

2019 HEDIS® DOCUMENTATION and CODING GUIDE

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS Measure	Applies to:	Member Description	Documentation Requirements	Codes
Adult Body Mass Index Assessment (ABA)	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars 	Age 18-74	<p>Documentation must indicate the weight and body mass index (BMI) value for the current calendar year or prior calendar year. The weight and BMI value must be from the same record. For members younger than 20 years on the date of service, the medical record must indicate the height, weight, and the BMI percentile. The BMI percentile:</p> <ul style="list-style-type: none"> 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. A distinct BMI value or percentile, if applicable, is required for numerator compliance. <p>Exclusions: Diagnosis of pregnancy * The medical record must include a note indicating a diagnosis of pregnancy; members in hospice.</p>	<p>BMI: ICD-10: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45</p> <p>BMI percentile: ICD-10: Z85.51 – V85.54</p>
Breast Cancer Screening (BCS)	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars Federal Employee Program® 	Women Age 50-74	<p>One or more mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Biopsies, breast ultrasounds, and MRIs do not count as appropriate methods for primary breast cancer screening.</p> <p>Exclusions: Bilateral mastectomy. Unilateral mastectomy with a bilateral modifier, two unilateral mastectomies without a modifier 14 days or more apart. History of bilateral mastectomy. A unilateral mastectomy without a modifier and a left mastectomy with service date 14 days or more apart. A unilateral mastectomy without a modifier and a right mastectomy with service date 14 days or more apart. Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service. Members in hospice. Members age 66 years and older as of December 31 of the measurement year with frailty and advanced illness during the measurement year. Identification can be (1) by two or more outpatient visits, ED visits, or non-acute inpatient encounters on different dates of service with an advanced illness diagnosis; or, (2) at least one acute inpatient encounter with an advanced illness diagnosis; or, (3) a dispensed dementia medication.</p>	<p>Mammography: CPT: 77055-77057, 77061 – 77063, 77065 -77067 HCPCS: G0202, G0204, G0206</p>
<p>BCS Exclusion Codes: 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: CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307 ICD9: 85.41, 85.43, 85.45, 85.47 ICD10: 0HTU0ZZ (left), 0HTT0ZZ (right) Advanced Illness: See Appendix¹ (pg.12) Frailty: See Appendix¹ (pg.12)</p>				
Comprehensive Diabetes Care (CDC)	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars Federal Employee Program® 	Age 18-75	<p>Members who had the following within the current year:</p> <ul style="list-style-type: none"> Hemoglobin A1C (HbA1c) testing performed during the measurement year. May be documented in the medical record as "A1c, HbA1c, HgbA1c, hemoglobin A1c, glycohemoglobin A1c, glycohemoglobin, glycated hemoglobin or glycosylated hemoglobin <ul style="list-style-type: none"> The medical record must include a note indicating the date when the HbA1c test was performed and the result.) Hemoglobin A1C control results Eye exam (retinal) performed: a retinal or dilated eye exam by an eye care profession (optometrist or ophthalmologist) in the measurement year; 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 	<p>HbA1c Test: CPT 83036, 83037 HbA1c Value: CPT-CATII: 3044F – HbA1c less than 7; 3045F – HbA1c between 7.0-9.0; 3046F – HbA1c greater than 9</p> <p>Eye Exam: Diabetic retinal screening: CPT: 67028, 67030, 67031, 67036, 67039- 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019,</p>

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<p>Comprehensive Diabetes Care (CDC) (continued from previous page)</p>		<ul style="list-style-type: none"> • Medical attention for nephropathy: a screening or monitoring test or evidence of nephropathy during the measurement year. Documentation of any of the following meet criteria: <ul style="list-style-type: none"> ○ Urine test for albumin or protein with note indicating date when test was performed and the results or finding ○ Visit to a nephrologist ○ Renal transplant ○ Diabetic nephropathy ○ End-Stage Renal Disease (ESRD) ○ Chronic renal failure (CRF) ○ Chronic kidney disease (CKD) ○ Renal insufficiency ○ Proteinuria ○ Albuminuria ○ Renal dysfunction ○ Acute renal failure (ARF) ○ Dialysis, hemodialysis or peritoneal dialysis ○ Evidence of ACE inhibitor/ARB therapy during the measurement year • BP control <140/90 mm Hg: Documentation of the latest BP reading of the measurement year. <p>Exclusions:</p> <ul style="list-style-type: none"> • Members in hospice. • Members age 66 and older as of December 31 of the measurement year with frailty and advanced illness during the measurement year. Identification of advanced illness can be documented as: <ul style="list-style-type: none"> ○ Two outpatient visits, observation visits, ED visits, or non-acute inpatient encounters on different dates of service with an advanced illness diagnosis ○ At least one acute inpatient encounter with an advanced illness diagnosis ○ At least one acute inpatient encounters ○ Dispensed one of these dementia medications: donepezil, galantamine, rivastigmine, memantine • Members who do not have a diagnosis of diabetes in any setting during the measurement year or the year prior and who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year. 	<p>92134, 92225-92228, 92230, ,92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000</p> <p>Diabetic retinal screening negative: CPT-CAT II: 3072F</p> <p>Diabetic retinal screening w/eye care professional: CPT-CAT II 2022F, 2024F, 2026F</p> <p>Unilateral Eye Enucleation: CPT 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p>Unilateral Eye Enucleation Left: ICD-10: O8B10Z, O8B10ZZ, O8B13ZX, O8B13ZZ, O8B1XZX, O8B1XZZ</p> <p>Unilateral Eye Enucleation Right: ICD-10: O8B00ZX, O8B00ZZ, O8B03ZX, O8B03ZZ, O8B0XZX, O8B0XZZ</p> <p>Nephropathy: Urine Protein Test: CPT: 81000, 81001, 81002, 81003, 81005, 82042-82044, 84156 CPT-CAT II: 3060F, 3061F, 3062F</p> <p>Nephropathy Treatment: CPT-CAT II: 3066F, 4010F ICD-10: E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N009, N01.0-N01.9, N02.0-N02.9, N03.0-N03.9, N04.0-N04.9, N05.0-N05.9, N06.0-N06.9, N07.0-N07.9, N08, N14.0-N14.4, N17.0-N17.2, N17.8, N17.9, N18.1-N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8, Q61.9, R80.0-R80.3, R80.8, R80.9</p> <p>Blood pressure: CPT-CAT II: 3077F-SBP ≥ 140; 3074F -SBP<130; 3075F-SBP 130-139; 3078F - DBP <80; 3079F-DBP 80-89; 3080F-DBP ≥ 90</p> <p>Remote BP Monitoring: CPT: 93784, 93788, 93790, 99091</p>
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CDC Exclusion Codes: Advanced Illness: See Appendix¹ (pg.12) Frailty: See Appendix¹ (pg.12)

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<p>Controlling High Blood Pressure (CBP)</p>	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars Federal Employee Program® 	<p style="text-align: center;">Age 18-85</p>	<p>Members age 18-85 who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.</p> <ul style="list-style-type: none"> Documentation of the latest blood pressure during the measurement year. <p>Exclusions: Evidence of ESRD or kidney transplant during the measurement year. *Documentation must include a note indicating evidence of ESRD, kidney transplant, or dialysis., Pregnancy during the measurement year, Members in hospice, Members age 81 and older as of December 31 of the measurement year with frailty during the measurement year., Members age 66-80 and older as of December 31 of the measurement year with frailty and advance illness during the measurement year.</p>	<p>Blood pressure: CPT-CAT II: 3077F–SBP ≥ 140; 3074F –SBP<130, 3075F–;SBP 130-139, 3078F –DBP <80; 3079F–DBP 80-89; 3080F–DBP ≥ 90</p> <p>Remote BP Monitoring: CPT: 93784, 93788, 93790, 99091</p> <p>Measure compliancy determined by most recent blood pressure noted in the medical record for the requested year.</p>
<p>CBP Exclusion Codes: ESRD: CPT: 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831, 36832, 36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512 HCPCS: G0257, S9339 ICD10: N18.5, N18.6, Z91.15, Z99.2 ICD9: 585.6, 585.6, V45.11, V45.12 Kidney Transplant: CPT: 50300, 50320, 50340, 50360, 50365, 50370, 50380 HCPCS: S2065 ICD10: Z94.0 ICD9: V42.0 Advanced Illness: See Appendix¹ (pg.12) Frailty: See Appendix¹</p>				
<p>Colorectal Cancer Screening (COL)</p>	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars Federal Employee Program® 	<p style="text-align: center;">Age 50-75</p>	<p>Screening for colorectal cancer by any one of the following:</p> <ul style="list-style-type: none"> Fecal occult blood test (FOBT) during the measurement year <ul style="list-style-type: none"> There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (FIT). Digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected DO NOT count. Flexible sigmoidoscopy during the measurement year or four years prior Colonoscopy during the measurement year or nine years prior CT colonography during, the measurement year or four years prior FIT-DNA test during the measurement year or two years prior <p>Exclusions: Indication of colorectal cancer or total colectomy in member's medical record any time in member's history through December 31 of the measurement year. Members in hospice. Members age 66 and older as of December 31 of the measurement year with frailty and advanced illness during the measurement year.</p>	<p>FOBT: CPT: 82270, 82274 HCPCS: G0328</p> <p>Flexible sigmoidoscopy: CPT: 45330 – 45335, 45337-45342, 45345-45347, 45349,45350 HCPCS: G0104 ICD9: 45.24</p> <p>Colonoscopy: CPT: 44388 – 44394, 44397, 44401-44408, 45355, 45378- 45393, 45398 HCPCS: G0105, G0121 ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43</p> <p>CT Colonography: CPT: 74261-74263</p> <p>FIT-DNA: CPT: 81528 HCPCS: G0464</p>
<p>COL Exclusion Codes: Colorectal Cancer: ICD10: C18.0-C18.9; C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 ICD9: 153.0-154.1, 197.5, V10.05, V10.06 HCPCS: G0213-G0215, G0231 Total Colectomy: CPT: 44150-44153, 44155-44158, 44210-44212 ICD10: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ ICD9: 45.81-45.83 Advanced Illness: See Appendix¹ (pg.12) Frailty: See Appendix¹ (pg.12)</p>				
<p>Antidepressant Medication Management (AMM)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p style="text-align: center;">Age 18 and older</p>	<p>Effective Acute Phase Treatment:</p> <ul style="list-style-type: none"> Members who remained on an antidepressant medication for at least 84 days (12 weeks) <p>Effective Continuation Phase Treatment:</p> <ul style="list-style-type: none"> Members who remained on an antidepressant medication for at least 180 days (6 months) <p>Exclusions: Members in hospice.</p>	<p>Ensure compliancy determined by pharmacy claims.</p>

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<p>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p style="text-align: center;">Adults age18-64</p>	<p>The percentage of adults age 18–64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription</p> <ul style="list-style-type: none"> CDC recommends delayed antibiotic prescribing as a strategy: <ul style="list-style-type: none"> Writing a post-dated prescription Contacting a patient after a clinical visit Providing prescription, give verbal order after appropriate length of time if symptoms do not improve <p>Exclusions: HIV, Malignant Neoplasms, other malignant neoplasm of skin, emphysema, COPD, Cystic fibrosis, comorbid conditions, disorders of the immune system. Members in Hospice.</p>	<p>Acute bronchitis due to: Coxsackie virus: 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</p>
<p>AAB Exclusion Codes: HIV: ICD10: B20, Z21, B97.35 ICD9: 042, V08, 079.53 Emphysema: ICD10: J43.0-J43.2, J43.8, J43.9 ICD9: 492.0, 492.8 COPD: ICD10: J44.0, J44.1, J44.9 ICD9: 493.20-493.22, 496 Cystic Fibrosis: ICD10: E84.0, E84.11, E84.19, E84.8, E84.9 ICD9: 277.00-277.03, 277.09 Disorders of the Immune system: ICD10: D80.0-D80.9, D81.0-D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0-D82.4, D82.8, D82.9, D83.0-D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810-D89.813, D89.82, D89.89, D89.9 ICD9: 279.00-279.6, 279.9-279.13, 279.19, 279.2, 279.3, 279.41, 279.49-279.53, 279.8, 279.9</p>				
<p>Chlamydia Screening in Women (CHL)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p style="text-align: center;">Women Age 16-24</p>	<p>Women who have been identified as sexually active and have been tested for Chlamydia during the measurement year.</p> <p>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. Members in hospice.</p>	<p>Chlamydia Test (CPT): 87110, 87270, 87320, 87490 – 87492, 87810</p>
<p>Cervical Cancer Screening (CCS)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p style="text-align: center;">Women Age 21-64</p>	<p>Cervical cancer screening using either of the following criteria:</p> <ul style="list-style-type: none"> Women age 21-64 who had cervical cytology performed every 3 years Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years <p>Documentation must include a note indicating the date the cervical cytology and the HPV test were performed and the results or findings.</p> <p>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. Documentation of a vaginal pap smear in conjunction with documentation of hysterectomy. Documentation of hysterectomy with documentation that the member no longer needs pap testing/cervical cancer screening. Members in hospice.</p>	<p>Cervical Cytology: CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Tests: CPT: 87620-87622, 87624, 87625 HCPCS: G0476</p>
<p>CCS Exclusion Codes: Absence of cervix: CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58580, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135 ICD-10: Q51.5, Z90.710, Z90.712, 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ ICD-9: 618.5, 752.43, V88.01, V88.03, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8</p>				
<p>Flu Vaccination for Adults (FVA)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p style="text-align: center;">Age18-64</p>	<p>Members who received a flu vaccine between July 1 of the measurement year and the date when the CAHPS 5.0H survey was completed.</p> <ul style="list-style-type: none"> Documentation received from CAHPS survey, year and date 	<p>Measure compliancy determined by Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.</p>

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<p>Follow-up after Hospitalization for Mental Illness (FUH)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p style="text-align: center;">Age 6 and older</p>	<p>Follow-up services with a mental health practitioner for members who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses on or between January 1 and December 1 of the measurement year.</p> <ul style="list-style-type: none"> Follow-up received within 7 days after discharge Follow-up received within 30 days after discharge <p>Exclusions: Readmission or direct transfer to an acute or non-acute inpatient care setting within the 30-day follow-up period. Members in hospice.</p>	<p>Outpatient visit with a mental health practitioner:</p> <p>CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99397, 99401–99404, 99411–99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0039, H0040, H2000, H2010, H2011, H2013–H2020, M0064, T1015</p>
<p>Follow-up after Emergency Department Visit for Mental Illness (FUM)</p>	<ul style="list-style-type: none"> Federal Employee Program® 	<p style="text-align: center;">Age 6 and older</p>	<p>Follow-up services with any practitioner for members who had an emergency department visit with a principal diagnosis of mental illness or intentional self-harm:</p> <ul style="list-style-type: none"> Follow-up received within 30 days of the ED visit Follow-up received within 7 days of the ED Visit <p>Exclusions: Member in hospice.</p>	<p>Follow-up:</p> <p>CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99397, 99401–99404, 99411–99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0039, H0040, H2000, H2010, H2011, H2013–H2020, M0064, T1015</p>
<p>Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)</p>	<ul style="list-style-type: none"> Federal Employee Program® 	<p style="text-align: center;">Age 13 and older</p>	<p>Follow-up services with any practitioner for members who had an emergency department visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence</p> <ul style="list-style-type: none"> Follow-up received within 30 days of the ED visit Follow-up received within 7 days of the ED Visit <p>Exclusions: Member in hospice.</p>	<p>Follow-up:</p> <p>CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99397, 99401–99404, 99411–99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0039, H0040, H2000, H2010, H2011, H2013–H2020, M0064, T1015</p>
<p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p style="text-align: center;">Age 13 and older</p>	<p>Members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following between January 1 and November 15 of the measurement year:</p> <ul style="list-style-type: none"> Initiation: Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis or Engagement: Initiated treatment and had two or more additional AOD services or Medication treatment within 34 days of the initiation visit. <p>Exclusions: Members in hospice.</p>	<p>Follow-up:</p> <p>CPT: 98960–98962, 99078, 99201–99215, 99217–99220, 99241–99245, 99341–99350, 99384–99387, 99394–99397, 99401–99412, 99510, 90791–90792, 90832–90840, 90845–90853, 90878–90876, 99221–99223, 99231–99233, 99238–99239, 99251–9925</p>

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<p>Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 18 and older</p>	<p>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 who received persistent beta-blocker treatment for six months following discharge.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Intolerance or allergy to beta-blocker therapy (asthma, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes and vapors, hypotension, heart block > first degree or sinus bradycardia, a medication dispensing event indicative of a history of asthma, and adverse effect of beta-adrenoceptor antagonists) Members in hospice Members age 81 and older as of December 31 of the measurement year with frailty during the measurement year Members age 66-80 and older as of December 31 of the measurement year with frailty and advanced illness during the measurement year. 	<p>Measure compliancy determined by pharmacy claims.</p>
<p>PBH Exclusion Codes:</p> <p>Asthma: ICD-10: 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 ICD-9: 493.00-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92</p> <p>COPD: ICD-10: J44.0, J44.1, J44.9 ICD-9: 493.20-493.22, 496</p> <p>Obstructive chronic bronchitis: ICD-9: 491.20-491.22</p> <p>Chronic Respiratory conditions due to fumes and vapors: ICD-10: J68.4 ICD-9: 506.4</p> <p>Hypotension, heart block > first degree or sinus bradycardia: ICD-10: I44.1, I44.2, I44.4, I44.5, I44.60, I44.69, I44.7, I45.0, I45.10, I45.19, I45.2, I45.3, I45.6, I49.5, I95.0-I95.3, I95.81, I95.89, I95.9, R001 ICD-9: 426.0, 426.12, 406.13, 426.2-426.4, 426.51-426.54, 426.7, 427.81, 427.89, 458.0, 458.1, 458.21, 458.29, 458.8, 458.9</p> <p>Intolerance or allergy to beta blocker therapy: ICD-10: T44.7X5A, T44.7X5D, T44.7X5S</p> <p>Advanced Illness: See Appendix¹ (pg.12) Frailty: See Appendix¹ (pg.12)</p>				
<p>Statin Therapy for Patients with Cardiovascular Disease (SPC)</p>	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars Federal Employee Program® 	<p>Males age 21-75 Females age 40-75</p>	<p>Members who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <ol style="list-style-type: none"> Received statin therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. Statin Adherence 80%: Members who were dispensed at least one high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. <p>Exclusions:</p> <ul style="list-style-type: none"> Members in hospice pregnancy In vitro fertilization; dispensed at least one prescription for clomiphene, ESRD, Cirrhosis, Myalgia, myositis, myopathy or rhabdomyolysis members age 66 older as of December 31 of the measurement year with frailty and advanced illness during the measurement. Identification can be any one of the following: <ol style="list-style-type: none"> two outpatient visits, ED visits, or non-acute inpatient encounters on different dates of service with an advanced illness diagnosis at least one acute inpatient encounter with an advanced illness diagnosis dispensed one of these dementia medications: donepezil, galantamine, rivastigmine, memantine 	<p>Measure compliancy determined by pharmacy claims</p>

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<p>Pharmacotherapy Management of COPD Exacerbation (PCE)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 40 and older</p>	<p>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 were dispensed appropriate medications:</p> <ul style="list-style-type: none"> Dispensed a systemic corticosteroid within 14 days of the event or Dispensed a bronchodilator within 30 days of the event. <p>Exclusion: Members in hospice.</p>	<p>Measure compliancy determined by pharmacy claims.</p>
<p>Prenatal and Postpartum Care (PPC)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p>Members who delivered a live birth</p>	<p>Members who had a live birth between November 6 of the prior year and November 5 of the measurement year and had the following:</p> <ul style="list-style-type: none"> Timeliness of prenatal care: had a prenatal care visit in the first trimester or within 42 days of enrollment with Florida Blue <ul style="list-style-type: none"> Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visit 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 visit occurred and evidence of one of the following: <ul style="list-style-type: none"> A basic physical obstetrical exam that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height.(a standardized prenatal flow sheet may be used) Evidence that a prenatal care procedure was performed such as screening test in the form of an obstetric panel, which must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing or TORCH antibody panel alone or a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing or ultrasound of a pregnant uterus Documentation of LMP, EDD, or gestational age in conjunction with either of the following: <ul style="list-style-type: none"> – prenatal risk assessment and counseling/education or <ul style="list-style-type: none"> – complete obstetrical history Postpartum care: had a postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days following delivery of live birth. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following: <ol style="list-style-type: none"> pelvic exam evaluation of weight, BP, breasts and abdomen (notation of “breastfeeding” is acceptable for the evaluation of breasts component) notation of postpartum care, including, but not limited to: postpartum care, PP care, PP check, 6-week check or a preprinted postpartum care form in which information was documented during the visit <p>Note: A PAP test is acceptable for the postpartum care visit as evidence of a pelvic exam but does not count as a prenatal care visit.</p> <p>Exclusions: Members in hospice.</p>	<p>Prenatal: CPT: 99201-99205, 99211-99215, 99241-99245 HCPCS: G0463, T1015</p> <p>Postpartum: CPT: 57170, 58300, 59430, 99501, 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z391, Z39.2</p> <p>Cervical cytology (for postpartum visit): CPT: 88141-88143, 88147-88148, 88150, 88152- 88154, 88164-88167, 88174-88175 HCPCS: G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091</p>

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Use of Imaging Studies for Low Back Pain (LBP)	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	Age 18-50 as of December 31 of the measurement year	Members with a primary diagnosis of low back pain, between January 1 and December 31 of the measurement year, and who did not have an imaging study (plain X-ray, MRI, CT scan) on or up to 28 days after the diagnosis. Exclusions: active cancer or personal history of cancer, recent trauma or injury (including sprain or strain of lower back), intravenous drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids (90 consecutive days of corticosteroid treatment), and members in hospice	Low Back Pain Imaging Study: CPT: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
Medication Management for People with Asthma (MMA)	<ul style="list-style-type: none"> Commercial Accreditation 	Age 5-64	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: <ul style="list-style-type: none"> Percentage of members who remained on asthma controller medication for at least 50% of their treatment period Percentage of members who remained on asthma controller medication for at least 75% of their treatment period Exclusions: Members diagnosed with emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes/vapors, cystic fibrosis, or acute respiratory failure; members who had no asthma controller medications dispensed during the measurement year; members in hospice	Asthma: ICD-10: 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 ICD-9: 493.00-493.02, 493.10-493.12, 493.81-493.82, 493.90-493.92
MMA Exclusion Codes: COPD: ICD-10: J44.0-J44.1, J44.9 ICD9: 493.20-493.22, 496 Cystic fibrosis: ICD10: E84.0, E84.11, E84.19, E84.8, E84.9 ICD9: 277.00-277.03, 277.09 Acute respiratory failure: ICD10: J96.00-J96.02, J96.20-J96.22 ICD9: 518.81 Emphysema and Other: ICD10: J43.0-J43.2, J43.8, J43.9, J98.2, J98.3 ICD-9: 492.0, 492.8, 518.1, 518.2 Obstructive chronic bronchitis: ICD10: 491.20-491.22 Chronic respiratory conditions due to fumes/vapors: ICD10: J68.4 ICD-9: 506.4				
Appropriate Testing for Children w/ Pharyngitis (CWP)	<ul style="list-style-type: none"> Commercial Accreditation 	Age 3-18	Members who were diagnosed with pharyngitis, 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. Exclusions: Members in hospice	Group A Strep Tests: CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
Appropriate Treatment for Children w/ Upper Respiratory Infection (URI)	<ul style="list-style-type: none"> Commercial Accreditation 	Age 3 months to 18 years	Members who were diagnosed with an upper respiratory infection (URI) and were not dispensed an antibiotic prescription from July 1 of the previous year to June 30 of the measurement year. Exclusions: Members in hospice	Measure compliancy determined by pharmacy claims

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<p>Childhood Immunization Status (CIS)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 2</p>	<p>Members who by their second birthday in the measurement year have had:</p> <ul style="list-style-type: none"> 4 diphtheria, tetanus and acellular pertussis (DTaP), 3 polio (IPV) 1 measles, mumps & rubella (MMR) 3 haemophilus Influenza type B (HiB) 3 hepatitis B (Hep B) or history of hepatitis illness 1 chicken pox (VZV) or history of varicella zoster 4 pneumococcal conjugate (PCV) 1 hepatitis A (Hep A) or history of hepatitis A illness 2 doses or 3 doses rotavirus (RV), 2 influenza (flu) . <p>Exclusions:</p> <ul style="list-style-type: none"> 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, or anaphylactic reaction to neomycin Rotavirus: severe combined immunodeficiency or history of intussusception IPV: Anaphylactic reaction to streptomycin, polymyxin B or neomycin Hepatitis B: Anaphylactic reaction to common baker's yeast. Members in hospice 	<p>DTaP: CPT: 90698, 90700, 90721, 90723 IPV: CPT: 90698, 90713, 90723 MMR: CPT: 90707, 90710 HiB : CPT: 90644-90648, 90698, 90721, 90748 HepB: CPT: 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 ICD10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51 VZV: CPT: 90710, 90716 ICD10: 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 PCV: CPT: 90669, 90670 HCPCS: G0009 HepA: CPT: 90633 ICD10: B15.0, B15.9 RV 2 doses: CPT: 90681 RV 3 doses: CPT: 90680 Flu: CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688 HCPCS: G0008</p>
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CIS Exclusion Codes:

Any particular vaccine: anaphylactic reaction due to vaccination:

ICD10: T80.52XA, T80.52XD, T80.52XS ICD-9: 999.42

DTaP:

Encephalopathy due to vaccination: ICD10: G04.32

Immunodeficiency:

ICD-10: D80.0-D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0-D82.4, D82.8, D82.9, D83.0-D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810-D89.813, D89.82, D89.89, D89.9

ICD-9: 279.00-279.6, 279.09-279.13, 279.19, 279.2, 279.3, 279.41, 279.49, 279.50-279.53, 279.8, 279.9

HIV: ICD-10: B20, Z21, B97.35 ICD-9: 042, V08, 079.53

Malignant Neoplasm of lymphatic tissue: ICD10: C81.00-C81.49, C81.70-81.79, C81.90-C81.99, C82.00-C82.69, C82.80- C82.99, C83.00-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70 -C83.99, C84.00-C84.19, C84.40-C84.49, C84.60-C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.29, C85.80-C85.99, C86.0-C86.6, C88.2-C88.4, C88.8, C88.9, C90.00-C90.02, C90.10-C90.12, C90.20-C90.22, C90.30-C90.32, C91.00-C91.02, C91.10-C91.12, C91.30-C91.32, C91.40-C91.42, C91.50-C91.52, C91.50- C91.52, C91.60-C91.62, C91.90-C91.92, C91.A0-C91.A2, C91.Z0-C91.Z2,, C92.00-C92.02, C92.10-C92.12, C92.20-C92.22, C92.30-C92.32, C92.40-C92.42, C92.50-C92.52, C92.60-C92.62, C92.90-C92.92, C92.A0-C92.A2, C92.Z0-C92.Z2, C93.00-C93.02, C93.10-C93.12, C93.30-C93.32, C93.90-C93.92, C93.Z0-C93.Z2, C94.01-C94.02, C94.20-C94.22, C94.30-C94.32, C94.80-C94.82, C95.00-C95.02, C95.10-C95.12, C95.90-C95.92, C96.0, C96.2, C96.20-C96.22, C96.29, C96.4, C96.9, C96.A, C96.Z

Severe combined immunodeficiency: ICD-10: D81.0-D81.2, D81.9

History of intussusception: ICD-10: K56.1

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<p>Follow-up Care for Children Prescribed ADHD Medication (ADD)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 6-12</p>	<p>Members who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and had at least three follow-up visits within 10 months, of which one of the three visits occurred within 30 days of when the first ADHD medication was dispensed starting from March 1 of the previous year and ending the last calendar day of February of the measurement year.</p> <p>Two rates reported:</p> <ul style="list-style-type: none"> 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) after the initiation phase ended <p>Exclusions: A diagnosis of narcolepsy anytime during their history through December 31 of the measurement year. Members in hospice.</p>	<p>Measure compliancy determined by pharmacy claims</p>
<p>Well-Child Visits in the First 15 Months of Life (W15)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p>Age 15 months during measurement year</p>	<p>The percentage of members who turned 15-months-old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</p> <p>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:</p> <ul style="list-style-type: none"> A health history, a physical developmental history, a mental developmental history, a physical exam, health education / anticipatory guidance. This does not include services rendered during an inpatient or ED visit. <p>Exclusions: Members in hospice.</p>	<p>CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439 ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2</p>
<p>Immunizations for Adolescents (IMA)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 13</p>	<p>Members who had the following by their 13th birthday during the measurement year:</p> <ul style="list-style-type: none"> 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 13th birthdays Completed the human Papillomavirus (HPV) vaccine series by their 13th birthday <ul style="list-style-type: none"> At least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays. Must have at least 146 days between the first and second dose of the HPV vaccine. or At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays. <p>Exclusions:</p> <ul style="list-style-type: none"> Any particular vaccine <ul style="list-style-type: none"> Documentation of anaphylactic reaction to vaccine or its components on or before the member's 13th birthday Documentation of anaphylactic reaction to the vaccine or its components with a date of service prior to October 1, 2011 Tdap: Encephalopathy with vaccine adverse effect code anytime on or before member's 13th birthday. Members in hospice 	<p>HPV: CPT: 90649, 90650, 90651 Meningococcal: CPT: 90734 Tdap: CPT: 90715</p>
<p>IMA Exclusion Codes: Any particular vaccine: Anaphylactic reaction to the vaccine or its components: ICD-10: T80.52XA, T80.52XD, T80.52XS ICD9: 999.42 Anaphylactic reaction to the vaccine or its components: ICD-9: 999.4 Tdap: Encephalopathy: ICD10: G04.32 Vaccine causing adverse effect code: ICD-10: T50.A15A, T50.A15D, T50.A15S</p>				

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<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 3-17</p>	<p>Members who had an outpatient visit with PCP or OB/GYN and had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> BMI percentile documentation: Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. The medical record must include height, weight, and BMI percentile from the same data source. The BMI percentile can be documented as a value (e.g. 85th percentile) or BMI percentile plotted on an age-growth chart. Ranges and thresholds are not acceptable. Counseling for nutrition documentation: medical record must include a note indicating the date and at least one of the following: <ul style="list-style-type: none"> Discussing current nutrition behaviors (e.g. eating habits, dieting behaviors) Checklist indicating nutrition was addressed Counseling or referral for nutrition education Member received educational materials on nutrition during a face-to-face visit Anticipatory guidance for nutrition Weight or obesity counseling Counseling for physical activity documentation: medical record must include a note indicating the date and at least one of the following: <ul style="list-style-type: none"> 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 for physical activity Member received educational materials on physical activity during a face-to-face visit Anticipatory guidance specific to the child's physical activity Weight or obesity counseling <p>Exclusions: Pregnancy; members in hospice.</p>	<p>BMI: ICD-10: Z68.51- Z68.54</p> <p>Nutrition Counseling: CPT: 97802- 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10: Z71.3</p> <p>Physical Activity: HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82</p>
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¹Appendix

Exclusion	Applies to	Codes
Advanced Illness	<ul style="list-style-type: none"> Breast Cancer Screening (BCS) Colorectal Cancer Screening (COL) 	<p>ICD-10: A81.00, A81.01, A81.09, C25.0-C25.4, C25.7-C25.9, C71.9, C77.0-C77.5, C77.8, C77.9, C78.00, C78.1, C78.2, C78.39, C78.4-C78.7, C78.89, C79.00, C79.11, C79.19, C79.2, C79.31, C79.32, C79.49, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96, F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.43, I50.810-I50.814, I50.82-I50.84, I50.89, I50.9, J43.0-J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J96.10-J96.12, J96.20-J96.22, J96.90, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.0-K74.2, K74.4-K74.5, K74.60, K74.69, N18.5, N18.6</p>
Frailty	<ul style="list-style-type: none"> Comprehensive Diabetes Care (CDC) Controlling Blood Pressure (CBP) Persistence of Beta-Blocker Treatment after a Heart Attack (PBH) Statin Therapy for Patient with Cardiovascular Disease (SPC) 	<p>CPT: 99504, 99509</p> <p>HCPCS: E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298, G0162, G0299.G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000-T1005, T1019-T1022, T1030, T1031</p> <p>ICD10: L89.119, L89.139, L89.149, L89.159, L89.159, L89.209, L89.309, L89.899, L89.90, M62.50, M62.81, M62.84, R26.0, R26.1, R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198.A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89</p>

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