

2020 COMPREHENSIVE HEDIS® DOCUMENTATION and CODING GUIDE

Adult, Pediatric and Behavioral Health Measures Combined

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>The percentage of members age 18-74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.</p> <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 (medical record must include a note indicating a diagnosis of pregnancy); member in hospice.</p>	<p>BMI: ICD-10: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45 BMI percentile: ICD-10 Z68.51 – V68.54</p>
Breast Cancer Screening (BCS)	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars Federal Employee Program® 	Women Age 50-74	<p>The percentage of women age 50-74 who had a mammogram to screen for breast cancer. 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.</p> <p>Note: <i>Biopsies, breast ultrasounds, and MRIs do not count toward the numerator. Although these procedures may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not alone count toward the numerator.</i></p> <p>Exclusions:</p> <ul style="list-style-type: none"> Bilateral mastectomy Unilateral mastectomy with a bilateral modifier History of bilateral mastectomy Any combination that indicates a mastectomy on both the left and the right side <i>(Left side:</i> unilateral mastectomy with a left side modifier, unilateral mastectomy found in clinical data with a left side modifier, absence of the left breast, or left unilateral mastectomy) <i>(Right side:</i> unilateral mastectomy with a right side modifier, unilateral mastectomy found in clinical data with a right side modifier, absence of the right breast, or right unilateral mastectomy) on the same or different dates of service Members age 66 years and older as of December 31 of the measurement year with both frailty and advanced illness during the measurement year. Identification can be any one of the following: <ol style="list-style-type: none"> two or more 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 a dispensed dementia medication Members in hospice 	<p>Mammography: CPT: 77055-77057, 77061 – 77063, 77065 -77067 HCPCS: G0202, G0204, G0206</p>
<p>BCS Exclusion Codes: History of Bilateral Mastectomy: ICD-10: Z90.13 Bilateral Mastectomy: ICD-10: OHTV0ZZ ICD-9: 85.42, 85.44, 85.46, 85.48 Bilateral Modifier: 50 Absence of Breasts: ICD-10: Z90.12 (left), Z90.11(right) Left Modifier: LT Right Modifier: RT Unilateral Mastectomy: CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307 ICD-10: OHTU0ZZ (left), OHTT0ZZ (right) Advanced Illness: See Appendix¹ (pg.14) Frailty: See Appendix¹ (pg.14)</p>				

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<p>Comprehensive Diabetes Care (CDC)</p>	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars Federal Employee Program® 	<p>Age18-75</p>	<p>Members who had the following:</p> <ul style="list-style-type: none"> Hemoglobin A1C (HbA1c) testing performed during the measurement year. Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding. May be documented in the medical record as: A1c, HbA1c, HgbA1c, hemoglobin A1c, glycohemoglobin A1c, glycohemoglobin, glycated hemoglobin or glycosylated hemoglobin. Most recent Hemoglobin A1C control results (Commercial and FEP <8.0%, Medicare <9.0%). Diabetes eye exam performed: a retinal or dilated eye exam by an eye care professional (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. 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 test date and results/finding indicated. Visit to a nephrologist Renal transplant Documentation of medical attention for any of the following: <ul style="list-style-type: none"> 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. Acceptable documentation is one of the following: <ol style="list-style-type: none"> a prescription for an ACE inhibitor/ARB was written a prescription for an ACE inhibitor/ARB was filled the member took an ACE inhibitor/ARB Screening for blood pressure with results <140/90 mm Hg <ul style="list-style-type: none"> Document the latest BP reading taken during measurement year. Do not include BP readings: <ol style="list-style-type: none"> Taken during an acute inpatient stay or an ED visit Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood test. <p>Reported by or taken by the member. BP reading from remote monitoring devices that are digitally stored and transmitted to the provider may be included, but must include documentation in the medical record that clearly states the reading was taken by an electronic device and results were digitally stored and transmitted to the provider, and interpreted by the provider. <i>Member-reported results to the provider from a remote monitoring device are not acceptable.</i></p>	<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, 92134, 92225-92228, 92230, ,92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000 Diabetic retinal screening negative: CPT-CAT II: 3072F Diabetic retinal screening w/eye care professional: CPT-CAT II 2022F, 2024F, 2026F Unilateral Eye Enucleation: CPT 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 Unilateral Eye Enucleation Left: ICD-10: O8B10Z, O8B10ZZ, O8B13ZX, O8B13ZZ, O8B1XZX, O8B1XZZ Unilateral Eye Enucleation Right: ICD-10: O8B00ZX, O8B00ZZ, O8B03ZX, O8B03ZZ, O8B0XZX, O8B0XZZ Nephropathy: Urine Protein Test: CPT: 81000, 81001, 81002, 81003, 81005, 82042-82044, 84156 CPT-CAT II: 3060F, 3061F, 3062F 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-N00.9, 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, <i>(continued next page)</i></p>
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<p>Comprehensive Diabetes Care (CDC) <i>(continued from page 2)</i></p>			<p>CDC 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 encounter a dispensed dementia medication <p>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>	<p>Nephropathy Treatment ICD-10 (continued): 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>
<p>CDC Exclusion Codes: Advanced Illness: See Appendix¹ (pg.14) Frailty: See Appendix¹ (pg.14)</p>				
<p>Controlling High Blood Pressure (CBP)</p>	<ul style="list-style-type: none"> Commercial Accreditation Medicare Stars Federal Employee Program® 	<p>Age18-85</p>	<p>The percentage of 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 most recent blood pressure during the measurement year. Do not include BP readings: <ol style="list-style-type: none"> taken during an acute inpatient stay or an ED visit taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood test reported by or taken by the member. <p>Exclusions: Evidence of ESRD or kidney transplant during the measurement year, with documentation that must include a note indicating evidence of ESRD, kidney transplant, or dialysis. Pregnancy during the measurement year. Members age 81 and older as of December 31 of the measurement year with frailty during the measurement year. Members age 66-80 as of December 31 of the measurement year with frailty and advanced illness during the measurement year. Members in hospice.</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.14) Frailty: See Appendix¹ (pg.14)</p>				

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<p>Colorectal Cancer Screening (COL)</p>	<ul style="list-style-type: none"> • Commercial Accreditation • Medicare Stars • Federal Employee Program® 	<p>Age 50-75</p>	<p>The percentage of members age 50-75 who had appropriate screening for colorectal cancer. Screening for colorectal cancer by any one of the following:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT)—either guaiac (gFOBT) or immunochemical (FIT)—during the measurement year <ul style="list-style-type: none"> ○ Digital rectal exams (DRE) and 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>Documentation must include a note indicating the date the colorectal cancer screening was performed. It is not required to include a result if the screening date is clearly shown in the medical history. If the date is not clear, the result or finding must be included in the documentation.</p> <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 age 66 and older as of December 31 of the measurement year with frailty and advanced illness during the measurement year. Members in hospice.</p>	<p>FBOT: CPT: 82270, 82274 HPCPS: G0328</p> <p>Flexible sigmoidoscopy: CPT: 45330 – 45335, 45337-45342, 45345-45347, 45349,45350 HPCPS: G0104 ICD9: 45.24</p> <p>Colonoscopy: CPT: 44388 – 44394, 44397, 44401-44408, 45355, 45378- 45393, 45398 HPCPS: 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 HPCPS: G0464</p>
<p>COL Exclusion Codes: Colorectal Cancer: ICD-10: C18.0-C18.9; C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 ICD-9: 153.0-154.1, 197.5, V10.05, V10.06 HPCPS: G0213-G0215, G0231 Total Colectomy: CPT: 44150-44153, 44155-44158, 44210-44212 ICD-10: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ ICD-9: 45.81-45.83 Advanced Illness: See Appendix¹ (pg.14) Frailty: See Appendix¹ (pg.14)</p>				
<p>Antidepressant Medication Management (AMM)</p>	<ul style="list-style-type: none"> • Commercial Accreditation 	<p>Age 18 and older</p>	<p>The percentage of members, who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.</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>
<p>Avoidance of Antibiotic Treatment for Acute Bronchitis / Bronchiolitis (AAB)</p>	<ul style="list-style-type: none"> • Commercial Accreditation • Federal Employee Program® 	<p>3 months and older</p>	<p>The percentage of members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic prescription event</p> <ul style="list-style-type: none"> • CDC recommends delayed antibiotic prescribing as a strategy, including: <ul style="list-style-type: none"> ○ Writing a post-dated prescription ○ Contacting a patient after a clinical visit ○ Providing a prescription and giving verbal orders to fill it after appropriate length of time if symptoms do not improve <p>Exclusions: HIV, malignant neoplasms, other malignant neoplasm of skin, emphysema, COPD, comorbid conditions or disorders of the immune system. Members in hospice.</p>	<p>Acute bronchitis/Bronchiolitis due to: Coxsackie virus: ICD-10: J20.3 Parainfluenza virus: ICD-10: J20.4 Respiratory Syncytial virus: ICD-10: J20.5, J21.0 Rhinovirus: ICD-10: J20.6 Echovirus: ICD-10: J20.7 Other specified organisms: ICD-10: J20.8, J21.8 Unspecified: ICD-10: J20.9, J21.9 Human Metapneumovirus: ICD-10: J21.1</p>
<p>AAB Exclusion Codes: HIV: ICD-10: B20, Z21, B97.35 ICD9: 042, V08, 079.53 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 ICD-9: 279.00-279.6, 279.9-279.13, 279.19, 279.2, 279.3, 279.41, 279.49-279.53, 279.8, 279.9 Emphysema: ICD-10: J43.0-J43.2, J43.8, J43.9 ICD-9: 492.0, 492.8 COPD: ICD10: J44.0, J44.1, J44.9 ICD-9: 493.20-493.22, 496</p>				

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<p>Chlamydia Screening in Women (CHL)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Women Age 16-24</p>	<p>The percentage of women who have been identified as sexually active and who had at least one test for Chlamydia during the measurement year.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Pregnancy test during the measurement year with a prescription for isotretinoin on the date of pregnancy test or 6 days after Pregnancy test during the measurement year and an X-ray on date of pregnancy or 6 days after Members in hospice 	<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>Women Age 21-64</p>	<p>The percentage of women age 21-64 who were screened for 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 <ul style="list-style-type: none"> Documentation in the medical record must include both: <ol style="list-style-type: none"> A note indicating the date when the cervical cytology was performed The result or finding. Lab results that explicitly state the sample was <i>inadequate</i> or that <i>no cervical cells were present</i> do not count. Women age 30-64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last five years <ul style="list-style-type: none"> Documentation in the medical record must include both: <ol style="list-style-type: none"> A note indicating the date when the hrHPV test was performed. (Generic documentation of “HPV” test” can be counted as evidence of hrHPV test The results or findings. Women age 30-64 who had cervical cytology/high-risk human papillomavirus (hrHPV) contesting within the last five years. <ul style="list-style-type: none"> Documentation in the medical record must include both: <ol style="list-style-type: none"> A note indicating the date when the hrHPV test was performed. (Generic documentation of <i>HPV test</i> can be counted as evidence of hrHPV test The results or findings. Evidence of hrHPV testing within the last 5 years also captures patients who had contesting <p>Exclusions:</p> <ul style="list-style-type: none"> 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 (Documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed.) Members in hospice. 	<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>High Risk HPV Tests: CPT: 87620-87622, 87624, 87625 HCPCS: G0476</p>
<p>CCS Exclusion Codes: Hysterectomy With No Residual 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: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ ICD-9: 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8</p> <p>Absence of Cervix Diagnosis: ICD-10: Q51.5, Z90.710, Z90.712 ICD-9: 618.5, 752.43, V88.01, V88.03</p>				

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<p>Flu Vaccination for Adults (FVA)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p>Age 18-64</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>
<p>Follow-up after Hospitalization for Mental Illness (FUH)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p>Age 6 and older</p>	<p>The percentage of discharges for members age 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow up visit with a mental health practitioner</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>Age 6 and older</p>	<p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow up visit for mental illness:</p> <ul style="list-style-type: none"> Follow up received within 30 days of the ED visit (31 total days) Follow up received within 7 days of the ED Visit (8 total days) Follow up with any practitioner. Not limited to a Behavioral Health provider. <p>Exclusions: Member in hospice.</p>	<p>Follow-up with any practitioner with a principal diagnosis of a mental health disorder or intentional self-harm:</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>Age 13 and older</p>	<p>The percentage of emergency department (ED) visits for members age 13 years and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD:</p> <ul style="list-style-type: none"> Follow up received within 30 days of the ED visit (31 total days) Follow up received within 7 days of the ED Visit (8 total days) Follow up with any practitioner. Not limited to a Behavioral Health provider. <p>Exclusions: Member in hospice.</p>	<p>Follow-up with any practitioner with a principal diagnosis of AOD:</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>

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<p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 13 and older</p>	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following between January 1 and November 13 of the measurement year:</p> <ul style="list-style-type: none"> Initiation: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis or Engagement: The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit. The member is compliant if they meet one of the following: <ol style="list-style-type: none"> at least one engagement medication treatment event at least two engagement visits <p>Methadone is not included in the medication list for this measure. Methadone for opioid use disorder is only administered or dispensed by federally certified opioid treatment programs and does not show up in pharmacy claims data. A pharmacy claim for methadone would be more indicative of treatment for pain than treatment for an opioid disorder; therefore they are not included in the medication list.</p> <p>Exclusions: Members in hospice.</p>	<p>Follow-up: 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>
<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>The percentage of members age 18 and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction 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 >1 degree or sinus bradycardia, a medication dispensing event indicative of a history of asthma, and adverse effect of beta-adrenoceptor antagonists) 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. Members in hospice 	<p>Measure compliancy determined by pharmacy claims.</p>

PBH Exclusion Codes:

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

COPD: **ICD-10:** J44.0, J44.1, J44.9 **ICD-9:** 493.20-493.22, 496

Obstructive chronic bronchitis: **ICD-9:** 491.20-491.22

Chronic Respiratory conditions due to fumes and vapors: **ICD-10:** J68.4 **ICD-9:** 506.4

Hypotension, heart block >1 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

Intolerance or allergy to beta blocker therapy: **ICD-10:** T44.7X5A, T44.7X5D, T44.7X5S

Advanced Illness: See Appendix¹ (pg.14) **Frailty:** See Appendix¹ (pg.14)

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<p>Statin Therapy for Patients with Cardiovascular Disease (SPC)</p>	<ul style="list-style-type: none"> Federal Employee Program® 	<p>Males age 21-75 Females age 40-75</p>	<p>The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</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 remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. <p>Exclusions:</p> <ul style="list-style-type: none"> Female members with a diagnosis of pregnancy In vitro fertilization; dispensed at least one prescription for clomiphene, ESRD or dialysis, 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: <ol style="list-style-type: none"> by 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 a dispensed dementia medication <p>1) Members in hospice</p>	<p>Measure compliancy determined by pharmacy claims</p>
<p>PC Exclusion Codes:</p> <p>In vitro fertilization: HCPCS: S4015, S4016, S4018, S4020, S4021</p> <p>ESRD: ICD-10: N18.5, N18.6, Z99.2</p> <p>Dialysis: CPT: 90935, 90937, 90945, 90947, 90999 HCPCS: G0257, S9339 ICD-10: 3E1M39Z, 5A1D00z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D80Z</p> <p>Cirrhosis: ICD-10: K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, P78.81</p> <p>Myalgia, Myositis, Myopathy or Rhabdomyolysis: ICD-10: G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.21, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.1, M79.10-M79.12, M79.18</p> <p>Advanced Illness: See Appendix¹ (pg.14) Frailty: See Appendix¹ (pg.14)</p>				
<p>Pharmacotherapy Management of COPD Exacerbation (PCE)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 40 and older</p>	<p>The percentage of COPD exacerbations for members age 40 and older who had a discharge from an acute inpatient or ED visit on or between January 1 and November 30 of the measurement year and who were dispensed appropriate medications:</p> <ul style="list-style-type: none"> Dispensed a systemic corticosteroid (or there is evidence of an active prescription) within 14 days of the event OR Dispensed a bronchodilator (or there is evidence of an active prescription) within 30 days of the event. <p>Exclusion: Members in hospice</p>	<p>Measure compliancy determined by pharmacy claims.</p>

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<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>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:</p> <ul style="list-style-type: none"> Timeliness of prenatal care: The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with Florida Blue. Visits that occur on the date of delivery do not count. <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 diagnosis of pregnancy 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 complete obstetrical history Postpartum care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery of live birth. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred (postpartum care provided in an acute inpatient setting is not counted) 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 Perineal or cesarean incision/wound check. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders. Glucose screening for women with gestational diabetes Documentation of any of the following topics A) infant care or breastfeeding; B) Resumption of intercourse, birth spacing or family planning; C) sleep/fatigue; D) Resumption of physical activity and attainment of health weight. <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:</p> <p>Prenatal Bundled Service (the claim form must indicate when prenatal care was initiated) CPT: 59400, 59425, 59426, 59510, 59610, 59618, HCPCS: H1005</p> <p>Stand-Alone Prenatal Visits CPT: 99500, 0500F, 0501F, 0502F HCPCS: H1000-H1004</p> <p>Prenatal visit (the claim form must have a pregnancy related diagnosis code included) CPT: 99201-99205, 99211-99215, 99241-99245, 99483 HCPCS: G0463, T1015</p> <p>Postpartum:</p> <p>Postpartum Visit 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> <p>Postpartum Bundled Services (The claim form must indicate when postpartum care was rendered) CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p>
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<p>Use of Imaging Studies for Low Back_Pain (LBP)</p>	<ul style="list-style-type: none"> Commercial Accreditation Federal Employee Program® 	<p>Age 18-50 as of December 31 of the measurement year</p>	<p>The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p>Exclusions: Cancer, major organ transplant or HIV any time during the member's history through 28 days after the episode date Recent trauma any time during the three months (90 days) prior to the episode date through 28 days after the episode date Intravenous drug abuse, neurologic impairment, or spinal infection any time during the 12 months (1 year) prior to the episode date through 28 days after the episode date Prolonged use of corticosteroids: 90 consecutive days of corticosteroid treatment any time during the 366 day period that begins 365 days prior to the episode date and ends on the episode date Members in hospice</p>	<p>See exclusions.</p>
<p>Medication Management for People with Asthma (MMA)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 5-64</p>	<p>The percentage of members age 5-64 who were identified during the measurement year as having persistent asthma and were dispensed appropriate medications which they continued to take during the treatment period.</p> <p>Two rates are reported:</p> <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 <p>Exclusions: Members diagnosed with emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes/vapors, cystic fibrosis, acute respiratory failure. Members who had no asthma controller medications dispensed during the measurement year. Members in hospice.</p>	<p>Measure compliancy determined by pharmacy claims.</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>MMA Exclusion Codes: COPD: ICD-10: J44.0-J44.1, J44.9 ICD-9: 493.20-493.22, 496 Cystic fibrosis: ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9 ICD-9: 277.00-277.03, 277.09 Acute respiratory failure: ICD-10: J96.00-J96.02, J96.20-J96.22 ICD-9: 518.81 Emphysema: ICD-10: 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: ICD-10: 491.20-491.22 Chronic respiratory conditions due to fumes/vapors: ICD-10: J68.4 ICD-9: 506.4</p>				
<p>Appropriate Testing for Pharyngitis (CWP)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 3 and older</p>	<p>The percentage of episodes for members 3 years and older where the members was 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.</p> <p>Exclusions: A comorbid condition which includes a claim/encounter during the 12 months prior to or on the episode date for HIV, malignant neoplasm, other malignant neoplasms of skin, emphysema, COPD, comorbid conditions or disorders of the immune system. Members in hospice.</p>	<p>Group A Strep Tests: CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</p> <p>Measure compliancy for the dispensed antibiotic is determined by pharmacy claims.</p>
<p>Appropriate Treatment for Upper Respiratory Infection (URI)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 3 months and older</p>	<p>The percentage of episodes for members age 3 months and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event from July 1 of the previous year to June 30 of the measurement year.</p> <p>Exclusions: A comorbid condition which includes a claim/encounter during the 12 months prior to or on the episode date for HIV, malignant neoplasm, other malignant neoplasms of skin, emphysema, COPD, comorbid conditions or disorders of the immune system. Members in hospice,</p>	<p>Measure compliancy determined by pharmacy claims.</p>

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<p>Childhood Immunization Status (CIS)</p>	<ul style="list-style-type: none"> Commercial Accreditation 	<p>Age 2</p>	<p>The percentage of two-year-olds 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 and rubella (MMR) or documented history of the illness 3 haemophilus Influenza type B (HiB) or documented history of hepatitis illness 3 hepatitis B (Hep B) or documented history of hepatitis illness 1 chicken pox (VZV) or documented history of varicella zoster 4 pneumococcal conjugate (PCV) 1 hepatitis A (Hep A) or documented history of hepatitis A illness 2 doses or 3 doses rotavirus (RV) 2 influenza (flu) <p>Do not count vaccination administered prior to 42 days after birth for DTaP, IPV, HiB, PCV, and RV.</p> <p>Do not count a vaccination administered prior to 6 months (180 days after birth for influenza. A note in the medical record that the <i>member is up to date</i> with all immunization but which does not list the dates of all immunizations and the names of the immunization agent does not constitute sufficient evidence of immunization for HEDIS reporting.</p> <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 ICD-10: 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, 90660, 90661, 90662, 90672, 90673, 90685, 90686, 90687, 90688 HCPCS: G0008</p>
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CIS Exclusion Codes: Any particular vaccine: anaphylactic reaction due to vaccination: **ICD-10:** T80.52XA, T80.52XD, T80.52XS **ICD-9:** 999.42
DTaP: Encephalopathy due to vaccination: **ICD-10:** 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: **ICD-10:** 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>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and had at least three follow-up visits within a 10-month period, was 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: The percentage of members age 6-12 as of the index prescription start date 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. Continuation and Maintenance (C&M) Phase: The percentage of members age 6-12 years as of the index prescription start date with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days, and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended <p>Exclusions:</p> <ul style="list-style-type: none"> Members who had an acute inpatient encounter for a mental, behavioral or neurodevelopmental disorder during the 30 days after the index prescription start date. Members with a diagnosis of narcolepsy anytime during their history through December 31 of the measurement year. Members in hospice. 	<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"> 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 via telehealth or during an inpatient or ED visit. <p>Exclusion: 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>The percentage of adolescents 13 years of age who had the following by their 13th birthday:</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. At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays. <p>For immunization information obtained from the medical record, there must be evidence that the antigen was rendered from either :</p> <ul style="list-style-type: none"> A note indicating the name of the specific antigen and the date of the immunization A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered <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</p> <p>Meningococcal: CPT: 90734</p> <p>Tdap: CPT: 90715</p>

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<p>Immunizations for Adolescents (IMA) (continued from page 12)</p> <p>IMA Exclusion Codes: Any particular vaccine: Anaphylactic reaction due to vaccination: ICD-10: T80.52XA, T80.52XD, T80.52XS ICD9: 999.42 Anaphylactic reaction due to serum: ICD-9: 999.4 Tdap: Encephalopathy: ICD10: G04.32 with a Vaccine causing adverse effect code: ICD-10: T50.A15A, T50.A15D, T50.A15S ICD-9: E948.4-E948.6</p>			
<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>The percentage of members age 3-17 who had an outpatient visit with PCP or OB/GYN and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> BMI percentile documentation: <ul style="list-style-type: none"> 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. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. Notation of BMI value only or height and weight only does not count. 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"> Discussion of current nutrition behaviors (e.g. eating habits, dieting behaviors) Check list 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 <p>Examples of non-compliant notations include: 1) health education or anticipatory guidance without specific mention of nutrition, 2) a physical exam finding or observation alone (e.g. well nourished), 3) Documentation related to a member's appetite.</p> 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"> Discussion of 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>Examples of non-compliant notations include: 1) "Cleared for gym class" without specific mention of a discussion, 2) "health education" or "anticipatory guidance" without specific mention of physical activity, 3) anticipatory guidance related solely to safety (e.g. wears helmet or water safety) without specific mention of physical activity recommendations, 4) notation related solely to screen time (computer or television) without specific mention of physical activity.</p> <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>	

2020 COMPREHENSIVE HEDIS® DOCUMENTATION and CODING GUIDE

Healthcare Effectiveness Data and Information Set (HEDIS)

¹Appendix

Exclusion	Applies to	Codes
Advanced Illness	<ul style="list-style-type: none"> • Breast Cancer Screening (BCS) • Colorectal Cancer Screening (COL) • 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>ICD-10: A81.00, A81.01, A81.09, C25.0-C25.4, C25.7-C25.9, C71.0-C71.9, C77.0-C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.2, C78.30, C78.39, C78.4-C78.7, C78.80, C78.89, C79.00-C79.02, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60-C79.62, C79.70-C79.72, C79.81, C79.82, C79.89, C79.9, 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, L89.000-:89.004, L89.009-L89.014, L89.019-L89.024, L89.029, L89.100-L89.104, L89.109-L89.114, L89.119-L89.124, L89.129-L89.134, L89.139-L89.144, L89.149-L89.154, L89.159, L89.200-L89.204, L89.209-L89.214, L89.219-L89.224, L89.229-L89.304, L89.309-L89.314, L89.319-L89.324, L89.40-L89.45, L89.500-L89.504, L89.509-L89.514, L89.519-L89.524, L89.529, L89.600-L89.604, L89.609-L89.624, L89.629, L89.810-L89.814, L89.819-L89.894, L89.899, L89.90-L89.95, :N18.5, N18.6</p>
Frailty		<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>ICD-10: 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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