AETNA BETTER HEALTH® OF WEST VIRGINIA
Understanding Medicaid measure compliance and coding references

HEDIS® 2018 Toolkit for provider offices

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# AETNA BETTER HEALTH® OF WEST VIRGINIA
## HEDIS® 2018 Toolkit for provider offices

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What is HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®)

NCQA defines HEDIS® as, “a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans.”

- HEDIS® is a performance measurement tool that is coordinated and administered by NCQA and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations.
- Results from HEDIS® data collection serve as measurements for quality improvement processes, educational initiatives, and preventive care programs.
- All managed care companies that are NCQA accredited perform HEDIS® reviews at the same time each year.
- HEDIS® consists of (95) measures across seven domains of care that address important health issues.
- HEDIS® is a retrospective review of services and performance of care from the prior calendar year.
- There are two types of HEDIS® data collected:
  - Administrative data – comes from submitted claims and encounters.
  - Hybrid data – comes from chart collection/review.

### Annual HEDIS® timeline

<table>
<thead>
<tr>
<th>February to early May</th>
<th>June</th>
<th>September/October</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality department staff collects and review HEDIS® data through on-site provider office chart abstraction and fax requests.</td>
<td>HEDIS® results are certified and reported to NCQA and West Virginia’s Bureau for Medical Services (BMS)</td>
<td>NCQA releases Quality Compass results nationwide for Medicaid</td>
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Remember that HEDIS® is a retrospective process. HEDIS® 2018 = Calendar Year 2017 Data

### HEDIS® Medical Record Request Process:

- Data collection methods include: fax, onsite visits, and remote electronic medical record (EMR) system access if available. Due to the limited data collection timeframe, a turnaround time of 3-5 days is appreciated.
- Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed by the health plan.
- For on-site chart collections, the office will be contacted to schedule a time the abstractor can come to the office for chart review. A list of members’ charts being reviewed will be provided ahead of time.
Tips and best practices

General tips and information that can be applied to most HEDIS® measures:

- Use your member roster to contact patients who are due for an exam or are new to your practice
- Take advantage of this guide, coding information, and the on-line resources to help your practice understand HEDIS® measures, compliance, and requirements. **Most measures can be collected through claims when complete and accurate coding is used!**
- Obtain Gaps in Care reports from the provider portal. Contact your provider relations representative for more information
- Schedule the members’ next well-visit/preventive care at the end of the current appointment
- Provide office outreach to members to remind of appointments and preventative care screenings
- Assign a Quality or HEDIS® nurse to perform internal reviews and serve as a point of contact
- Most Electronic Health Records (EHRs) are able to create alerts and flags for required HEDIS® services. Be sure to have all these prompts turned on or check with your software vendor to have these alerts added
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- If you have HEDIS® related questions, call us. We’d be happy to help! You can reach Sherry Griffith, Quality Management HEDIS Nurse Consultant at 304-348-2009.

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members’ personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. All of the health plans’ contracted providers’ records are protected by these laws.

- HEDIS® data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities

The importance of documentation

Principles of the medical record and proper documentation:

- Enables physicians and other healthcare professionals to evaluate a patient’s healthcare needs and assess the efficacy of the treatment plan
- Serves as the legal document to verify the care rendered and date of service
- Ensures date of care rendered is present and all documents are legible
- Serves as communication tool among providers and other healthcare professionals involved in the patient’s care for improved continuity of care
- Facilitates timely claim adjudication and payment
- Appropriately documented clinical information can reduce many of the ‘hassles’ associated with claims processing and HEDIS® chart requests
- Supports the ICD-10 and CPT codes reported on billing statements
Common reasons why members with PCP visits remain ‘non-compliant’ are:

- Missing or incomplete required documentation components
- Service provided without claim/encounter data submitted
- Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy, mammogram or other diagnostic testing)
- Service provided, but outside of the required time frame or anchor date (i.e. lead screening performed after age 2)
- Incomplete services (i.e. Tdap given but no Meningococcal vaccine for adolescent immunization measure)
- Failure to document or code exclusion criteria for a measure

Member Incentive Programs 2018

Provider Note: Call our office for more details and the most up-to-date information

| Aetna Better Health of West Virginia members can earn rewards for making healthy choices! |
|-------------------------------------------------|------------------------------------------------|
| WHO’S ELIGIBLE                        | REWARD                  | ACTION                                                                 |
| Members 12-18 (Adolescent Well Care)        | $25 Gift Card           | Have a well-child exam completed during the calendar year.               |
| Members who attend Aetna sponsored wellness event* | $25 Gift Card          | Have screening completed (Examples – pap smear, mammogram, diabetes labs, well-child visits) |
| Wellness events can be designed around the following areas: well woman, well child, diabetes, etc. | $25 Gift Card           | Enroll in an approved diabetic education program and complete classes and HbA1c testing. |
| Diabetes members (Comprehensive Diabetes Care) | $25 Gift Card           |                                                                 |
| Pregnant members (Prenatal Care)            | Pack-N-Play             | 6 or more prenatal visits.                                              |
| Pregnant members (Postpartum Care)          | $50 Gift Card           | Postpartum visit completed within 21-56 days after delivery.            |
| Adult members 18 and over (Adult BMI)       | $25 Gift Card           | Adult 8-Week Walking Program-Members receive a pedometer and log for tracking steps, and receive gift card for completion. |
| Members 6 and older (Follow Up After Hospitalization) | $25 Gift Card           | Behavioral health follow-up appointment within 7 days after discharge.    |

*If interested in partnering with Aetna for a wellness event, please call Sherry Griffith at 304-348-2009
Children’s measures

**Well-Child Visits in the First 15 Months of Life (W15)**
Members who turn 15 months of age in the measurement year and receive at least six comprehensive well-child visits with a Primary Care Provider (PCP). The well-child visits must be received on or before the child turning 15 months old.

**Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Age (W34)**
Members who are 3 to 6 years of age and receive at least one comprehensive well-child visit in the measurement year.

**Adolescent Well-Care Visits (AWC)**
Members who are 12 to 21 years of age in the measurement year and receive at least one comprehensive well-child visit with a PCP or an OB/GYN provider in the measurement year.

All Well-Child exams (W15, W34, AWC) MUST include documentation of five criteria:
- Physical Exam
- Health History
- Physical Developmental History
- Mental Developmental History
- Health Education/Anticipatory Guidance

**Common Chart Deficiencies and Tips:**
- Missing or undocumented anticipatory guidance
- Sick visits in calendar year without well-visit(s)
- Schedule next well visit at end of each appointment
- Sick visits present an opportunity to complete a well visit as long as all the required documentation is met

**Lead Screening in Children (LSC)**
Children who turn 2 years of age in the measurement year and receive one or more capillary or venous lead blood tests on or before their second birthday.

Lead poisoning information and the complete testing guidelines for children are available from the CDC at [www.cdc.gov](http://www.cdc.gov).

West Virginia Department of Health and Human Services guidelines for Health Check screenings and lead testing can be found at [http://www.dhhr.wv.gov/HealthCheck/healthcheckservices/Pages/default.aspx](http://www.dhhr.wv.gov/HealthCheck/healthcheckservices/Pages/default.aspx)

**Common Chart Deficiencies and Tips:**
- Fail to order blood lead test on Medicaid member
- A lead risk assessment tool does not satisfy the Medicaid venous blood lead requirement regardless of the risk score
- Test performed after 2nd birthday is late
- Obtain results of lead tests performed at the health department and/or WIC office and place in medical record
Weight Assessment and Counseling for Nutrition and Physical Activity for Children (WCC)
Members who turn 3-17 years of age in the measurement year.

Ages 3-17 years on the date of service, documentation of:
- BMI percentile or BMI percentile plotted on growth chart (A BMI value alone is not acceptable for this age range)
- Counseling for nutrition
- Counseling for physical activity

Common Chart Deficiencies and Tips:
- Chart review can be minimized by submitting complete coding on the claim when performed – see coding table page 28.
- For paper charting, plot BMI percentile on the BMI growth chart (not only height and weight growth charts), or document the BMI percentile in the note
- For EMR charting, be sure system is activated to automatically plot the BMI percentile and/or automatically populate a BMI percentile field in the note. Also, make sure the EMR system will print the BMI percentile.
- Weight or Obesity counseling meets criteria for BOTH nutrition and physical activity. However, this must be clearly documented as weight and/or obesity counseling.
- Notation of “Health Education” or “Anticipatory guidance given” without specific mention of nutrition or physical activity does not meet criteria for the measure – notation must be specific
- Anticipatory guidance related solely to safety does not meet criteria for physical activity
- Notation solely related to screen time without specific mention of physical activity does not meet
- Nutritional status related to an acute illness does not meet criteria (i.e. BRAT diet, appetite poor)
- Notation related to appetite only does not meet criteria for nutrition

Childhood Immunization Status (CIS)
Children who turn 2 years of age in the measurement year and receive the following vaccinations on or by their second birthday:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>4</td>
</tr>
<tr>
<td>IPV</td>
<td>3</td>
</tr>
<tr>
<td>MMR</td>
<td>1</td>
</tr>
<tr>
<td>Hib</td>
<td>3</td>
</tr>
<tr>
<td>Hep B</td>
<td>3</td>
</tr>
<tr>
<td>VZV</td>
<td>1</td>
</tr>
<tr>
<td>PCV</td>
<td>4</td>
</tr>
<tr>
<td>Hep A</td>
<td>1</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>*2 or 3</td>
</tr>
<tr>
<td>Influenza</td>
<td>2</td>
</tr>
</tbody>
</table>

*Be sure to give the correct number of doses based on manufacturer and code Rotavirus correctly.
- Rotarix® from GlaxoSmithKline is a two-dose formula and the CPT code is 90681
- RotaTeq® from Merck is a three dose formula and the CPT code is 90680

Common Chart Deficiencies and Tips:
- Vaccines for DTaP, IPV, HiB, or PCV, given within 42 days of birth do not count as compliant for
HEDIS®

- Record the immunizations in the state registry
- Use each visit to review vaccine schedule and opportunity to catch-up on missing immunizations
- Document parent refusal and place a signed copy in the medical record (NOTE: this does not count towards compliance in HEDIS®)
- Document the date of the first hepatitis B vaccine given at the hospital and name of the hospital, if available
- Record date and immunization(s) provided at health department in the patient’s medical record
- Provide vaccine log from medical record along with state registry documentation

**Immunizations for Adolescents (IMA)**

Adolescents who turn 13 years of age in the measurement year and receive the following vaccinations by their 13th birthday:

- Meningococcal vaccine given between 11th and 13th birthdays
- Tdap/Td vaccine given between 10th and 13th birthdays
- At least two HPV vaccines (2-dose vaccination series) with different dates of service between the 9th and 13th birthdays (male and female) or at least three HPV vaccines with different dates of service between the 9th and 13th birthdays (male and female)
  - For more information to share with your patients regarding the importance of the HPV vaccine go to: [www.cdc.gov/hpv/resources.html](http://www.cdc.gov/hpv/resources.html)

**Common Chart Deficiencies and Tips:**

- Final dose of vaccine given after age 13 – member will not be compliant if given after 13th birthday

**Appropriate Testing for Children with Pharyngitis (CWP)**

Members 3-18 years of age in the measurement period who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A Strep Test for the episode. A higher rate represents better performance (i.e. appropriate testing).

- Perform a group A Strep Test on all children being treated with an antibiotic for pharyngitis
- Be sure to code for the test when you submit your claim
- Be sure to code for ALL appropriate diagnoses relevant to the visit

**Appropriate Treatment for Children with Upper Respiratory Infection (URI)**

Members 3 months -18 years of age in the measurement period who were diagnosed with upper respiratory infection and were NOT dispensed an antibiotic prescription.

- Higher rate indicates appropriate treatment (i.e. the proportion for whom antibiotics were NOT prescribed
- If there is a concurrent diagnosis requiring antibiotics, be sure documentation and coding accurately reflect diagnosis/diagnoses
- Use appropriate testing and symptom documentation to correlate with antibiotic prescription
- Educate members and parents regarding symptomatic treatment and when to contact the PCP.

**Annual Dental Visit (ADV)**

Members 2-20 years of age in the measurement year and had at least one dental visit during the measurement year.

- Dental visits can start before age 2, especially for children at risk for dental problems
• Assess for dental home at each well-child visit, and refer members to see dentist
• Fluoride can be applied at the PCP office, but referral to dentist for appropriate care must occur to make ADV measure compliant

Additional oral health guideline information can be found on the West Virginia Department of Health and Human Services website at:

Adult measures

Adult BMI Assessment (ABA)
Members 18 years of age or older that have their BMI and weight documented in the measurement year or year prior.

For members younger than 20 years of age on the date of service the BMI percentile must be documented in the measurement year or year prior.

Common Chart Deficiencies and Tips:
• Height and/or weight are documented but no documentation of the BMI
• Diagnosis Codes Z68.XX can be used to make this measure compliant without chart review. See page 16 for a list of applicable codes.
• Most Electronic Health Systems will calculate a BMI automatically. Be sure this feature is turned on and add the appropriate ICD-10 code to your claim. This will help prevent the need for chart review.

Annual Monitoring for Patients on Persistent Medications (MPM)
Members 18 years of age or older who received at least 180 treatment days of select medications, including but not limited to:
• Ace Inhibitors/ARBs
• Digoxin
• Diuretics

After 6 months of medication therapy, members must receive at least one therapeutic monitoring event for each therapeutic agent in every year. All these medications require either a BMP or CMP annually. Persistent digoxin use also requires an annual serum digoxin test.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
Members 18-64 with a diagnosis of acute bronchitis who were NOT dispensed an antibiotic.
• Higher rate indicates appropriate treatment of adults with Acute Bronchitis (i.e. the proportion for whom antibiotics were NOT prescribed)
• If there is a concurrent diagnosis requiring antibiotics, be sure documentation and coding accurately reflect diagnosis/diagnoses
• Use appropriate testing and symptom documentation to correlate with antibiotic prescription
• Educate members regarding symptomatic treatment and when to contact the PCP.
Use of Imaging Studies for Low Back Pain (LBP)
Members 18-50 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 diagnosis.
- Higher rate indicates appropriate treatment (the proportion for whom imaging studies did NOT occur)
- Avoid imaging studies within 28 days of new diagnosis for low back pain
- Educate members on comfort measures, non-opioid pain relief and when to contact the PCP for symptoms

CAHPS Survey
The CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey is required annually by NCQA to capture members’ experience with health care. The survey evaluates key areas of care and service with the health plan, providers and member experience. This survey is sent to members via mail every year in the spring. Health plans report survey results as part of HEDIS® data collection. Two HEDIS® measures that are incorporated into the CAHPS survey are:

Flu Vaccinations for Adults (FVA)
Members 18-64 who received an influenza vaccination between July 1 of the measurement year and when the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey was completed. The CAHPS survey is required by NCQA to capture members’ experience with health care.
- Educate members regarding the importance of an annual flu vaccine
- Offer annual flu shots to appropriate individuals – when given, document on patient visit summary

Medical Assistance with Smoking and Tobacco Use Cessation (MSC)
Members 18 and older who are current smokers or tobacco users, and received smoking/tobacco cessation education and counseling between July 1 of the measurement year and when the CAHPS survey was completed. The CAHPS survey is required by NCQA to capture members’ experience with health care.
- Received advice to quit
- Discussed or were recommended cessation medications
- Discussed or were provided cessation methods or strategies

Best Practice Tips
- Assess all members for smoking and tobacco use at each and every opportunity
- Provide education/counseling to members advising to quit at each and every opportunity
- Discuss/recommend cessation medication when appropriate at each and every opportunity
- Discuss/provide education regarding smoking cessations strategies at each and every opportunity
- Provide West Virginia Quit Line number 1-800-784-8669 to member
- Refer members to Aetna Better Health of West Virginia for Case Management fax 844-330-1001

Women’s measures
Breast Cancer Screening (BCS)
Women ages 52-65 years of age in the measurement year that had one or more mammograms any time on or between October 1, two years prior to the measurement year, and December 31 of the measurement year.
Women who have claims history of bilateral mastectomy are excluded from the measure.
Common Chart Deficiencies and Tips:
- Schedule member for mammogram and provide written order if needed
- Document history of mastectomy in the medical record, including date, facility/provider and unilateral or bilateral – See page 19 for history of mastectomy code

Cervical Cancer Screenings (CCS)
Women 21-64 years of age in the measurement year that were screened for cervical cancer using either of the following criteria:
- Age 21-64 - Cervical cytology performed every three years
- Age 30-64 - Cervical cytology with human papillomavirus (HPV) co-testing performed every five years

Women who have medical record documentation or claims history of complete, total, or radical hysterectomy are excluded.

Common Chart Deficiencies and Tips:
- Documentation for members with hysterectomy, must include words such as “complete,” “total,” or “radical”
- Documentation of hysterectomy alone does not meet the NCQA guidelines because it does not indicate the cervix was removed
- Request results of screenings performed by OB/GYN for medical home record
- See page 19 for history of complete hysterectomy codes

Chlamydia Screening in Women (CHL)
Members 16-24 years of age in the measurement year identified as sexually active that had at least one chlamydia test during the measurement year. Members are identified as sexually active through administrative claim data either by pregnancy diagnosis codes or pharmacy data for contraceptives.
- Best Practice - Make chlamydia screening via urine test as part of the annual physical exam. Parental consent is not required.
- Members who have a pregnancy test alone prior to an isotretinoin prescription or x-ray are excluded.

Prenatal and Postpartum Care (PPC)
Women who delivered a live birth between November 6th of the year prior to the measurement year, and November 5th of the measurement year.

There are two components to this measure:

Timeliness of Prenatal Care
Women who complete a Prenatal visit in the first trimester or within 42 days of enrollment into the health plan. Prenatal care documentation must include the visit date and evidence of one of the following:
- A basic physical obstetrical examination 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),
- Prenatal Care Procedure, such as:
  - Obstetric panel
  - TORCH antibody panel alone
  - Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
- ultrasound/echography of a pregnant uterus

- Documentation of LMP or EDD with either:
  - prenatal risk assessment & counseling/education
  - complete obstetrical history

### Postpartum Care

- Postpartum visit between 21 and 56 days after delivery (excludes C-section suture/staple removal appointment/contraceptive management)
- Educate C-Section patient upon suture/staple removal visit that she must return between 21-56 days after the delivery date for a complete postpartum visit
- Refer to and use the ACOG sheets to help ensure measure compliance
- Documentation in the medical record that meets criteria for Postpartum Care includes the date when a postpartum visit occurred and one of the following:
  - Pelvic exam
  - Evaluation of weight, BP, breasts and abdomen
  - Notation of postpartum care, including “postpartum care”, “PP care”, “PP check”, “6-week check”
  - A preprinted “Postpartum Care” form in which information was documented during the visit

### Chronic condition measures

#### Comprehensive Diabetes Care (CDC)

Members 18-65 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) and that have each of the following performed annually:

- Hemoglobin A1c (HbA1c) testing
  - HbA1c control <8.0%
- Nephropathy Screening including urine microalbumin, urine macroalbumin, or prescribed ACE inhibitor/ARB.
- Dilated retinal eye exam
- BP Control (<140/90 mm Hg)

#### Common Chart Deficiencies and Tips:

- Failure to order lab tests or results not documented in chart
- Lab values show poor control
- No documentation or testing for Nephropathy screening
- No referral for retinal eye exam
- Incomplete or missing information from specialty or consulting providers – request results of tests performed by these providers such as retinal eye exams, HbA1c and nephropathy screening
**Statin Therapy for Patients With Diabetes**

The percentage of members 40–75 years of age during the measurement year with diabetes (who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria). Two rates are reported:

- *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.
- *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

**Best Practice Tips:**

- Educate members regarding the importance of statin therapy
- Educate members regarding side effects and importance of reporting of any side effects to their PCP so medication can be adjusted if necessary
- Advise members not to stop taking without consulting their PCP

**Controlling High Blood Pressure (CBP)**

Members 18-65 years of age in the measurement year with a diagnosis of hypertension whose blood pressure is adequately controlled. The HEDIS® requirement is to review the last blood pressure reading in the measurement year.

- 18-59 years of age whose Blood Pressure is <140/90
- 60-85 years of age with a diagnosis of diabetes whose Blood Pressure is <140/90
- 60-85 years of age without a diagnosis of diabetes whose Blood Pressure is <150/90

**Common Chart Deficiencies and Tips:**

Often times the patient’s BP is taken first thing from walking to the exam room – and just after being weighed so:

- Retake the BP if elevated
- Check BP in both arms – HEDIS® allows lowest reading
- Ensure the BP cuff is the correct size for the patient’s arm
- HTN diagnosis on or before June 30 of the measurement year must be documented in the patient’s medical record
- Both the systolic and diastolic numbers must be lower than the HEDIS thresholds to be considered compliant.
- If blood pressures are high, re-assess medication regimen

**Statin Therapy for Patients With Cardiovascular Disease**

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. The following rates are reported:

- *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
Best Practice Tips:
- Educate members regarding the importance of statin therapy in patients with diabetes
- Educate members regarding side effects and importance of reporting of any side effects to their PCP so medication can be adjusted if necessary
- Advise members not to stop taking without consulting their PCP

Medication Management for People with Asthma (MMA)
Members 5-64 years of age identified as having persistent asthma and were dispensed appropriate controller medications which they remained on during the treatment period.

Persistent asthma is defined as anyone who has at least one of the following:
- One Emergency Department visit with a primary diagnosis of asthma
- One Acute Inpatient stay with a primary diagnosis of asthma
- Four or more outpatient or observation visits with a diagnosis of asthma and at least two prescriptions filled for asthma medications (either rescue inhaler or controller)

The treatment period begins each year when the first prescription for a controller medication is filled. The treatment period continues through the end of the year for each member.

Two components are reported:
- Members who remained on an asthma controller medication for at least 50% of their treatment period
- Members who remained on an asthma controller medication for at least 75% of their treatment period

The goal is to have all members as close to 100% as possible.

Common controller medications for West Virginia Medicaid: Accolate, Advair, Asmanex, Dulera, Flovent, Montelukast, Pulmicort Respules, QVAR, Symbicort

Best Practice Tips:
- Be sure the patient knows the difference between their controller medications and rescue medications
- Be sure the patient knows how to properly use their inhaler
- Work with the patient to develop an Asthma Action Plan
- Refer patient to Aetna Better Health of West Virginia Case Management by fax to 844-330-1001

Pharmacotherapy Management of COPD Exacerbation (PCE)
Adults age 40 and older who had an acute inpatient discharge or emergency department visit for COPD exacerbation and the following medications were dispensed:
- A systemic corticosteroid within 14 days of the event
- A bronchodilator within 30 days of the event

Best Practice Tips:
- Always follow up with the member after an inpatient or emergency room event
- Confirm diagnosis of COPD for members with spirometry testing
- If medically appropriate consider modifying treatment to include systemic corticosteroid and bronchodilator
Behavioral health measures

Antidepressant Medication Management (AMM)
Members 18 years of age and older with a diagnosis of major depression and were treated with antidepressant medication, and that remained on an antidepressant medication treatment. This measure runs between May 1 of the year prior to the measurement year and ends on April 30 of the measurement year.

It does not matter whether the antidepressants were described by a PCP or mental health practitioner.

Two components reported:
- Effective Acute Phase Treatment: Members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment: Members who remained on an antidepressant medication for at least 180 days (6 months)

Common antidepressants for West Virginia Medicaid include: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline.

Follow-up Care for Children Prescribed ADHD Medication (ADD)
Members 6-12 years of age in the measurement period, newly prescribed ADHD medication and 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.

The measurement period for this measure is March 1 of the year prior to measurement year through February 28 of the measurement period.

Two components reported:
- Initiation Phase – one follow-up visit by a practitioner with prescribing authority within 30 days of initial dispensed prescription
- Continuation Phase – members who remained on ADHD medication for at least 210 days who in addition to the Initiation Phase visit, had at least two more follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Best Practice Tips:
- No refills until the initial follow-up visit is complete
- Conduct initial follow-up visit 2-3 weeks after member starts medication therapy
- Member needs 2 additional visits within 9 months of starting medication, schedule these appointments at initial visit
- If member cancels, reschedule appointment right away

Follow-Up after Hospitalization for Mental Illness (FUH)
Members 6 years of age and older in the measurement year discharged after hospitalization for treatment of selected mental illness diagnoses and had a follow-up outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Two components reported:
Members who received a follow-up visit within 7 days of discharge.
Members who received a follow-up visit within 30 days of discharge.

For both indicators, any of the following meet criteria for a follow-up visit (7-Day or 30-Day):
- A Stand Alone Visit with a mental health practitioner
- A visit to a behavioral healthcare facility
- A visit to a non-behavioral healthcare facility with a mental health practitioner
- A visit to a non-behavioral healthcare facility with a diagnosis of mental illness

The following meets criteria for only the 30-Day Follow-Up indicator:
- Transitional care management services where the date of service on the claim is 29 days after the date the member was discharged with a principal diagnosis of mental illness.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia
The percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

The treatment period is the period of time beginning with the earliest prescription dispensing date through the last day of the measurement year.

Best Practice Tips:
- Educate members about the importance of adhering to their medication therapy regimen
- Complete a medication review and reconciliation when the member is in the office
- Encourage follow-up visits with all providers/specialists

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
Members age 18-64 with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had an annual diabetes screening.

Best Practice Tips:
- Glucose test or HbA1c should be done yearly on members meeting criteria
- If A1c testing is performed in-office, be sure to include on claim the appropriate CPT-II code
- Communication between PCP and Behavioral Health providers is key

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
Adolescent and adult members 13 and older with a new episode of alcohol and other drug (AOD) abuse or dependence who received the following:
- Initiation of AOD Treatment: members who initiate treatment through an AOD inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of diagnosis
- Engagement of AOD Treatment: members who initiate treatment and who had two or more additional AOD services via outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 34 days of the initiation visit
This measure is reported by diagnosis cohorts: Alcohol Abuse or Dependence, Opioid Abuse or Dependence, and Other Drug Abuse or Dependence.

**Best Practice Tips:**

- New episodes of AOD abuse or dependence are identified with a diagnosis cohort. All follow-up visits (for initiation and engagement phases) should be billed with a diagnosis that coincides with the cohort on the first episode.
- When substance abuse is identified, it’s very important to schedule appropriate follow-up treatment
- Refer member to an appropriate behavioral health provider as indicated. Please call provider services if assistance is needed at **1-888-348-2922**
- Refer member to Aetna Better Health of West Virginia Case Management by fax to **844-330-1001**

(End of HEDIS® measures – the following pages provide guidelines along with billing code references)
**Physician documentation guidelines and administrative codes**

The use of correct billing codes is critical to ensuring your office receives credit for performing the exam, screening, or test performed. The following useful tips refer to HEDIS® requirements, member ages in the measurement period and corresponding codes per NCQA guidelines. These guidelines apply to all Medicaid members and are not managed care organization specific. **Measures are listed alphabetically.**

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<th>HEDIS® Measure</th>
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</table>
| **Adolescent Well-Care Visits (AWC)** | Annual well-Care visit with a PCP or OB/GYN during the measurement year with each of the following:  
- Physical Exam  
- Health History  
- Physical Developmental History  
- Mental Developmental History  
- Health Education/Anticipatory Guidance | CPT: 99381-99385, 99391-99395, 99461  
ICD-10 CM: 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  
HCPCS: G0438, G0439 |
| **Adult BMI Assessment (ABA)** | BMI documented during the measurement year or the year prior to the measurement year. This includes date and result for each of three elements: height, weight and BMI.  
*Avoid chart review by including the appropriate BMI or BMI percentile diagnosis code on the claim.* | **BMI Value (Age 20+)**  
ICD-10 CM: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45  
**BMI Percentile (Age <20)**  
ICD-10 CM: Z68.51-Z68.54 |
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<tr>
<td>Annual Dental Visit (ADV)</td>
<td>At least one dental visit during the measurement year</td>
<td>Visit with Dental Practitioner</td>
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<tr>
<td>Members 2-20 years of age</td>
<td>Encourage patients to follow with a dentist for regular preventive services.</td>
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<tr>
<td>Annual Monitoring for Patients on Persistent Medications (MPM)</td>
<td>Members taking <strong>ACE inhibitor</strong> or <strong>ARB</strong> require either of the following:</td>
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<td>• Lab panel (BMP or CMP)</td>
<td>Lab Panel</td>
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<td></td>
<td>• Serum potassium test AND serum creatinine test</td>
<td>CPT: 80047, 80048, 80050, 80053, 80069</td>
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<td>Members taking <strong>digoxin</strong> require either of the following:</td>
<td>Serum Potassium</td>
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<td>• Lab panel (BMP or CMP) AND serum digoxin test</td>
<td>CPT: 80051, 84132</td>
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<td>• Serum potassium test AND serum creatinine test AND serum digoxin test</td>
<td>LOINCs available by contacting QI.</td>
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<td>Members taking <strong>diuretics</strong> require either of the following:</td>
<td>Serum Creatinine</td>
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<td>• Lab panel (BMP or CMP)</td>
<td>CPT: 82565, 82575</td>
</tr>
<tr>
<td></td>
<td>• Serum potassium test AND serum creatinine test</td>
<td>LOINCs available by contacting QI.</td>
</tr>
<tr>
<td>Antidepressant Medication Management (AMM)</td>
<td>Two rates are reported:</td>
<td>Serum Digoxin</td>
</tr>
<tr>
<td>Members 18 and over who were treated with antidepressants and had a diagnosis of major depression then remained on medication treatment</td>
<td>• Those who remained on antidepressant medication for at least 12 weeks</td>
<td>CPT: 80162</td>
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<td>• Those who remained on antidepressant medication for at least 6 months</td>
<td>LOINCs available by contacting QI.</td>
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<td><strong>Major Depression Diagnosis</strong></td>
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<td>ICD-10 CM: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</td>
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<td><strong>Diagnosis must be combined with one of the following visit codes without regard to provider type</strong></td>
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<td>HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040</td>
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<tr>
<td><strong>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</strong></td>
<td>Members 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription. Use appropriate testing and symptom documentation to correlate with antibiotic prescription.</td>
<td>If there is a concurrent diagnosis requiring antibiotics, be sure documentation and coding accurately reflects diagnosis/diagnoses.</td>
</tr>
<tr>
<td><strong>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)</strong></td>
<td>Members 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Use appropriate testing and symptom documentation to correlate with antibiotic prescription.</td>
<td>If there is a concurrent diagnosis requiring antibiotics, be sure documentation and coding accurately reflects diagnosis/diagnoses.</td>
</tr>
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<tr>
<td><strong>Breast Cancer Screening (BCS)</strong></td>
<td>Mammogram performed every two years. Exclusions include bilateral mastectomy or two unilateral mastectomies. Must be clearly documented in the medical record. Encourage members to call for locations of Bonnie’s Bus if unable to get to a facility. Call Sherry Griffith at <em>304-348-2009</em> or go to <a href="http://www.wvucancer.org/cancer-prevention-control/bonnies-bus/bus-calendar/">www.wvucancer.org/cancer-prevention-control/bonnies-bus/bus-calendar/</a> for a list of locations/dates.</td>
<td><strong>Mammogram Codes</strong>&lt;br&gt;CPT: 77055-77057, 77061-77063, 77065-77067&lt;br&gt;HCPCS: G0202, G0204, G0206&lt;br&gt;UB Revenue: 0401, 0403</td>
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<tr>
<td><strong>Cervical Cancer Screening (CCS)</strong></td>
<td>One of the following:&lt;br&gt;• Women age 21 - 64 who had cervical cytology performed every 3 years&lt;br&gt;• Women age 30 - 64 who had cervical cytology and HPV co-testing (not reflex testing) performed on the same date of service in the past 5 years Exclusions include complete, total, or radical hysterectomy or cervical agenesis. Must be clearly documented in the medical record.</td>
<td><strong>Cervical Cytology Codes</strong>&lt;br&gt;CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175&lt;br&gt;HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091&lt;br&gt;LOINCs available by contacting QI. UB Revenue: 0923</td>
</tr>
<tr>
<td><strong>Hysterectomy/Cervical Agenesis codes</strong></td>
<td>CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135&lt;br&gt;ICD-10 CM: Q51.5&lt;br&gt;ICD-10 CM: Z90.710, Z90.712 (hx of complete hysterectomy)&lt;br&gt;ICD-10 PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ</td>
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**Mastectomy Codes**<br>CPT: 19180, 19200, 19220, 19240, 19303-19307<br>ICD-10 PCS: 0HTV0ZZ, 0HTU0ZZ, 0HTT0ZZ<br>ICD-10 CM: Z90.13 (hx of bilateral mastectomy)
<table>
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</table>
| **Chlamydia Screening in Women (CHL)**               | Women identified as sexually active with a Chlamydia test annually. A prescription for contraceptives indicates sexual activity. **Still required even if woman reports being in a monogamous relationship.** | CPT: 87110, 87270, 87320, 87490-87492, 87810  
LOINCs available by contacting QI. |
| **Childhood Immunization Status (CIS)**              | Vaccines administered on or before second birthday:                                          |                                                                      |
| Members turning 2 years of age                       |                                                                                             |                                                                      |
| **Vaccine**                                         | **Dose(s)**                                                                                  | **CPT**                                                             |
| DTaP                                                | 4                                                                                           | 90698, 90700, 90721, 90723                                           |
| IPV                                                 | 3                                                                                           | 90698, 90713, 90723                                                  |
| MMR*                                                | 1                                                                                           | 90707, 90710                                                        |
| Hib                                                 | 3                                                                                           | 90708                                                              |
| Hep B*                                              | 3                                                                                           | 90704                                                              |
| VZV*                                                | 1                                                                                           | 90705                                                              |
| PCV                                                 | 4                                                                                           | 90706                                                              |
| Hep A*                                              | 1                                                                                           | 90706                                                              |
| Rotavirus                                           | 2 or 3                                                                                       | 90706                                                              |
| Influenza                                           | 2                                                                                           | 90706                                                              |

*Billed or documented history of disease will also mark compliance for vaccinations designated with an asterisk. However, Aetna Better Health highly recommends vaccinations for children.
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</table>
| **Comprehensive Diabetes Care (CDC)** | Members 18-75 with diabetes who had each of the following annual screenings:  
- HbA1c testing and result*  
- Blood Pressure*  
- Medical attention to nephropathy (urine test for protein or ACE/ARB medication therapy)  
- Retinal eye exam performed by an eye care professional  
*Date and result of last screening in the measurement year  
Avoid chart review by using CPT Category II codes for results. | **HbA1c Test**  
CPT: 83036, 83037  
**HbA1c Results**  
CPT Cat II: 3044F, 3045F, 3046F  
**Blood Pressure Reading**  
CPT Cat II:  
Systolic: 3074F, 3075F, 3077F  
Diastolic: 3078F-3080F  
(Please bill one code each for systolic and diastolic.)  
**Nephropathy Screening or ACE/ARB Pharmacotherapy**  
CPT: 81000-81003, 81005, 82042-82044, 84156  
CPT Cat II: 3066F, 4010F  
**Eye Exam with Eye Care Professional**  
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  
CPT Cat II: 2022F, 2024F, 2026F  
HCPCS: S0620, S0621, S3000  
**Eye Exam billed by ANY Provider**  
CPT Cat II: 3072F |
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</table>
| **Controlling High Blood Pressure (CBP)** | Date of diagnosis of HTN on or before June 30 of the measurement year. Last BP reading of the year. **Be sure to repeat pressure if elevated.** | **Hypertension diagnosis**
ICD-10 CM: I10  
Target is <140/90 for everyone ages 18-59 and those 60-85 without a diagnosis of diabetes. The target for those ages 60-85 with a diagnosis of diabetes is <150/90. |
| **Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)** | Members 18-64 years of age with schizophrenia or bipolar, who were dispensed an antipsychotic medication and had an annual diabetes screening test. 
Glucose test or HbA1c should be done yearly on members meeting criteria. 
Communication between PCP and Behavioral Health providers is key to ensuring needed lab testing is completed. | **Glucose Tests**
CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951  
**HbA1c Test**
CPT: 83036, 83037  
**HbA1c Results**
CPT Cat II: 3044F-3046F |
| **Statin Therapy for Patients With Diabetes (SPD)** | Members 40–75 years of age during the measurement year with diabetes who met the following criteria. Two rates are reported:  
- **Received Statin Therapy.** Members who were dispensed at least one statin medication of any intensity during the measurement year.  
- **Statin Adherence 80%.** Members who remained on a statin medication of any intensity for at least 80% of the treatment period. | **High-intensity statin therapy**
Atorvastatin 40-80mg, Amlodpine-atorvastatin 40-80mg, Ezetimibe-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg,Ezetimibe-simvastatin 80mg  
**Moderate-intensity statin therapy**
Atorvastatin 10–20 mg, Amlodpine-atorvastatin 10–20 mg, Ezetimibe-atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Ezetimibe-simvastatin 20–40 mg, Niacin-simvastatin 20–40 mg, Sitagliptin-simvastatin 20–40 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Niacin-lovastatin 40 mg, Fluvastatin XL 80 mg, Fluvastatin 40mg bid, Pitavastatin 2-4mg  
**Low-intensity statin therapy**
Simvastatin 10 mg, Ezetimibe-simvastatin 10 mg, Sitagliptin-simvastatin 10 mg, Pravastatin 10–20 mg, Lovastatin 20 mg, Niacin-lovastatin 20 mg, Fluvastatin 20–40 mg, Pitavastatin 1 mg |
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<td><strong>Flu Vaccinations for Adults Ages 18-64 (FVA)</strong></td>
<td>Members who receive an influenza vaccination between July 1 of the measurement year and the date when the CAHPS survey was completed.</td>
<td>HEDIS measure is met via CAHPS Member Survey</td>
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<tr>
<td>Members 18-64 years of age</td>
<td>- Educate members regarding the importance of annual influenza vaccinations.</td>
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<td>- Encourage and offer annual influenza vaccinations.</td>
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<td>- Document all flu vaccinations and refusals.</td>
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<tr>
<td><strong>Follow-up After Hospitalization for Mental Illness (FUH)</strong></td>
<td>Members who were hospitalized for treatment of selected mental health disorders then had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.</td>
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</tr>
<tr>
<td>Members 6 years of age and older</td>
<td>Members should receive at least one follow-up within each timeframe:</td>
<td>Visit with Mental Health Practitioner</td>
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<td>- 7 days of discharge</td>
<td>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510</td>
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<td>TCM 7 Day-CPT: 99496</td>
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<td>TCM 14 Day-CPT: 99495 (qualifying visit is IDEALLY completed by the 7th day; if not completed by the 7th day, visits through the 14th day will be compliant)</td>
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<td>UB Revenue: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983</td>
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<tr>
<th>HEDIS® Measure</th>
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| **Follow-up Care for Children Prescribed ADHD Medication (ADD)** | A follow-up visit can be outpatient, intensive outpatient, or partial hospitalization. Two rates are reported:  
  • One follow-up visit with prescribing practitioner within 30-day initiation phase  
  • Two additional follow-up visits with prescribing practitioner within the 9 months immediately following the initiation phase | **Visit with a Prescribing Practitioner**  
  UB Revenue: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983 |
| **Immunizations for Adolescents (IMA)**            | Vaccines administered by member’s 13th birthday:  
  • 1 meningococcal vaccine on or between 11th and 13th birthdays  
  • 1 Tdap or 1 Td vaccine on or between 10th and 13th birthdays  
  • 3 HPV vaccines on or between 9th and 13th birthdays (or 2 HPV vaccines if administering 2-dose series) | **Meningococcal**  
  CPT: 90734                                                                                      |
| **Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)** | The percentage of members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period | **Tdap**  
  CPT: 90715                                                                                      |
| 13 year old adolescents                             |                                                                                                                                                    | **HPV**  
  CPT: 90649-90651                                                                               |
| Members 19–64 years of age                         |                                                                                                                                                     | **Antipsychotic Medications**  
  • Oral Antipsychotic Medications  
    o Miscellaneous antipsychotic agents (oral)  
    o Phenothiazine antipsychotics  
    o Psychotherapeutic combinations  
    o Thioxanthenes  
  • Long-Acting Injections 14-Days Supply Medications  
  • Long-Acting Injections 28-Days Supply Medications | Comprehensive drug lists are available by contacting QI.                                      |
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<tr>
<td><strong>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</strong></td>
<td><strong>Two Phases of AOD Treatment</strong>&lt;br&gt;The follow-up visits for the initiation and engagement phases must be billed with a diagnosis code in the same cohort as the diagnosis on the original claim identifying a new episode of AOD abuse or dependence.&lt;br&gt;&lt;br&gt;- Initiation—inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) <strong>within 14 days</strong> of the diagnosis.&lt;br&gt;&lt;br&gt;- Engagement—members who complete the Initiation phase <strong>and</strong> who had two or more additional AOD services via outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) <strong>within 34 days</strong> of the initiation visit.</td>
<td><strong>AOD Services/Treatment Codes</strong>&lt;br&gt;CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510&lt;br&gt;HCPCS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034- H0037, H0039, H0040, H0047, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015&lt;br&gt;UB Revenue: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983&lt;br&gt;Comprehensive diagnostic cohort lists available by contacting QI.</td>
</tr>
<tr>
<td><strong>Lead Screening in Children (LSC)</strong></td>
<td><strong>At least one capillary or venous blood lead test on or before second birthday</strong>&lt;br&gt;A lead risk assessment screening alone is not sufficient for the measure.</td>
<td><strong>CPT: 83655</strong>&lt;br&gt;LOINCs available by contacting QI.</td>
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Members 13 years of age and older with a new episode of alcohol or other drug (AOD) abuse or dependence via an outpatient, intensive outpatient, partial hospitalization, telehealth, detoxification or ED visit

Members turning 2 years of age
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</table>
| **Medical Assistance With Smoking and Tobacco Use Cessation (MSC)**<br>Members 18 years of age and older | Three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation.  
- Advise Smokers and Tobacco Users to Quit  
- Discuss Cessation Medications  
- Discuss Cessation Strategies | HEDIS measure is met via CAHPS Member Survey |
| **Medication Management for People with Asthma (MMA)**<br>Members 5-64 years of age identified as having persistent asthma and were dispensed appropriate controller medications which they remained on during the treatment period (date of initial dispensing event through the remainder of the measurement year). | Members are excluded for any of the following diagnoses: emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, or acute respiratory failure. | **Asthma controller medications:**  
- Antiasthmatic combinations  
- Antibody Inhibitors  
- Inhaled Steroid combinations  
- Inhaled Corticosteroids  
- Leukotriene Modifiers  
- Mast cell stabilizers  
- Methylxanthines  
Comprehensive drug lists are available by contacting QI. |
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| **Statin Therapy for Patients With Cardiovascular Disease (SPC)** Males 21–75 years of age and females 40–75 years of age | The percentage of males 21–75 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. The following rates are reported:  
  - 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 | **High-intensity statin therapy**  
Atorvastin 40-80mg, Amlodpine-atorvastin 40-80mg, Ezetimibe-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg,Ezetimibe-simvastatin 80mg  
**Moderate-intensity statin therapy**  
Atorvastatin 10–20 mg, Amlodipine-atorvastatin 10–20 mg, Ezetimibe-atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Ezetimibe-simvastatin 20–40 mg, Niacin-simvastatin 20–40 mg, Sitagliptin-simvastatin 20–40 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Niacin-lovastatin 40 mg, Fluvastatin XL 80 mg, Fluvastatin 40mg bid,Pitavastatin 2-4mg  |
| **Pharmacotherapy Management of COPD Exacerbation (PCE)** Members 40 years of age and older | Adults age 40 and older who had an acute inpatient discharge or emergency department visit for COPD exacerbation and the following medications were dispensed:  
  - A systemic corticosteroid within 14 days of the event  
  - A bronchodilator within 30 days of the event | **Medication List**  
Systemic Corticosteroid Medications:  
  - Glucocorticoids  
Bronchodilator Medications:  
  - Anticholinergic agents  
  - Beta 2-agonists  
  - Methylxanthines  
  - Antiasthmatic combinations  
Comprehensive drug lists are available by contacting QI. |
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<tr>
<th><strong>HEDIS® Measure</strong></th>
<th><strong>Documentation Requirements</strong></th>
<th><strong>Codes</strong></th>
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<tr>
<td><strong>Prenatal and Postpartum Care</strong>  &lt;br&gt;<strong>Prenatal Rate - (PPC)</strong>  &lt;br&gt;Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year</td>
<td>Prenatal Care visit in the first trimester or within 42 days of enrollment (if enrolled after first trimester) with an OB/GYN practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be billed.  &lt;br&gt;Prenatal care documentation must include the visit date and evidence of one of the following:  &lt;br&gt;- A basic physical obstetrical examination that includes:  &lt;br&gt;- Auscultation for fetal heart tone, or  &lt;br&gt;- Pelvic exam with obstetric observations, or  &lt;br&gt;- Measurement of fundus height (a standardized prenatal flow sheet may be used),  &lt;br&gt;- Prenatal Care Procedure, such as:  &lt;br&gt;- obstetric panel  &lt;br&gt;- TORCH antibody panel alone  &lt;br&gt;- rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing  &lt;br&gt;- ultrasound/echography of a pregnant uterus  &lt;br&gt;- Documentation of LMP or EDD with either:  &lt;br&gt;- prenatal risk assessment &amp; counseling/education  &lt;br&gt;- complete obstetrical history</td>
<td><strong>Stand Alone Codes</strong>  &lt;br&gt;CPT: 59400, 59425, 59426, 59510, 59610, 59618, 99500  &lt;br&gt;CPT Cat II: 0500F-0502F  &lt;br&gt;HCPCS: H1000-H1005  &lt;br&gt;<strong>Routine Office Visit</strong>  &lt;br&gt;CPT: 99201-99205, 99211-99215, 99241-99245  &lt;br&gt;HCPCS: G0463, T1015  &lt;br&gt;UB Revenue: 0514  &lt;br&gt;<strong>to be billed with any one of the following:</strong>  &lt;br&gt;<strong>OB Panel</strong>  &lt;br&gt;CPT: 80055, 80081  &lt;br&gt;<strong>TORCH (must have all four components)</strong>  &lt;br&gt;- Toxoplasma Antibody CPT: 86777, 86778  &lt;br&gt;- Rubella Antibody CPT: 86762  &lt;br&gt;- Cytomegalovirus Antibody CPT: 86644  &lt;br&gt;- Herpes Simplex Antibody CPT: 86694-86696  &lt;br&gt;- LOINCs available by contacting QI.  &lt;br&gt;<strong>Rubella Antibody with ABO/Rh Blood Typing (both)</strong>  &lt;br&gt;- Rubella Antibody CPT: 86762  &lt;br&gt;- ABO CPT: 86900  &lt;br&gt;- Rh CPT: 86901  &lt;br&gt;- LOINCs available by contacting QI.  &lt;br&gt;<strong>Ultrasound/Echography</strong>  &lt;br&gt;- CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828  &lt;br&gt;- ICD-10 PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ</td>
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<td>Prenatal and Postpartum Care</td>
<td>Postpartum visit to an OB/GYN practitioner, Midwife or PCP on or between 21 and 56 days after delivery. Documentation must indicate visit date and evidence of one of the following: • Pelvic exam • Examination of breasts (or notation of breastfeeding), abdomen, weight and blood pressure • Notation of postpartum care, such as “6 week check”, “postpartum” visit/care, PP care, or a preprinted form completed with patient specific information Postpartum visit required between 21 and 56 days after delivery - excludes visits solely for C-section suture/staple removal/contraceptive management. Educate C-Section patient upon suture/staple removal visit that she must return between 21-56 days after the delivery date for a complete postpartum visit.</td>
<td>Postpartum Visits CPT: 59430 Providers will need to bill the delivery code and the postpartum visit code separately to be reimbursed. Use code 59430 to indicate that a postpartum visit occurred.</td>
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<td>Use of Imaging Studies for Low Back Pain (LBP)</td>
<td>Members with a primary diagnosis of uncomplicated low back pain who did not have an imaging study (plain X-ray, MRI, CT scan), within 28 days of the diagnosis. Avoid imaging studies within 28 days of new diagnosis for uncomplicated low back pain. Educate members on comfort measures, non-opioid pain relief and when to contact the PCP for symptoms. Exclusions: • Cancer • Recent trauma • Intravenous drug abuse • Neurologic impairment • HIV • Spinal infection • Major organ transplant • Prolonged use of corticosteroids</td>
<td>For a diagnosis of uncomplicated low back pain, avoid these procedures unless clinically necessary. CPT: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-33, 72141, 72142, 72146-49, 72156, 72158, 72200, 72202, 72220 UB Revenue: 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972</td>
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| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) | Evidence of outpatient visit with PCP or OB/GYN containing the following documentation dated during the measurement year: • BMI percentile or BMI percentile plotted on an age-growth chart • Weight • Height • Counseling or anticipatory guidance for nutrition (diet) • Counseling or anticipatory guidance for physical activity (regular sports participation/exercise) | BMI Percentile ICD-10 CM: Z68.51-Z68.54 |

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<td><strong>Well Child Visits in the First 15 Months of Life (W15)</strong>&lt;br&gt;Members turning 15 months of age</td>
<td>Minimum of six well-care visits with a PCP during the first 15 months of life with the following documentation:&lt;br&gt; - Physical Exam&lt;br&gt; - Health History&lt;br&gt; - Physical Developmental History&lt;br&gt; - Mental Developmental History&lt;br&gt; - Health Education/Anticipatory Guidance</td>
<td>CPT: 99381-99385, 99391-99395, 99461&lt;br&gt;ICD-10 CM: 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&lt;br&gt;HCPCS: G0438, G0439</td>
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*Never miss an opportunity! Sick visits present an opportunity to complete a well visit as long as all the required documentation is met. Aetna Better Health® of West Virginia will pay for a well visit outside of the 12-month cycle!*

| **Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)**<br>Members 3 - 6 years of age | Well-Care visit with a PCP during the measurement year with the following:<br> - Physical Exam<br> - Health History<br> - Physical Developmental History<br> - Mental Developmental History<br> - Health Education/Anticipatory Guidance | CPT: 99381-99385, 99391-99395, 99461<br>ICD-10 CM: 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<br>HCPCS: G0438, G0439 |

*Never miss an opportunity! Sick visits present an opportunity to complete a well visit as long as all the required documentation is met. Aetna Better Health® of West Virginia will pay for a well visit outside of the 12-month cycle!*