



Provider Reference Guide for Quality Measures

HEDIS® Measurement Year 2020 & 2021 Measures

Children and Adolescents

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>W30 Well Child Visits in the First 30 Months of Life</p> <p>Members who had the following number of well child visits with a PCP during the last 15 months. The following rates are reported:</p> <ul style="list-style-type: none"> • Well Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well child visits. • Well Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well child visits. <p>* Pertinent change from calendar year 2019 to 2020: Medical record submission will no longer close gaps in care for well child HEDIS measures. Care must be captured administratively.</p> <p>* Telehealth visits now meet criteria as long as the appropriate CPT code is submitted with the GT modifier.</p>	<p>Measure is now administrative only. Medical record submission will not count towards the measure.</p> <p>For guidance on what should be covered refer to the Bright Futures Guidelines and the EPSDT Periodicity Schedule.</p>	<p>Well Child</p> <p>CPT Codes – 99381, 99382–99385, 99391–99395, 99461</p> <p>Annual Wellness Visit</p> <p>ICD-10 Codes</p> <p>Z00.110 – Health examination for newborn under 8 days old</p> <p>Z00.111 – Health examination for newborn 8-28 days old</p> <p>Z00.121 – Encounter for routine child health check with abnormal findings</p> <p>Z00.129 – Encounter for routine child health check without abnormal findings</p> <p>Z76.2 – Encounter for health supervision and care of other healthy infant and child</p>

Children and Adolescents

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<p>WCV Child and Adolescent Well Care Visits</p> <p>Members 3–21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the measurement year.</p> <p>* One well child visit every year.</p> <p>* Pertinent change from calendar year 2019 to 2020: Medical record submission will no longer close gaps in care for well child HEDIS measures. Care must be captured administratively.</p> <p>* Telehealth visits now meet criteria as long as the appropriate CPT code is submitted with the GT modifier.</p>	<p>Measure is now administrative only. Medical record submission will not count towards the measure.</p> <p>For guidance on what should be covered refer to the Bright Futures Guidelines and the EPSDT Periodicity Schedule.</p>	<p>Well Child</p> <p>CPT Codes – 99381–99385, 99391–99395, 99461</p> <p>Annual Wellness Visit</p> <p>ICD-10 Codes</p> <p>Z00.121 – Encounter for routine child health check with abnormal findings</p> <p>Z00.129 – Encounter for routine child health check without abnormal findings</p> <p>Z00.2 – Encounter for examination for period of rapid growth in childhood</p>
<p>WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p> <p>Members 3–17 years of age who had an outpatient visit with a 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 Counseling for nutrition Counseling for physical activity. <p>* Telehealth visits now meet criteria for counseling for nutrition and counseling for physical activity as long as the appropriate CPT code is submitted with the GT modifier.</p> <p>* Member-reported height, weight, BMI percentile are acceptable only if the information is collected by a primary care practitioner or specialist, if the specialist is providing a primary care service related to the condition being assessed, while taking a patient’s history. The information must be recorded, dated and maintained in the member’s legal health record.</p>	<p>At least once during the measurement year, there must be documentation of:</p> <ol style="list-style-type: none"> Height and weight in the measurement year and Body Mass Index (BMI) Percentile rating Counseling for nutrition Counseling for physical activity. 	<p>BMI Percentile</p> <p>ICD-10 Codes</p> <p>Z68.51 BMI <5TH Percentile</p> <p>Z68.52 BMI 5th to <85th Percentile</p> <p>Z68.53 BMI 85th to <95th Percentile</p> <p>Z68.54 BMI > OR = TO 95TH Percentile</p> <p>Nutrition Counseling</p> <p>CPT Codes – 97802-97804</p> <p>ICD-10 Code – Z71.3</p> <p>HCPCS Codes – G0447, S9470</p> <p>Physical Activity Counseling</p> <p>ICD-10 Code – Z02.5, Z71.82</p> <p>HCPCS Codes – G0447, S9451</p>

Children and Adolescents

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>CIS Childhood Immunization Status</p> <p>Children who received recommended vaccinations prior to their second birthday.</p>	<p>Children who completed the referenced number of immunizations on or before the child's second birthday:</p> <p>4-DTaP 3-IPV 3-Hep B 3-Hib 1-Hep A 1-MMR 1-VZV 4-PCV 3-Rotavirus 2-Influenza</p> <p>* Document parental refusal</p> <p>* Documentation in medical record if member has evidence of the disease for which immunization is intended or contraindication due to anaphylactic reaction.</p> <p>* One of the two vaccinations can be an LAIV vaccination administered on the child's second birthday. LAIV vaccination administered before the child's second birthday will not count towards the measure.</p>	<p>DTaP: CPT – 90700</p> <p>IPV: CPT – 90713</p> <p>Hep B: CPT – 90740, 90744, 90747</p> <p>HIB: CPT – 90644; 90647; 90648</p> <p>Hep A: CPT – 90633</p> <p>ICD-10 – B15.0, B15.9</p> <p>MMR: CPT – 90707</p> <p>Measles and Rubella: CPT – 90708</p> <p>VZV: CPT – 90716</p> <p>PCV: CPT – 90670</p> <p>Rotavirus (2 dose schedule): CPT – 90681</p> <p>Rotavirus (3 dose schedule): CPT – 90680</p> <p>DTaP, IPV, Hib Vaccine (Pentacel): CPT – 90698</p> <p>DTaP, Inactivated Polio Vaccine (IPV), Hepatitis B Vaccine (Pediarix): CPT – 90723</p> <p>Hepatitis B, Haemophilus Influenzae Type B (HiB) Vaccine: CPT – 90748</p> <p>Measles, Mumps and Rubella, Varicella (MMRV) Vaccine (ProQuad): CPT – 90710</p> <p>Influenza: CPT – 90655, 90657</p> <p>Live Attenuated Influenza: CPT – 90660</p>
<p>LSC Lead Screening in Children</p> <p>Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.</p>	<p>At least one lead capillary or venous blood test on or before the child's second birthday.</p> <p>Documentation in the medical record MUST include both of the following:</p> <ul style="list-style-type: none"> • A note indicating the date the test was performed • The result or finding. 	<p>Lead Screening</p> <p>CPT Codes – 83655</p> <p>LOINC Codes – 83655; 10368-9; 10912-4; 14807-2; 17052-2; 25459-9; 27129-6; 32325-3; 5671-3; 5674-7; 77307-7</p>

Children and Adolescents

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>DVS Developmental Screening in the First Three Years of Life</p> <p>Members 1-3 years of age screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.</p>	<p>One screening for developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.</p> <p>Examples of standardized screening tools include:</p> <ul style="list-style-type: none"> • Bayley Scales of Infant and Toddler Development®, Third Edition Screening Test (Bayley-III®) • Brigance® Infant & Toddler Screen • Parents' Evaluation of Developmental Status (PEDS) • Early Language Milestone Scale (ELM Scale-2) <p>* Medical record submission will not close gaps in care for the DVS Quality Measure. Care must be captured administratively.</p>	<p><u>Developmental Screening</u></p> <p>CPT Code – 96110</p>
<p>IMA Immunizations for Adolescents</p> <p>The percentage of children who turned 13 years of age during the measurement year and had the following vaccinations on or by their thirteenth birthday:</p> <ul style="list-style-type: none"> • One dose of meningococcal vaccine • One tetanus, diphtheria toxoids and one acellular pertussis vaccine (Tdap) and • Evidence of HPV vaccinations either two doses at least 146 days apart, or three doses with different dates of service on or between the member's 9th and 13th birthdays. 		<p><u>Meningococcal</u></p> <p>CPT Code – 90734</p> <p><u>Tdap</u></p> <p>CPT Code – 90715</p> <p><u>HPV</u></p> <p>CPT Codes – 90649, 90650, 90651</p> <p><u>Anaphylactic reaction due to vaccination</u></p> <p>ICD-10 Codes – T80.52XA, T80.52XD, T80.52XS</p>

Children and Adolescents

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>ADD Follow-Up Care for Children Prescribed ADHD Medication</p> <p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.</p> <p>* Telehealth restrictions are removed. Any follow up visit can now be performed via telehealth</p>	<ul style="list-style-type: none"> • Initiation Phase: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, which had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. • Continuation and Maintenance (C&M) Phase: The percentage of members 6–12 years of age 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. (3 visits total.) 	<p>Initiation Phase & Continuation and Maintenance Phase – Any of the following codes billed by a practitioner with prescribing authority may be used.</p> <p>Behavioral Health Outpatient Visits CPT Codes – 98960–98962, 99078, 99201–99205</p> <p>Observation Visits CPT Code – 99217-99220</p> <p>Telephone Visits CPT Codes – 98966–98968, 99441–99443</p> <p>Online Assessments CPT Codes – 98969-98972; 99421-99423; 99444; 99458</p>

Respiratory Condition

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>AMR Asthma Medication Ratio</p> <p>Members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>		<p>Adherence for the AMR measure is determined by the member remaining on their prescribed asthma controller medications and a ratio of 0.50 or greater. This is determined by pharmacy claims data. (The plan will capture data each time the member fills their prescription.)</p> <p>The ratio for the AMR measure is calculated by totaling the units of Controller Medications and dividing in to the total of all Asthma Medications for the year. The formula is as follows:</p> <p>Units of Controller Medications / Units of Total Asthma Medications</p> <p>Units of medications: count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, one infusion, or a 30-day or less supply of an oral medication.</p>

Women’s Health and Maternity

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>CHL Chlamydia Screening in Women</p> <p>Women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>	<p>Sexually active women ages 16-24 should have at least one chlamydia test each year.</p> <p>The CHL measure is driven by administrative capture and not medical record review.</p>	<p>Chlamydia Tests</p> <p>CPT Codes – 87110, 87270, 87320, 87490, 87491, 87492, 87810</p>
<p>BCS Breast Cancer Screening</p> <p>Women 50–74 years of age who had a mammogram to screen for breast cancer.</p>	<p>One or more mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.</p> <p>The BCS measure is driven by administrative capture and not record review.</p>	<p>Mammography</p> <p>CPT Codes – 77055, 77056, 77057</p> <p>HCPCS Codes – G0202, G0204, G0206</p> <p>LOINC Codes – 24604-1; 24605-8; 24606-6; 24610-8</p>
<p>CCS Cervical Cancer Screening</p> <p>Women 21–64 years of age who were screened for cervical cancer using one of the following criteria:</p> <ul style="list-style-type: none"> • Women age 21–64 who had cervical cytology performed every 3 years • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Women age 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed every 5 years. 	<p>* Note–cervical cytology/HPV co-testing must occur on the same claim/DOS. HPV tests performed on a separate DOS after the cervical cytology test are considered reflex testing and do not meet requirements.</p>	<p>Cervical Cytology</p> <p>CPT Codes – 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175</p> <p>HCPCS Codes – G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Tests High-risk HPV</p> <p>CPT Codes – 87620, 87621, 87622, 87624, 87625</p> <p>LOINC Codes – G0476</p> <p>Absence of Cervix</p> <p>ICD-10 Codes – Q51.5, Z90.710, Z90.712</p>

Women’s Health and Maternity

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>CCP Contraceptive Care for Postpartum Women Ages 15-44</p> <p>Women ages 15 through 44 who had a live birth and were provided a most effective/ moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery.</p>	<p>Insertion of most effective or moderately effective LARC within 3 days of delivery or within 60 days of delivery.</p> <p>* Medical record submission will not close gaps in care for the CCP Quality Measure. Care must be captured administratively.</p>	<p>Insertion of IUD</p> <p>CPT Code – 58300</p> <p>Encounter for Initial Prescription of IUD</p> <p>ICD-10 Code – Z30.014</p> <p>Insertion of Contraceptive Device</p> <p>ICD-10 Codes – Z30.430; Z30.433; 0UH97HZ; 0UH98HZ; 0UHC7HZ; 0UHC8HZ</p>
<p>CCW Contraceptive Care for All Women Ages 15-44</p> <p>Women ages 15 through 44 who had a live birth and were provided a most effective/ moderately effective contraception method or a long-acting reversible method of contraception (LARC), within 3 days and within 60 days of delivery.</p>	<p>Insertion of most effective or moderately effective LARC during the measurement period.</p> <p>* Medical record submission will not close gaps in care for the CCW Quality Measure. Care must be captured administratively.</p>	<p>Insertion of IUD</p> <p>CPT Code – 58300</p> <p>Encounter for Initial Prescription of IUD</p> <p>ICD-10 Code – Z30.014</p> <p>Insertion of Contraceptive Device</p> <p>ICD-10 Codes – Z30.430; Z30.433; 0UH97HZ; 0UH98HZ; 0UHC7HZ; 0UHC8HZ</p>

Women’s Health and Maternity

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>PPC Prenatal and Postpartum Care</p> <p>The percentage of deliveries of live births between October 8 of the year prior to the measurement year 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 as a member of the organization in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Care occurring on date of enrollment will be considered adherent. • Postpartum Care The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. <p>* Prenatal care provided via telehealth, online assessment, or virtual check-in meet criteria Timeliness of prenatal care, if all other elements (i.e. within the first trimester of pregnancy or within 42 days of enrollment with the MCO) are satisfied. A pregnancy diagnosis code must be billed with the telehealth GT modifier.</p>	<p>Prenatal Care</p> <p>A diagnosis of pregnancy must be present. Documentation in the medical record must include evidence of ONE of the following:</p> <ul style="list-style-type: none"> • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height • Evidence that a prenatal care procedure was performed such as an obstetric panel, or TORCH antibody panel alone, or a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or Echography of a pregnant uterus • Documentation of LMP or EDD with Prenatal risk assessment counseling/education or Documentation of LMP or EDD with complete obstetrical history. <p>Postpartum visit</p> <p>Must occur on or between 7 and 84 days after delivery. Documentation in the medical record must ONE of the following:</p> <ul style="list-style-type: none"> • Pelvic exam or evaluation of weight, BP, breasts and abdomen. Notation of “breastfeeding” is acceptable for the “evaluation of breasts” or notation of PPC, including, but not limited to: <ul style="list-style-type: none"> - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.” - A preprinted “Postpartum Care” form in which information was documented during the visit. 	<p>The simplest method of capturing prenatal visits is through standalone prenatal visit codes.</p> <p>CPT Codes – 99500, 0500F, 0501F, 0502F</p> <p>HCPCS Codes – H1000–H1004</p> <p>Additionally, prenatal care may be captured by the combination of one of the following codes ACCOMPANIED BY a pregnancy related diagnosis:</p> <p>CPT Codes – 99201–99205, 99211–99215, 99241–99245</p> <p>*Note if using a code from the prenatal visit set, it must be combined with a pregnancy related diagnosis code.</p> <p>ICD-10 – O09.00 – O09.03, O09.10 - O09.13, O09.211-O09.213</p> <p>For postpartum visit capture either a postpartum visit OR a cervical cytology code satisfies the HEDIS requirements.</p> <p>Postpartum Visit</p> <p>ICD-10 Codes – Z01.411, Z01.419, Z01.42, Z30.430, Z39.1–Z39.2</p> <p>CPT – 57170, 58300, 59430, 99501, 0503F</p> <p>Cervical Cytology</p> <p>CPT Codes – 88141–88143, 88147–88148, 88150, 88152–88154, 88164–88167, 88174–88175</p> <p>HCPCS Codes – G0123–G0124, G0141, G0143–G0145, G0147–G0148</p> <p>LOINC Codes – 10524–7, 18500–9, 19762–4, 19764–0, 19765–7, 19766–5, 19774–9</p>

Male and Female 21 and Over

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>AIS Adult Immunization Status</p> <p>Members 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.</p>	<p>Adults who completed the recommended immunizations during the measurement period</p> <ul style="list-style-type: none"> • Influenza - One on or between July 1 of the year prior to the Measurement Period and June 30 of the Measurement Period • Td/Tdap - One between nine years prior to the start of the Measurement Period and the end of the Measurement Period • Zoster - At least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member's 50th birthday before or during the Measurement Period • Pneumococcal - One 23-valent pneumococcal polysaccharide vaccine on or after the member's 60th birthday before or during the Measurement Period <p>* Prior adverse reactions to the recommended vaccines any time before or during the Measurement Period will close gaps for the measure as long as reactions are reported.</p> <p>* The AIS measure is driven by administrative capture and not medical record review.</p>	<p>Adult Influenza Vaccine Procedure</p> <p>CPT Codes – 90630; 90653; 90654; 90656; 90658; 90661; 90673; 90674; 90882; 90686; 90688; 90689; 90756</p> <p>Td Vaccine Procedure</p> <p>CPT Codes – 90714; 90718</p> <p>Tdap Vaccine Procedure</p> <p>CPT Codes – 90715</p> <p>Herpes Zoster Live Vaccine Procedure</p> <p>CPT Codes – 90736</p> <p>Herpes Zoster Recombinant Vaccine Procedure</p> <p>CPT Codes – 90750</p>

Male and Female 21 and Over

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>CBP Controlling High Blood Pressure</p> <p>Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> • 18–85 years of age whose last BP in the measurement year was <140/90 mm Hg. <p>* Both the systolic and diastolic must be below the above readings to be considered “controlled.”</p> <ul style="list-style-type: none"> • Highest compliant blood pressure 139/89 mm Hg. <p>* BP readings taken during an outpatient visit, telephone visit, e-visit, virtual check-ins, remote monitoring event, or anon-acute inpatient encounter during the measurement year meet criteria for the measure.</p> <p>* BP readings taken by the member using a stethoscope and manual BP cuff do not meet criteria for the measure.</p>	<p>Document blood pressure reading every visit for members 18–85 years of age with a diagnosis of hypertension</p> <ul style="list-style-type: none"> • 18–85 years of age whose last BP in the measurement year was <140/90 mm Hg. 	<p><u>Essential (Primary) Hypertension</u></p> <p>ICD-10 Code – I10</p> <p><u>Blood Pressure Screening</u></p> <p>CPT-2 Codes</p> <p>3074F: Most recent systolic blood pressure <130 mm Hg</p> <p>3075F: Most recent systolic blood pressure 130-139 mm Hg</p> <p>3077F: Most recent systolic blood pressure >=140 mm Hg</p> <p>3078F: Most recent diastolic blood pressure <80 mm Hg</p> <p>3079F: Most recent diastolic blood pressure 80-89 mm Hg</p> <p>3080F: Most recent diastolic blood pressure >=90 mm Hg</p> <p><u>Outpatient Visit</u></p> <p>CPT Codes</p> <p>99201-99205; 99211-99215</p>

Male and Female 21 and Over

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>CDC Comprehensive Diabetes Care</p> <p>Members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> Hemoglobin A1c (HbA1c) testing <ul style="list-style-type: none"> Glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin are acceptable HbA1c tests HbA1c Poor Control (>9.0%) HbA1c control (<8.0%) Eye exam (retinal) performed BP control (<140/90 mm Hg). <p>* BP readings taken during an outpatient visit, telephone visit, e-visit, virtual check-ins, remote monitoring event, or anon-acute inpatient encounter during the measurement year meet criteria for the measure.</p> <p>* BP readings taken by the member using a stethoscope and manual BP cuff do not meet criteria for the measure.</p>	<p>Measurement year requirements:</p> <ul style="list-style-type: none"> Hemoglobin A1c (HbA1c) testing with result BP control (<140/90 mm Hg). <p>Measurement year or negative result from year prior:</p> <ul style="list-style-type: none"> Eye exam (retinal) performed. 	<p>Diabetes Diagnosis</p> <p>ICD-10 Codes</p> <p>Type 1 diabetes mellitus without complications – E10.9</p> <p>Type 2 diabetes mellitus without complications – E11.9</p> <p>Other specified diabetes mellitus without complications – E13.9</p> <p>HbA1c Test</p> <p>CPT Codes – 83036, 83037</p> <p>HbA1c Level</p> <p>CPT Codes</p> <p>HbA1c Level Less Than 7.0 – 3044F</p> <p>HbA1c Level Greater Than Or Equal to 7 and Less Than 8 – 3051F</p> <p>HbA1c Level Greater Than Or Equal to 8 and Less Than 9 – 3052F</p> <p>HbA1c Level Greater Than 9.0 – 3046F</p> <p>Diabetic Retinal Screening</p> <p>CPT Codes – 67028, 67030, 67031, 67036, 67039, 67040</p> <p>Diabetic Retinal Screening – Negative</p> <p>CPT Code – 3072F</p> <p>Diabetic Retinal Screening with Eye Care Professional</p> <p>CPT Codes – 2022F, 2024F, 2026F</p> <p>Eye Exam With Evidence of Retinopathy</p> <p>CPT Codes - 2022F; 2024F; 2026F</p> <p>Eye Exam Without Evidence of Retinopathy</p> <p>CPT Codes -2023F; 2025F; 2033F</p> <p>Blood Pressure Screenings</p> <p>CPT Codes</p> <p>3074F: Most recent systolic blood pressure <130 mm Hg</p> <p>3075F: Most recent systolic 130-139 mm Hg</p> <p>3077F: Most recent systolic blood pressure >=140 mm Hg</p> <p>3078F: Most recent diastolic blood pressure <80 mm Hg</p> <p>3079F: Most recent diastolic blood pressure 80-89 mm Hg</p> <p>3080F: Most recent diastolic blood pressure >=90 mm Hg</p>

Male and Female 21 and Over

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>KED Kidney Health Evaluation for Patients with Diabetes</p> <p>Members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. Both tests must be completed with service dates four or less days apart.</p>	<p>At least one eGFR is required during the measurement period</p> <p>At least one uACR is required during the measurement period</p> <ul style="list-style-type: none"> The uACR is identified by the member having both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart <p>* Medical record submission will not close gaps in care for KED HEDIS measure. Care must be captured administratively.</p>	<p><u>Estimated Glomerular Filtration Rate Lab Test</u></p> <p>CPT Codes – 80047; 80048; 80050; 80053; 80069; 82565</p> <p><u>Quantitative Urine Albumin Lab Test</u></p> <p>CPT Code – 82043</p> <p><u>Urine Creatinine Lab Test</u></p> <p>CPT Code – 82570</p>
<p>AMM Antidepressant Medication Management</p> <p>Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.</p> <p><u>Two Phases of Treatment</u></p> <p>Effective Acute Phase Treatment</p> <p>The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>Effective Continuation Phase Treatment</p> <p>The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</p>	<p>* Medical record submission will not close gaps in care for AMM HEDIS measure. Care must be captured administratively.</p>	<p>Adherence for the AMM measure is determined by the member remaining on their prescribed antidepressant medications 12 weeks up through 6 months. This is determined by pharmacy claims data. (The plan will capture data each time the member fills their prescription.)</p>

Male and Female 21 and Over

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>SAA Adherence to Antipsychotic Medications for Individuals with Schizophrenia</p> <p>Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p>	<p>* Medical record submission will not close gaps in care for SAA HEDIS measure. Care must be captured administratively.</p>	<p>Adherence for the SAA measure is determined by the member remaining on their prescribed antipsychotic medication for at least 80% of their treatment period. This is determined by pharmacy claims data. (The plan will capture data each time the member fills their prescription).</p>

Dental

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p>ADV Annual Dental Visit</p> <p>The percentage of members 2–20 years of age who had at least one dental visit during the measurement year.</p> <p>* Teledentistry or a virtual synchronous; real-time encounter is now acceptable for dental visits.</p> <p>* Teledentistry services utilized for dental emergencies will now satisfy the ADV measure.</p> <p>* To capture telehealth care the encounter must show a problem focused limited oral examination code (CDT D0140) billed in conjunction with the Teledentistry – Synchronous; real-time encounter CDT Code D9995</p>	<p>Any visit with a dental practitioner during the measurement year meets criteria</p>	<p>Two codes per visit submission are required to qualify:</p> <p>Include one of the following codes:</p> <ul style="list-style-type: none"> • D0120 periodic oral evaluation – established patient • D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver • D0150 comprehensive oral evaluation – new or established patient <p>AND</p> <p>Include one of the following procedure types:</p> <ul style="list-style-type: none"> • D1000 – D1999
<p>Fluoride Varnish Application and Referral</p> <p>The percentage of members ages 0 – 5 years for one appropriate application of fluoride varnish and referral to a dental provider per 2020 calendar year.</p>	<p>One appropriate application of fluoride varnish and referral to a dental practitioner by a PCP</p>	<p>Two codes per visit submission are required to satisfy Bright Futures and EPSDT Guidelines:</p> <p>CPT Code – 99188</p> <p>YD modifier – indicating referral to a dental provider</p>

*The examples of NCQA approved codes included in this document are just a limited sample. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Also, you may contact our Quality Department with questions by emailing: AetnaBetterHealthPAQM@Aetna.com.