



Aetna HEDIS® Reference Tool

HEDIS measure	Measure definition	Measure requirements	Commonly used codes*
AAB – Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis <ul style="list-style-type: none"> 3 months of age and older 	Member diagnosed with acute bronchitis/bronchiolitis and not prescribed antibiotics	Requirements: No special requirements Service date range: Begins on July 1 of the year prior to the measurement year and ends June 30 of the measurement year LOB: Commercial, Medicaid and Medicare	Claims data: Dispensing of an antibiotic Exclusion: Comorbid conditions
AAP – Adults’ Access to Preventive/Ambulatory Health Services <ul style="list-style-type: none"> 20 years of age and older 	Members who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. <ul style="list-style-type: none"> Medicare and Medicaid members during the measurement year who had an ambulatory or preventive care visit. Commercial members during the measurement year or two years prior had an ambulatory 	Requirements: No special requirements Service date range: Medicaid and Medicare – measurement year. Commercial – measurement year and the two years prior to the measurement year. LOB: Commercial, Medicaid and Medicare	Any one of the following: Ambulatory visits: 99401 Other ambulatory visits: 99402 Telephone visit: 99442 E-visits/virtual: 99422
ACP – Advanced Care Planning <ul style="list-style-type: none"> 66–80 years of age 	Documentation or discussion about preferences for resuscitation, life-sustaining treatment, and end of life care.	Requirements: No special requirements Service date range: Measurement year LOB: Medicare	Advance care planning: 99497, 1123F

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<p>ADD – Follow-up Care for Children Prescribed ADHD Medication</p> <ul style="list-style-type: none"> 6–12 years of age 	<p>Children with newly prescribed and dispensed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up visits in 10-month period, one within 30 days of the first prescribed ADHD medication.</p> <p>Two phases reported:</p> <ol style="list-style-type: none"> Initiation rate: One follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. Continuation and maintenance rate: Remained on the medication for at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase. 	<p>Requirements: Visit service dates, place of service code and provider type or exclusion code</p> <p>Service date range: Begins on March 1 of the year prior to the measurement year and ends the last calendar day of February of the measurement year.</p> <p>LOB: Commercial and Medicaid</p>	<p>BH outpatient: 99213</p> <p>Observation: 99218</p> <p>Health and behavior assessment or intervention: 96156</p> <p>Telephone visit: 99442</p> <p>E-visits/virtual: 99422 (Phase 2 only)</p> <p>Exclusions: 99223</p>
<p>ADV – Annual Dental Visit</p> <ul style="list-style-type: none"> 2–20 years of age 	<p>Members had at least one dental visit during the measurement year.</p>	<p>Requirements: Any claim with a dental practitioner during the measurement year meets compliance</p> <p>Service date range: Measurement year</p> <p>LOB: Medicaid</p>	<p>Claims data: Any dental visit</p>

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<p>AMM – Antidepressant Medication Management</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>Members treated with antidepressant medication, diagnosed with major depression, and remained on antidepressant medication treatment.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Effective Acute Phase Treatment. Members that stayed on an antidepressant medication for at least 84 days (12 weeks). Effective Continuation Phase Treatment. Members stayed on an antidepressant medication for at least 180 days (6 months). 	<p>Requirements: No special requirements</p> <p>Service date range: Begins on May 1 of the year prior to the measurement year and ends on April 30 of the measurement year.</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data: Dispensing of antidepressant medication</p> <p>Exclusion: N/A</p>
<p>AMR – Asthma Medication Ratio</p> <ul style="list-style-type: none"> 5–64 years of age 	<p>Members identified as having persistent asthma and had 0.50 or greater ratio of controller medications to total asthma medications during the measurement year.</p>	<p>Requirements: No special requirements</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial and Medicaid</p>	<p>Claims data only: Dispensing of asthma controller medication</p> <p>Exclusions:</p> <p>COPD: J44.9</p> <p>Emphysema: J43.9</p> <p>Cystic Fibrosis: E84.9</p> <p>Acute respiratory failure: J96.00</p>
<p>APM – Metabolic Monitoring for Children and Adolescents on Antipsychotic Medication</p> <ul style="list-style-type: none"> 1–17 years of age 	<p>Children and adolescents who had two or more antipsychotic prescriptions and received metabolic testing.</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> Blood glucose testing Cholesterol testing <p>Blood glucose testing and cholesterol testing</p>	<p>Requirements: Have both a blood glucose test and a cholesterol test. Can be on different dates of service or on the same date of service.</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial and Medicaid</p>	<p>Glucose Test CPT: 82947</p> <p>HbA1C Test CPT: 83036</p> <p>CPTII: 3044F, 3046F, 3051F, 3052F</p> <p>LDL Test CPT: 80061, 83721</p> <p>CPT II: 3048F, 3049F, 3050F</p>

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BCS – Breast Cancer Screening <ul style="list-style-type: none"> Women 50–74 years of age 	Mammograms in the past 27 months submitted through claims or noted in the member’s history. Include the month and year. Patient results are not necessary for this measure. Reminder: MRIs, ultrasounds and biopsies do not count for this measure.	Requirements: Mammography or exclusion code and service date Service date range: Measurement year plus prior 15 months LOB: Commercial, Medicaid and Medicare	Mammography: 77067 Exclusion: Z90.13
BPD – Blood Pressure Control for Patients with Diabetes <ul style="list-style-type: none"> 18-75 years of age with type 1 or type 2 diabetes 	Members whose blood pressure is adequately controlled (<140/90 mm Hg)	Requirements: <i>Most recent</i> systolic and diastolic blood pressure reading and service date Service date range: Measurement year LOB: Commercial, Medicaid and Medicare	Systolic BP: 3075F -and- Diastolic B/P: 3079F With one of the following: Outpatient: 99213 Telephone/E-visit/Virtual: 99422 Remote B/P Monitoring: 99457 Exclusion: 024.92
CBP – Controlling High Blood Pressure <ul style="list-style-type: none"> 18–85 years of age 	Members with a diagnosis of hypertension (HTN) and adequately controlled blood pressure (<140/90 mm HG) during the measurement year.	Requirements: <i>Most recent</i> systolic and diastolic blood pressure reading and service date or exclusion code Service date range: Measurement year LOB: Commercial, Medicaid and Medicare	Systolic B/P: 3075F -and- Diastolic B/P: 3079F With one of the following: Remote B/P monitoring: 99457 Telephone visits: 99442 E-visits/virtual: 99422

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<p>CCS – Cervical Cancer Screening</p> <ul style="list-style-type: none"> Women 21-64 years of age 	<p>Members who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> 21–64 years of age who had cervical cytology performed within the last three years 30–64 years of age who had within the past five years either cervical high-risk human papillomavirus testing <p>OR</p> <ul style="list-style-type: none"> Cervical cytology/high-risk human papillomavirus co-testing (the woman had to be at least 30 years old on the date of the test) performed 	<p>Requirements: Pap and/or HPV test or exclusion code and service date</p> <p>Service date range: Measurement year plus prior four years contingent upon screening</p> <p>LOB: Commercial and Medicaid</p>	<p>Cervical cytology: 88175 -or- High risk HPV test: 87624</p> <p>Exclusion: 58291</p>
<p>CHL– Chlamydia Screening in Women</p> <ul style="list-style-type: none"> Women 16–24 years of age 	<ul style="list-style-type: none"> Sexually active women who received a chlamydia test during the measurement year 	<p>Requirements: Test code and service date</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial and Medicaid</p>	<p>Chlamydia lab test: 87110</p> <p>Exclusion: 81025</p>

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<p>CIS – Childhood Immunization Status</p> <ul style="list-style-type: none"> Children 2 years of age 	<p>Members who had the following vaccines by their second birthday:</p> <ul style="list-style-type: none"> Four diphtheria, tetanus, and acellular pertussis (DTaP) Three polio (IPV) Three hepatitis B (Hep B) One measles, mumps, and rubella (MMR) Three haemophilus influenza type B (HIB) One chicken pox (VZV) Four pneumococcal conjugates (PCV) One hepatitis A (Hep A) Two or three rotaviruses (RV) Two influenza vaccines (Flu) 	<p>Requirements: Vaccine code or exclusion code and service date</p> <p>Service date range: Child's birth up to two years of age</p> <p>LOB: Commercial and Medicaid</p>	<p>Immunizations: 90700, 90713, 90707, 90648, 90744, 90716, 90670, 90633, 90680, 90685</p> <p>Exclusion: 428281000124107</p>
<p>COA – Care for Older Adults – Special Needs Plans Only</p> <ul style="list-style-type: none"> 66 years of age and older and part of the Dual-Eligible Special Needs Population 	<p>Members who had each of the following during the measurement year:</p> <ul style="list-style-type: none"> Medication review Functional status assessment (FSA) Pain assessment (PA) 	<p>Requirements: Codes, service dates and provider type</p> <p>Service date range: Measurement year</p> <p>LOB: Medicare (only SNP and MMP benefit packages)</p>	<p>Med list and review: 1159F and 1160F -or- Transitional care: 99496</p> <p>Functional status: 99483, 1170F</p> <p>Pain assessment: 1125F</p> <p>Exclusions: 99223</p>

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<p>COL – Colorectal Cancer Screening</p> <ul style="list-style-type: none"> 45–75 years of age 	<p>Members who had appropriate screening for colorectal cancer as defined by one of the following:</p> <ul style="list-style-type: none"> Fecal occult blood test (FOBT) during the measurement year Colonoscopy during the measurement year or nine years prior Flexible sigmoidoscopy during the measurement year or four years prior CT colonography during the measurement year or four years prior Stool DNA (sDNA) during the measurement year or two years prior 	<p>Requirements: Test or exclusion code and service date</p> <p>Service date range: Measurement year plus prior nine years contingent upon screening</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Any one of the following:</p> <p>FOBT: 82270</p> <p>Stool DNA (sDNA): 81528</p> <p>Flexible sigmoidoscopy: 45330</p> <p>Colonoscopy: 45378</p> <p>CT colonography: 74262</p> <p>Exclusion: 44150</p>
<p>CWP – Appropriate Testing for Pharyngitis</p> <ul style="list-style-type: none"> 3 years of age and older 	<p>The percentage of episodes where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.</p>	<p>Requirements: Test code and service date</p> <p>Service date range: Measurement year plus prior six months</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Group A strep test: 87430</p>
<p>EDU – Emergency Department Utilization</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>Rate of observed versus expected emergency department visits. May not use supplemental data for this measure.</p>	<p>Requirements: No special requirements</p> <p>Service date range: The year prior to the measurement year</p> <p>LOB: Commercial and Medicare</p>	<p>Claims data only:</p> <p>ED visit: 99281</p> <p>ED procedure: 10004</p> <p>Exclusion: 99221</p>

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<p>EED - Eye Exam for Patients with Diabetes</p> <ul style="list-style-type: none"> 18-75 years of age with type 1 or type 2 diabetes 	<p>Members who had an eye exam (retinal) performed during the measurement year or a negative exam year prior.</p>	<p>Requirements: Diabetic Eye Exam or exclusion code, provider specialty in optometry or ophthalmology, retinopathy status and service date.</p> <p>Service date range: Measurement year plus prior year</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Any of the following:</p> <p>Diabetic retinal screening: 92014; 3072F</p> <p>Eye exam w/retinopathy: 2022F</p> <p>Eye exam w/o retinopathy: 2023F</p> <p>Automated eye exam: 92229</p> <p>Eye enucleation: 65101 (two DOS or bilateral modifier included)</p> <p>Exclusion: 024.92</p>
<p>FMC – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>Members with multiple high-risk chronic conditions who visited the emergency department (ED) and who had a follow-up visit on the day of discharge or seven days after discharge (total of eight days).</p>	<p>Requirements: No special requirements</p> <p>Service date range: Members who are 18 years or older on the date of an ED visit which occurs on or between January 1 and December 24 of the measurement year.</p> <p>LOB: Medicare</p>	<p>Claims data only: Any one of the following:</p> <p>Outpatient visit: 99213</p> <p>Telephone visit: 99442</p> <p>E-visits/virtual: 99422</p> <p>BH outpatient: 99078</p> <p>Transitional care: 99496</p> <p>Care management: 99489</p> <p>Case management: 99366</p>

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<p>FUA – Follow-Up After Emergency Department Visit for Substance Use</p> <ul style="list-style-type: none"> 13 years of age and older 	<p>Members seen in the emergency department (ED) with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and had a follow-up visit for AOD.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Follow-up visit within 30 days of the ED visit (31 total days). Follow-up within seven days of the ED visit (eight total days). 	<p>Requirements: Diagnosis of AOD and ED visit code and date of service.</p> <p>Service date range: January 1 through December 1 of the measurement year; the member being 13 years or older on the date of the visit.</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data: IET standalone visit: 98960</p> <p>IET group 1: 90791</p> <p>IET group 2: 99221</p> <p>Online assessment: 99421</p> <p>Telephone visit: 99442</p> <p>E-visits/virtual: 99422</p> <p>Observation: 99218</p> <p>Exclusions: N/A</p>
<p>FUH – Follow-up After Hospitalization for Mental Illness</p> <ul style="list-style-type: none"> 6 years of age and older 	<p>Members who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health provider.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> Follow-up within 30 days after discharge. Follow-up within 7 days after discharge 	<p>Requirements: Acute inpatient discharge with a diagnosis of mental illness or intentional self-harm</p> <p>Service date range: January 1 through December 1 of the measurement year</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data:</p> <p>Visit setting unspecified: 90791</p> <p>ECT: 90870</p> <p>BH outpatient: 99078</p> <p>Observations: 99218</p> <p>Telephone visit: 99442</p> <p>Online assessment: 99421</p>

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<p>FUM – Follow-Up After Emergency Department Visit for Mental Illness</p> <ul style="list-style-type: none"> 6 years of age and older 	<p>Emergency department visits with a principal diagnosis of mental illness or intentional self-harm and had a follow-up visit for mental illness.</p> <p>Two rates are reported.</p> <ol style="list-style-type: none"> Follow-up visits within 30 days (31 total days). Follow-up visits within seven days (eight total days). 	<p>Requirements: Date of service and diagnosis of mental health disorder required for all submitted data. Outpatient, partial hospitalization, community health, telehealth or ECT (POS required for ECT).</p> <p>Service date range: January 1 through December 1 of the measurement year; the member being six years or older on the date of the visit.</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data: Visit setting unspecified: 90791 ECT: 90870 BH outpatient: 99078 Observations: 99218 Telephone visit: 99442 Online assessment: 99421</p>
<p>HBD – Hemoglobin A1c Control for Patients with Diabetes</p> <ul style="list-style-type: none"> 18-75 years of age with type 1 or type 2 diabetes 	<p>Members whose HbA1c was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> HbA1c poor control (>9%) HbA1c control (<8%) 	<p>Requirements: Most recent HbA1c test results and result date</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>HbA1c Lab: 3051F</p> <p>Exclusion: O24.92</p>
<p>IMA – Immunizations for Adolescents</p> <ul style="list-style-type: none"> Adolescents turning 13 years of age 	<p>Percentage of adolescents who had the following vaccinations by their 13th birthday:</p> <ul style="list-style-type: none"> One dose of meningococcal vaccine One tetanus, diphtheria, toxoids and acellular pertussis (Tdap) vaccine Completed the human papillomavirus (HPV) vaccine series If two doses, there must be 146 days between the first and second dose of the HPV vaccine Dose must be given on or between 9th and 13th birthdays 	<p>Requirements: Vaccine code and service date</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial and Medicaid</p>	<p>Vaccines: 90734, 90715, 90649</p> <p>Exclusion: 428301000124106</p>

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<p>KED – Kidney Health Evaluation for Patients with Diabetes</p> <ul style="list-style-type: none"> • 18–85 years of age 	<p>Members with diabetes (type 1 or type 2) who received both of the following during the measure year: Estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR)</p>	<p>Requirements: eGFR and uACR test code and result date</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>eGFR: 80047 -and- Quantitative urine albumin and urine creatinine lab test: 82043, 82570</p> <p>Exclusions: ESRD: N18.6</p> <p>Dialysis: 39.95</p> <p>Gestational diabetes: 024.92</p> <p>Steroid induced diabetes: E09.8</p>
<p>LBP – Use of Imaging Studies for Low Back Pain</p> <ul style="list-style-type: none"> • 18–75 years of age 	<p>Members diagnosed with low back pain and did not have an imaging study, X-ray, MRI or CT scan within 28 days of the diagnosis. Use supplemental data only for required exclusions.</p>	<p>Requirements: Exclusion code and service date</p> <p>Service date range: January 1 through December 3 of the measurement year.</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Exclusion only: Malignant neoplasm: C41.2</p> <p>Trauma: S12.000A</p> <p>IV Drug abuse: F11.10</p> <p>Neurological impairment: G83.4</p> <p>HIV: B20</p> <p>Spinal infection: M46.48</p> <p>Organ transplant: 32854</p>
<p>LSC – Lead Screening in Children</p> <ul style="list-style-type: none"> • Before second birthday 	<p>Children who had one or more lead blood test for lead poisoning by their second birthday.</p>	<p>Requirements: One capillary or venous blood lead screening test for all children before their second birthday. A lead risk questionnaire does not count.</p> <p>Service date range: Birth to second birthday</p> <p>LOB: Medicaid</p>	<p>Lead Screening: 83655</p>

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<p>Medication Adherence for Diabetes Medications</p> <ul style="list-style-type: none"> Part D members 18 years of age and older with at least 2 fills of a non-insulin diabetes medication 	<p>The percent of Medicare Part D beneficiaries with a prescription for non-insulin diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</p>	<p>Requirements: Prescription claims only</p> <p>Service date range: Measurement year</p> <p>LOB: Medicare</p>	<p>Claims data: Part D claim for diabetes medication</p> <p>Exclusions: Hospice enrollment</p> <p>ESRD diagnosis or dialysis coverage dates</p> <p>One or more prescriptions for insulin</p>
<p>Medication Adherence for Hypertension (RAS antagonists)</p> <ul style="list-style-type: none"> Part D members 18 years of age and older with at least 2 fills of a RAS antagonist medication 	<p>The percent of Medicare Part D beneficiaries with a prescription for a RAS antagonist medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.</p>	<p>Requirements: Prescription claims only</p> <p>Service date range: Measurement year</p> <p>LOB: Medicare</p>	<p>Claims data: Part D claim for RAS antagonist medication</p> <p>Exclusions: Hospice enrollment</p> <p>ESRD diagnosis or dialysis coverage dates</p> <p>One or more prescriptions for sacubitril/valsartan</p>
<p>Medication Adherence for Cholesterol (Statins)</p> <ul style="list-style-type: none"> Part D members 18 years of age and older with at least 2 fills of a statin medication 	<p>The percent of Medicare Part D beneficiaries with a prescription for a statin medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.</p>	<p>Requirements: Prescription claims only</p> <p>Service date range: Measurement year</p> <p>LOB: Medicare</p>	<p>Claims data: Part D claim for statin medication</p> <p>Exclusions: Hospice enrollment</p> <p>ESRD diagnosis or dialysis coverage dates</p>

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<p>NCS – Non-Recommended Cervical Cancer Screening in Adolescent Females</p> <ul style="list-style-type: none"> • Women 16–20 years of age 	<p>Members screened unnecessarily for cervical cancer. Use supplemental data only for required exclusions.</p>	<p>Requirements: Exclusion code and service date</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial and Medicaid</p>	<p>Exclusion only: Cervical cancer: C53.0</p> <p>HIV: B20</p> <p>Disorder of immune system: D80.0</p>
<p>OMW – Osteoporosis Management in Women Who Had a Fracture</p> <ul style="list-style-type: none"> • Women 67–85 years of age 	<p>Women who had a fracture and either a bone mineral density (BMD) test or received a prescription to treat osteoporosis within six months of the fracture. Excludes fractures to the finger, toe, face and skull.</p>	<p>Requirements: Test and service date</p> <p>Service date range: Six months after fracture</p> <p>LOB: Medicare</p>	<p>BMD test: 77080</p> <p>Osteoporosis med: J3489</p> <p>Exclusion: 99509</p>
<p>PBH – Persistence of Beta-Blocker Treatment After a Heart Attack</p> <ul style="list-style-type: none"> • 18 years of age and older 	<p>The percentage of members 18 years of age and older during the measurement year who:</p> <ul style="list-style-type: none"> • Were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year • Had a diagnosis of acute myocardial infarction (AMI) and • Received persistent beta-blocker treatment for six months after discharge 	<p>Requirements: No special requirements</p> <p>Service date range: Begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year)</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data only: Dispensing of a beta blocker medication</p> <p>Exclusions: Adverse beta antagonist: T44.7X5A</p> <p>Beta blocker contraindication: I95.9</p> <p>Asthma: 493.90</p> <p>COPD: J44.9</p>

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<p>PCE – Pharmacotherapy Management of COPD Exacerbation</p> <ul style="list-style-type: none"> 40 years of age and older 	<p>Members with a COPD exacerbation who had an acute inpatient discharge or ED visit on or between January 1 through November 30 of the measurement year and were dispensed the appropriate medications.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event. 	<p>Requirements: No special requirements</p> <p>Service date range: Begins on January 1 of the measurement year through November 30 of the measurement year.</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data only: Dispensing of a systemic corticosteroid and bronchodilator</p> <p>Exclusion: N/A</p>
<p>PCR – Plan All Cause Readmission</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>Number of acute inpatient and observation stays followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. May not use supplemental data for this measure.</p>	<p>Requirements: No special requirements</p> <p>Service date range: January 1 through December 1 of the measurement year)</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data only:</p> <p>Observation: 0760</p> <p>Surgery: 00210</p> <p>Exclusion: 99304</p>

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<p>PPC – Prenatal and Postpartum Care</p>	<p>Delivery of a live birth on or between October 8 of the year prior and October 7 of the measurement year.</p> <p>Timeliness of prenatal care and postpartum care are evaluated.</p> <p>Timeliness of prenatal care: Evaluates deliveries with a prenatal care visit in the first trimester or within 42 days of enrollment. The first trimester is defined as 280–176 days prior to delivery.</p> <p>Postpartum care: Deliveries with a postpartum visit on or between 7–84 days after delivery.</p> <p>Women are counted twice if they had two separate deliveries (different dates of service) between October 8 of the year prior and October 7 of the measurement year.</p>	<p>Requirements: No special requirements</p> <p>Service date range: October 8 of the year prior to the measurement year and October 7 of the measurement year.</p> <p>LOB: Commercial and Medicaid</p>	<p>Any one of the following: Prenatal bundled services: 59400</p> <p>Standalone prenatal visits: 0500F</p> <p>Prenatal visits: 99201</p> <p>Telephone visit: 99442 (with pregnancy dx)</p> <p>Online assessment: 99421 (with pregnancy dx)</p> <p>-with-</p> <p>Any one of the following: Postpartum visit: 0503F</p> <p>Cervical cytology: 88175</p> <p>Postpartum bundled services: 59400</p>
<p>SAA – Adherence to Antipsychotic Medications for Individuals with Schizophrenia</p> <ul style="list-style-type: none"> 18 years of age and older 	<p>Members with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.</p>	<p>Requirements: Prescription claims only</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data: Pharmacy claims only</p> <p>Codes: N/A</p>

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HEDIS measure	Measure definition	Measure requirements	Commonly used codes*
<p>SMD – Diabetes Monitoring for People with Diabetes and Schizophrenia</p> <ul style="list-style-type: none"> 18-64 years of age 	<p>Members with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.</p>	<p>Requirements: HbA1c and LDL-C test and result</p> <p>Service date range: Measurement year</p> <p>LOB: Medicaid</p>	<p>Claims data:</p> <p>HbA1c: 83036</p> <p>LDL-C: 80061</p>
<p>SPC – Statin Therapy for Patients with Cardiovascular Disease</p> <ul style="list-style-type: none"> Males 21–75 years of age and females 40–75 years of age 	<p>Percentage of members who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:</p> <ol style="list-style-type: none"> Received statin therapy Members who were dispensed at least one high-intensity or moderate-intensity statin medication in the measurement year. Statin adherence 80 percent Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. 	<p>Requirements: No special requirements</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data only: Dispensing of one high or moderate intensity statin medication</p> <p>Exclusions:</p> <p>ESRD: N18.6</p> <p>Pregnancy: 000.0</p> <p>Cirrhosis: K74.60</p> <p>Muscle pain and disease: M79.1</p>

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HEDIS measure	Measure definition	Measure requirements	Commonly used codes*
<p>SPD – Statin Therapy for Patients with Diabetes</p> <ul style="list-style-type: none"> 40–75 years of age 	<p>Percentage of members with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and meet these criteria:</p> <p>Two rates are reported:</p> <p>1. Received statin therapy Members who were dispensed at least one statin of any intensity during the measurement year.</p> <p>2. Statin adherence 80 percent Members who remained on a statin of any intensity for at least 80% of the treatment period.</p>	<p>Requirements: No special requirements</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Claims data only: Dispensing of one high, moderate, or low intensity statin medication</p> <p>Exclusions:</p> <p>MI: I21.9</p> <p>CABG: 02100J3</p> <p>PCI: 0270466</p> <p>Pregnancy: 000.0</p> <p>ESRD: N18.6</p> <p>Cirrhosis: K74.60</p> <p>Muscle pain and disease: M79.1</p>
<p>SPR – Use of Spirometry Testing in the Assessment and Diagnosis of COPD</p> <ul style="list-style-type: none"> 40 years of age and older 	<p>Members with a new diagnosis of COPD or newly active COPD with confirmation by spirometry testing, who received spirometry testing to confirm the diagnosis in the two years prior to the diagnosis or within six months of the diagnosis.</p>	<p>Requirements: Test code and service date</p> <p>Service date range: Measurement year plus prior year</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>Spirometry: 94010</p>
<p>SSD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</p> <ul style="list-style-type: none"> 18–64 years of age 	<p>Members with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</p>	<p>Requirements: One diabetic screening code and service date for members diagnosed with schizophrenia or bipolar disorder that are taking antipsychotic medications.</p> <p>Service date range: Measurement year</p> <p>LOB: Medicaid</p>	<p>Glucose test: 82947, 80047, 80048, 80053</p> <p>HbA1c test: 83036</p> <p>HbA1c result: 3044F, 3046F, 3051F, 3052F</p>

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HEDIS measure	Measure definition	Measure requirements	Commonly used codes*
<p>TRC – Transition of Care</p> <ul style="list-style-type: none"> • 18 years of age and older 	<p>Members who had a discharge and require the following: Medication reconciliation post-discharge</p>	<p>Requirements: Only members discharged within 31 days. Medication reconciliation code, provider type, inpatient admission, discharge date and medication reconciliation service date.</p> <p>Service date range: Measurement year</p> <p>LOB: Medicare</p>	<p>Any one of the following: Outpatient: 99213</p> <p>E-visits/virtual: 99422</p> <p>Telephone visit: 99442</p> <p>Transitional care: 99496</p> <p>Medication reconciliation encounter or intervention: 99483, 1111F</p>
<p>URI – Appropriate treatment for Upper Respiratory Infection</p> <ul style="list-style-type: none"> • 3 months of age and older 	<p>Members with a diagnosis of upper respiratory infection who were not dispensed an antibiotic.</p>	<p>Requirements: Submit all diagnoses on claims if more than one diagnosis is present when prescribing antibiotics.</p> <p>Service date range: July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.</p> <p>LOB: Commercial, Medicaid and Medicare</p>	<p>N/A</p>
<p>W30 – Well-Child Visits in the First 30 Months of Life</p> <ul style="list-style-type: none"> • Children who turned 15-30 months of age 	<p>Children in the measurement year who had the following number of well-child visits with a primary care physician.</p> <ul style="list-style-type: none"> • Children who turned 15 months old during the measurement year: 6 or more well-child visits. • Children who turned 30 months old during the measurement year: 2 or more well-child visits. 	<p>Requirements: Visit code, provider type and service date</p> <p>Service date range: Measurement year</p> <p>LOB: Commercial and Medicaid</p>	<p>One or more of the following codes per visit:</p> <p>Well child checks: 99381, 99382, 99383, 99384, 99385, 99461</p>

*Codes are not all inclusive.

HEDIS measure	Measure definition	Measure requirements	Commonly used codes*
WCC – Weight Assessment and Counseling for Nutrition/Physical Activity for Children/Adolescents <ul style="list-style-type: none"> 3–17 years of age 	Evidence an outpatient visit, or telehealth visit during the measurement year with a primary care physician or ob/gyn. Also includes counseling for nutrition and physical activity and BMI percentile documentation.	Requirements: Visit code, provider type and service date Service date range: Measurement year LOB: Commercial and Medicaid	Nutrition counseling: 97802 Physical activity counseling: Z71.82 BMI percentile: Z68.52 Exclusion: 000.0
WCV – Child and Adolescent Well-Care Visits <ul style="list-style-type: none"> 3–21 years of age 	Members with a visit to a primary care physician (PCP) or an Ob/Gyn practitioner for at least one comprehensive well-care visit during the measurement year.	Requirement: Well-care visit with a PCP (does not have to be with assigned PCP) or ob/gyn including the following: A health history, physical development history, mental development history, physical exam and health education/anticipatory guidance Service date range: Measurement year LOB: Commercial and Medicaid	Well child checks: 99381, 99382, 99383, 99384, 99385, 99461

Learn more about this chart

- Electronic supplemental data via data integration team: The comments in the “measure requirements” column identify what is needed to submit supplemental data files electronically. Refer to guidelines and data specs: Aetna Standard HEDIS MY2022 Supplemental Data Reference Guide.xlsx. Contact your engagement manager or HEDIS representative for more details.
- DataLink Evoke360 uploading charts (Medicare measures ONLY): Contact your engagement manager or HEDIS representative for more details.

The above information is not a complete list of services for this measure. For a complete list please refer to the NCQA website at NCQA.org. HEDIS 2022 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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