## Adult HEDIS Measures

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<tr>
<th>HEDIS Measure</th>
<th>Member Description</th>
<th>Documentation Requirements</th>
<th>Codes</th>
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</table>
| Adult BMI Assessment (ABA)    | 18-74 years old    | **Documentation** must indicate the weight and BMI value for the current calendar year or prior calendar year. The weight and BMI must be from the same record. For members younger than 21 years on the date of service, the BMI percentile:  
- Must be documented as a value (e.g., 85th percentile) or plotted on age-growth chart  
- Ranges and thresholds do not meet criteria for this indicator  
**Exclusions**: Diagnosis of pregnancy. The medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year or the year prior to the measurement year.  
BMI ICD: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45, V85.1, V85.21, V85.25, V85.30, V85.39, V85.41 – V85.45  
BMI percentile: Z68.51-Z68.54, Z68.51 – V85.54 | BMI ICD: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45, V85.1, V85.21, V85.25, V85.30, V85.39, V85.41 – V85.45  
BMI percentile: Z68.51-Z68.54, Z68.51 – V85.54 | |
| Breast Cancer Screening (BCS) | Women 50-74 years old | One or more mammograms (screening, diagnostic, film or digital breast tomosynthesis) any time on or between October 1 two years prior and December 31 of the measurement year. Biopsies, breast ultrasounds, MRIs are not appropriate methods for primary breast cancer screening.  
**Exclusion**: Bilateral mastectomy. Unilateral mastectomy with a bilateral modifier with same date of service, two unilateral mastectomies, 14 days or greater apart. History of bilateral mastectomy.  
Mammography: CPT: 77055-77057, 77061 – 77067, G0202, G0204, HCPSC: G0202, G0204, G0206  
ICD: 87.36, 87.37  
**Exclusions**:  
History of Bilateral Mastectomy: ICD10: Z90.13  
Bilateral Mastectomy: ICD10: 0HTV0ZZ, ICD9: 85.42, 85.44, 85.46, 85.48  
Absence of Breasts: ICD10: Z90.12 (left), Z90.11(right)  
Unilateral Mastectomy: ICD10: 0HTUK2ZZ (left), 0HTU0ZZ (right) | | |
| Comprehensive Diabetes Care (CDC) | 18-75 years old | Members who had the following within the current year:  
- Hemoglobin A1C (HbA1c) testing: testing in the measurement year; (glycohemoglobin, glycated hemoglobin and glycosylated hemoglobin as acceptable HbA1c tests)  
- Hemoglobin A1C control results  
- Eye exam (retinal) performed: a dilated or retinal eye exam in the measurement or a negative retinal or dilated exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year; a bilateral eye enucleation anytime during the member’s history through December 31 of the measurement year  
- Medical attention for nephropathy: screening in the measurement year or documented ACE/ARB medication in the measurement year  
- BP control <140/90 mm Hg: documented in the most recent medical record in the measurement year  
HbA1c Testing: CPT: 3044F–HbA1c 7.0-9.0; 3044F–HbA1c less than 7; 3046F– HbA1c greater than 9; 83036,83037  
Eye Exam (retinal): CPT: 3072F–Negative DRE Screening; 2022F, 2024F, 2026F–DRE with eye care professional  
Unilateral Eye Enucleation: CPT: 65591, 65593m 65101, 65103, 54105, 54110, 54112, 54114  
Unilateral Eye Enucleation Right: ICD10: O8B00ZX, O8B00Z, O8B03ZX, O8B03Z, O8B03XX, O8B0XXZ  
Nephropathy: CPT: 3066F, 4010F–ACE/ARB therapy prescribed  
Blood Pressure: CPT: 3077F–SBP > 140; 3075F–SBP < 140; 3078F– DBP < 80; 3079F–DBP 80-89; 3080F–DBP ≥ 90 | | |
| Controlling High Blood Pressure (CBP) | 18-85 years old | A medical record with a documented diagnosis of Hypertension by June 30 of the measurement year and a medical record with the latest blood pressure for the measurement year.  
**Exclusions**:  
- Evidence of ESPD or kidney transplant within measurement year  
- Pregnancy within the measurement year  
Measure compliancy determined by most recent blood pressure noted in the medical record for the requested year. | | |
| HEDIS Measure                              | Member Description | Documentation Requirements                                                                                                                                                                                                 | Codes                                                                 |
|-------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|                                                                     |
| Colorectal Cancer Screening (COL)         | 51-75 years old    | Screening for colorectal cancer by any one of the following:  
  - Fecal occult blood test (FOBT) during the measurement year  
  - Flexible sigmoidoscopy during the measurement year or four years prior  
  - Colonoscopy during the measurement year or nine years prior  
  - CT colonography during, or the four years prior to, the measurement year  
  - FIT-DNA test during the measurement year or the two years prior to the measurement year  
  - There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (FIT)  
Exclusions: indication of colorectal cancer or total colectomy in member’s medical record anytime in member’s history through December 31 of current year. | FOBT: CPT: 82270, 82274  
  Flexible sigmoidoscopy: CPT: 45330 – 45347, 45349, 45350  
  Colonoscopy: CPT: 44388 – 44394, 44397, 44401-44408, 45355, 45378-45393  
  FIT-DNA: CPT: 81528  
  FOBT: CPT: 82270, 82274  
  HCPCS: G0328 |
| Antidepressant Medication Management (AMM) | 18 years old and older | Effective Acute Phase Treatment:  
  - Members who remained on an antidepressant medication for at least 84 days (12 weeks)  
Effective Continuation Phase Treatment:  
  - Members who remained on an antidepressant medication for at least 180 days (6 months) | Ensure compliance determined by pharmacy claims. |
| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) | Adults 18-64 years old | The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription  
  - CDC recommends delayed antibiotic prescribing as a strategy:  
    - Writing a post-dated prescription  
    - Contacting a patient after a clinical visit  
    - Providing prescription, give verbal order after length of time if symptoms do not improve  
Exclusions: COPD, chronic bronchitis, cystic fibrosis, sickle cell, disease with acute chest, emphysema, HIV, malignancy, neoplasms, other disease of the respiratory system, tuberculosis, bronchiectasis and pneumocooniosis. | Acute bronchitis due to coronavirus: ICD 10 J20.3  
  Parainfluenza virus: ICD 10 J20.4  
  Respiratory Syncytial Virus: ICD 10 J20.5  
  Rhinovirus: ICD 10 J20.6  
  Echovirus: ICD 10 J20.7  
  Other specified organisms: ICD 10 J20.8  
  Unspecified: ICD 10 J20.9 |
| Chlamydia Screening in Women (CHL)        | Women 16-24 years old | Tested for Chlamydia at least once during the measurement year.  
Exclusion:  
  - Pregnancy test during the measurement year with a prescription for isotretinoin on the date of pregnancy test or the 6 days after; or a pregnancy test during the measurement year and an X-ray on date of pregnancy or 6 days after. | Chlamydia Test (CPT): 87110, 87270, 87320, 87490 – 87492, 87810 |
**Adult HEDIS Measures (continued)**

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| **Cervical Cancer Screening (CCS)** | Women 21-64 years old | Cervical cancer screening using either of the following criteria:  
  - Women 21-64 years of age who had cervical cytology performed every 3 years  
  - Women 30-64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years | Cervical Cytology  
  - CPT: 88141-88143, 88147-88148, 88150, 88152-88154, 4, 88164-88167, 88174-88175, HCPCS: G0123, G0124, G0143-G0145, G0147, G0148, J0001, J0091  
  - HPV Tests:  
    - CPT: 78620-78622, 78624, 78625, HCPCS: G0476  
  - Exclusions: Total, radical, complete abdominal or vaginal hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history through December 31 of the measurement year. |
| **Flu Vaccination for Adults (FVA)** | 18-64 years old | Members who received flu vaccine between July 1 of the measurement year and the date when the CAHPS 5.0H survey was completed.  
  - Documentation received from CAHPS survey, year and date | Measure compliance determined by Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. |
| **Follow-up after Hospitalization for Mental Illness (FUH)** | 6 years old and older | Follow-up services after a mental health admission on or between January 1 and December 1 of the measurement year with a mental health practitioner:  
  - Follow-up received 7 days after discharge  
  - Follow-up received 30 days after discharge; transitional care management services included | Follow-up:  
| **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)** | 13 years old and older | Members with a new episode of alcohol or other drug dependence who received the following between January 1 and November 15 of the measurement year:  
  - Initiation: An inpatient AOD admission, outpatient visit, intensive outpatient or partial hospitalization, telehealth or medication assisted treatment within 14 days of diagnosis or  
  - Engagement: Initial treatment and had two or more additional services with an AOD services or medication assisted treatment within 34 days of the initiation visit. | Follow-up:  
<p>| <strong>Medical Assistance with Smoking and Tobacco Use Cessation (MSC)</strong> | 18 years old and older | Members who were advised to quit smoking or tobacco use and discussed the use of cessation medication and cessation strategies. Documentation received from CAHPS survey. | Measure compliance determined by Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. |</p>
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<tr>
<td>Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)</td>
<td>18 years old and older</td>
<td>Members who were hospitalized and discharged with a diagnosis of AMI from July 1 of the prior year to June 30 of the measurement year and received persistent beta-blocker treatment for six months following discharge. <strong>Exclusions:</strong> • Intolerance or allergy to beta-blocker therapy (asthma, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes and vapors, hypotension, heart block &gt;1 degree or sinus bradycardia, a medication dispensing event indicative of a history of asthma, and adverse effect of beta-adrenoceptor antagonists) • Members in hospice</td>
<td>Measure compliancy determined by pharmacy claims.</td>
</tr>
<tr>
<td>Pharmacotherapy Management of COPD Exacerbation (PCE)</td>
<td>40 years old or older</td>
<td>Members with COPD exacerbation who had a discharge from an acute inpatient or ED visit on or between January 1 and November 30 of the measurement year and dispensed appropriate medications: • Dispensed a systemic corticosteroid with within 14 days of the event or • Dispensed a bronchodilator within 30 days of the event.</td>
<td>Measure compliancy determined by pharmacy claims.</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care (PPC)</td>
<td>Members with live birth</td>
<td>Members who had a live birth between November 6 of the prior year and November 5 of the measurement year and had the following: • Timeliness of prenatal care: had a prenatal care visit in the first trimester; or within 42 days of enrollment with Florida Blue • Postpartum care: had a postpartum visit between 21 and 56 days following delivery of live birth</td>
<td>Prenatal: CPT: 99201-99205, 99211-99215, 99241-99245 HCPC: G0463, T1015 Postpartum: CPT: 76801, 76805, 76811, 76813, 76815, 76816, 76817-76821, 76825-76828 ICD10: BY49ZZZ, BY74BZZZ, BY4GZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ ICD9: 88.78</td>
</tr>
<tr>
<td>Use of Imaging Studies for Low Back Pain (LBP)</td>
<td>18-50 years old as of December 31 of the measurement year</td>
<td>Members with a primary diagnosis of low back pain, between January 1 and December 3 of the measurement year, and who did not have an imaging studies (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. <strong>Exclusions:</strong> cancer, recent trauma, intravenous drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids, and members in hospice</td>
<td>Low Back Pain Imaging Study: CPT, 72010, 72200, 72052, 72100, 72110, 72120, 72120, 72131–72133, 72141–72149, 72156, 72158, 72200, 72202, 72220</td>
</tr>
<tr>
<td>Medication Management for People with Asthma (MMA)</td>
<td>5-64 years old</td>
<td>Members who were identified during the measurement year as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: • Asthma controller medication for at least 50% of their treatment period. • Asthma controller medication for at least 75% of their treatment period.</td>
<td>Asthma: ICD10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998 ICD9: 493.00-493.02, 493.10-493.12, 493.81-493.82, 493.90-493.92 <strong>Exclusions:</strong> COPD: J44.0-J44.9 Cystic fibrosis: E84 Acute respiratory failure: J96.0-J96.22 Emphysema &amp; Other: J43.0-J43.9, J98.2, J98.3 Obstructive chronic bronchitis: 491.20-491.22 Chronic respiratory conditions due to fumes/vapors</td>
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### Appropriate Testing for Children w/ Pharyngitis (CWP)

<table>
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<th>Age Group</th>
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<th>Documentation Requirements</th>
</tr>
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<tbody>
<tr>
<td>3-18 years old</td>
<td>Members who were diagnosed with pharyngitis, and dispensed an antibiotic, and received a group (A) strep test for the episode, from July 1 of the previous year to June 30 of the measurement year.</td>
<td>Group A Strep Tests: CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</td>
</tr>
</tbody>
</table>

### Appropriate Treatment for Children w/ Upper Respiratory Infection (URI)

<table>
<thead>
<tr>
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<th>Description</th>
<th>Measure compliancy determined by pharmacy claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months – 18 years old</td>
<td>Members who were diagnosed with an upper respiratory infection and not dispensed an antibiotic from July 1 of the previous year to June 30 of the measurement year.</td>
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### Childhood Immunization Status (CIS)

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<tr>
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</thead>
</table>

- 4 diphtheria, tetanus and acellular pertussis (DTaP),
- 3 polo (IPV),
- 1 measles, mumps & rubella (MMR),
- 3 haemophilus influenzae type B (HiB),
- 3 hepatitis B (HepB),
- 1 chicken pox (VZV) or history of varicella zoster,
- 4 pneumococcal conjugate (PCV),
- 1 hepatitis A (HepA) or history of hepatitis A illness,
- 2 or 3 rotavirus (RV),
- 2 influenza (flu).

Exclusions:
- Anaphylactic reaction to any vaccine or its components
- DTaP: encephalopathy with a vaccine adverse effect code
- MMR, VZV and influenza: immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma or leukemia
- Rotavirus vaccine: severe combined immunodeficiency or history of intussusception

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

<table>
<thead>
<tr>
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<th>Measure compliancy determined by pharmacy claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12 years old</td>
<td>Members who were newly diagnosed with attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up visits within 10 months and one within 30 days of when the first ADHD medication was dispensed from March 1 of the previous year and ending the last calendar day of February of the measurement year.</td>
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Two rates reported:
- Initiation Phase: members who had a 30-day follow-up visit after the dispensing of ADHD medication with the practitioner with prescribing authority
- Continuation Phase: members who remained on the medication for at least 210 days, and had an additional 2 follow-up visits with a practitioner, in addition to the initiation visit, within 270 days (9 months) once the initiation phase has ended.

Exclusions: A diagnosis of narcolepsy anytime during their history through December 31 of the measurement year.
<table>
<thead>
<tr>
<th>Measure</th>
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</table>
| **Well-Child Visits in the First 15 Months of Life (W15)**             | 15 months old during measurement year | The percentage of members who turned 15-months-old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:  
- Up to six or more well-child visits  
Documentation from the medical record must include a note indicating a visit with a PCP, the date of the well child visit and evidence of all of the following:  
- A health history, a physical developmental history, a mental developmental history, a physical exam, health education/anticipatory guidance | Members who had the following by their 13th birthday during the measurement year:  
- 1 meningococcal vaccine on or between the member’s 11th and 13th birthdays  
- 1 tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the member’s 10th and 12th birthdays  
- at least 2 doses of HPV at least 146 days between the first and second dose or at least 3 HPV doses of the HPV vaccine between the member’s 9th and 13th birthdays  
**Exclusions:**  
- Documentation of anaphylactic reaction to vaccine or its components with a date of service prior to October 1, 2011  
- Documentation of anaphylactic reaction to the vaccine or its components with a date of service prior to October 1, 2011 | CPT: 99381-99385, 99391-99395, 99461  
HCPCS: G0438, G0439  
ICD10: Z00.00, Z00.01, Z00.10, Z00.11, Z00.121, Z00.129, Z00.5, Z00.8, Z02.6-Z02.9, Z02.71, Z02.79, Z02.81-Z02.83, Z02.99, Z02.9  
ICD9: V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.7, V70.8, V70.9  
Diphtheria: CPT: 90719  
HPV: CPT: 90649, 90650, 90651  
Meningococcal: CPT: 90733, 90734  
Tdap: CPT: 90714, 90718  
Tetanus: CPT: 90715  
Exclusions: ICD10: T90.52XA, T80.52XD, T80.52XS |
| **Immunizations for Adolescents (IMA)**                                | 13 years old              | Members who had an outpatient visit with PCP or OB/GYN and had evidence documented in the medical record for the following during the requested year:  
- BMI percentile: medical record has BMI percentile documented as a value (e.g. 85th percentile) or BMI percentile plotted on an age-grow chart  
- Counseling for nutrition: medical record includes notes discussing current nutrition behaviors (e.g. eating habits, dieting behaviors; check list indicating nutrition was addressed; referral for nutrition education; member received nutritional educational materials in a face-to-face setting; anticipatory guidance for nutrition; weight or obesity counseling  
- Counseling for physical activity: medical record includes notes discussing current physical activity behaviors (e.g. exercise routine, participation in sports activities; exam for sports participation); checklist indicating physical activity was addressed; counseling or referral in regard to physical activity; provided educational material in a face-to-face setting; anticipatory guidance to child’s physical activity; weight or obesity counseling | BMI:  
ICD10: Z68.51, Z68.52, Z68.53, Z68.54  
ICD9: V85.51-V85.54  
Nutrition: CPT: 97802, 97803, 97804  
HCPCS: G0270, G0271, G0447, S9449, S9452, S9470  
ICD10: Z71.3  
Physical Activity: HCPCS: G0447, S9451  
ICD10: Z62.5 |
| **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)** | 3-17 years old            | Members who had the following by their 13th birthday during the measurement year:  
- BMI percentile: medical record has BMI percentile documented as a value (e.g. 85th percentile) or BMI percentile plotted on an age-grow chart  
- Counseling for nutrition: medical record includes notes discussing current nutrition behaviors (e.g. eating habits, dieting behaviors; check list indicating nutrition was addressed; referral for nutrition education; member received nutritional educational materials in a face-to-face setting; anticipatory guidance for nutrition; weight or obesity counseling  
- Counseling for physical activity: medical record includes notes discussing current physical activity behaviors (e.g. exercise routine, participation in sports activities; exam for sports participation); checklist indicating physical activity was addressed; counseling or referral in regard to physical activity; provided educational material in a face-to-face setting; anticipatory guidance to child’s physical activity; weight or obesity counseling | BMI:  
ICD10: Z68.51, Z68.52, Z68.53, Z68.54  
ICD9: V85.51-V85.54  
Nutrition: CPT: 97802, 97803, 97804  
HCPCS: G0270, G0271, G0447, S9449, S9452, S9470  
ICD10: Z71.3  
Physical Activity: HCPCS: G0447, S9451  
ICD10: Z62.5 |