

HEDIS® Guide

Adult Quick Tips

Submit consistent, detailed claims to help reduce medical record review in your offices. Include all existing conditions on the claim at the time of each visit.

Schedule regular checkups and/or blood work for members who are on long-term medications.

Assess member compliance/adherence to long-term medication therapy.

Document in your medical record all the procedures done by other physicians, including the date performed and the result of the test. Include physician's name and specialty type (i.e., GYN).

Men's and Women's Preventive Health Visit:

One annual preventive health visit:

- CPT Codes: *Ages 18–39: 99385, 99395*
Ages 40–64: 99386, 99396
Ages 65+: 99387, 99397
- For Medicare Advantage: Initial Preventive Exam: G0402; Annual Wellness: G0438, G0439

Women's Preventive Screening:

Cervical Cancer Screening: Women ages 21–64 who had cervical cytology performed every 3 years, women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. Sample must be sent to lab vendor for analysis. Exam can be done by PCP.

Chlamydia Screening: Sexually active women ages 16–24 years should be tested with either a urine analysis or vaginal swab from the same ThinPrep used for a Pap smear. Samples must be sent to lab vendor for analysis.

Breast Cancer Screening: Women ages 50–74 years should be referred for a Screening Mammogram at least every 2 years. CPT Codes: 77055-77057, 77061, 77062, 77063, 77065, 77066, 77067



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Osteoporosis Management: Women ages 67–85 years who have had a fracture need a Bone Mineral Density Test or a prescription for appropriate osteoporosis treatment within 6 months of the fracture.

Adult Men and Women:

Colorectal Cancer Screening: Ages 50–75 years who had an FOBT in measurement year (CPT 82274,82270) or FIT-DNA Cologuard in measurement year or 2 years prior (CPT 81528) (must be sent to lab vendor for analysis); CT Colonography or Sigmoidoscopy in measurement year or 4 years prior; Colonoscopy in measurement year or 9 years prior.

Body Mass Index (BMI): To be calculated and documented at every visit. For members 20 years of age or older in the measurement year or previous year. <20 years of age, height/weight/BMI percentile in the measurement year. Please add the following Dx codes to your claim:

Adult BMI Values (ICD-10) Use for members 20 years of age or older	
19 or Less	Z68.1
20.0 to 24.9	Z68.20–Z68.24
25.0 to 29.9	Z68.25–Z68.29
30.0 to 39.9	Z68.30–Z68.39
40.0 to 44.9	Z68.41
45.0 to 49.9	Z68.42
50.0 to 59.9	Z68.43
60.0 to 69.9	Z68.44
≥70	Z68.45

Adult BMI Values (ICD-10) Use for members 18 to less than 20 years of age:	
BMI less than 5 th percentile	Z68.51
BMI less than 5 th percentile to 85 th percentile:	Z68.52
BMI less than 85 th percentile to 95 th percentile:	Z68.53
BMI greater than or equal to 95 th percentile:	Z68.54

Care of Older Adults: Ages 66+ years, an annual assessment of the following:

- **Advance Care Planning:**
Advance directives, living wills, medical POA

CPT Code	99497
CPT II Code	1157F, 1158F, 1123F, 1124F
HCPCS	S0257

- **Medication Review and List of Medication or Transitional Care Management Services:**
Prescribing practitioner or clinical pharmacist must review medications *and* have a list of medications in the medical record with the same date of service as the review of the medications. Notation that the patient is not taking medication and the date it was noted will count toward this measure.

Medication Review	
CPT Code	90863, 99605, 99606
CTP II Code	1160F
Medication List	
CPT II Code	1159F
HCPCS	G8427

- **Functional Status Assessment:** Documentation of ADLs, IADLs, cognitive status, ambulation status, sensory ability. CPT II Code: 1170F
- **Pain Assessment:** Notation of a comprehensive pain assessment or notation of no pain and documentation of any interventions to alleviate the pain. CPT II Code: 1125F, 1126F

Medication Reconciliation Post-Discharge:
Ages 18 years and older, who have had an inpatient admission, should be seen within 30 days of discharge and the discharge medications should be reviewed with their current medications, including a list of the current medications.

Transitional Care Management Services (7 days) CPT Code	99496
Transitional Care Management Services (14 days) CPT Code	99495
CPT II Code	1111F

Appropriate Testing for Persistent Medications: Members 18 years and older who received at least 180 treatment days of ambulatory medication therapy on ACE/ARBs, or diuretics should have a serum K+ *and* a serum creatinine.

Comprehensive Diabetes Care: Annual screenings for diabetic members. Samples should be sent to lab vendor for analysis. If labs are done in the office, please use the following codes on claims for results:

HbA1c Results	
<7%	3044F
7%–9%	3045F
>9%	3046F
HbA1c Test	
CPT	83036, 83037
Nephropathy Screening	
CPT II Codes	3060F, 3061F, 3062F, 3066F, 4010F
Annual Dilated Retinal Eye Exam	
By optometrist or ophthalmologist in measurement year or negative exam in prior year.	
Blood Pressure	
Systolic BP \geq 140	3077F
Systolic BP <130	3074F
Systolic BP 130-139	3075F
Diastolic BP <80	3078F
Diastolic BP 80–89	3079F
Diastolic BP \geq 90	3080F



Quality care is a team effort.
Thank you for playing a starring role!

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.