



## HEDIS® Measurement Year 2020 At-A-Glance:

# Key Adult Measures

WellCare values everything you do to deliver quality healthcare for our members – your patients. This easy-to-use HEDIS® At-A-Glance Guide gives you the tools to meet, document and code HEDIS Measures. Together, we can improve our quality scores and Star Ratings by ensuring optimum care and service to our members. Please contact your WellCare representative if you need more information or have any questions. Quality care is a team effort. Thank you for playing a starring role!

\*Measurement Year 2020

### Visits

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Adult Access to Preventive/Ambulatory Health Services (AAP)</b></p> <p>Members who had an ambulatory or preventive care visit during the measurement year.</p> <p><b>Medicare Advantage</b></p> <ul style="list-style-type: none"> <li>One-time Welcome to Medicare Visit</li> <li>One Annual Wellness Visit</li> </ul> <p><b>Ages:</b> 20 years and older</p> <p><b>Allowable Time Frame:</b> Measurement year*</p>	<p>Medicaid and Medicare: One or more ambulatory or preventive care visits during the measurement year.</p>	<p><b>ICD-10-Dx:</b></p> <p>General Medical Exam: Z00.00, Z00.01</p> <p><b>CPT Codes:</b></p> <p>18–39 Years Old: 99385, 99395  40–64 Years Old: 99386, 99396  65+ Years: 99387, 99397</p> <p><b>Online Assessments:</b> 98969-98972, 99421-99423, 99444, 99457, G0071</p> <p><b>Telephone Visits:</b> 98966-98968, 99441-99443</p> <p><b>Medicare Advantage</b></p> <p><b>HCPCS:</b></p> <p>Initial Welcome to Medicare Visit: G0402  Annual Wellness: G0438  Subsequent Annual Wellness: G0439</p>

### Assessment & Screening

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Breast Cancer Screening (BCS)</b></p> <p>Women who had one or more mammograms to screen for breast cancer during the measurement year or the two years prior.</p> <p><b>Ages:</b> 50–74 years (Women)</p> <p><b>STAR Weight:</b> 1</p> <p><b>Allowable Time Frame:</b> Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year</p>	<p>Include documentation of mammogram or exclusions. This measure is to evaluate preventive screening. Do not count biopsies, breast ultrasounds or MRIs as they are not appropriate methods for primary breast cancer screening.</p> <p><b>EXCLUSIONS:</b> Women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart.</p>	<p><b>CPT Codes:</b> 77055-77057, 77061-77063, 77065-77067</p> <p><b>HCPCS:</b> G0202, G0204, G0206</p>

★ **Indicates STAR Measure.** This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment.

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# Assessment & Screening

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Chlamydia Screening (CHL)</b></p> <p>Women who were identified as sexually active and who had at least one chlamydia test in the measurement year.</p> <p>Report two age stratifications and a total rate:</p> <ul style="list-style-type: none"> <li>• 16–20 years</li> <li>• 21–24 years</li> <li>• Total</li> </ul> <p><i>Allowable Time Frame: Measurement year*</i></p>	<ul style="list-style-type: none"> <li>• May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis</li> <li>• A note indicating the date the test was performed and the result or finding</li> </ul>	<p><b>CPT Codes:</b> 87110, 87270, 87320, 87490-87492, 87810</p>
<p><b>Cervical Cancer Screening (CCS)</b></p> <p>Women who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> <li>• <b>Ages:</b> 21–64 who had cervical cytology (PAP) performed within the last 3 years</li> <li>• <b>Ages:</b> 30–64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last 5 years</li> <li>• <b>Ages:</b> 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last 5 years</li> </ul> <p><i>Allowable Time Frame:</i>  <i>PAP: Measurement year and 2 prior years*</i>  <i>HPV: Measurement year and 4 prior years*</i></p>	<p>A note indicating the date the test was performed and the result or finding.</p> <ul style="list-style-type: none"> <li>• Labs that indicate the sample was inadequate or “no cervical cells were present” cannot be counted</li> <li>• Biopsies cannot be counted</li> </ul> <p><b>EXCLUSION:</b> Documentation of hysterectomy alone does not meet criteria, because it is not sufficient evidence the cervix was removed.</p> <p><b>Acceptable Documentation:</b></p> <ul style="list-style-type: none"> <li>• Complete, Total or Radical hysterectomy</li> <li>• Vaginal hysterectomy</li> <li>• Vaginal pap smear in conjunction with documentation of hysterectomy</li> <li>• Hysterectomy in combination with documentation the patient no longer needs Pap testing/Cervical Cancer screening</li> </ul>	<p><b>Cervical Cytology:</b>  <b>CPT Codes:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175  <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091  <b>HPV Tests:</b> 87620-87622, 87624, 87625  <b>HCPCS:</b> G0476</p>
<p><b>Colorectal Cancer Screening (COL)</b></p> <p>Those members who received one or more of the following screenings:</p> <ul style="list-style-type: none"> <li>• Colonoscopy <ul style="list-style-type: none"> <li>• <i>Allowable Time Frame:</i> <i>Measurement year or 9 prior years</i></li> </ul> </li> <li>• Flexible Sigmoidoscopy <ul style="list-style-type: none"> <li>• <i>Allowable Time Frame:</i> <i>Measurement year or 4 prior years</i></li> </ul> </li> <li>• CT Colonography <ul style="list-style-type: none"> <li>• <i>Allowable Time Frame:</i> <i>Measurement year or 4 prior years</i></li> </ul> </li> <li>• FIT-DNA/Cologuard: <ul style="list-style-type: none"> <li>• <i>Allowable Time Frame:</i> <i>Measurement year or 2 prior years</i></li> </ul> </li> <li>• Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) <ul style="list-style-type: none"> <li>• <i>Allowable Time Frame:</i> <i>Measurement year</i></li> </ul> </li> </ul> <p><b>STAR Weight: 1</b></p> <p><b>Ages:</b> 50–75 years</p>	<p>A note indicating the date the test was performed. A result is not required if the documentation is clearly part of the medical history section of the record. If it is not clear, the result or finding must also be present.</p> <p>Digital rectal exams do not count. FOBT tests performed in the office setting or performed on a sample collected via DRE do not count.</p> <p><b>EXCLUSIONS:</b> Those with diagnosis of colorectal cancer or total colectomy.</p>	<p><b>Colonoscopy:</b> 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398  <b>HCPCS:</b> G0105, G0121</p> <p><b>Flexible Sigmoidoscopy:</b> 45330-45335, 45337-45342, 45345-45347, 45349, 45350  <b>HCPCS:</b> G0104</p> <p><b>CT Colonography:</b> 74261-74263</p> <p><b>FIT-DNA/Cologuard:</b> 81528  <b>HCPCS:</b> G0464</p> <p><b>FOBT:</b> 82270, 82274  <b>HCPCS:</b> G0328</p>

## Respiratory

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Appropriate Testing for Pharyngitis (CWP)</b> Members diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.</p> <p><b>Ages:</b> 3 years and older</p> <p><b>Allowable Time Frame:</b> <i>July 1 of year prior to measurement year through June 30 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>• Rapid Strep Test can be performed in office. If negative, a throat culture should be done and sent to lab for analysis.</li> <li>• The group A Strep test should be in the 7-day period from the 3 days prior through 3 days after the episode date.</li> </ul>	<p><b>CPT Codes:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p><b>ICD-10-Dx Codes:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p>

## Blood Pressure

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Controlling High Blood Pressure (CBP)</b> Those with a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled.</p> <p>&lt;140/&lt;90 or Systolic &lt;140 and Diastolic &lt;90</p> <p><b>STAR Weight: N/A for 2020</b></p> <p><b>Ages:</b> 18–85 BP</p> <p><b>Allowable Time Frame:</b> <i>Jan. 1–Dec. 31 of measurement year*</i></p> <p>Members who had at least two visits on different dates of service with a diagnosis of hypertension on or between January 1 of the prior year to June 30 of the measurement year. Visit type need not be the same for the two visits. Any combination of outpatient visit, telephone visit, online assessment, or telehealth visit meets criteria.</p>	<p>Documentation:</p> <ul style="list-style-type: none"> <li>• The <b>most recent BP reading during the measurement year</b> on or after the second diagnosis of hypertension. BP must be the last of the year. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, record the lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading.</li> <li>• If the BP reading is high at the beginning of the visit, retake it at the end of the visit and record the lowest systolic and diastolic reading.</li> <li>• Member-reported blood pressure readings are acceptable if obtained by a digital device.</li> </ul> <p><b>EXCLUSIONS:</b></p> <ul style="list-style-type: none"> <li>• Diagnosis of pregnancy in the measurement year</li> <li>• Non-acute admission in the measurement year</li> <li>• Evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the member's history through December 31 of the measurement year.</li> </ul>	<p><b>CPT Codes:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</p> <p><b>CPT II:</b> Systolic: &lt;130: 3074F; 130-139: 3075F; ≥140: 3077F Diastolic: &lt;80: 3078F; 80-89: 3079F; ≥90: 3080F</p> <p><b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b>Remote BP Monitoring:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p><b>Online Assessments:</b> 98969-98972, 99421-99423, 99444, 99457, G0071</p> <p><b>Telephone Visits:</b> 98966-98968, 99441-99443</p>

# Diabetes

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Comprehensive Diabetes Care (CDC)</b> Members with diabetes (type 1 and type 2) who had each of the following:</p> <p><b>HbA1c Controlled</b> <b>STAR Weight: 3</b> <i>Allowable Time Frame: Measurement year*</i></p> <p><b>Eye Exam (Retinal or Dilated) Performed</b> <b>STAR Weight: 1</b> <i>Allowable Time Frame: Measurement year or a negative exam in the prior year*</i></p> <p><b>Kidney Disease Monitoring</b> <b>STAR Weight: 1</b> <i>Allowable Time Frame: Measurement year*</i></p> <p><b>Blood Pressure Controlled</b> Systolic &lt;140 and Diastolic &lt;90 <b>No Star Weight</b> <i>Allowable Time Frame: Measurement year*</i> Ages: 18–75 years</p>	<p>Blood and or urine samples should be sent to lab and/or vendor for analysis.</p> <ul style="list-style-type: none"> <li>• Notation of the <b>most recent</b> HbA1c screening (expanded to include glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin) and result performed in current year</li> <li>• A retinal or dilated eye exam by an optometrist or ophthalmologist in current year, or a negative retinal or dilated exam (negative for retinopathy) done by an optometrist or ophthalmologist in previous year. A bilateral eye enucleation anytime during members history through Dec 31 of the measurement year.</li> <li>• A nephropathy screening-urine test for protein/albumin/microalbumin with a date and result.</li> <li>• Prescribed ACE/ARB therapy.</li> <li>• Documentation of a renal transplant.</li> <li>• Notation of the <b>most recent</b> BP in the medical record. Member-reported blood pressure readings are acceptable if obtained by a digital device.</li> </ul> <p><b>EXCLUSIONS:</b> Member with a diagnosis of polycystic ovarian syndrome, gestational or steroid-induced diabetes who do NOT have a diagnosis of diabetes in the measurement year or the year prior.</p>	<p><b>HbA1c</b> <b>CPT Codes:</b> 83036, 83037 <b>CPT II Codes:</b> &lt;7%: 3044F ≥7%-&lt;8: 3051F ≥8%-≤9%: 3052F &gt;9%: 3046F</p> <p><b>ICD-10-Dx:</b> Use appropriate code family: E or O</p> <p><b>Eye Exam (Retinal) Performed</b> <b>Diabetic Retinal Screening Negative in prior year-CPT II:</b> 3072F <b>Diabetic Retinal Screening With Eye Care Professional with Retinopathy-CPT II Codes:</b> 2022F, 2024F, 2026F <b>Diabetic Retinal Screening with Eye Care Professional without Retinopathy - CPT II Codes:</b> 2023F, 2025F, 2033F</p> <p><b>Kidney Disease Monitoring</b> <b>ICD-10-Dx:</b> Use appropriate code family: E, I, N, Q, R <b>CPT Codes:</b> 81000-81003, 81005, 82042-82044, 84156 <b>CPT II Codes:</b> 3060F, 3061F, 3062F, 3066F, 4010F</p> <p><b>Control of Blood Pressure</b> <b>Systolic:</b> &lt;130: 3074F; 130–139: 3075F; ≥140: 3077F <b>Diastolic:</b> &lt;80: 3078F; 80-89: 3079F; ≥90: 3080F</p> <p><b>Remote BP Monitoring:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474 <b>Online Assessments:</b> 98969-98972, 99421-99423, 99444, 99457, G0071 <b>Telehealth POS:</b> 02 <b>Telephone Visits:</b> 98966-98968, 99441-99443</p>

# Medications

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Transition of Care (TRC)</b> The percentage of discharges for members who had each of the following.</p> <p><b>Notification of Inpatient Admission</b> <b>No Star Weight</b> Documentation of receipt of inpatient admission on the day of admission through 2 days after the admission (3 total days).</p> <p><b>Receipt of Discharge Information</b> <b>No Star Weight</b> Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).</p> <p><b>Patient Engagement After Inpatient Discharge</b> <b>No Star Weight</b> Documentation of patient engagement provided within 30 days after discharge (30 total days).</p> <p><b>Medication Reconciliation Post-Discharge</b> <b>Star Weight: 1</b> Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).</p> <p><b>Ages:</b> 18 years and older</p> <p><b>Allowable Time Frame:</b> Jan. 1-Dec. 1 of the measurement year</p>	<p><b>Notification of Inpatient Admission</b> Date of notification must show that the provider responsible for the member's care was notified.</p> <p><b>Receipt of Discharge Information</b></p> <ul style="list-style-type: none"> <li>• Date of notification must be evident</li> <li>• Notification must include: <ul style="list-style-type: none"> <li>– The practitioner responsible for the member's care during the inpatient stay</li> <li>– Procedures or treatment provided</li> <li>– Diagnoses at discharge</li> <li>– Current medication list</li> <li>– Testing results, or documentation of pending tests or no tests pending</li> <li>– Instructions for patient care post-discharge</li> </ul> </li> </ul> <p><b>Patient Engagement After Inpatient Discharge</b></p> <ul style="list-style-type: none"> <li>• Any of the following meet criteria: <ul style="list-style-type: none"> <li>– An outpatient visit, including office visits and home visits</li> <li>– A telephone visit</li> <li>– A synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication</li> <li>– An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not real-time, occurred between the member and provider)</li> </ul> </li> </ul> <p><b>Medication Reconciliation Post-Discharge</b></p> <ul style="list-style-type: none"> <li>• Documentation of a current Medication List AND any of the following on or within 30 days of discharge: <ul style="list-style-type: none"> <li>– Documentation of the current medications with evidence the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review</li> <li>– Discharge and current medications were reviewed and reconciled</li> <li>– Current medications were reviewed with reference to discharge medication status (e.g., no changes)</li> <li>– No medication changes or additions were prescribed upon discharge</li> </ul> </li> </ul>	<p><b>Notification of Inpatient Admission:</b> No applicable codes</p> <p><b>Receipt of Discharge Notification:</b> No applicable codes</p> <p><b>Patient Engagement After Inpatient Discharge</b> <b>CPT Codes:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b>Medication Reconciliation Post-Discharge</b> <b>CPT Codes:</b> 99382, 99495, 99496 <b>CPT II Code:</b> I111F <b>Online Assessments:</b> 98969-98972, 99421-99423, 99444, 99457, G0071 <b>Telephone Visits:</b> 98966-98968, 99441-99443</p>

## Access to Care

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Prenatal and Postpartum Care (PPC)</b></p> <p>The percentage of deliveries of live births between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> <li>• <b>Timeliness of Prenatal Care:</b> The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Prenatal care visit includes a visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.</li> <li>• <b>Postpartum Care:</b> Postpartum visit includes a visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7 and 84 days after delivery.</li> </ul> <p><i>Allowable Time Frame: Measurement year and prior year*</i></p>	<p><b>Prenatal Care:</b></p> <p>Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> <li>• A basic physical OB exam with any of the following: fetal heart tone auscultation, pelvic exam with obstetric observations, fundal height measurement. Use of standardized prenatal flow sheet is acceptable.</li> <li>• Evidence that a prenatal care procedure was performed, such as: <ul style="list-style-type: none"> <li>– Obstetric panel screening test</li> <li>– TORCH antibody panel alone, or</li> <li>– A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or</li> <li>– Ultrasound of a pregnant uterus.</li> </ul> </li> <li>• Documentation indicating the woman is pregnant or references to the pregnancy: <ul style="list-style-type: none"> <li>– Documentation in a standardized prenatal flow sheet</li> <li>– Documentation of LMP, EDD or gestational age</li> <li>– A positive pregnancy test result</li> <li>– Documentation of gravidity and parity</li> <li>– Documentation of complete obstetrical history</li> <li>– Documentation of prenatal risk assessment and counseling/education.</li> </ul> </li> </ul> <p>A PAP test alone does not meet criteria for prenatal care.</p> <p><b>Postpartum Care:</b></p> <p>Documentation must include a note indicating the date when a postpartum visit occurred and one of the following:</p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of weight, BP, breasts and abdomen (must have all 4). <ul style="list-style-type: none"> <li>– Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.</li> </ul> </li> <li>• Notation of postpartum care, including, but not limited to: <ul style="list-style-type: none"> <li>– Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”</li> <li>– A preprinted “Postpartum Care” form in which information was documented during the visit.</li> </ul> </li> <li>• Perineal or cesarean incision/wound check</li> <li>• Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.</li> <li>• Glucose screening for women with gestational diabetes.</li> <li>• Documentation of any of the following topics: <ul style="list-style-type: none"> <li>– Infant care or breastfeeding</li> <li>– Resumption of intercourse, birth spacing or family planning</li> <li>– Sleep/fatigue</li> <li>– Resumption of physical activity</li> <li>– Attainment of healthy weight</li> </ul> </li> </ul> <p>A PAP test ALONE is acceptable documentation for the postpartum visit, if it is in conjunction with a visit in the acceptable time frame with an appropriate provider type as it provides evidence of a pelvic exam.</p>	<p><b>Prenatal Care</b></p> <p><b>ICD-10 Dx:</b> Use appropriate code family: O  Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9</p> <p><b>CPT Codes:</b></p> <p><b>E/M:</b> 99201-99205, 99211-99215, 99241-99245, 99500</p> <p><b>Prenatal Bundled Codes:</b> 59400, 59425, 59426, 59510, 59610, 59618</p> <p><b>Postpartum Care</b></p> <p><b>ICD-10 Dx:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p><b>Postpartum Bundled:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p> <p><b>CPT Codes:</b></p> <p><b>E/M:</b> 57170, 58300, 59430, 99501</p> <p><b>Cervical Cytology:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p><b>CPT II Code:</b></p> <p><b>E/M:</b> 0503F</p> <p><b>Online Assessments:</b> 98969-98972, 99421-99423, 99444, 99457, G0071</p> <p><b>Telephone Visits:</b> 98966-98968, 99441-99443</p>