HEDIS Benchmarks and Coding Guidelines for Quality Care
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Welcome

Anthem Blue Cross and Blue Shield Medicaid (Anthem) thanks you for your continued partnership and efforts to improve the quality of care for our members. Anthem believes quality of care is a collaborative effort with our providers, members and community. Anthem would like to commit our full efforts to supporting all work geared toward improved quality, member outreach and healthy outcomes. As you know, we measure quality with administrative data and medical record chart review. The ever-changing quality measures, billing codes and documentation requirements make it exceedingly difficult to capture the great care we know you are delivering. We at Anthem know the burden providers carry when the data doesn’t accurately reflect the efficiency of the care delivered.

The good news is that Anthem is here to help.
Anthem’s Quality team created this reference guide to serve as a comprehensive support tool for your practice.

• **HEDIS® measure guide** section offers general tips for adult and child measures, descriptions for each unique HEDIS measure, tips on proper coding/medical record documentation and tips for your office to improve the rate for that measure. The guide breaks down the data method into Hybrid and Administrative categories:
  - **Hybrid measures (service gaps closed by medical record audit):**
    1. AWC — Adolescent Well-Care Visits
    2. ABA — Adult BMI Assessment
    3. BCS — Breast Cancer Screening
    4. CCS — Cervical Cancer Screening
    5. CIS — Childhood Immunizations Status
    6. CHL — Chlamydia Screening in Women
    7. CDC — Comprehensive Diabetes Care
    8. LSC — Lead Screening in Children
    9. PPC — Prenatal and Postpartum Care
    10. WCC — Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - **Administrative measures (service gaps closed by claims):**
    1. AMM — Antidepressant Medication Management
    2. CWP — Appropriate Testing for Children with Pharyngitis
    3. URI — Appropriate Treatment for Children with Upper Respiratory Infections
    4. AAB — Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
    5. FUH — Follow-Up After Hospitalization for Mental Illness
    6. ADD — Follow-Up Care for Children Prescribed ADHD Medication
    7. IET — Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
    8. MMA — Medication Management for People with Asthma
    9. PCE — Pharmacotherapy Management of COPD Exacerbation
    10. SPR — Use of Spirometry Testing in the Assessment and Diagnosis of COPD
    11. LBP — Use of Imaging Studies for Low Back Pain

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HEDIS

Hybrid data collection method

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Adolescent Well-Care Visits (AWC)

This HEDIS measure looks at percentage of enrolled members ages 12 to 21 years who have had at least one annual comprehensive well-care visit with a PCP or OB/GYN during the measurement year.

Record your efforts
Follow the American Academy of Pediatrics guidelines and Bright Futures Recommendations for comprehensive well-care visits:

- Indicate in your medical record that the office visit was specifically for a well-care exam and include the visit date. Do not include services rendered during an inpatient or emergency department (ED) visit or that are specific to the assessment or treatment of an acute or chronic condition.
- Document each well visit in the member’s medical record and make sure your medical records reflect all of the following:
  - A health and developmental history (both physical and mental developmental histories)
  - A physical exam
  - Health education and anticipatory guidance

Codes to identify comprehensive well-care visits:

<table>
<thead>
<tr>
<th>CPT</th>
<th>ICD-10</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99384, 99385, 99394, 99395</td>
<td>Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9</td>
<td>G0438, G0439</td>
</tr>
</tbody>
</table>

(If you encounter abnormalities or address a pre-existing problem or perform other evaluations during a well-child visit or preventive care services and the problem/abnormality is significant enough to require additional work or referral to perform the key components, use the appropriate visit codes.)

Helpful tips

- Regularly use your member roster to contact members who need an annual exam soon or are new to your practice.
- Send appointment reminders by text, email, postcard or calls. These work well for most parents/young adults.
- Ask your Provider Relations representative if missed well-care opportunity reports are available.
- If you use an electronic medical record (EMR), create a flag to track members due for an upcoming preventive screening and contact them.
- If you do not use an EMR, create a manual tracking method.
- Complete annual health checks during sick visits and sports physicals. These may be missed opportunities for screenings.
- Consider offering office hours into the evening, early morning or weekends to accommodate working parents and young adults as well as children involved in after-school activities.
- Consider having a teen night at your practice to educate them about the importance of health, nutrition, well visits and other teen health-related topics.

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How can we help?
We can help you bring our members in for their well visits by:
  • Keeping you up-to-date on members overdue for services.
  • Assisting with patient scheduling (if available).
  • Encouraging preventive care through our programs.

Contact your Provider Relations representative with any questions.

Notes
Adult BMI Assessment (ABA)

This HEDIS measure looks at members ages 18 to 74 years who had an outpatient visit with documentation of weight and body mass index (BMI) value during the year or year prior. Members younger than age 20 must have a height, weight and a BMI percentile documented and/or plotted on a BMI chart.

Record your efforts
Make sure your medical records reflect all of the following:
- The date of the outpatient visit
- The weight and BMI value of the patient ages 20 to 74 years
- For members younger than age 20, include:
  - BMI percentile documented as a value (for example, 85th percentile) and/or plotted and dated on an age-growth BMI chart
  - Height and weight

Codes to identify outpatient visits:

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
</tbody>
</table>

Codes to identify BMI:

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI codes</td>
<td>For those over the age of 20, use age-appropriate codes: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45</td>
</tr>
<tr>
<td>BMI percentile</td>
<td>For those younger than age 20: Z68.51-Z68.54</td>
</tr>
</tbody>
</table>

Helpful tips
- Discuss the importance of ideal weight, nutrition and exercise with all members.
- Document all discussions about BMI in the medical record, including documentation of any patient nutritional counseling sessions.
- Encourage your staff to use tools within the office to promote teaching on ideal BMI and chronic disease conditions related to obesity or being overweight, such as handheld cards, charts, EMR flags and educational brochures.
- Provide staff training on BMI documentation — be a health champion to your patient’s health; enhance your services in prevention of obesity.
- Annual well visits are a great time to discuss BMI assessment.
- Place posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about health screenings.
- Review your EMR or assessment forms to check for fields that document BMI. Offices that use EMRs should check whether their systems have the ability to auto calculate BMI once height and weight is entered.

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- Talk to your local Provider Relations representative if we can assist.
- The pregnancy optional exclusion should be applied to only female members.
- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?
We help you with BMI screening by:
- Distributing adult BMI charts during office site visits if available.
- Educating members on the importance of BMI screening through our programs; contact your local Provider Relations representative for information.

Other available resources
You can find more information and tools online at:

Notes
Breast Cancer Screening (BCS)

This HEDIS measure looks at women ages 50 to 74 years who had at least one mammogram to screen for breast cancer during the current year or the year prior.

Record your efforts

One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Since this measure evaluates primary breast cancer screening tomosynthesis (3-D mammography), biopsies and breast ultrasounds, MRIs will not count as primary breast cancer screening.

Codes to document mammography:

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>77055, 77056, 77057, 77061-77063, 77065-77067</td>
<td>G0202, G0204, G0206</td>
</tr>
</tbody>
</table>

Helpful tips

- Discuss mammogram screening with all female members between ages 50 to 74 years (younger if the patient has a family history of breast cancer or other risk factors). History of bilateral mastectomy or unilateral mastectomies can be documented on provider chart as member’s history.
- Conduct outreach calls to members to remind them of the importance of annual wellness visits and assist in scheduling mammograms.
- Request and retain copies of mammography results in patient’s records or tell members to make sure they ask the mammography centers to send a copy or have patient bring a copy to your office for records.
- Use your EMR to create flags or reminders for members who need a mammogram for a referral during their annual visit.
- Arrange one-on-one patient education by a health professional or trained person to discuss the importance of breast cancer screening and mammogram.
- Partner with us to discuss annual member screening and outreach events to promote preventive health care services.
- Motivate your office staff to use tools within the office to promote awareness of breast cancer screening, such as member handheld reminder cards, chart, or EMR flags and education brochures.
- Put up posters and educational messages in waiting areas; they help motivate members to initiate discussions with physicians regarding screenings.

Exclusions

Members who have had a bilateral mastectomy or two unilateral mastectomies during any time in the member’s history can be excluded:

- Absence of right breast — ICD-10: Z90.11
- Absence of left breast — ICD-10: Z90.12
- History of bilateral mastectomy — ICD-10: Z90.13

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• Unilateral mastectomy — CPT: 19180, 19200, 19220, 19240, 19303-19307
• Unilateral mastectomy right — ICD-10 PCS: 0HTT0ZZ
• Unilateral mastectomy left — ICD-10 PCS: 0HTU0ZZ
• Bilateral mastectomy — ICD-10 PCS: 0HTV0ZZ
• Bilateral modifier — 50, 09950
• Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service.

How can we help?
We help you get members in for breast cancer screenings by:
• Educating members on breast cancer screening through our health education materials if available; contact your Provider Relations representative for additional information.
• Reminding members who have not yet had their mammogram to contact their physician to schedule one. We help you meet this benchmark by:
  o Offering current Clinical Practice Guidelines on our provider self-service website.
  o Working with you to schedule member screening events to help promote mammogram screening and other preventive health care services.

Other available resources
You can find more information and tools online at www.uspreventiveservicestaskforce.org.

Notes
Cervical Cancer Screening (CCS)

This HEDIS measure looks at women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed every three years.
- Women 30 to 64 years of age who had cervical cytology/human papillomavirus (HPV) cotesting performed every five years.

Record your efforts

Make sure your medical records reflect:

- The date and type of test that was performed.
- Notes in patient’s chart if patient has a history of hysterectomy.
- Complete details if it was a complete, total, or radical abdominal or vaginal hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix.
  (Include, at a minimum, the year the surgical procedure was performed.)

Cervical cytology codes to document cervical cancer screening:

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</td>
<td>G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</td>
<td>10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</td>
</tr>
</tbody>
</table>

Note: The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

HPV tests codes:

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>87620-87622, 87624-87625</td>
<td>G0476</td>
<td>21440-3, 30167-1, 38372-9 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0</td>
</tr>
</tbody>
</table>

Exclusions

Members who have one of the following in their history can be excluded:

- Absence of cervix — ICD-10-CM: Q51.5, Z90.710, Z90.712
- Absence of cervix — ICD-10-PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ
- Absence of cervix — 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

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Helpful tips

- Discuss the importance of well-woman exams, mammograms, Pap tests and HPV testing with all female members between ages 21 to 64 years.
- Be a champion in promoting women’s health by reminding them of the importance of annual wellness visits.
- Refer members to another appropriate provider if your office does not perform Pap tests and request copies of Pap test/HPV cotesting results be sent to your office.
- Talk to your Provider Relations representative to determine if a health screening Clinic Day has been scheduled in your community. Our staff may be able to help plan, implement and evaluate events for a particular preventive screening, like a cervical cancer screening or a complete comprehensive women’s health screening event (only if this is offered in your practice area).
- Train your staff on the use of educational materials to promote cervical cancer screening.
- Use a tracking mechanism, (for example, EMR flags and/or manual tracking tool) to identify members due for cervical cancer screening.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about screening.
- Train your staff on preventive screenings or find out if we provide training.

How can we help?

We help you get our members this critical service by:

- Offering you access to our Clinical Practice Guidelines on our provider self-service website.
- Coordinating with you to plan and focus on improving health awareness for our members by providing health screenings, activities, materials and resources if available or as needed.
- Educating members on the importance of cervical cancer screening through various sources, such as phone calls, post cards, newsletters and health education fliers if available.

Contact your Provider Relations representative for any questions during office visits.

Other available resources

You can find more information and tools online at www.uspreventiveservicestaskforce.org.

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Childhood Immunizations Status (CIS)

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines on or before their second birthday.

<table>
<thead>
<tr>
<th>Immunization</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 to 3</td>
</tr>
<tr>
<td>Influenza</td>
<td>2</td>
</tr>
</tbody>
</table>

This HEDIS measure evaluates children/adolescents both male and female ages 9 to 13 who received the following immunizations by their 13th birthday:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Dose(s)</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal</td>
<td>1</td>
<td>11 to 13</td>
</tr>
<tr>
<td>Tdap</td>
<td>1</td>
<td>10 to 13</td>
</tr>
<tr>
<td>HPV (male and female adolescents)</td>
<td>2 to 3</td>
<td>9 to 13</td>
</tr>
</tbody>
</table>

Record your efforts

Once you give our members their needed immunizations, let us and the state know by:

- Recording the immunizations in your state registry.
- Documenting the immunizations (historic and current) within medical records to include:
  - A note indicating the name of the specific antigen and the date of the immunization.
  - The certificate of immunization prepared by an authorized health care provider or agency.
  - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses or seropositive test result.
  - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.

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### Codes to identify immunizations:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>CPT</th>
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</tr>
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<tbody>
<tr>
<td>DTaP</td>
<td>90698, 90700, 90723</td>
<td>20, 50, 106, 107, 110, 120</td>
</tr>
<tr>
<td>IPV</td>
<td>90698, 90713, 90723</td>
<td>10, 89, 110, 120</td>
</tr>
<tr>
<td>MMR</td>
<td>90707, 90710</td>
<td>03, 94</td>
</tr>
<tr>
<td>Measles and rubella</td>
<td>90708, 86762</td>
<td>04</td>
</tr>
<tr>
<td>Measles or mumps or rubella</td>
<td><strong>ICD-10:</strong> B05.0-4, B05.81, B05.89, B05.9</td>
<td><strong>Measles:</strong> 05</td>
</tr>
<tr>
<td></td>
<td><strong>CVX:</strong> 20, 50, 106, 107, 110, 120</td>
<td><strong>Mumps:</strong> 07</td>
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<td></td>
<td><strong>ICD-10:</strong> B26.0-3, B26.81-85, B26.89, B26.9</td>
<td><strong>Measles:</strong> 05</td>
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<td></td>
<td><strong>CVX:</strong> 10, 89, 110, 120</td>
<td><strong>Mumps:</strong> 07</td>
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<tr>
<td>Hib</td>
<td>90644, 90647, 90648, 90698, 90748</td>
<td>17, 46, 47, 48, 49, 50, 51, 120, 148</td>
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<tr>
<td>Hep B</td>
<td>90723, 90740, 90744, 90747, 90748</td>
<td>08, 44, 51, 110</td>
</tr>
<tr>
<td></td>
<td><strong>HCPCS:</strong> G0010</td>
<td><strong>ICD-10:</strong> B16.0-2, B16.9, B17.0, B18.0-1, B19.10-11</td>
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<td>VZV</td>
<td>90710, 90716</td>
<td>21, 94</td>
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<td><strong>ICD-10:</strong> B01.0, B01.11-12, B01.2, B01.81, B01.89, B01.9, B02.0-1, B02.21-24, B02.29-34, B02.39, B02.7-9</td>
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<tr>
<td>TeCV</td>
<td>90670</td>
<td>100, 133, 152</td>
</tr>
<tr>
<td></td>
<td><strong>HCPCS:</strong> G0009</td>
<td><strong>ICD-10:</strong> B16.0-2, B16.9, B17.0, B18.0-1, B19.10-11</td>
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<tr>
<td>Hep A</td>
<td>90633</td>
<td>31, 83, 85</td>
</tr>
<tr>
<td></td>
<td><strong>ICD-10:</strong> B15.0, B15.9</td>
<td><strong>ICD-10:</strong> B01.0, B01.11-12, B01.2, B01.81, B01.89, B01.9, B02.0-1, B02.21-24, B02.29-34, B02.39, B02.7-9</td>
</tr>
<tr>
<td>Rotavirus (two-or three-dose)</td>
<td><strong>Two-dose:</strong> 90681</td>
<td><strong>Two-dose:</strong> 90681</td>
</tr>
<tr>
<td></td>
<td><strong>Three-dose:</strong> 90680</td>
<td><strong>Three-dose:</strong> 90680</td>
</tr>
<tr>
<td>Influenza</td>
<td>90655, 90657, 90661, 90662, 90673, 90685, 90687</td>
<td>88, 135, 140, 141, 150, 153, 155, 161</td>
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<tr>
<td></td>
<td><strong>HCPCS:</strong> G0008</td>
<td><strong>ICD-10:</strong> B01.0, B01.11-12, B01.2, B01.81, B01.89, B01.9, B02.0-1, B02.21-24, B02.29-34, B02.39, B02.7-9</td>
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<tr>
<td>Meningococcal</td>
<td>90734</td>
<td>108, 136, 147</td>
</tr>
<tr>
<td>Tdap</td>
<td>90715</td>
<td>115</td>
</tr>
<tr>
<td>HPV</td>
<td>90649, 90650, 90651</td>
<td>62, 118, 137, 165</td>
</tr>
</tbody>
</table>

### Exclusions

- Anaphylactic reaction due to vaccination
- Disorders of the immune system
- Encephalopathy due to the vaccination
- HIV
- HIV type 2
- Intussusception
- Malignant neoplasm of lymphatic tissue
- Severe combined immunodeficiency

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Chlamydia Screening in Women (CHL)

This HEDIS measure looks at sexually active women ages 16 to 24 years who received at least one chlamydia test during the current year.

The U.S. Preventive Services Task Force and the CDC recommend screening for chlamydia at least annually for all sexually active women younger than age 25.

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. An estimated three million chlamydia infections occur annually among sexually active adolescents and young adults. Chlamydia may cause infertility if left undiagnosed or untreated.

Codes to identify chlamydia screenings:

<table>
<thead>
<tr>
<th>CPT</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>87110, 87270, 87320, 87490-87492, 87810</td>
<td>14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6</td>
</tr>
</tbody>
</table>

Note: The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips

- Urine screening for chlamydia is acceptable for all female members ages 16 years and older during adolescent well-care visits.
- Screen female members who are sexually active in this age group for chlamydia every year as part of their annual well visit.
- Take a sexual history when you see adolescents. Create an environment conducive to taking a sexual history by:
  - Making sure you have an opportunity to speak with the adolescent without her parent(s) present.
  - Reinforcing confidentiality within limits.
  - Introducing sensitive issues by starting with nonthreatening topics first and moving to more sensitive ones.
- If your office does not perform chlamydia screenings, refer members to a participating OB/GYN or other appropriate provider and have the results sent to you.

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Positive test results
- Manage positive chlamydia tests and provide treatment the same way as any other test result.
- Ensure continuity of care after a positive screening test.
- Set aside time to discuss the test result, treatment plan and the implications of a positive test result with your members.
- Educate members with positive tests on the need to inform their partner(s). Reinfection is common and may cause infertility.

How can we help?
We help you get our members in for chlamydia screenings by:
- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing you with individual reports of your members due for a chlamydia screening if needed.
- Providing resources on health education materials for your practice if available.
- Assisting with patient appointment scheduling if needed.

Contact your Provider Relations representative if you have additional questions.

Notes
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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Comprehensive Diabetes Care (CDC)

This HEDIS measure evaluates members ages 18 to 75 years with type 1 or type 2 diabetes. Each year, members with type 1 or type 2 diabetes should have:

- HbA1c testing.
- Blood pressure monitoring.
- Nephropathy screening and treatment if indicated.
- Dilated eye exam in current year or negative exam in previous year; screening result during the current year counts towards compliance.

Record your efforts

Though only the most recent result matters, document all diabetes evaluation notes, blood pressure, lab tests, nephrologist visit if indicated, treatment with ACE inhibitors/ARB and eye exam results in the member’s medical record. If exams listed above were not done as recommended, document the reasons.

Diabetes:

<table>
<thead>
<tr>
<th>ICD-10</th>
</tr>
</thead>
</table>

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Codes to identify comprehensive diabetes care:

<table>
<thead>
<tr>
<th>Services</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1C</td>
<td>83036, 83037</td>
</tr>
<tr>
<td></td>
<td>CPT CAT-II: 3044F, 3045F, 3046F</td>
</tr>
</tbody>
</table>

|                                       | HCPCS: S0620, S0621, S3000 |

| Unilateral eye enucleation (with a bilateral modifier below) | 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 |
| Unilateral eye enucleation left | HCPCS: 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ |
| Unilateral eye enucleation right | HCPCS: 08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ |
| Bilateral modifier                 | 50, 09950 |
| Blood pressure diastolic 80-89     | CPT-CAT-II: 3079F |
| Blood pressure diastolic equal to 90| CPT-CAT-II: 3080F |
| Blood pressure diastolic less than 80| CPT-CAT-II: 3078F |
| Blood pressure diastolic greater than or equal to 140 | CPT-CAT-II: 3077F |
| Blood pressure diastolic less than 140 | CPT-CAT-II: 3074F, 3075F |
| Nephropathy treatment              | CPT-CAT-II: 3066F, 4010F |
|  | ICD-10: E08.21-E08.22, E08.29, E09.21-E09.22, E09.29, E10.21-E10.22, E10.29, E11.21-E11.22, E11.29, E13.21-22, E13.29, H12.0, H12.9, H13.0, H13.10, H13.11, H13.2, H15.0, H15.1, N00.0-9, N01.0-9, N02.0-9, N03.0-9, N04.0-9, N05.0-9, N06.0-9, N07.0-9, N08, N14.0-4, N17.0-2, N17.8, N17.9, N18.1-6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-6, Q61.00-02, Q61.11, Q61.19, Q61.2-5, Q61.8, Q61.9, R80.0-3, R80.8, R80.9 |
| Urine protein tests                 | 81000-81003, 81005, 82042-82044, 84156 |
|  | CPT-CAT-II: 3060F, 3061F, 3062F |
| Outpatient visits                   | 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456 |
|  | HCPCS: G0402, G0438, G0439, G0463, T1015 |
Exclusions
- End-stage renal disease
- Kidney transplant
- Pregnancy
- Nonacute inpatient stay

Helpful tips
- For the recommended frequency of testing and screening, refer to the Clinical Practice Guidelines for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient’s screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results or any specialist referral and document on your chart.
- Draw labs in your office if accessible or refer members to a local lab for screenings.
- Refer members to the network of eye providers for their annual diabetic eye exam.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
  - Taking all prescribed medications as directed.
  - Adding regular exercise to daily activities.
  - Having the above-noted tests and screening at least once a year.
  - Having a diabetic eye exam each year with an eye care provider.
  - Regularly monitoring blood sugar and blood pressure at home.
  - Maintaining healthy weight and ideal body mass index.
  - Eating heart-healthy, low-calorie and low-fat foods.
  - Stopping smoking and avoiding second-hand smoke.
  - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
  - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?
We can help you with comprehensive diabetes care by:
- Providing online Clinical Practice Guidelines on our provider self-service website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office if available in your area.

Please contact your local Provider Relations representative for more information.

Notes
Controlling High Blood Pressure (CBP)

This HEDIS measure looks at members ages 18 to 85 years who have had a diagnosis of hypertension and whose blood pressure (BP) is regularly monitored and controlled.

Record your efforts
Document blood pressure and diagnosis of hypertension. Members whose BP is adequately controlled include:

- Members ages 18 to 59 years — < 140/90 mm Hg
- Members ages 60 to 85 years with diabetes — < 140/90 mm Hg
- Members ages 60 to 85 years without diabetes — < 150/90 mm Hg

Both systolic and diastolic values must be below stated value. Most recent BP measurement during the year counts toward compliance.

What does not count?

- If taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen
- On or one day before the day of the test or procedure with the exception of fasting blood tests
- Patient-reported BP measurements

Codes to identify hypertension:

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I10</td>
<td>3074F: systolic BP &lt; 130</td>
</tr>
<tr>
<td></td>
<td>3075F: systolic BP 130-139</td>
</tr>
<tr>
<td></td>
<td>3077F: systolic BP ≥ 140</td>
</tr>
<tr>
<td></td>
<td>3078F: diastolic BP &lt; 80,</td>
</tr>
<tr>
<td></td>
<td>3079F: diastolic BP 80-89</td>
</tr>
<tr>
<td></td>
<td>3080F: diastolic BP ≥ 90</td>
</tr>
</tbody>
</table>

Codes to identify outpatient visits:

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<tr>
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</tr>
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<tbody>
<tr>
<td>99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</td>
</tr>
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<table>
<thead>
<tr>
<th>HCPCS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
</tbody>
</table>

Helpful tips

- Improve the accuracy of BP measurements performed by your clinical staff by:
  - Providing training materials from the American Heart Association.
  - Conducting BP competency tests to validate the education of each clinical staff member.
  - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all members with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in member’s medical records.

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• Refer high-risk members to our hypertension programs for additional education and support.
• Educate members and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
  o Heart-healthy eating and a low-salt diet.
  o Smoking cessation and avoiding secondhand smoke.
  o Adding regular exercise to daily activities.
  o Home BP monitoring.
  o Ideal BMI.
  o The importance of taking all prescribed medications as directed.
• Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?
We support you in helping members control high blood pressure by:
• Providing online Clinical Practice Guidelines on our provider self-service website.
• Reaching out to our hypertensive members through our programs.
• Helping identify your hypertensive members.
• Helping you schedule, plan, implement and evaluate a health screening Clinic Day; call your Provider Relations representative to find out more.
• Educating our members on high blood pressure through health education materials if available.
• Supplying copies of healthy tips for your office.

Other available resources
You can find more information and tools online at:
• www.amga.org/research/research/Hypertension/Compendiums/novant.pdf.

Notes

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Lead Screening in Children (LSC)

This HEDIS measure looks at members who turned 2 years old during the year and had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday:
- Children must receive a lead screening blood test at 12 to 24 months of age.
- If you obtain the specimen and analyze the test in your office, you should report results to your state’s Childhood Lead Poisoning Prevention program.

Anticipatory guidance is required as part of a routine health check visit. You should cover:
- Effects of lead poisoning on children.
- Sources of lead poisoning.
- Pathways of exposure.
- How to prevent child exposure to lead hazards.
- Appropriate testing schedules for children.

Reminder: Completing a lead risk assessment questionnaire does not count as a lead screening. Completing a lead blood screening test meets compliance.

Record your efforts
When documenting lead screening, include:
- Date the test was performed.
- Results or findings.

Codes to identify lead test:

<table>
<thead>
<tr>
<th>CPT</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>83655</td>
<td>10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7</td>
</tr>
</tbody>
</table>

Note: Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips
- Draw patient’s blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff member to follow up on results when members are sent to a lab for screening.
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.
How can we help?
We help you with lead screening in children by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website

Notes

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HEDIS

Administrative data collection method

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Antidepressant Medication Management (AMM)

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective Acute Phase Treatment**: the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment**: the percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

Diagnosis codes for major depression:

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depression</td>
<td>F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</td>
</tr>
</tbody>
</table>

Codes to identify visit type:

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit</td>
<td>90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</td>
<td></td>
</tr>
<tr>
<td>ED</td>
<td>99281-99285</td>
<td></td>
</tr>
<tr>
<td>Telephone visits</td>
<td>98966-98968, 99441-99443</td>
<td></td>
</tr>
</tbody>
</table>

Helpful tips

Educate your members and their spouses, caregivers, and/or guardians about the importance of:

- Complying with long-term medications.
- Not abruptly stopping medications without consulting you.
- Contacting you immediately if they experience any unwanted/adverse reactions so that their treatment can be re-evaluated.
- Scheduling and attending follow-up appointments to review the effectiveness of their medications.
- Calling your office if they cannot get their medications refilled.
- Discuss the benefits of participating in a behavioral health case management program.
- Ask your members who have a behavioral health diagnosis to provide you access to their behavioral health records if you are their primary care provider.

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How can we help?
We help you with antidepressant medication management by:

- Offering current Clinical Practice Guidelines on our provider self-service website.

Other available resources
You can find more information and tools online at:

- www.qualitymeasures.ahrq.gov.

Notes

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Appropriate Testing for Children with Pharyngitis (CWP)

The percentage of children 3 to 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (e.g., appropriate testing).

Since there is considerable evidence that prescribing antibiotics is not the first line of treatment for cold or sore throat caused by viruses, pediatric Clinical Practice Guidelines recommend only children with lab-confirmed group A strep be treated with appropriate antibiotics. Record results of strep test.

Codes to identify pharyngitis:

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute pharyngitis</td>
<td>J02.8, J02.9</td>
</tr>
<tr>
<td>Acute tonsillitis</td>
<td>J03.00, J03.01, J03.80-J03.81, J03.90-J03.91</td>
</tr>
<tr>
<td>Streptococcal sore throat</td>
<td>J02.0</td>
</tr>
</tbody>
</table>

Codes to identify group A streptococcal tests:

<table>
<thead>
<tr>
<th>CPT</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>87070, 87071, 87081, 87430, 87650-87652, 87880</td>
<td>626-2, 5036-9, 6556-5, 6557-3, 6558-1, 6559-9, 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 60489-2, 68954-7, 78012-2</td>
</tr>
</tbody>
</table>

Note: The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

Codes to identify visit type:

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</td>
<td>G0438, G0439, G0463</td>
</tr>
<tr>
<td>ED</td>
<td>99281-99285</td>
<td></td>
</tr>
</tbody>
</table>

Exclusions

- Exclude episode dates when the member had any diagnoses other than those listed in the Pharyngitis Value Set on the same date of service, in any setting.
- Exclude ED visits or observation visits that result in an inpatient stay (Inpatient Stay Value Set). When an ED or observation visit and an inpatient stay are billed on separate claims, the visit results in an inpatient stay when the admission date for the inpatient stay occurs on the ED/observation date of service or one calendar day after. An ED or observation visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.
- Exclude Episode Dates if the member did not receive antibiotics on or three days after the Episode Date.

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Helpful tips

- If a patient tests negative for group A strep but insists on an antibiotic:
  - Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, like over-the-counter medicines.
- Educate members on the difference between bacterial and viral infections. (This is a key point in the success of this measure.)
- Document the performance of a rapid strep test or the parent or caregiver’s refusal of testing in medical records.
- Discuss with members ways to treat symptoms:
  - Get extra rest.
  - Drink plenty of fluids.
  - Use over-the-counter medications.
  - Use a cool-mist vaporizer and nasal spray for congestion.
  - Eat ice chips or use throat spray or lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:
  - Washing hands frequently.
  - Keeping an infected person’s eating utensils and drinking glasses separate from other family members.
  - Thoroughly washing an infected toddler’s toys in hot water with disinfectant soap.
  - Keeping a child diagnosed with strep throat out of school or day care until he or she has taken antibiotics for at least 24 hours and until symptoms improve.

How can we help?

We help you with appropriate testing for children with pharyngitis by:

- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing education to our members on pharyngitis through newsletters, community events and health education materials like our healthy tips fliers if available; contact your local Provider Relations representative to find out if you can request copies of healthy tips fliers for your office.

Other available resources

Visit the Centers for Disease Control and Prevention website at www.cdc.gov/getsmart for these helpful materials and more:

- Prescription Pad for Viral Infection
- Get Smart: Know When Antibiotics Work
- Cold or Flu: Antibiotics Don’t Work for You

Notes

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Appropriate Treatment for Children with Upper Respiratory Infections (URI)

This HEDIS measure looks at members ages 3 months to 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. Educating members on the difference between bacterial and viral infections is a key factor in the success of this measure; reducing unnecessary use of antibiotics is the goal of this measure.

Diagnosis codes to identify URI:

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute bronchitis due to coxsackievirus</td>
<td>J20.3</td>
</tr>
<tr>
<td>Acute bronchitis due to mycoplasma pneumonia</td>
<td>J20.4</td>
</tr>
<tr>
<td>Acute bronchitis due to hemophilus influenza</td>
<td>J20.1</td>
</tr>
<tr>
<td>Acute bronchitis due to streptococcus</td>
<td>J20.2</td>
</tr>
<tr>
<td>Bronchitis, not specified as acute or chronic</td>
<td>J40</td>
</tr>
<tr>
<td>Acute nasopharyngitis (common cold)</td>
<td>J00</td>
</tr>
<tr>
<td>Acute laryngopharyngitis</td>
<td>J06.0</td>
</tr>
<tr>
<td>Acute upper respiratory infection, unspecified</td>
<td>J06.9</td>
</tr>
<tr>
<td>Acute bronchitis due to respiratory syncytial virus</td>
<td>J20.5</td>
</tr>
<tr>
<td>Acute bronchitis due to rhinovirus</td>
<td>J20.6</td>
</tr>
<tr>
<td>Acute bronchitis due to echovirus</td>
<td>J20.7</td>
</tr>
<tr>
<td>Acute bronchitis due to other specified organisms</td>
<td>J20.8</td>
</tr>
<tr>
<td>Acute bronchitis, unspecified</td>
<td>J20.9</td>
</tr>
</tbody>
</table>

Helpful tips

- Be equipped to teach members about the real cause of their illness and explain how using antibiotics when they’re not needed can be harmful and cause antibiotic resistance.
- Educate members on the effects of frequently using antibiotics for a viral infection by using educational tools that are available.
- Post educational materials in your waiting room and treatment areas for members.
- Focus your discussion on things members can do to treat the symptoms of URI and the common cold, like:
  - Getting extra rest.
  - Drinking plenty of fluids.
  - Treating the symptoms with over-the-counter medications.
  - Using a cool mist vaporizer/nasal spray for congestion.
  - Using ice chips or throat spray/lozenges for sore throats.
- If a parent/caregiver insists on an antibiotic:
  - Refer to the illness as a common cold; parents and caregivers tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, such as an over-the-counter cough medicine.

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Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB)

Since there is considerable evidence that prescribing antibiotics for uncomplicated acute bronchitis is not indicated unless there are associated comorbid diagnoses, this HEDIS measure looks at the percentage of adults ages 18 to 64 years with a diagnosis of uncomplicated acute bronchitis who were not dispensed an antibiotic prescription.

Codes to indicate acute bronchitis:

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>J20.3</td>
<td>Outpatient visit</td>
<td>99201-99205, 99211, 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
<tr>
<td>J20.4</td>
<td>Observation</td>
<td>99217, 99218, 99219, 99220</td>
<td></td>
</tr>
<tr>
<td>J20.5</td>
<td>ED</td>
<td>99281-99285</td>
<td></td>
</tr>
<tr>
<td>J20.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J20.9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exclusions

- Members diagnosed with pharyngitis or a competing diagnosis are excluded if during the period 30 days prior to the episode date through seven days after the episode date (38 days total).
- Members with a diagnosis of the following during the 12 months prior to or on the episode date are excluded:
  - HIV
  - HIV type 2
  - Malignant neoplasms
  - Emphysema
  - Chronic obstructive pulmonary disease (COPD)
  - Cystic fibrosis
  - Comorbid conditions
  - Disorders of the immune system

Helpful tips

- If prescribing an antibiotic for a bacterial infection (or comorbid condition) in members with uncomplicated acute bronchitis, be sure to use the diagnosis code for the bacterial infection and/or comorbid condition.
- If a patient insists on an antibiotic:
  - Refer to the illness as a chest cold rather than bronchitis; members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, such as an over-the-counter cough medicine.
  - Treat with antibiotics if associated comorbid diagnosis.
How can we help?
We help you with avoidance of antibiotic treatment for adults with acute bronchitis by:

- Offering current Clinical Practice Guidelines on our provider self-service website.

Other available resources
Go to www.cdc.gov/getsmart for these helpful materials and more:

- Prescription Pad for Viral Infection
- Get Smart: Know When Antibiotics Work
- Cold or Flu: Antibiotics Don’t Work for You

Notes

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Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

This HEDIS measure evaluates members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

**Record your efforts**

An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data and a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar disorder</td>
<td>F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2,</td>
</tr>
<tr>
<td></td>
<td>F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78</td>
</tr>
<tr>
<td>Other bipolar disorders</td>
<td>F31.81, F31.89, F31.9</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose tests</td>
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<td>10450-5, 1492-8, 1494-4, 1496-9, 1499-3,</td>
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<td>80053, 80069, 82947, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0,</td>
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<td></td>
<td>82950, 82951</td>
<td>1530-5, 1533-9, 1554-5, 1557-8, 1558-6,</td>
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<td>17865-7, 20436-2, 20437-0, 20438-8,</td>
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<tr>
<td></td>
<td></td>
<td>20440-4, 26554-6, 41024-1, 49134-0,</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>6749-6, 9375-7</td>
<td>17856-6, 4548-4, 4549-2</td>
</tr>
<tr>
<td>HbA1c tests</td>
<td>83036, 83037</td>
<td>CAT-II: 3044F, 3045F, 17856-6, 4548-4, 4549-2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3046F</td>
<td></td>
</tr>
<tr>
<td>Long-acting injections</td>
<td>J0401, J1631, J2358, 17856-6, 4548-4, 4549-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>J2426, J2680, J2794</td>
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</tr>
</tbody>
</table>

Note: Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health (BH) acute inpatient</td>
<td>90791, 90792, 90832-90834, 90836-90840,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90845, 90847, 90849, 90853, 90867-90870,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>90875, 90876, 99221-99223, 99231-99233,</td>
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</tr>
<tr>
<td></td>
<td>99238, 99239, 99251-99255, 99291</td>
<td></td>
</tr>
</tbody>
</table>

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### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH nonacute inpatient</td>
<td>90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90867, 90868, 90869, 90870, 90875, 90876, 99291</td>
<td>H0017, H0018, H0019, T2048</td>
</tr>
<tr>
<td>BH stand-alone nonacute inpatient</td>
<td>99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 9326, 99327, 99328, 99334, 99335, 99336, 99337</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
<tr>
<td>BH stand-alone outpatient/PH/IOP</td>
<td>98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99412, 99510</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
<tr>
<td>Acute inpatient</td>
<td>99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
<tr>
<td>Nonacute inpatient</td>
<td>99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
<tr>
<td>Outpatient</td>
<td>99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455, 99456</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
<tr>
<td>ED</td>
<td>99281-99285</td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td>99217, 99218, 99219, 99220</td>
<td></td>
</tr>
</tbody>
</table>

### Exclusions
- Exclude members with diabetes by claim encounter data and by pharmacy data.

### Helpful tips:
- Screen your patients with schizophrenia or bipolar disorder that are taking antipsychotic medications yearly for diabetes.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- If Accessible, draw labs in your office or refer members to a local lab for screenings.

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Follow-Up After Hospitalization for Mental Illness (FUH)

This HEDIS measure evaluates members ages 6 years and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two timelines are reported. The date of discharge visit does not count:
- An outpatient visit, intensive outpatient encounter or partial hospitalization within 30 days of discharge
- An outpatient visit, intensive outpatient encounter or partial hospitalization within seven days of discharge

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUH visits group 1</td>
<td>90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90867, 90868, 90869, 90870, 90875, 90876</td>
<td></td>
</tr>
<tr>
<td>FUH visits group 2</td>
<td>99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</td>
<td></td>
</tr>
<tr>
<td>Transitional care management services</td>
<td>99495, 99496</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental illness</td>
<td>F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.8, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.4, F34.81, F34.89, F34.9, F39, F42, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9</td>
</tr>
</tbody>
</table>
Exclusions:
- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission.
- Exclude discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30-day follow-up period if the principal diagnosis was for non-mental health (any principal diagnosis code other than those included in the Mental Health Diagnosis Value Set).

Helpful tips:
- Educate your members and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage members to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach member’s families to review all discharge instructions for members and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Ask members with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- Telehealth services that are completed by a qualified mental health practitioner can be used for this measure.

How can we help?
We help you with follow-up after hospitalization for mental illness by:
- Offer current Clinical Practice Guidelines on our provider self-service website.

Other available resources
You can find more information and tools online at:

Notes

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Follow-Up Care for Children Prescribed ADHD Medication (ADD)

This measures the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- **Initiation Phase**: the percentage of members 6 to 12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase
- **Continuation and Maintenance Phase**: the percentage of members 6 to 12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended

Record your efforts

When prescribing a new ADHD medication:

- Be sure to schedule a follow-up visit right away — within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while members are still in the office.
- Have your office staff call members at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor patient’s progress.
- Be sure that follow-up visits include the diagnosis of ADHD.

Codes to identify an outpatient, intensive outpatient or partial hospitalization follow-up visit:

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
</table>

Medications for monitoring

The National Committee for Quality Assurance (NCQA) recognizes the following ADHD medications for monitoring and documentation of follow-up care in children:

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS stimulants</td>
<td>Amphetamine- Dextroamphetamine</td>
</tr>
<tr>
<td></td>
<td>Aexmethylphenidate</td>
</tr>
<tr>
<td></td>
<td>Dextroamphetamine Lisdexamfetamine</td>
</tr>
<tr>
<td></td>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Alpha-2 receptor agonists</td>
<td>Clonidine</td>
</tr>
<tr>
<td></td>
<td>Guanfacine</td>
</tr>
<tr>
<td>Miscellaneous ADHD medications</td>
<td>Atomoxetine</td>
</tr>
</tbody>
</table>

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Exclusions
Exclude members who had an inpatient encounter for mental health or chemical dependency during the 300 days after the IPSD.

Helpful tips
- Educate your members and their parents, guardians, or caregivers about the use of and compliance with long-term ADHD medications and the condition.
- Collaborate with other organizations to share information; research best practices about ADHD interventions and appropriate standards of practice and their effectiveness and safety.
- Contact your Provider Relations representative for copies of our ADHD-related patient materials.

How can we help?
We help you with follow-up care for children who are prescribed ADHD medications by:
- Providing Clinical Practice Guidelines on our provider self-service website.
- Providing the HEDIS Measure Physician Desktop Reference Guide and other helpful tools on our website.
- Helping you schedule appointments for your members if needed.
- Educating our members on ADHD through newsletters and health education fliers.

Other available resources
You can find more information and tools online at:

Notes
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

This measure monitors the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- *Initiation of AOD Treatment*: the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- *Engagement of AOD Treatment*: the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 34 days of the initiation visit.

Some of the barriers to members starting and engaging in substance abuse treatment have been identified as:

- Lack of member knowledge on importance and availability of treatment services.
- Lack of coordination of care between physical and behavioral health practitioners.
- Denial of members in addressing their alcohol or other drug dependence.
- Resistance to seeking drug and alcohol treatment due to social stigma.
- No support from family, friends, peer or other community groups.
- Little emphasis from providers in addressing these issues during a regular wellness visit.

**How can we help?**

We can help you with monitoring initiation and engagement of alcohol and other drug dependence treatment by:

- Reaching out to providers to be advocates and providing the resources to educate our members.
- Calling our behavioral health Provider Service for additional information.
- Guiding with the above noted services to drive member success in completing alcohol and other drug dependence treatment.

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Initiation and engagement of alcohol and other drug dependence treatment (IET) codes:

<table>
<thead>
<tr>
<th>Description</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>IET stand-alone outpatient visits</td>
<td><strong>CPT</strong>: 98960-98962, 99078, 99201-99205, 99211-99215, 99217, 99218, 99219, 99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510</td>
</tr>
<tr>
<td>IET visits group 1</td>
<td><strong>CPT</strong>: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876</td>
</tr>
<tr>
<td>IET visits group 2</td>
<td><strong>CPT</strong>: 99221-99223, 99231-99233, 99238, 99239, 99251-99255</td>
</tr>
<tr>
<td>IET place of service group 1</td>
<td>02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72</td>
</tr>
<tr>
<td>IET place of service group 2</td>
<td>52, 53</td>
</tr>
<tr>
<td>AOD dependence</td>
<td><strong>ICD-10</strong>: F10.10-F10.29, F10.10-F19.99</td>
</tr>
<tr>
<td>Medication assisted treatment</td>
<td><strong>HCPCS</strong>: H0020, H0033, J0571-J0575, J2315, S0109</td>
</tr>
<tr>
<td>Detoxification</td>
<td><strong>HCPCS</strong>: H0008-H0014</td>
</tr>
<tr>
<td>Detoxification</td>
<td><strong>ICD-10 PCS</strong>: HZ2ZZZZ</td>
</tr>
<tr>
<td>ED codes</td>
<td><strong>CPT</strong>: 99281-99285</td>
</tr>
<tr>
<td>Opioid abuse and dependence</td>
<td><strong>ICD-10</strong>: F11.10-F11.29</td>
</tr>
<tr>
<td>Other drug abuse and dependence</td>
<td><strong>ICD-10</strong>: F12.10-F19.29</td>
</tr>
</tbody>
</table>
Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at members to assess the following facets of prenatal and postpartum care. An inclusion criterion for this measure is live birth deliveries.

**Prenatal care:** the percentage of pregnant members who received at least one prenatal care visit as a member of the organization on the enrollment start date or within 42 days of enrollment or in the first trimester for timeliness of prenatal care.

As a PCP or OB/GYN, continuing to monitor your patient’s health for ongoing prenatal care is equally important; the member must have at least a total of 14 visits for a 40-week pregnancy.

**Postpartum care:** the percentage of members who had a postpartum visit on or between 21 and 56 days after delivery

A follow-up cesarean section postoperative visit in one to two weeks after delivery does not count as a postpartum visit. Only a visit between 21 and 56 days meets compliance for this measure.

**Record your efforts**

Make sure your medical records reflect all of the following:

- Prenatal visit dates — Most of the pregnancy/prenatal information can be documented on the American Congress of Obstetricians and Gynecologists (ACOG) sheets.
- For visits to a PCP, a diagnosis of pregnancy must be present — documentation must include the visit date and evidence of one of the following:
  - A basic physical obstetrical examination that includes one of the following:
    - Auscultation for fetal heart tone
    - Pelvic exam with obstetric observations
    - Measurement of fundus height (a standardized prenatal flow sheet may be used)
  - Prenatal care visits with:
    - Screening test/obstetric panel
    - TORCH (toxoplasmosis, rubella, cytomegalovirus, herpes simplex) antibody panel alone
    - A rubella antibody test/titer with an Rh incompatibility blood typing
    - Ultrasound/echography of a pregnant uterus
  - Last menstrual period or estimated due date with either prenatal risk assessment and counseling/education or complete obstetrical history
- The date of the postpartum visit — documentation must indicate visit date and evidence of at least one of the following:
  - Pelvic exam
  - Evaluation of weight, blood pressure, breasts and abdomen (notation of breastfeeding is acceptable for the evaluation of breasts component)
  - Notation of postpartum care (for example, postpartum care, postpartum psychosis (PP) care, PP check, six-week check or a preprinted Postpartum Care form in which

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information was documented during the visit); Remember, incision check for post cesarean does not constitute a postpartum visit.

Please note that there may be several other code possibilities for the pregnancy, prenatal visits and postpartum visits.

Codes to indicate prenatal visits:

<table>
<thead>
<tr>
<th>CPT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>59400, 59510, 59610, 59618, 59425, 59426</td>
<td>Prenatal bundled services — 59400, 59425, 59426, 59510, 59610, 59618</td>
</tr>
<tr>
<td>59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</td>
<td>Prenatal visit — 99201-99205, 99211-99215, 99241-99245 with one of the following Category II codes: 0500F, 0501F, 0502F</td>
</tr>
<tr>
<td>80055, 80081</td>
<td>OB panel — 80055, 80081</td>
</tr>
<tr>
<td>86762</td>
<td>Stand-alone prenatal visits — 99500, 0500F, 0502F</td>
</tr>
<tr>
<td>7851, 7853</td>
<td>Prenatal ultrasound — 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</td>
</tr>
<tr>
<td>86777 or 86778</td>
<td>Toxoplasma antibody</td>
</tr>
<tr>
<td>86777</td>
<td>Rubella antibody</td>
</tr>
<tr>
<td>86644</td>
<td>Cytomegalovirus antibody</td>
</tr>
<tr>
<td>86644</td>
<td>Herpes simplex antibody</td>
</tr>
<tr>
<td>86900</td>
<td>ABO</td>
</tr>
<tr>
<td>86900</td>
<td>Rh</td>
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</table>

<table>
<thead>
<tr>
<th>HCPCS</th>
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</thead>
<tbody>
<tr>
<td>G0463, T1015</td>
<td>Prenatal bundled services — H1005</td>
</tr>
<tr>
<td></td>
<td>Stand-alone prenatal visits — H1000-H1004</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOINC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Toxoplasma antibody</td>
<td>11598-0, 12261-4, 12262-2, 13286-0, 17717-0, 21570-7, 22577-1, 22580-5, 22582-1, 25584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 33422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40697-5, 40785-8, 40786-6, 41123-1, 41124-9, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8</td>
</tr>
<tr>
<td>Rubella antibody</td>
<td>13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0</td>
</tr>
<tr>
<td>Cytomegalovirus antibody</td>
<td>13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-3, 32791-6, 32835-1, 45326-6, 47307-4, 47363-7, 47430-4, 49539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52978-8, 52984-2, 59838-3, 7851-9, 7852-7, 7853-5, 9513-3</td>
</tr>
<tr>
<td>Rh</td>
<td>10331-7, 1305-2, 34961-3, 972-0, 978-7</td>
</tr>
<tr>
<td>ABO</td>
<td>57743-7, 883-9</td>
</tr>
</tbody>
</table>

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**ICD-10**

**Prenatal ultrasound** — BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ

**Pregnancy — pregnancy diagnosis ICD-10-CM:**

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O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299,
O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529,
O09.611-O09.613, O09.619, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813,
O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93,
O09.A0-O09.A3, O10.011-O10.013, O10.019, O10.02, O10.03, O10.111-O10.113, O10.119,
O10.12, O10.13, O10.211-O10.213, O10.219, O10.22, O10.23, O10.311-O10.313, O10.319,
O10.32, O10.33, O10.411-O10.413, O10.419, O10.42, O10.43, O10.911-O10.913, O10.919,
O10.92, O10.93,
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**Note:** The Logical Observation Identifier Names and Codes, LOINC are for reporting clinical observations and laboratory testing.

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**ABO and Rh** — 882-1, 884-7

**ABO and Rh** — 77397-8

**Herpes simplex antibody** — 10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16944-1,

16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4,

21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9,

30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9,

34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0,

43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8,

48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5207-7, 5203-5, 5204-3, 5205-0, 5206-8, 52076,

5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7,

7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7

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<table>
<thead>
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<th>Code</th>
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<tr>
<td>O30.019</td>
<td>Morse code tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS 2018 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare &amp; Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.</td>
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</table>
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<table>
<thead>
<tr>
<th>CPT</th>
<th>57170, 58300, 59430, 59510</th>
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<tbody>
<tr>
<td>CPT II service codes</td>
<td>0503F</td>
</tr>
<tr>
<td>Postpartum bundled services</td>
<td>59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</td>
</tr>
</tbody>
</table>

**HCPCS**

| G0101 |

**ICD-10**

| Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 |

### CPT II category codes

These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

#### CPT Category II

These codes may be used only if the claim indicates when postpartum care was rendered:

- **0500F**: initial prenatal care visit (Report at the first prenatal encounter with a health care professional providing OB care. Also report the date of visit and, in a separate field, the date of the last menstrual period.)
- **0501F**: prenatal flow sheet documented in medical record by the first prenatal visit (Documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones and estimated date of delivery. Also report the date of visit and, in a separate field, the date of the last menstrual period.) Note: If reporting 0501F, it is not necessary to report 0500F.
- **0502F**: subsequent prenatal care visit
- **0503F**

### Exclusions

- Nonlive births
- ICD-10: O00.0-O00.21, O00.8-O00.81, O00.9-O00.91, O01.0-O01.1, O01.9-O02.1, O02.81, O02.89, O02.9-.O03.2, O03.30-O03.39, O03.4-O03.7, O03.8-O03.9, O04.5-O04.7, O04.80-O04.89, O07.0-O07.2, O07.30-O07.39, O07.4, O08.0-O08.7, O08.81-O08.83, O08.89, O08.9, Z37.1, Z37.4, Z37.7
Helpful tips
- If the patient comes in one or two weeks after delivery for the removal of staples, educate her on the importance of coming back for a visit 21 to 56 days after discharge from the hospital and schedule the visit. Explain the purpose of the postpartum visit — what you will examine, discuss and why.
- Call members to schedule the postpartum visits as well as remind them of their appointment dates and times.
- Follow up with members who miss appointments and reschedule.
- Make sure the postpartum checkup date is on or between 21 and 56 days. (A day early or a day late does not count.)
- If you use a global billing code, make sure the postpartum visit date is on the claim.
- Since bundled service codes are used on the date of delivery, use only when the claim form indicates when prenatal care was initiated.
- Document all services using the ACOG forms.
- Use the provided CPT II codes to document your services, which will help reduce looking for records during HEDIS season.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?
We help you get members the postpartum care they need by:
- Posting Clinical Practice Guidelines on our provider self-service website.
- Enrolling members into our maternal programs to help you coordinate their care.
- Distributing educational materials to members we identify as pregnant or recently given birth.
- Reaching out to members to remind them of the importance of postpartum care and assisting them with making an appointment.

Other available resources
You can find more information and tools online at:

Notes
__________________________________________________________________________________________
__________________________________________________________________________________________

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Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

This HEDIS measure looks at members ages 3 to 17 years who had one or more outpatient visits with PCPs or OB/GYNs during the year and documented evidence of weight assessment, physical activity and nutritional counseling.

Three separate rates are reported:
- Height, weight and BMI percentile (not BMI value)
- Counseling for nutrition
- Counseling for physical activity with recommendations and not solely topics on sports or safety

Remember: A nutritional evaluation and anticipatory guidance are required as part of the routine health check visit.

Record your efforts
Document BMI percentile and counseling for nutrition and physical activity annually.

Make sure your records reflect:
- Date of visit.
- Weight and height.
- BMI percentile documented or plotted on an age-growth chart.
- Checklist to indicate counseling for nutrition and physical activity.

Codes to identify weight assessment, nutritional counseling and physical activity:

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>ICD-10</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI percentile</td>
<td>Z68.51-Z68.54</td>
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</tr>
<tr>
<td>Counseling for nutrition</td>
<td>97802, 97803, 97804</td>
<td>Z71.3</td>
<td>G0270, G0271, G0447, S9449, S9452, S9470</td>
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<tr>
<td>Counseling for physical activity</td>
<td>Z02.5</td>
<td></td>
<td>G0447, S9451</td>
</tr>
</tbody>
</table>

Exclusions
- Pregnancy

Helpful tips
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• Measure height and weight at least annually and document the BMI percentile in the medical record.
• Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
• Document any advice you give the patient.
• Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.
• Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.

How can we help?
We help you meet this benchmark by:
• Offering current Clinical Practice Guidelines on our provider self-service website.
• Helping identify community resources, such as health education classes that may be available in your area.

Contact your local Provider Relations representative for more information.

Notes
Well-Child Visits in the First 15 Months of Life (W15)

This HEDIS measure looks at members who have turned 15 months old and have had at least six well-child visits with a PCP. Immunizations may be an important part of these visits. Well visits must include documentation of a health and developmental history (physical and mental), a physical exam and health education/anticipatory guidance.

**Record your efforts**
- Follow the American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care periodicity schedule for well visits and services.
- Document each well visit in the member’s medical record.
- Complete all six well visits by 15 months of life.
- Confirm that your medical record documentation reflects all the following:
  - Six well-child visits with a PCP completed at least two weeks apart
  - A medical history
  - Physical and mental developmental histories
  - A physical exam
  - Health education and anticipatory guidance

**Codes to identify well-child visits:**

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381-99385,</td>
<td>G0438,</td>
<td>Z00.110, Z00.111, Z00.121,</td>
</tr>
<tr>
<td>99391-99395,</td>
<td>G0439</td>
<td>Z00.129, Z00.129, Z00.5</td>
</tr>
<tr>
<td>99461</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If you encounter abnormalities or address a pre-existing problem during a well-child visit and the problem/abnormality is significant enough to require additional work to perform the key components of problem-oriented services, please use codes as applicable.)

**Helpful tips**
- Use your member roster to contact members who are due for an exam or are new to your practice.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for a visit. If you do not use EMRs, consider creating a manual tracking method. Sick visits may be a missed opportunity for your patient to get a wellness exam.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review.

**How can we help?**
We help you meet this benchmark by:
- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.

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• Encouraging members to get preventive care through our programs. Contact your Provider Relations representative for more information.

Notes

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**Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)**

This HEDIS measure looks at members ages 3 to 6 years who had one or more comprehensive well-child visits with a PCP during the year.

**Record your efforts**
- Follow the American Academy of Pediatrics Bright Futures Recommendations for Preventive Pediatric Health Care periodicity schedule for well visits and services.
- Sick visits may be missed opportunities for your patient to get health checks; complete an annual exam during the sick visit.
- Document each well visit in the member’s medical record.
- Make sure your medical records reflect all the following:
  - A note indicating a visit to a PCP
  - The date the well-child visit occurred
  - Physical and mental developmental histories
  - A physical exam
  - Health education and anticipatory guidance

Codes to identify well-child visits:

<table>
<thead>
<tr>
<th>CPT</th>
<th>ICD-10</th>
<th>HCPCS</th>
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</thead>
<tbody>
<tr>
<td>99381-99385, 99391-99395, 99461</td>
<td>Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8</td>
<td>G0438, G0439</td>
</tr>
</tbody>
</table>

(If you encounter abnormalities or address a pre-existing problem during a well-child visit and the problem/abnormality is significant enough to require additional work to perform the key components of problem-oriented services, please use applicable codes.)

**Helpful tips**
- Use your member roster to contact members who are due for an annual exam.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your patient to get health checks.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review.

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How can we help?
We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs.
- Contacting your Provider Relations representative for more information.

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Medication Management for People with Asthma (MMA)

This HEDIS measure looks at members ages 5 to 64 years who were identified as having persistent asthma, were dispensed appropriate medications and remained on asthma controller medication during the treatment period.

Two rates are reported:
- The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period
- The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period

For members with asthma, you should:
- Prescribe controller medication.
- Educate members in identifying asthma triggers and taking controller medications.
- Create an asthma action plan (document in medical record).
- Remind members to get their controller medication filled regularly.
- Remind member not to stop taking the controller medications even if they are feeling better and are symptom-free.

<table>
<thead>
<tr>
<th>Description</th>
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<td>99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
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</tr>
<tr>
<td>Observation</td>
<td>99217, 99218, 99219, 99220</td>
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</table>

Record your efforts
Document in the member’s medical record every time you hand out an asthma medication sample by:
- Adding a note to the file.
- Including a copy of the written prescription.

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Appropriate controller and reliever medications:

### Asthma controller medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescriptions</th>
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</thead>
<tbody>
<tr>
<td>Antiasthmatic combinations</td>
<td>Dyphylline-guaifenesin¹</td>
</tr>
<tr>
<td>Antibody inhibitors</td>
<td>Omalizumab¹</td>
</tr>
<tr>
<td>Inhaled steroid combinations</td>
<td>Budesonide-formoterol²</td>
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<tr>
<td></td>
<td>Fluticasone-salmeterol²</td>
</tr>
<tr>
<td></td>
<td>Mometasone-formoterol²</td>
</tr>
<tr>
<td>Inhaled corticosteroids</td>
<td>Beclomethasone</td>
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<tr>
<td></td>
<td>Budesonide</td>
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<tr>
<td></td>
<td>Ciclesonide</td>
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<td></td>
<td>Flunisolide</td>
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<td></td>
<td>Fluticasone CFC-free</td>
</tr>
<tr>
<td></td>
<td>Mometasone</td>
</tr>
<tr>
<td>Leukotriene modifiers</td>
<td>Montelukast²</td>
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<tr>
<td></td>
<td>Zafirlukast</td>
</tr>
<tr>
<td></td>
<td>Zileuton¹</td>
</tr>
<tr>
<td>Mast cell stabilizers</td>
<td>Cromolyn</td>
</tr>
<tr>
<td>Methylxanthines</td>
<td>Dyphylline¹</td>
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<td>Theophylline</td>
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</table>

### Asthma reliever medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-acting, inhaled beta-2 agonists</td>
<td>Albuterol</td>
</tr>
<tr>
<td></td>
<td>Levalbuterol¹</td>
</tr>
<tr>
<td></td>
<td>Pirbuterol¹</td>
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</tbody>
</table>

Visit the [www.ncqa.org](http://www.ncqa.org) website for a comprehensive list of medications and NDC codes. Not all medications listed here may be in the formulary. Call the pharmacy to verify required preauthorization of the medications.

1 Prior authorization may be required.
2 Step therapy may be required.

### Exclusions

- Acute respiratory failure: ICD-10: J96.00-J96.02, J96.20-J96.22
- Chronic respiratory conditions due to fumes/vapors: ICD-10: J68.4
- COPD: ICD-10: J44.0, J44.1, J44.9
- Cystic fibrosis: ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9
- Emphysema: ICD-10: J43.0-J43.2, J43.8, J43.9
- Other emphysema: ICD-10: J98.2, J98.3

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How can we help?
We can help you keep members on track with their asthma medications by:
- Offering current Clinical Practice Guidelines on our provider self-service website.
- Providing you with individualized reporting to help you track your performance.
- Educating members on asthma control and offering your practice educational materials to hand out to members if available.
- Helping you schedule appointments for your members if needed.
- Emphasizing to your members the importance of medication compliance and controller medications.

Notes

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Pharmacotherapy Management of COPD Exacerbation (PCE)

This HEDIS measure looks at members ages 40 years and older who had an acute inpatient discharge or ED visit with a diagnosis of chronic obstructive pulmonary disease (COPD) and who were dispensed appropriate medications:

- Dispensing of a systemic corticosteroid (or evidence of an active prescription) within 14 days of the acute inpatient discharge or ED visit
- Dispensing of a bronchodilator (or evidence of an active prescription) within 30 days of the acute inpatient discharge or ED visit

Record your efforts

Make sure you schedule an appointment with your patient upon notification of an acute inpatient discharge or ED visit.

Assure that medical records reflect all of the following:

- Your review of the discharge summary along with the discharge medications for both a systemic corticosteroid and a bronchodilator.
- Schedule of regular follow-up visits to review the medication management/compliance.
- Documentation of your office staff calling the member prior to the visit to confirm.
- Record of any new prescription written at the follow-up visit.

Document in the medical record all discussions about the COPD process — medication management along with proper use of inhalers and other medications, such as systemic corticosteroids, patient compliance and availability of smoking cessation assistance. Include information on diagnosis and if visit type was ED or inpatient stay.

Codes to identify ED visits:

<table>
<thead>
<tr>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281-99285</td>
</tr>
</tbody>
</table>

ICD-10 codes to identify COPD, emphysema or chronic bronchitis:

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic bronchitis</td>
<td>J41.0, J41.1, J41.8, J42</td>
</tr>
<tr>
<td>Emphysema</td>
<td>J43.0, J43.1, J43.2, J43.8, J43.9</td>
</tr>
<tr>
<td>COPD</td>
<td>J44.0, J44.1, J44.9</td>
</tr>
</tbody>
</table>

Helpful tips

- Discuss the importance of smoking cessation; offer solutions to assist to quit.
- Offer annual flu shots in your office or inform your members of the importance of getting the vaccine and where they can get it.

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• Educate members about the use of, and compliance with, prescribed treatments:
  o Long-term medications
  o Quick-relief medications
  o Smoking cessation counseling and pharmacotherapy options
  o Breathing training
  o Oxygen treatments
  o Using meter-dose inhalers
  o Avoiding elements that trigger attacks, such as dust, pollen, smoking and secondary smoke, cold air and pets
• Encourage your staff to use tools within the office to promote smoking cessation.
• Provide staff training on proper use of inhalers and breathing techniques used in members with COPD; offer a continuing medical education course to enhance your treatment and prevention of COPD exacerbations.
• Place posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about smoking cessation.
• Talk to your local Provider Relations representative to assist you with implementing and evaluating events for a particular screening, such as spirometry testing.

How can we help?
We can help you with pharmacotherapy management of COPD exacerbation by:
• Providing Clinical Practice Guidelines on our provider self-service website.
• Coordinating with you to plan focused health prevention Clinic Days to improve health awareness by providing health screenings, activities, materials and resources.
• Educating members about COPD through health education material.

To find out more information, please contact your Provider Relations representative.

Other available resources
You can find more information and tools online at:

Notes

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Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

This HEDIS measure looks at members ages 40 years and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.

Record your efforts
Make sure your medical records reflect evidence of appropriate spirometry testing for those with newly diagnosed or newly active COPD.

Evidence can be taken from:
- Documentation of outpatient visits.
- Documentation of acute inpatient encounters, ER or observation visit.
- Documentation made for transfers or readmissions.

Codes to identify COPD:

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic bronchitis</td>
<td>J41.0, J41.1, J41.8, J42</td>
</tr>
<tr>
<td>Emphysema</td>
<td>J43.0, J43.1, J43.2, J43.8, J43.9</td>
</tr>
<tr>
<td>COPD</td>
<td>J44.0, J44.1, J44.9, J47.0, J47.1, J47.9</td>
</tr>
</tbody>
</table>

Codes to identify spirometry testing:

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirometry testing</td>
<td>94010, 94070, 94375, 94014-94016, 94375, 94620</td>
</tr>
</tbody>
</table>

Helpful tips
- Perform a spirometry test for individuals who present with dyspnea, chronic cough, increased sputum production or wheezing.
- To support a COPD diagnosis, document in the medical record spirometry testing performed prior to the initiation of pharmacotherapy treatment.
- Educate members about the use of and compliance with prescribed treatments:
  - Long-term medications
  - Quick-relief medications
  - Smoking cessation counseling
  - Breathing training
  - Oxygen treatments
  - Using meter-dose inhalers
  - Avoiding elements that trigger attacks, such as dust, pollen, smoking and secondary smoke, cold air, and pets

To find out more information, please contact your Provider Relations representative.

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How can we help?
We help you meet this benchmark by:
- Offering current Clinical Practice Guidelines on our provider self-service website.
- Coordinating with you to plan focused health prevention Clinic Days offering health screenings, activities, materials and resources if available in your region.
- Educating members about COPD through health education material.

Other available resources
You can find more information and tools online at:

Notes

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Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at members ages 18 to 50 years with a primary diagnosis of lower back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. Those who did not receive an imaging study immediately after diagnosis indicates appropriate treatment of uncomplicated lower back pain.

Record your efforts

- Consider appropriate treatment options prior to ordering diagnostic imaging studies immediately or in the first few weeks of new onset back pain if there are no red flags, such as cancer, recent trauma, neurologic impairment, HIV, spinal infections, organ transplant, prolonged use of corticosteroid or intravenous (IV) drug abuse.
- When ordering an imaging study for a red flag or other reasons, consider using the correct primary or secondary diagnosis, such as cancer, recent trauma, neoplasms, neurologic impairment, HIV, spinal infections, organ transplant, prolonged use of corticosteroid or IV drug use.

Codes to identify uncomplicated lower back pain and related visit type:

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient visit</strong> — 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
</tr>
<tr>
<td><strong>ED visit</strong> — 99281-99285</td>
<td>(Do not include if visit resulted in inpatient stay.)</td>
</tr>
<tr>
<td><strong>Observation visit</strong> — 99217, 99218, 99219, 99220</td>
<td>(Do not include if visit resulted in inpatient stay.)</td>
</tr>
<tr>
<td><strong>Osteopathic and chiropractic manipulative treatment visit</strong> — 98925-98929, 98940-98942</td>
<td></td>
</tr>
<tr>
<td><strong>Physical therapy visit</strong> — 97110, 97112, 97113, 97124, 97140, 97161-97164</td>
<td></td>
</tr>
</tbody>
</table>

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