



2019 HEDIS Cheat Sheet

Measure	HEDIS Requirement	Rendering Provider Needs to report
W34 Well Child visits in ages 3-6 years of life	Measures percentage of members 3 to 6 years of age who had one or more comprehensive well child visits with a PCP during the year. Make sure your medical records reflect the following: <ul style="list-style-type: none"> -A note indicating a visit to PCP -The Date the well-child visit occurred -Physical and mental developmental histories -A physical exam -Health Education and anticipatory guidance 	Well Child visit: CPT: 99381-99385, 99391-99395, 99461 ICD-10: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI	Measures percentage of members 3 - 17 years of age with a record of BMI value recorded during the measurement year.	ICD-10: Z68.51 if <5% Z68.52 if 5% - 85% Z68.53 if 85% -95% Z68.54 if >95%
W15 Well-child visits in first 15 months of life	Measures percentage of members that complete 6 or more well child visits before 15 months of age.	CPT: 99381-99385, 99391-99395, 99461 ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0- Z02.6, Z02.71, Z02.82, Z76.1, Z76.2 G0438- G0439
AWC Adolescent Well-care visits	Measures percentage of members 12 to 21 years of age who had one or more comprehensive well visits during the year.	CPT: 99381-99385, 99391-99395, 99461 ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0- Z02.6, Z02.71, Z02.82, Z76.1, Z76.2 G0438- G0439
CIS Childhood Immunizations	Measures percentage of members who turned 2 years old in the measurement year and received the following vaccinations on or before their 2nd birthday: <ul style="list-style-type: none"> 4- Diphtheria, tetanus, and acellular pertussis (DTaP) 3- Polio (IPV) 1- Measles, mumps, and rubella (MMR) 3- Haemophilus Influenza type B (Hib) 3- Hepatitis B (Hep B) 1- Chicken Pox (VZV) 4- Pneumococcal Conjugate (PCV) 1- Hepatitis A (Hep A) 2 or 3- Rotavirus (RV) 2- Influenza (Flu) Record the immunizations in the CAIR Registry if applicable. Document history of illness or seropositive test result in medical record. Document the date of first Heb B vaccine given at hospital and name of hospital. <u>Exclusions:</u> Anaphylactic shock as a result of vaccine administered	DTaP: 90698, 90700, 90721, 90723 IPV: 90698, 90713, 90723 MMR: 90707, 90710 Measles and Rubella: 90708 Measles: 90705 Mumps: 90704 Rubella: 90706 Hib: 90644-90648, 90698, 90721, 90748 Hep B: 90723, 90740, 90744, 90747, 90748 VZV: 90710, 90716 PCV: 90670 Hep A: 90633 Rotavirus 2 dose: 90681 Rotavirus 3 dose: 90680 Influenza: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688
IMA Immunizations for Adolescents	Measures percentage of adolescents 13 years of age who had the following vaccines on or before their 13th birthday: <ul style="list-style-type: none"> - 1 dose of Meningococcal Vaccines on or between the 11th and 13th birthday - 1 dose of Tdap (tetanus, diphtheria toxoids & acellular pertussis vaccine) on or between the 10th & 13th birthday -3 doses of HPV vaccines on different dates of service, on or between 9th and 13th birthdays. <u>Exclusion:</u> Anaphylactic shock as a result of vaccine administered	Meningococcal Vaccine: 90734 Tdap Vaccine: 90715 HPV Vaccine: 90649, 90650, 90651



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BCS Mammography	<p>Measures percentage of members 50- 74 years of age with mammogram between October two years prior to measurement year and December 31 of the measurement year.</p> <p><u>Exclusion:</u> Women who had a bilateral mastectomy Note: Biopsies, breast ultrasounds and MRIs do not count. HEDIS® does not consider them to be appropriate primary screening method</p>	Mammogram: 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067
CCS Cervical Cancer Screening	<p>Measures percentage of women 21-64 years who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> -Women ages 21-61 who has cervical cytology performed in last 3 years - Women ages 30-64 who had cervical cytology AND HPV co-testing in last 5 years. <p><u>Exclusion:</u> Evidence of a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.</p>	Cervical Cytology: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 HPV Tests: 87620, 87621, 87622, 87624, 87625
CHL Chlamydia Screening in Women	<p>Measures 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.</p> <p>Two possible methods to identify sexually active women: pharmacy data and claim/encounter data.</p> <p><u>Exclusion:</u> Women who fell in the denominator based on a pregnancy test alone and also had: a prescription for Isotretinoin or an x-ray on the date of the pregnancy test/6 days after the pregnancy test are excluded from the measure.</p>	CPT: 87110, 87270, 87320, 87490-87492, 87810 LOINC code from the EMR data also count towards the measure
PPC Prenatal and Postpartum Care	<p>Measures percentage of delivery of live births on or between 11/6 of previous year and 11/5 of current year. For these women the measure assesses the following for prenatal and postpartum care.</p> <p>Prenatal care: Measures prenatal care visits in the 1st trimester or by 42 days of enrollment</p> <p>Postpartum care: Measures postpartum visit 21-56 days (3-8 weeks) after delivery</p> <p>*A follow-up Cesarean sections (C- Section) postoperative visit in 1 to 2 weeks after delivered does not meet compliance.</p>	<p>Code: Z1032 Service Definition: Initial pregnancy- related office visit. Billing Rules: One time only Code: Z1032 (Bill with the Z1 modifier) Service Definition: Use if initial pregnancy-related office visit is within the first 16 weeks of gestation. Billing Rules: One time only Code: Z1034 Service Definition: Antepartum follow- up visit (non-global), subsequent to the initial pregnancy-related office visit, per visit billing. Billing Rules: 2nd to 9th visit (bill each visit separately) Code: Z1036 (Bill with ZI modifier) Service Definition: 10th antepartum office visit (non-global). Any additional visits. Billing Rules: One time only Code: Z1038 (Bill with the ZI modifier) Service Definition: Postpartum: one follow-up office visit (non-global) Billing Rules: One time only</p>



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CBP Controlled Blood Pressure (Use CPTII Codes)	Measures percentage of members 18-85 with a diagnosis of hypertension whose last blood pressure reading of the year was adequately controlled (<140/90) during measurement year. <u>Exclusion:</u> members 66- 80 years and older with advance illness and frailty	Systolic BP <140: 3074F, 3075F Systolic BP >=140: 3077F Diastolic BP <80: 3078F Diastolic BP 80-89: 3079F Diastolic BP >= 90: 3080F
ABA Adult Body Mass Index Assessment	Measures percentage of members 18 years as of January 1 the year prior to the measurement year to 74 years as of December 31 of the measurement year with a record of BMI reading taken in the measurement year or year prior. <u>Exclusion:</u> Pregnant members	If members is >= 20 use: Z68.1, Z68.20-Z68.39, Z68.41- Z69.45 If member is <20 use: Z68.51- Z68.54
CDC Comprehensive Diabetes Care HbA1c Tests Diabetic Retinal Eye Screening Nephropathy Blood Pressure	Measures percentage of members 18-75 years of age with Type 1 or Type 2 Diabetes. Each year patients with diabetes need: -HbA1c testing -Blood pressure monitoring -Nephropathy screening and treatment -Dilated retinal eye exam in current year or negative exam in previous year <u>Exclusion:</u> members 66- 80 years and older with advance illness and frailty	Service code: 83036, 83037 Result Codes: HbA1c Level <7%: 3044F HbA1c Level 7-9%: 3045F HbA1c Level >9%: 3046F eye exams: 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- Nephropathy Screening: 81000-81003, 81005, 82042, 82043, 82044, 84156 Result code: 3060F, 3061F, 3062F Evidence of Treatment: 3066F, 4010F Blood Pressure (BP) < 140/90: Systolic BP <140: 3074F, 3075F Systolic BP >=140: 3077F Diastolic BP <80: 3078F Diastolic BP 80-89: 3079F Diastolic BP >= 90: 3080F
AMR Asthma Medication Ratio	Measures percentage of members 5 years - 64 years of age as of December 31 of the measurement year with Ratio of controller inhaler use over total asthma medications, 50% or better for compliance. <u>Exclusion:</u> Advance respiratory conditions. Members with no asthma medications dispensed during measurement year	Follow up with member prescription.
PCR Plan All-Cause Readmission	Measures percentage of members 18 years - 64 years of age as of the Index Discharge Date with count of unplanned readmissions within 30 days of the discharge date from hospital stay divided by total hospital discharges.(lower score indicates better performance) <u>Exclusion:</u> Pregnant members and member death	



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AMM Antidepressant Medication Management – Acute (AMM)	Measures percentage of members 18 years of age or older as of April 30 of measurement year who remained on antidepressant medication for at least 84 days, allowable gap in medication coverage not to exceed 31 days <u>Exclusion:</u> Members who had antidepressant medication 105 days prior to date of first prior index prescription dispense date Members without an encounter that includes a diagnosis of depression within +/- 60 days of index date	Follow up with member prescription.
AMM Antidepressant Medication Management – Continuation (AMM)	Measures percentage of members 18 years of age or older as of April 30 of measurement year who remained on antidepressant medication for at least 180 days, allowable gap in medication coverage not to exceed 52 days <u>Exclusion:</u> Members who had antidepressant medication 105 days prior to date of first prior index prescription dispense date Members without an encounter that includes a diagnosis of depression within +/- 60 days of index date	Follow up with member prescription.
ADD Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase (ADD)	Measures percentage of members 6 years as of March 1 of the year prior to the measurement year to 12 years as of the last day of February of the measurement year who were dispensed ADHD medication and had 1 follow-up visit with practitioner w/prescribing authority during 30-day window after index date <u>Exclusion:</u> Any member with an acute inpatient encounter for mental health of chemical dependency during the 30 days after index date	Follow up with member prescription.
ADD Follow-Up Care for Children Prescribed ADHD Medication - Continuation Phase (ADD)	Measures percentage of members 6 years as of March 1 of the year prior to the measurement year to 12 years as of the last day of February of the measurement year who were dispensed ADHD medication and remained on it for at least 210 days and is compliant for the initiation phase had at least 2 follow-up visits with any practitioner within 270 days after the initiation phase ended. <u>Exclusion:</u> Any member with an acute inpatient encounter for mental health of chemical dependency during the 30 days after index date	Follow up with member prescription.