appropriate Treatment for Children with Upper Respiratory Infection (URI)	<p>The percentage of children 3 months – 18 years of age diagnosis with upper respiratory infection (URI) and were not dispensed an antibiotic prescription.</p> <p>Measurement Period: 7/1/16 – 6/30/17</p>	<ul style="list-style-type: none"> <li>• Patients not prescribed an antibiotic when there is only a URI diagnosis</li> <li>• Co-morbid diagnosis codes that apply would exclude patient from the measure; document and code for these at the time of the visit if present</li> </ul>	<p><b>Appropriate Treatment for Children with URI:</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• A07.X, N30.XX, N41.X</li> <li>• J01.XX, J02.X, J03.XX, J04.XX</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99217-99220</li> <li>• 99201-99205</li> </ul>	<p>Educate patients on the treatment of common viral infections and the appropriate use of antibiotics to treat bacterial infections.</p>

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14. <b>Childhood Immunization Status (CIS) Combo</b>	<p>The percentage of children 2 years of age who had all immunizations Combo 10 during measurement year.</p> <p>Measurement Period: From birth to 2<sup>nd</sup> birthday</p>	<p>This measure requires medical record review for an evidence of immunization to be completed by their 2<sup>nd</sup> birthday.</p> <ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 3 IPV(polio)</li> <li>• 1 MMR</li> <li>• 3 HiB</li> <li>• 3 Hep B</li> <li>• 1VZV(chicken pox)</li> <li>• 4 PCV</li> <li>• 1 Hep A</li> <li>• 2 or 3 RV (rotavirus)</li> <li>• 2 Influenza</li> </ul>	<p><b>Childhood Immunization Status:</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• B15.0</li> <li>• B16.0</li> <li>• T80.52</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 90698</li> <li>• 90700</li> <li>• 90721</li> <li>• 90723</li> <li>• 90644-90648</li> </ul> <p><b>Exclusion:</b> Children who had a contraindication for a specific vaccine</p>	<p>Submit a bill for all antigens given with the appropriate modifier, if applicable.</p> <p>Document exclusions and vaccine refusal in the medical record.</p> <p>Visit <a href="https://www.cdc.gov/vaccines/schedules/index.html">https://www.cdc.gov/vaccines/schedules/index.html</a> for the most up-to-date immunization schedules and catch-up recommendations.</p>
15. <b>Follow-up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD): Initiation Phase</b>	<p>The percentage of children 6-12 years of ages as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase</p> <p>Measurement Period: 3/1/16 – 2/28/17</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> <li>• First ADHD medication was dispensed</li> <li>• One follow-up visit with practitioner with prescribing authority during the 30-day of prescription</li> </ul>	<p><b>ADHD Initiation Phase:</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• G47.411</li> <li>• F03.XX, F10.XXX, F11.XXX, F90.X, F91.X, F93.X</li> <li>•</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99221-99223</li> <li>• 96150-96154</li> <li>• 90791-90792</li> </ul> <p><b>Exclusion:</b> Members who had an acute inpatient encounter for mental health or chemical dependency during 30 days after PSD</p>	<p>Inform patients to schedule a follow-up visit within 30 days to assess how medication is working.</p> <p>Develop tracking system to ensure these children are followed.</p>

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16. <b>Follow-up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD): Continuation and Maintenance Phase</b>	<p>The percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 120 days and who, in addition to visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after Initiation Phase ended.</p> <p>Measurement Period: 3/1/16 - 2/28/17</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> <li>Prescription for ADHD medication continued for at least a 210 days period</li> <li>Follow-up visits during a 270 days period</li> </ul>	<p><b>ADHD Continuation Phase:</b></p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>G47.411</li> <li>F03.90-F03.91</li> <li>F10.120-F10.121</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>99221-99223</li> <li>96150-96154</li> <li>90791-90792</li> </ul> <p><b>Exclusion:</b> Members who had an acute inpatient encounter for mental health or chemical dependency during 300 days after IPSD</p>	<p>Inform patients to schedule two more visits during 270 days (9 months) after the first 30 days in order to continue monitor patients progress.</p>
17. <b>Immunization for adolescents (IMA)</b>	<p>The percentage of members 13 years of age, who received one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two doses of the human papillomavirus (HPV) vaccine by their 13<sup>th</sup> birthdays.</p> <p>Measurement Period: End on 13th birthday</p>	<p>This measure requires medical record review for an evidence of:</p> <ul style="list-style-type: none"> <li>One meningococcal vaccine</li> <li>One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine</li> <li>At least two HPV vaccines (HPV Vaccine Administered Value Set), with different dates of service on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays.</li> </ul> <p>There must be at least 146 days between the first and second dose of the HPV vaccine. For Example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be after July 25.</p> <p>OR</p> <p>At least three HPV vaccines (HPV Vaccine Administered Value Set) with different dates of services on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays.</p>	<p><b>Immunization for Adolescents:</b></p> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>90715</li> <li>90644</li> <li>90734</li> <li>90649-90651</li> </ul> <p><b>Exclusion:</b> Adolescents who had a contraindication for a specific vaccine.</p> <p><b>ICD 10 Codes (measure exclusion):</b></p> <ul style="list-style-type: none"> <li>T80.52XA</li> <li>T80.52XS</li> <li>T80.52XD</li> </ul>	<p>Educate parents on the benefits of getting immunizations for their children.</p> <p>Bill all antigens and appropriate modifies provided in accordance with the NHP payment guidelines.</p> <p>Visit <a href="https://www.cdc.gov/vaccines/schedules/index.html">https://www.cdc.gov/vaccines/schedules/index.html</a> for the most up to date immunization schedules and catch up recommendations.</p> <p>Document exclusions and vaccine refusal in the medical record.</p>

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18. Lead Screening in Children (LSC)	<p>The percentage of children, who turn 2 years old and had one or more capillary or venous lead blood test for lead poisoning by their second birthday.</p> <p>Measurement Period: From birth to 2nd birthday</p>	<p>This measure requires medical record review for an evidence of:</p> <ul style="list-style-type: none"> <li>• A note indicating the date the test was performed for lead poisoning</li> <li>• The result or finding</li> </ul>	<p><b>Lead Screening In Children: ICD-10 Codes:</b></p> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 83655</li> </ul>	<p>Educate parents about the dangers of lead poisoning. Offer in-office testing for capillary blood if available.</p>
19. Asthma Medication Ratio (AMR)	<p>The percentage of members 5-85 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.</p> <p>Measurement Period: 1/1/17 – 12/31/17</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> <li>• Inhaler dispensing event: all inhalers (e.g., canisters) of the same medication dispensed on the same day are count as one dispensing event. Medications with different Drug IDs dispensed on the same day are counted as different dispensing events.</li> <li>• Injection dispensing events: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.</li> <li>• Units of medications: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.</li> </ul>	<p><b>Asthma Medication Ratio: ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• J45.20-J45.22</li> <li>• J45.30-J45.32</li> <li>• J45.40-J45.42</li> <li>• J45.50-J45.52</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99221-99223</li> </ul> <p><b>Exclusion:</b> Members who had any diagnosis from following:</p> <ul style="list-style-type: none"> <li>• Emphysema</li> <li>• Other Emphysema</li> <li>• COPD</li> <li>• Obstructive Chronic Bronchitis</li> <li>• Chronic Respiratory Condition due to Fumes/Vapors</li> <li>• Cystic Fibrosis</li> <li>• Acute Respiratory Failure</li> </ul>	<p>Educate patients to take their medications as prescribed or fill their prescription, even if they are feeling better.</p> <p>NHP Asthma Disease Management can help manage difficult patients and provide teaching materials if needed.</p> <p>Please visit <a href="http://www.nhp.org">www.nhp.org</a> and select the provider tab to learn more about our Disease Management Programs.</p>

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20. <b>Medication Management for people with Asthma (MMA)</b>	<p>The percentage of members 5-85 years of age who were identified as having persistent asthma and who were dispensed an asthma controller medication during the measurement year. Patients are in the measure if they meet at least one of the following during both the measurement year and the year prior.</p> <p>Measurement Period: 1/1/17 – 12/31/17</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> <li>• Members also on asthma controller medication for at least 50% of their treatment period</li> <li>• Members also on asthma controller medication for 75% of their treatment period</li> </ul>	<p><b>Medication Management for People with Asthma (MMA): ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• J45.20-J45.22</li> <li>• J45.30-J45.32</li> <li>• J45.40-J45.42</li> <li>• J45.50-J45.52</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 99221-99223</li> </ul> <p><b>Exclusion:</b> Members who had any diagnosis from following:</p> <ul style="list-style-type: none"> <li>• Emphysema</li> <li>• Other Emphysema</li> <li>• COPD</li> <li>• Obstructive Chronic Bronchitis</li> <li>• Chronic Respiratory Condition due to Fumes/Vapors</li> <li>• Cystic Fibrosis</li> <li>• Acute Respiratory Failure</li> </ul>	<p>Educate Patients on how to use asthma medications.</p> <p>Provide a written Asthma Action Plan to all members with asthma and educate them on signs and symptoms of concern.</p> <p>Visit <a href="http://www.nhp.org">www.nhp.org</a> and select the provider tab to access NHP Asthma Education Materials which may be useful in your efforts.</p>

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21. <b>Antidepressant Medication Management (AMM): Acute and Continuation Phase</b>	<p>The percentage of members 18 years of age and older who were diagnosed with major depression and were treated with an antidepressant.</p> <ul style="list-style-type: none"> <li>• Acute Phase Treatment: members who remained on antidepressant medication for at least 84 days (3 months)</li> <li>• Continuation Phase Treatment: members who remained on antidepressant medication for at least 184 days (6 months)</li> </ul> <p>Measurement Period: 5/1/16 – 4/30/17</p>	<p>Admin Measure:</p> <ul style="list-style-type: none"> <li>• Diagnosis of major depression</li> <li>• Dispensed an antidepressant medication</li> <li>• Acute phase for at least 84 days</li> <li>• Continuation phase for at least 120 days</li> </ul>	<p><b>AMM – Acute and Continuation Phase:</b></p> <p><b>ICD-10 Code:</b></p> <ul style="list-style-type: none"> <li>• F32.9</li> <li>• F33.9</li> <li>• F33.41</li> <li>• F32.0-F32.4</li> <li>• F33.0-F33.3</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 90791-90792</li> <li>• 98960-98962</li> </ul> <p><b>Exclusion:</b> Members who didn't have a diagnosis of major depression in an inpatient/ outpatient, ED, intensive outpatient or partial hospitalization setting during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD.</p>	<p>Educate your patients on continuing to take their antidepressant medication as prescribed even though they may be improving.</p> <p>Discuss common side effects of medications ahead of time in order to prevent patient compliance issues.</p>

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22. <b>Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)</b>	<p>The percentage of children 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during the measurement year.</p> <p>Measurement Period: 1/1/17 – 12/31/17</p>	<p>This measure requires medical record review for an evidence of:</p> <ul style="list-style-type: none"> <li>• BMI percentile (ranges not acceptable)</li> <li>• Height and weight</li> <li>• Nutrition counseling (i.e., "picky eater," "advise decrease soda," "switch to skim milk"). Documentation related to member's "appetite" does not meet criteria for counseling for nutrition.</li> <li>• Physical activity counseling (e.g., "30 minutes of exercise per day," documentation of sport participation)</li> <li>• Weight and obesity counseling (e.g., "discusses BMI, diet, and exercise")</li> </ul>	<p><b>WCC:</b> <b>BMI:</b> Z68.xx</p> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• Z71.3- nutrition counseling</li> </ul> <p><b>ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• Z02.5-sports physical</li> </ul> <p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 97802-97804</li> </ul> <p><b>Exclusion:</b> Members who have diagnosis of pregnancy during the measurement year.</p>	<p>Submit the appropriate BMI percentile diagnosis code as well as the visit code. Remember to document the specifics around provider encouragement for physical activities as opposed to comments such as "advise to decrease screen time". Anticipatory guidance around safety, although important, do not satisfy this metric requirement .</p>