**2020 HEDIS® 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 2019*

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| Adult Access to Preventive/Ambulatory Health Services (AAP) | Medicaid and Medicare: One or more ambulatory or preventive care visits during the measurement year. | ICD-10-Dx:  
General Medical Exam: Z00.00, Z00.01  
CPT Codes:  
18–39 Years Old: 99385, 99395  
40–64 Years Old: 99386, 99396  
65+ Years: 99387, 99397  
Online Assessments: 98969, 99444  
Telehealth Modifier: 95, GT  
Telephone Visits: 98966-98968, 99441-99443 |
| Medicare Advantage |  
• One-time Welcome to Medicare Visit  
• One Annual Wellness Visit | |
| Ages: 20 years and older  
*Performed: Measurement year* | |

| **ASSESSMENT & SCREENING** | | |
| Adult BMI Assessment (ABA) | To be calculated and documented at every visit.  
• For members ≥20, documentation must include weight and BMI value.  
• For members younger than 20, documentation must include height, weight, and a BMI percentile. (BMI values are NOT acceptable.)  
EXCLUSION: Females diagnosed as pregnant during the measurement year or year prior. | Members 20 years and older:  
Use BMI Values diagnosis codes.  
ICD-10-Dx: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45  
Members younger than 20:  
Use BMI Percentile codes.  
ICD-10-DX: Z68.51-Z68.54 |
| Those who had an outpatient visit and had their Body Mass Index (BMI) documented during the measurement year or year prior.  
STAR Weight: 1  
Ages: 18–74 years  
*Performed: Measurement year and prior year* | | Members 20 years and older:  
Use BMI Values diagnosis codes.  
ICD-10-Dx: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45  
Members younger than 20:  
Use BMI Percentile codes.  
ICD-10-DX: Z68.51-Z68.54 |

| *Breast Cancer Screening (BCS) | 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.  
EXCLUSIONS: Women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart. | CPT Codes: 77055-77057, 77061-77063, 77065-77067 |
| Women who had one or more mammograms to screen for breast cancer during the measurement year or the two years prior.  
Ages: 50–74 years (Women)  
STAR Weight: 1  
*Performed: Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year* | | |

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| **Chlamydia Screening (CHL)** | Women who were identified as sexually active and who had at least one chlamydia test in the measurement year. Report two age stratifications and a total rate:  
• 16–20 years (Women)  
• 21–24 years (Women)  
• Total (Women) | • 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  
• A note indicating the date the test was performed and the result or finding | CPT Codes: 87110, 87270, 87320, 87490-87492, 87810 |

| **Cervical Cancer Screening (CCS)** | Women who received one or more Pap tests to screen for cervical cancer in the current year or the 2 previous years:  
• Ages: 21–64 who had cervical cytology performed within the last 3 years  
• Ages: 30–64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last 5 years  
• Ages: 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last 5 years | A note indicating the date the test was performed and the result or finding.  
• Labs that indicate the sample was inadequate or “no cervical cells were present” cannot be counted  
• Biopsies cannot be counted  
EXCLUSION: Women who had a total hysterectomy with no residual cervix. Documentation of “hysterectomy” alone cannot be counted. | CPT Codes: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175  
HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091  
HPV Tests: 87620-87622, 87624, 87625  
HCPCS: G0476 |

| **Colorectal Cancer Screening (COL)** | Those members who received one or more of the following screenings:  
• Colonoscopy  
  • Performed: Jan. 1–Dec. 31 of measurement year or 9 prior years  
• Flexible Sigmoidoscopy  
  • Performed: Jan 1–Dec. 31 of measurement year or 4 prior years  
• CT Colonography  
  • Performed: Jan. 1–Dec. 31 of measurement year or 4 prior years  
• FIT-DNA/Cologuard  
  • Performed: Jan. 1–Dec. 31 of measurement year or 4 prior years  
• Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT)  
  • Performed: Jan. 1–Dec. 31  | 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.  
• Colonoscopy in current year or the 9 years prior, or  
• Flexible sigmoidoscopy in current year or the 4 years prior, or  
• CT Colonography in the current year or the 4 years prior, or  
• FIT-DNA test (Cologuard) in current year and two years prior, or  
• FOBT in current year  
EXCLUSIONS: Those with diagnosis of colorectal cancer or total colectomy. | Colonoscopy: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398  
HCPCS: G0105, G0121  
Flexible Sigmoidoscopy: 45330-45335, 45337-45342, 45345-45347, 45349, 45350  
HCPCS: G0104  
CT Colonography: 74261-74263  
FIT-DNA/Cologuard: 81528  
HCPCS: G0464  
FOBT: 82270, 82274  
HCPCS: G0328 |
### Medication Management for People with Asthma (MMA)

Those diagnosed with persistent asthma and were dispensed and remained on medications during the treatment period.

**Ages:** 5–64 years

**Performed:** Jan. 1–Dec. 31 of measurement year*

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

For a complete list of medications and NDC codes, please visit [www.ncqa.org](http://www.ncqa.org).

**CPT Codes:** 99201-99205, 99211-99215, 99217-99220, 99231-99233, 99238, 99241-99245, 99251-99255, 99281-99285, 99291, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99412, 99414, 99429, 99455, 99456, 99483

**ICD-10-Dx Codes:** J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

**Online Assessments:** 98969, 99444

**Telehealth Modifier:** 95, GT

**Telehealth POS:** 02

**Telephone Visits:** 98966-98968, 99441-99443

### Appropriate Testing for Pharyngitis (CWP)

Members diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.

**Ages:** 3 years and older

**Performed:** July 1 of year prior to measurement year through June 30 of measurement year*

- Rapid Strep Test can be performed in office. If negative, a throat culture should be done and sent to lab for analysis.
- The group A Strep test should be in the 7-day period from the 3 days prior through 3 days after the episode date.

**CPT Codes:** 87070, 87071, 87081, 87430, 87650-87652, 87880

**ICD-10-Dx Codes:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

### Controlling High Blood Pressure (CBP)

Those with a diagnosis of hypertension (HTN) and whose blood pressure (BP) was controlled.

\(<140/<90\) or Systolic \(<140\) and Diastolic \(<90\)

**STAR Weight:** N/A for 2020

**Ages:** 18–85 BP

**Performed:** Jan. 1–Dec. 31 of measurement year*

Members who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year (count services that occur over both years). Visit type need not be the same for the two visits. Only one of the two visits may be a telephone visit, an online assessment or a telehealth visit.

**Documentation:**
- The most recent BP reading during the measurement year 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, lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading.
- 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.
- BP can be taken from remote monitor devices that are digitally stored and transmitted directly to provider.

**EXCLUSIONS:**
- Diagnosis of pregnancy in the measurement year
- Non-acute admission in the measurement year
- Evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the member’s history through December 31 of the measurement year.

**CPT Codes:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99412, 99414, 99429, 99455, 99456

**CPT II:** 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

**HCPCS:** G0402, G0438, G0439, G0463, T1015

**Remote BP Monitoring:** 93784, 93785, 93790, 99091

**NEW:** 99453, 99454, 99457

**Online Assessments:** 98969, 99444

**Telephone Visits:** 98966-98968, 99441-99443
### DIABETES

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<td>Blood and or urine samples should be sent to lab and/or vendor for analysis.</td>
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| ★ HbA1c Controlled | • Notation of the most recent HbA1c screening (expanded to include glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin) and result performed in current year | HbA1c  
CPT Codes: 83036, 83037  
CPT II Codes: <7%: 3044F; 7%–9%: 3045F; >9%: 3046F NEW: ≥7%–<8%: 3051F; ≥8%–≤9%: 3052F  
ICD-10-Dx: Use appropriate code family: E or O |
| STAR Weight: 3 | • 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. | Eye Exam (Retinal) Performed  
Diabetic Retinal Screening Negative-CPT II: 3072F  
Diabetic Retinal Screening With Eye Care Professional-CPT II Codes: 2022F, 2024F, 2026F  
NEW: Without Retinopathy 2023F, 2025F, 2033F |
| Performed: Jan. 1–Dec. 31 of measurement year* | • A nephropathy screening-urine test for protein/albumin/microalbumin with a date and result. | Kidney Disease Monitoring  
ICD-10-Dx: Use appropriate code family: E, I, N, Q, R  
CPT Codes: 81000-81003, 81005, 82042-82044, 84156  
CPT II Codes: 3060F, 3061F, 3062F, 3066F, 4010F |
| ★ Eye Exam (Retinal or Dilated) Performed | • Prescribed ACE/ARB therapy. | Control of Blood Pressure  
Systolic: <140: 3074F; 130–139: 3075F; ≥140: 3077F  
Diastolic: <80: 3078F; 80–89: 3079F; ≥90: 3080F  
Remote BP Monitoring: 93784, 93788, 93790, 99091  
NEW: 99453, 99454, 99457  
Online Assessments: 98969, 99444  
Telehealth POS: 02  
Telephone Visits: 98966-98968, 99441-99443 |
| STAR Weight: 1 | • Documentation of a renal transplant. | |
| Performed: Jan. 1–Dec. 31 of measurement year* | • Notation of the most recent BP in the medical record. BP can be taken from remote monitoring devices that are digitally stored and transmitted directly to provider. | |
| ★ Kidney Disease Monitoring | EXCLUSIONS: Member with a diagnosis of gestational or steroid-induced diabetes who do NOT have a diagnosis of diabetes in the measurement year or the year prior. | |
| STAR Weight: 1 |  | |
| Performed: Jan. 1–Dec. 31 of measurement year* |  | |
| Blood Pressure Controlled |  | |
| Systolic <140 and Diastolic <90 |  | |
| No Star Weight |  | |
| Performed: Jan. 1–Dec. 31 of measurement year* |  | |
| Ages: 18–75 years |  | |

### MEDICATIONS

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| ★ Medication Reconciliation Post Discharge (MRP) | Documentation of a current Medication List AND any of the following on or within 30 days of discharge: | CPT Codes: 99483, 99495, 99496  
CPT II Code: IIIIF, 99483 |
| STAR Weight: 1 | • Documentation of the current medications with evidence the member was seen for post-discharge hospital follow up with evidence of medication reconciliation or review. |  |
| Percentage of discharges from Jan. 1 to Dec. 1 of the measurement year for whom medications were reconciled ≤30 days of discharge by PCP, PA, NP, Clinical Pharmacist or RN. | • Discharge and current medications were reviewed and reconciled |  |
| Ages: 18 years and older | • Current medications were reviewed with reference to discharge medication status (e.g., no changes) |  |
| Performed: Jan. 1–Dec. 1 of measurement year* | • No medication changes or additions were prescribed upon discharge |  |

**Blood and or urine samples should be sent to lab and/or vendor for analysis.**

- Notation of the **most recent** HbA1c screening (expanded to include glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin) and result performed in current year
- 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.
- A nephropathy screening-urine test for protein/albumin/microalbumin with a date and result.
- Prescribed ACE/ARB therapy.
- Documentation of a renal transplant.
- Notation of the **most recent** BP in the medical record. BP can be taken from remote monitoring devices that are digitally stored and transmitted directly to provider.

**EXCLUSIONS:** Member with a diagnosis of gestational or steroid-induced diabetes who do NOT have a diagnosis of diabetes in the measurement year or the year prior.

**CPT Codes:** 99483, 99495, 99496
**CPT II Code:** IIIIF, 99483

**HbA1c**
- CPT Codes: 83036, 83037
- CPT II Codes: <7%: 3044F; 7%–9%: 3045F; >9%: 3046F NEW: ≥7%–<8%: 3051F; ≥8%–≤9%: 3052F
- ICD-10-Dx: Use appropriate code family: E or O

**Eye Exam (Retinal) Performed**
- Diabetic Retinal Screening Negative-CPT II: 3072F
- Diabetic Retinal Screening With Eye Care Professional-CPT II Codes: 2022F, 2024F, 2026F
- NEW: Without Retinopathy 2023F, 2025F, 2033F

**Kidney Disease Monitoring**
- ICD-10-Dx: Use appropriate code family: E, I, N, Q, R
- CPT Codes: 81000-81003, 81005, 82042-82044, 84156
- CPT II Codes: 3060F, 3061F, 3062F, 3066F, 4010F

**Control of Blood Pressure**
- Systolic: <140: 3074F; 130–139: 3075F; ≥140: 3077F
- Diastolic: <80: 3078F; 80–89: 3079F; ≥90: 3080F

**Remote BP Monitoring:** 93784, 93788, 93790, 99091
- NEW: 99453, 99454, 99457

**Online Assessments:** 98969, 99444

**Telehealth POS:** 02

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**HEDIS Measure**

**Prenatal and Postpartum Care (PPC)**

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.

- **Timeliness of Prenatal Care:** 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.

- **Postpartum Care:** 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.  

  *Performed: Measurement year and prior year*

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**HEDIS Tips**

**Prenatal Care:**

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:

- 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.

- Evidence that a prenatal care procedure was performed, such as:
  - Obstetric panel screening test
  - TORCH antibody panel alone, or
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
  - Ultrasound of a pregnant uterus.

- Documentation of LMP, EDD or gestational age in conjunction with either of the following:
  - Prenatal risk assessment and counseling/education
  - Complete obstetrical history.

A PAP test does not meet criteria for prenatal care.

**Postpartum Care:**

Documentation must include a note indicating the date when a postpartum visit occurred and one of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
  - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.

- Notation of postpartum care, including but not limited to:
  - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
  - A preprinted “Postpartum Care” form in which information was documented during the visit.

- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders

- Glucose screening for women with gestational diabetes

- Documentation of any of the following topics:
  - Infant care or breastfeeding
  - Resumption of intercourse, birth spacing or family planning
  - Sleep/fatigue
  - Resumption of physical activity and attainment of healthy weight

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.

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**Sample Codes Used**

**Prenatal Care**

ICD-10 Dx: 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

CPT Codes:

E/M: 99201-99205, 99211-99215, 99241-99245, 99500

Prenatal Bundled Codes: 59400, 59425, 59426, 59510, 59610, 59618

**Postpartum Care**

ICD-10 Dx: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

CPT Codes:

E/M: 57170, 58300, 59430, 99501

Cervical Cytology: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175

CPT II Code:

E/M: 0503F
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| **Adult Immunization (AIS)** | Those members who are up to date on the following routine vaccines:  
- **Influenza:** at least one  
  Age: 19 years and older  
  **Performed:** on or between July 1 of the year prior to the measurement period and June 30 of the measurement period.  
- **Td or Tdap:**  
  Age: 19 years and older  
  **Performed:** Jan. 1–Dec. 31 of measurement year. At least one vaccine between 9 year prior and the end of the measurement period.  
- **Zoster:**  
  Age: 50 years and older  
  **Performed:** Anytime on or after the member’s 50th birthday. At least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine.  
- **Pneumococcal:**  
  Age: 66 years and older  
  Members administered both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60.  | • A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates of administration.  
• Document history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine. | Adult Influenza Vaccine CPT: 90630, 90653, 90654, 90656, 90662, 90666, 90669, 90682, 90686, 90688, 90689, 90756  
**CVX:** 88, 111, 140, 144, 149, 150, 153, 155, 158, 166, 168, 171, 185, 186  
Herpes Zoster CPT: 90736, 90750  
**CVX:** 121, 187  
Pneumococcal Conjugate CPT: 90670, 90732  
**CVX:** 33, 133  
Td CPT: 90714, 90718  
**CVX:** 09, 113, 115, 138, 139  
Tdap CPT: 90715 CVX 115 |
| **Prenatal Immunization (PRS)** | Females that have delivered in measurement year who received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccines.  
**Influenza:** **Performed:** on or between July 1 of the year prior to the measurement period and delivery date.  
**One Tdap vaccine during the pregnancy including delivery date:** **Performed:** Jan. 1–Dec. 31 of measurement year* | • A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates of administration.  
• Document history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine. | Adult Influenza Vaccine CPT: 90630, 90653, 90654, 90656, 90658, 90660, 90661, 90667, 90672, 90674, 90678, 90682, 90686, 90688, 90689, 90756  
**CVX:** 88, 140, 144, 150, 153, 155, 158, 166, 171, 185, 186  
Tdap CPT: 90715  
**CVX:** 115 |

*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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