

REVISED 02.13.2020

# HEDIS®/STARS REFERENCE GUIDE FOR PROVIDERS 2020

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<b>ADULTS</b>				
<b>Adult BMI Assessment (ABA)</b>	Members 18-74 years as of 12/31/2020	Commercial, Medi-Cal, Medicare	<p>BMI documented in 2019 or 2020.</p> <ul style="list-style-type: none"> <li>Document BMI percentile for members 19 and younger (not BMI value).</li> <li>Document BMI value for age 20+.</li> </ul>	<p>Adults 20+ yrs: ICD-10: Z68.1 - Z68.45 Pediatric up to 19 yrs: ICD-10: Z68.51-Z68.54</p> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>Make sure calculation of BMI or BMI percentile is in Medi-Cal record, along with height and weight.</li> </ul>
<b>Colorectal Cancer Screening (COL)</b>	50-75 years as of 12/31/2020	Commercial, Medicare	<p>Members who had appropriate screening for colorectal cancer:</p> <ul style="list-style-type: none"> <li><b>Fecal occult blood iFOBT/FIT</b> test in 2020</li> <li>or <b>Colonoscopy</b> in past 10 years (2010-2020)</li> </ul> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>Clearly document previous colonoscopy, including year.</li> </ul> <p>Also acceptable for this measure:</p> <ul style="list-style-type: none"> <li>gFOBT (Guiaic) (3 sample test)</li> <li>Flexible Sigmoidoscopy</li> <li>FIT-DNA (Cologuard®) (covered by Medicare and select Commercial plans only)</li> <li>Computed Tomography (CT) Colonography</li> </ul>	<p><b>iFOBT/FIT - CPT:</b> 82274 <b>HCPCS:</b> G0328 <b>Colonoscopy:</b> billed by Gastroenterologist</p> <p><b>Exclusions:</b> Colorectal cancer or total colectomy, members age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.</p>
<b>Controlling High Blood Pressure (CBP)</b>	18-85 years and Hypertensive as of 12/31/2020	Commercial, Medi-Cal, Medicare	<p>Members with &gt;=2 diagnoses of hypertension between 2018-2019 whose last blood pressure of 2020 was &lt;140/90.</p> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>Most recent BP value counts.</li> <li>Electronically submitted BP readings from patient monitoring devices are compliant.</li> <li>Use CPT II outcome codes on encounters to avoid Medi-Cal record requests.</li> <li>Retake BP at end of appointment if reading is high during initial vitals.</li> </ul>	<p><b>CPT II Codes:</b></p> <p><b>3074F</b> - Systolic &lt;130 <b>3075F</b> - Systolic 130-139 <b>3078F</b> - Diastolic less than 80 mm Hg <b>3079F</b> - Diastolic 80-89 mm Hg <b>3077F</b> - Systolic &gt;= to 140 <b>3080F</b> - Diastolic &gt;= to 90</p> <p><b>Exclusions:</b> Members in hospice, with evident ESRD; kidney transplant, diagnosis of pregnancy; had a non-acute inpatient admission, all in 2019. Age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.</p>
<b>Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART)</b>	18 years and older as of 12/31/2020	Commercial, Medi-Cal, Medicare	<p>Patients with a diagnosis of rheumatoid arthritis on two different dates of service between 1/1/20 and 11/30/20 who were dispensed a DMARD by a provider or pharmacy.</p> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>Prescribe DMARDs to patients with RA.</li> <li>Watch for osteoarthritis miscoded as RA.</li> </ul>	<p><b>DMARD prescription filled:</b> Abatacept, Adalimumab, Anakinra, Auranofin, Azathioprine, Certolizumab, Certolizumab, Cyclophosphamide, Cyclosporine, Etanercept, Gold, Golimumab, Hydroxychloroquine, Infliximab, Leflunomide, Methotrexate, Minocycline, Mycophenolate, Penicillamine, Rituximab, Sulfasalazine, Tocilizumab, Tofacitinib.</p> <p><b>Exclusions:</b> Frailty and advanced illness.</p>

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<b>ADULTS - CONTINUED</b>				
Medication Reconciliation Post-Discharge (MRP)	Hospital discharges of members 18 years (as of 12/31/2020) and older from 01/01/2020 to 12/01/2020 for whom medications were reconciled on the date of discharge through 30 days after discharge (31 days total).	Medicare	<p>Documentation in the outpatient Medi-Cal record by a PCP, registered nurse or pharmacist must include evidence of medication reconciliation (<b>within 30 days of discharge</b>) and the date when it was performed. An outpatient visit is not required.</p> <p><i>Any of the following documentation meets criteria (first two below are easiest):</i></p> <ul style="list-style-type: none"> <li>• Current medications list with a note that discharge medications were reviewed, or</li> <li>• Current medications list with a note that no meds were prescribed or ordered upon discharge, or</li> <li>• Current medications list with a notation that provider reconciled current and discharge medications, or</li> <li>• Current medications list with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications), or (see next column)</li> </ul>	<p><b>CPT II: 1111F</b></p> <p><b>Documentation continued:</b></p> <ul style="list-style-type: none"> <li>• Current medications list with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.</li> <li>• Current and discharge medication lists with note both were reviewed on same date of service.</li> <li>• Note in discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient Medi-Cal record; with evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge.</li> </ul>
<b>CHILDREN &amp; ADOLESCENTS</b>				
Adolescent Well-Care Visits (AWC)	12-21 years as of 12/31/2020	Commercial, Medi-Cal	<p>One comprehensive well-care visit with a PCP or OB/GYN in 2020 that documents the date of the visit and all of the following:</p> <ol style="list-style-type: none"> <li>1) a health history;</li> <li>2) a physical developmental history;</li> <li>3) a mental developmental history;</li> <li>4) a physical exam</li> <li>5) health education/ anticipatory guidance.</li> </ol>	<p><b>ICD-10 - Z00.121 / Z00.129 - Encounter for routine child health examination with/ without abnormal findings (age 0-17). Z00.00 or Z00.01 for adult. Z02.5 Sports Physical</b></p> <p><b>CPT Preventive codes:</b>  99384 - age 12-17, new patient  99394 - age 12-17, established patient  99385 - age 18+, new patient  99395 - age 18+, established patient</p>
Childhood Immunization Status (CIS)	Children age 2 years in 2020 who had all immunizations by their 2nd birthday	Commercial, Medi-Cal	<p>Children 2 years of age in 2020 who received these vaccines on or before their second birthday:</p> <p><b>Combo 3 -</b>  4 DTaP  3 Polio (IPV)  1 MMR  3 Influenza Type B (HiB)  3 Hepatitis B  1 chicken pox (VZV)  4 Pneumococcal conjugate (PCV)</p> <p><b>Combo 10 - includes above plus the following:</b>  1 Hepatitis A  2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq)  2 influenza vaccines</p>	<p><b>Exclusions:</b> Please refer to the 2020 HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphylactic reaction, Encephalopathy, Adverse Effects, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency or Intussusception.</p> <p><b>Best Practice:</b> Always use CAIR2 - California Immunization Registry - cairweb.org</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<b>CHILDREN &amp; ADOLESCENTS - CONTINUED</b>				
Immunizations for Adolescents (IMA)	Adolescents age 13 in 2020 who had immunizations before 13th birthday	Commercial, Medi-Cal	<p>The percentage of adolescents 13 years of age who had:</p> <p><b>Combo 1 -</b></p> <ul style="list-style-type: none"> <li>1 dose of meningococcal conjugate vaccine (MCV) given between member's 11th and 13th birthday and</li> <li>1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine given between 10th and 13th birthday</li> </ul> <p><b>Combo 2 -</b> includes above plus the following:</p> <ul style="list-style-type: none"> <li>2 or 3 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday.</li> </ul>	<p><b>Exclusions -</b> Please refer to the 2020 HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphalactic reaction, Encephalopathy and Adverse Effect. The exclusion must have occurred on or before the member's 13th birthday.</p> <p><b>Best Practice:</b></p> <ul style="list-style-type: none"> <li>Always use CAIR2 - California Immunization Registry - cairweb.org</li> </ul>
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)	3-17 years as of 12/31/2020	Commercial, Medi-Cal	<p>Outpatient visit with PCP or OB/GYN with evidence of the following in 2020:</p> <ol style="list-style-type: none"> <li>1) BMI percentile or age-growth chart with height and weight,</li> <li>2) counseling for nutrition and</li> <li>3) counseling for physical activity</li> </ol> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>PM 160 Forms and Staying Healthy Assessment Forms are compliant if documented correctly.</li> <li>Ensure templates include word "counseling."</li> <li>Be specific about health education given and topics discussed.</li> <li>Documentaton of "gave Growing up Healthy brochure" counts for both nutrition and physical activity counseling. See: <a href="https://www.dhcs.ca.gov/formsandpubs/publications/pages/chdppubs.aspx">https://www.dhcs.ca.gov/formsandpubs/publications/pages/chdppubs.aspx</a>.</li> </ul>	<p><b>BMI Percentile</b> ICD-10: Z68.51 - Z68.54</p> <p><b>Counseling for Nutrition</b> ICD-10: Z71.3</p> <p><b>Counseling for Physical Activity</b> ICD-10: Z71.82, Z02.5 HCPCS: G0447, S9451</p>
Well-Child Visits 3-6 Years (W34)	3-6 years as of 12/31/2020	Commercial, Medi-Cal	<p>One well-child visit with a PCP in 2020 that documents the date of the visit and all of the following:</p> <ol style="list-style-type: none"> <li>1) a health history;</li> <li>2) a physical developmental history;</li> <li>3) a mental developmental history;</li> <li>4) a physical exam</li> <li>5) health education/ anticipatory guidance.</li> </ol>	<p><b>ICD-10 -</b> Z00.121 / Z00.129 - Encounter for routine child health examination <b>with / without</b> abnormal findings (age 0-17) <b>Z02.5 Sports Physical</b></p> <p><b>CPT Preventive codes:</b> 99382 - age 1-4, new patient 99392 - age 1-4, established patient 99383 - age 5-11, new patient 99393 - age 5-11, established patient</p>
Well-Child Visits in the First 15 Months of Life (W15)	Turned 15 months old in 2020	Commercial, Medi-Cal	<p>Members who turned 15 months old in 2020 and who had six or more well-child visits with a PCP during their first 15 months of life. Documentation requirements for each visit are the same as AWC and W34:</p> <ol style="list-style-type: none"> <li>1) Health history</li> <li>2) Physical developmental history</li> <li>3) Mental developmental history</li> <li>4) Physical exam</li> <li>5) Health education/ anticipatory guidance</li> </ol>	<p><b>ICD-10 -</b> Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17)</p> <p><b>CPT Preventive codes:</b> 99381 - age younger than 1 year 99382 - age 1-4 new patient 99392 - age 1-4 established patient</p> <ul style="list-style-type: none"> <li>All 5 elements must be documented for each visit.</li> <li>When babies come in for vaccinations, complete the W15 components of the visit and document correctly.</li> </ul>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<b>DIABETES CARE</b>				
Comprehensive Diabetes Care (CDC) - HbA1c Control	18-75 years as of 12/31/2020 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Documentation of a hemoglobin A1c (HbA1c) blood test in 2019 with date and result.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>control &lt;8%</li> <li>poor control &gt;9%</li> </ul> <ul style="list-style-type: none"> <li>2 new CPT II codes have been added to separate HbA1c levels between 7.0 and 9.0, and 3045F has been discontinued (as of 10/1/19).</li> <li>Most recent reading during the year counts for these components.</li> </ul>	<p><b>HbA1c Tests CPT:</b> 83036 3044F - HbA1c Level &lt;7.0 <b>3051F</b> - HbA1c Level 7.0 -&lt;7.9 <b>3052F</b> - HbA1c Level 8.0 -&lt;8.9 3046F - HbA1c Level &gt;9.0</p> <p><b>NOTE: 3045F has been discontinued and is rejected effective 10/1/19.</b></p> <p><b>Exclusions for all CDC components:</b> Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.</p>
Comprehensive Diabetes Care (CDC) - HbA1c Testing	18-75 years as of 12/31/2020 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Documentation of a hemoglobin A1c (HbA1c) blood test in 2020 with date and result.</p>	<p><b>HbA1c Tests CPT:</b> 83036</p> <p><b>Exclusions for all CDC components:</b> Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.</p>
Comprehensive Diabetes Care (CDC) - Nephropathy	18-75 years as of 12/31/2020 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Nephropathy screening or monitoring test or evidence of nephropathy during 2020.</p> <p>Includes: Microalbumin urine test or visit to nephrologist or at least one ACE inhibitor or ARB dispensing event or evidence of ESRD or kidney transplant.</p>	<p><b>Evidence of Treatment for Nephropathy:</b> <b>CPT II:</b> 3066F, 4010F, 3060F-3062F</p> <p><b>Exclusions for all CDC components:</b> Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with advanced illness or dementia.</p>
Comprehensive Diabetes Care (CDC) - Retinal Eye Exam	18-75 years as of 12/31/2020 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist):</p> <ul style="list-style-type: none"> <li>A retinal or dilated eye exam by an eye care professional during 2020.</li> <li>A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2019.</li> </ul> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>3 NEW CPT II codes have been added and existing code definitions have changed as of 10/1/19.</li> <li>Use new CPT II codes in current measurement year (MY) to indicate “without retinopathy” for compliance in current and following MY.</li> <li>CPT II code 3072F can be used to indicate no retinopathy in prior year.</li> </ul> <p><b>NOTE:</b> For retinal photos, the most common code for Eye Care Professionals to use is 92250 (not to be coded by PCP). Other codes for eye professionals are available on the Retinal Eye Coding Guide.</p>	<p><b>Diabetic Retinal Screening CPT:</b> 67028 - 99245 (limited to eye care professionals)</p> <p><b>Diabetic Retinal Screening Negative:</b> <b>CPT II:</b> 3072F (negative in 2018)</p> <p><b>Diabetic Retinal Screening done by Eye Care Professional and coded by <u>any</u> Provider type - CPT II:</b></p> <p><b>2022F</b> – Face to face dilated exam with interpretation documented &amp; reviewed; with evidence of retinopathy. <b>2023F</b> – Face to face dilated exam; without evidence of retinopathy. <b>2024F</b> – 7 standard photos with interpretation documented &amp; reviewed; with evidence of retinopathy. <b>2025F</b> – 7 standard photos; without evidence of retinopathy. <b>2026F</b> – Retinal telemedicine (e.g. EyePACS) eye imaging validated to match diagnosis from 7 standard field stereo-scopic photos; with evidence of retinopathy. <b>2033F</b> – Retinal telemedicine (e.g. EyePACS) eye imaging validated to match diagnosis from 7 standard field stereo-scopic photos; without evidence of retinopathy</p> <p><b>Exclusions:</b> Gestational diabetes, steroid induced diabetes.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<b>DIABETES CARE - CONTINUED</b>				
Comprehensive Diabetes Care (CDC) - Blood Pressure Control	18-75 years as of 12/31/2020 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	<p>Members with diagnosis of diabetes whose blood pressure was &lt;140/90 by the end of 2020.</p> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>• Most recent BP value counts.</li> <li>• Use CPT II outcome codes in 2019 to avoid Medi-Cal record requests.</li> <li>• Retake BP at end of appointment if reading is high during initial vitals.</li> <li>• Electronically submitted BP readings from patient monitoring devices are compliant.</li> </ul>	<p><b>CPT II Codes:</b></p> <p>3074F - Systolic &lt;130  3075F - Systolic 130-139  3078F - Diastolic less than 80 mm Hg  3079F - Diastolic 80-89 mm Hg  3077F - Systolic &gt;/= to 140  3080F - Diastolic &gt;/= to 90</p> <p><b>Exclusions:</b> Members in hospice, with ESRD, kidney transplant or pregnancy in 2019. Age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.</p>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<b>SENIORS</b>				
Care for Older Adults (COA)	66 years and older as of 12/31/2020	Medicare SNP (Special Needs Plan) and MMP (Medicare-Medicaid Plan)	<p>Members who had each of the following during 2020:</p> <ul style="list-style-type: none"> <li>• Advance care planning</li> <li>• Medication review</li> <li>• Functional status assessment</li> <li>• Pain Assessment</li> </ul> <p><b>Best Practice:</b></p> <ul style="list-style-type: none"> <li>• Code for all components above as there is a separate rate for each measure.</li> <li>• Complete Annual Wellness Visit (AWV) for all eligible patients.</li> <li>• Documentation for Advance Care Plan must include note of discussion and date, or note that advance care plan was executed, or note that plan is in Medi-Cal record.</li> <li>• Documentation for medication review must include medication list and date it was reviewed, or note of no medications.</li> </ul>	<p><b>Advanced Care Planning:</b>  Document Present CPT II: 1157F  Discussion documented CPT II: 1158F</p> <p><b>Medication Review:</b> CPT® II: 1160F  <b>Medication List:</b> CPT® II: 1159F  Both Review and List codes must be used.</p> <p><b>Functional Status Assessment:</b>  CPT® II: 1170F</p> <p><b>Pain Assessment:</b>  Pain Present CPT II: 1125F  Pain not Present CPT II: 1126F</p>

Osteoporosis Screening and Management after Fracture (OMW)	Women 67-85 years as of 12/31/2020	Medicare	<p>Women with a fracture date between 7/1/2019 – 6/30/2020 and who had either a bone mineral density (BMD) test or dispensed prescription for a drug to treat osteoporosis <b>in the six months (180 days) after the fracture.</b></p> <p>*Does not include fractures to the fingers, toe, face or skull.</p>	<p><b>Medications:</b> Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid. Albandronate, Calcitonin, Denosumab, Raloxifene, Teriparatide.</p> <p><b>Exclusions:</b> Members age 66+ in institutional SNP or long term institution or with frailty or advanced illness or dementia. Other exclusions apply.</p>
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Use of High-Risk Medications in the Elderly (DAE)	66 years and older as of 12/31/2020	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	<p>Medicare members age 66 and older who received at least:</p> <ul style="list-style-type: none"> <li>• One dispensing event for a high-risk medication, or</li> <li>• Two dispensing events for the same high-risk medications.</li> </ul>	<p>List of medications available upon request or on page 282 of the NCQA 2020 Technical Specifications.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Some medication classes are considered high-risk in any amount, while others have a days supply or average daily dose threshold to be considered high-risk.</li> <li>• A lower rate represents better performance.</li> </ul>
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<b>WOMEN ONLY</b>				
<b>Breast Cancer Screening (BCS)</b>	Women 50-74 years as of 12/31/2020	Commercial, Medi-Cal, Medicare	<p>Women who had a mammogram to screen for breast cancer between 10/1/2018 and 12/31/2020 (at least every 27 months).</p> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>• Do not count Biopsies, ultrasounds and MRIs.</li> <li>• Breast tomosynthesis does count.</li> <li>• Code exclusions <b>every year</b> during any outpatient encounter submission.</li> <li>• Screen every other year.</li> </ul>	<p><b>CPTs:</b> 77067, 77066, 77065</p> <p><b>Exclusions:</b> Bilateral Mastectomy: Z90.13.</p>
<b>Cervical Cancer Screening (CCS)</b>	Women 21-64 years as of 12/31/2020	Commercial, Medi-Cal	<p><b>Age 21-64</b> - cervical cancer screening in 2018, 2019 or 2020 (every 3 years) with documented date and results.</p> <p>- OR -</p> <p><b>Age 30-64</b> - cervical cancer screening and HPV co-testing (every 5 years) performed between 2016 - 2020 with documented date and results.</p> <p>- OR -</p> <p><b>Age 30-64</b> - HPV only (every 5 years) performed between 2016 - 2020 with documented date and results.</p> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>• Order co-testing, not HPV reflex, for women age 30 and over.</li> <li>• Document exclusions <b>every year</b>.</li> <li>• Document "total hysterectomy" or "no cervix" or it will not count.</li> </ul>	<p><b>Cervical Cytology CPT:</b> 88142 <b>HPV Test CPT:</b> 87624 with LOINC 18500-9</p> <p><b>Exclusions:</b> Documentation of total hysterectomy with absence of cervix. Acquired Absence of cervix and uterus: Z90.712 Congenital absence of the cervix: Q51.5</p>
<b>Chlamydia Screening in Women (CHL)</b>	16-24 years as of 12/31/2020	Commercial, Medi-Cal	<p>Women identified as sexually active who had at least one test for chlamydia during 2020.</p> <p>Two methods identify sexually active: <b>(1)</b> pharmacy data (dispensed contraceptives during the measurement year) and <b>(2)</b> encounter data.</p>	<p><b>CPT:</b> 87491</p> <p><b>Best Practice:</b></p> <ul style="list-style-type: none"> <li>• Chlamydia can be tested by urine or gynecological exam.</li> <li>• Don't forget to test 15 year olds turning 16 by 12/31.</li> </ul>

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
<b>WOMEN ONLY - CONTINUED</b>				
<b>Prenatal Care, Timeliness of (PPC-Pre)</b>	<p>Live births between 10/08/2019 - 10/07/2020</p> <p>Prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment</p> <p>First trimester is defined as 280-176 days prior to delivery (or EDD).</p>	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	<p>Code the first Prenatal Visit separately, document the date, diagnosis of pregnancy and evidence of one of the following:</p> <ol style="list-style-type: none"> <li>1 A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height.</li> <li>2 Evidence that a prenatal care procedure was performed (such as OB panel or ultrasound or TORCH panel)</li> <li>3 Easiest and preferred documentation but must include pregnancy diagnosis (e.g. Z34.90) - Documentation of last menstrual period (LMP) or estimated date of delivery (EDD) in conjunction with either a prenatal risk assessment and counseling/education or a complete obstetrical history.</li> <li>4 OB/GYN: Visit must be billed with one of the following: a pregnancy diagnosis, obstetric panel, prenatal ultrasound, rubella/Rh or rubella/PBO. Or a prenatal visit billed with all of the following: toxoplasma antibody, rubella, cytomegalovirus, and herpes simplex.</li> </ol>	<p><b>Procedure codes:</b></p> <p><b>Prenatal visit during first trimester CPT:</b> 99201-99205, 99211-99215, 99241-99245</p> <p><b>CPT II:</b> 0500F</p> <p><b>OB panel:</b> 80055</p> <p><b>Prenatal ultrasound:</b> 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>• For E&amp;M codes to count they must be paired with a pregnancy diagnosis (e.g. Z34.90), ultrasound or labs.</li> <li>• Perform prenatal care visit on same day of the positive pregnancy test.</li> <li>• Documentation must include PCP visit date, diagnosis of pregnancy and required exams.</li> <li>• Ensure that pregnant and recently delivered patients get priority for appointments.</li> <li>• For visits to a PCP, a diagnosis of pregnancy must be present.</li> <li>• Services may be provided by PCP, OBGYN, other family care practitioner or Midwife.</li> </ul>
<b>Postpartum Care (PPC-Post)</b>	<p>Live births between 10/08/2019 - 10/07/2020</p> <p>Postpartum visit between 7 and 84 days after delivery.</p>	Commercial, Medi-Cal	<p>Documentation of a postpartum visit on or between 7 and 84 days after delivery and must include one of the following:</p> <ul style="list-style-type: none"> <li>• Notation of postpartum care, including, but not limited to, notation of "postpartum care," "PP care," "PP check," "6-week check," or preprinted "postpartum care" form (easiest and preferred documentation).</li> <li>• Pelvic exam.</li> <li>• Evaluation of weight, BP, breasts and abdomen.</li> </ul> <p><b>Best Practices:</b></p> <ul style="list-style-type: none"> <li>• Make sure to indicate visit date and notate "postpartum care."</li> <li>• Schedule both early (first 3 weeks) and late (4-8 weeks) postpartum visits before mother and baby leave the hospital.</li> <li>• Offer home visit for postpartum.</li> <li>• CPSP (Comprehensive Perinatal Services Program) postpartum visit code Z1038 crosswalks to CPT II code 0503F. Best practice is to bill both codes.</li> <li>• Incision check for post C-section does not constitute a postpartum visit.</li> </ul>	<p><b>Postpartum CPT II:</b> 0503F</p> <p><b>Postpartum Visit ICD-10CM:</b> Z39.2</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Global CPT codes may not reflect when postpartum care was rendered.</li> <li>• Z39.2 is the preferred ICD10 code that can be attached to any E&amp;M code.</li> </ul> <p>Other Prenatal/Postpartum measures include:</p> <ol style="list-style-type: none"> <li>(1) Prenatal Depression Screening and Follow-Up (PND)</li> <li>(2) Postpartum Depression Screening and Follow-Up (PDS)</li> <li>(3) Prenatal Immunization Status (PRS) (first year measure)</li> </ol>



## PHARMACY MEASURES

The Managed Care Accountability Sets (MCAS), previously known as the External Accountability Set (EAS), is a set of performance measures that DHCS (Department of Health Care Services) selects for annual reporting by Medi-Cal managed care health plans (MCPs). In addition to the measures above, you are expected to perform at the minimum performance level (MPL) for the pharmacy measures below:

Antidepressant Medication Management (AMM)	18 yrs as of 04/30/2020 and older	Commercial, Medi-Cal, Medicare	<p>Members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment during the intake period from 5/1/2019 - 4/30/2020.</p> <p><b>Two rates are reported.</b></p> <p><b>1 Effective Acute Phase Treatment.</b> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p><b>2 Effective Continuation Phase Treatment.</b> The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).</p>	Pharmacy data determines this measure.
Asthma Medication Ratio (AMR)	5-64 years as of 12/31/2020	Commercial, Medi-Cal	<p>Members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>	<p>Pharmacy data determines this measure.</p> <p><b>Exclusions:</b> Hospice, Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory conditions due to Fumes or Vapors, Cystic Fibrosis and Acute Respiratory Failure.</p>
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	18-64 years as of 12/31/2020	Medi-Cal	<p>Members with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</p>	Pharmacy data determines this measure.
Metabolic Monitoring for Children and Adolescents (APM)	1-17 years as of 12/31/2020	Commercial, Medi-Cal	<p>The percentage of children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:</p> <p><b>1</b> The percentage of children and adolescents on antipsychotics who received <u>blood glucose</u> testing.</p> <p><b>2</b> The percentage of children and adolescents on antipsychotics who received <u>cholesterol</u> testing.</p> <p><b>3</b> The percentage of children and adolescents on antipsychotics who received <u>blood glucose</u> and <u>cholesterol</u> testing.</p>	Pharmacy data determines this measure.

## PLEASE NOTE

*Information above is subject to change.*

This list is not a complete list of all HEDIS measures. The codes listed above are SAMPLE CODES.

Please refer to HEDIS 2020 Volume 2 Technical Specifications for Health Plans and NCQA's HEDIS 2020 Value Set Directory for a complete list.

Member Satisfaction Surveys (CAHPS) are part of HEDIS and some P4P Programs.