



2018 HEDIS® At-A-Glance

Key Adult Measures

WellCare/Harmony values everything you do to deliver quality health care 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/Harmony representative if you need more information or have any questions. **Quality care is a team effort. Thank you for playing a starring role!**

	HEDIS Measure	Documentation Tips	Sample Codes Used*
VISITS	<p>Adult Access to Preventive/Ambulatory Health Services (AAP)</p> <p>Members who had an ambulatory or preventive care visit during the measurement year.</p> <p>Medicare Advantage</p> <ul style="list-style-type: none"> One-time Welcome to Medicare Visit One Annual Wellness Visit <p>Ages: 20 years and older</p> <p><i>Performed by: Measurement year</i></p>	<p>Medicaid and Medicare: One or more ambulatory or preventive care visits during the measurement year.</p>	<p>ICD-10-Dx:</p> <p>General Medical Exam: Z00.00, Z00.01</p> <p>CPT Codes:</p> <p>18-39 Years Old: 99385, 99395 40-64 Years Old: 99386, 99396 65+ Years: 99387, 99397</p> <p>Medicare Advantage</p> <p>HCPCS:</p> <p>Welcome to Medicare Visit: G0402 Annual Wellness: G0438, G0439</p>
	<p>★ Adult BMI Assessment (ABA)</p> <p>Those who had an outpatient visit and had their Body Mass Index (BMI) documented during the measurement year or year prior.</p> <p>STAR Weight: 1</p> <p>Ages: 18-74 years</p> <p><i>Performed by: Measurement year and prior year</i></p>	<p>To be calculated and documented at every visit.</p> <p>For members younger than 20, documentation must include height and weight and be represented as a percentile.</p> <p>EXCLUSION: Members diagnosed as pregnant during the measurement year or year prior.</p>	<p>Members 20 years and older:</p> <p>Use BMI Values diagnosis codes.</p> <p>ICD-10-Dx: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45</p> <p>Members younger than 20:</p> <p>Use BMI Percentile diagnosis codes.</p> <p>ICD-10-Dx: Z68.51-Z68.54</p>
	<p>★ Breast Cancer Screening (BCS)</p> <p>Women who had one or more mammograms to screen for breast cancer during the measurement year or the year prior to the measurement year.</p> <p>Ages: 50-74 years (Women)</p> <p>STAR Weight: 1</p> <p><i>Performed by: Measurement year and prior 2 years</i></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>EXCLUSIONS: Women who had a bilateral mastectomy or two unilateral mastectomies 14 or more days apart. Medicare members 65 years of age and older living in long-term institutional settings.</p>	<p>CPT Codes: 77055-77057, 77061-77063, 77065-77067</p> <p>HCPCS: G0202-G0204, G0206</p>
ASSESSMENT & SCREENING	<p>Chlamydia Screening (CHL)</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"> 16–20 years (Women) 21–24 years (Women) Total (Women) <p><i>Performed by: Measurement year</i></p>	<ul style="list-style-type: none"> 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 	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p>

	HEDIS Measure	Documentation Tips	Sample Codes Used*
ASSESSMENT & SCREENING	<p>Cervical Cancer Screening (CCS)</p> <p>Women who received one or more Pap tests to screen for cervical cancer in the current year or the 2 previous years:</p> <ul style="list-style-type: none"> Ages: 21-64 who had cervical cytology performed every 3 years Ages: 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years <p>Complete description available in the Adult HEDIS Resource Guide.</p> <p><i>Performed by:</i> PAP: Measurement year and prior years HPV: Measurement year and prior years</p>	<p>A note indicating the date the test was performed and the result or finding.</p> <ul style="list-style-type: none"> Labs that indicate the sample was inadequate or “no cervical cells were present” cannot be counted Biopsies cannot be counted <p>Documentation of “hysterectomy” alone cannot be counted.</p> <p>EXCLUSION: Women who had a total hysterectomy with no residual cervix.</p>	<p>CPT Codes:</p> <p>Cervical Cytology: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV Tests: 87620-87622, 87624, 87625</p> <p>HCPCS: G0476</p>
	<p>★ Colorectal Cancer Screening (COL)</p> <p>Those members who received one or more of the following screenings:</p> <ul style="list-style-type: none"> Colonoscopy (past 10 years) <ul style="list-style-type: none"> <i>Performed by: Jan. 1–Dec. 31, 2017 of measurement year and 9 prior years</i> Flexible Sigmoidoscopy (past 5 years) <ul style="list-style-type: none"> <i>Performed by: Jan 1–Dec. 31, 2017 of measurement year and 4 prior years</i> Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) annually <ul style="list-style-type: none"> <i>Performed by: Jan. 1–Dec. 31, 2017 and two prior years</i> CT Colonography <ul style="list-style-type: none"> <i>Performed by: Jan. 1–Dec. 31, 2017 of measurement year and 4 prior years</i> <p>STAR Weight: 1 Ages: 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> <ul style="list-style-type: none"> FOBT in current year, or FIT in current year and two years prior, or Flexible sigmoidoscopy in current year or the 4 years prior, or Colonoscopy in current year or the 9 years prior <p>Digital rectal exams do not count.</p> <p>EXCLUSIONS: Those with diagnosis of colorectal cancer or total colectomy. Medicare members 65 years of age and older living in long-term institutional settings.</p>	<p>CPT Codes:</p> <p>FOBT: 82270, 82274</p> <p>HCPCS: G0328</p> <p>Flexible Sigmoidoscopy: 45330-45335, 45337-45342, 45345-45347, 45349, 45350</p> <p>HCPCS: G0104</p> <p>Colonoscopy: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398</p> <p>HCPCS: G0105, G0121</p> <p>FIT-DNA/Cologuard: 81528</p> <p>HCPCS: G0464</p> <p>CT Colonography: 74261-74263</p>
ASTHMA	<p>Medication Management for People with Asthma (MMA)</p> <p>Those diagnosed with persistent asthma and were dispensed and remained on medications during the treatment period.</p> <p>Ages: 5-85 years</p> <p><i>Performed by: Jan. 1–Dec. 31, 2017 of measurement year</i></p>	<p>Two rates are reported:</p> <ul style="list-style-type: none"> 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 (posted by Nov. 1, 2017) 	<p>CPT Codes: 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99281-99285, 99291, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</p> <p>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</p>
BLOOD PRESSURE	<p>★ Controlling High Blood Pressure (CBP)</p> <p>Those with a diagnosis of hypertension (HTN) on or before June 30, 2017 and whose blood pressure (BP) was controlled.</p> <p>STAR Weight: 3</p> <p>Ages: 18-59 BP <140/90</p> <p>Ages: 60-85 with diabetes BP <140/90</p> <p>Ages: 60-85 without diabetes BP <150/90</p> <p><i>Performed by: Jan. 1–Dec. 31, 2017 of measurement year</i></p>	<p>Documentation:</p> <ul style="list-style-type: none"> DX of HTN before June 30th Last BP reading of the measurement year <p>Take BP twice: If the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit.</p> <p>This measure is Medical Record Review only.</p> <p>EXCLUSIONS: Members 65 years of age and older living in long-term institutional settings.</p>	<p>ICD-10-Dx:</p> <p>HTN: I10</p> <p>Diabetes: Use the appropriate code family: E or O (preexisting DM in pregnancy)</p> <p>CPT Codes: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99281-99285, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456</p>

	HEDIS Measure	Documentation Tips	Sample Codes Used*
DIABETES	<p>★ Comprehensive Diabetes Care (CDC)</p> <p>★ HbA1c Controlled</p> <p>STAR Weight: 3</p> <p><i>Performed by: Jan. 1 – Dec. 31, 2017 of measurement year</i></p> <p>★ Eye Exam</p> <p>STAR Weight: 1</p> <p><i>Performed by: Jan. 1 – Dec. 31, 2017 of measurement year and prior year (for negative retinal)</i></p> <p>★ Kidney Disease Monitoring</p> <p>STAR Weight: 1</p> <p><i>Performed by: Jan. 1 – Dec. 31, 2017 of measurement year</i></p> <p>Control of Blood Pressure</p> <p><i>Performed by: Jan. 1 – Dec. 31, 2017 of measurement year</i></p> <p>Ages: 18-75 years</p>	<p>Blood and or urine samples should be sent to lab vendor for analysis.</p> <ul style="list-style-type: none"> • 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 nephropathy screening test – the date when a urine microalbumin test was performed and the result, or evidence of nephropathy (visit to nephrologist, renal transplant, positive urine macroalbumin test, or prescribed ACE/ARB therapy) • Notation of the most recent BP in the medical record 	<p>HbA1c Controlled</p> <p>CPT Codes: 83036, 83037</p> <p>CPT II & PQRS Codes: <7%: 3044F; 7%–9%: 3045F; >9%: 3046F</p> <p>ICD-10-Dx: Use appropriate code family: E or O</p> <p>Eye Exam</p> <p>For Diabetic Retinal Screening, refer to the WellCare/Harmony Adult HEDIS Resource Guide</p> <p>Diabetic Retinal Screening Negative-CPT II: 3072F</p> <p>Diabetic Retinal Screening With Eye Care Professional-CPT II & PQRS Codes: 2022F, 2024F, 2026F</p> <p>Kidney Disease Monitoring</p> <p>ICD-10-Dx: Use appropriate code family: E, I, N, Q, R</p> <p>CPT Codes: 81000-81003, 81005, 82042-82044, 84156</p> <p>CPT II & PQRS Codes: 3060F, 3061F, 3062F, 3066F, 4010F</p> <p>Control of Blood Pressure</p> <p>Systolic: <140: 3074F; 3075F; ≥140: 3077F</p> <p>Diastolic: <80: 3078F; 80-89: 3079F; ≥90: 3080F</p>
	MEDICATIONS	<p>Annual Monitoring for Patients on Persistent Medications (MPM)</p> <p>Those who received at least 180 treatment days of ambulatory medication therapy and at least 1 therapeutic monitoring event for the therapeutic agent.</p> <p>Ages: 18 years and older</p> <p><i>Performed by: Jan. 1 – Dec. 31, 2017 of measurement year</i></p>	<p>Members on ACE/ARBs or diuretics should have a serum K+ and a serum creatinine annually.</p> <p>Members on digoxin should have at least one serum K+, one serum creatinine and one serum digoxin therapeutic test annually.</p>
<p>Medication Reconciliation Post Discharge (MRP)</p> <p>Percentage of discharges from January 1 to December 1 of the measurement year for whom medications were reconciled ≤ 30 days of discharge.</p> <p>Ages: 18 years and older</p> <p><i>Performed by: Jan. 1 – Dec. 31, 2017 of measurement year</i></p>		<p>Document any of the following on or within 30 days of discharge:</p> <ul style="list-style-type: none"> • Discharge and current medications were reviewed and reconciled • Current medications were reviewed with reference to discharge medication status (e.g., no changes) • No medication changes or additions were prescribed upon discharge 	<p>CPT Codes:</p> <p>Transition of Care 7 Days: 99496</p> <p>Transition of Care 14 Days: 99495</p> <p>CPT II Code: 1111F</p>

HEDIS Measure

Prenatal and Postpartum Care (PPC) and Frequency of Ongoing Prenatal Care (FPC)

The percentage of deliveries of live births between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Prenatal Care:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester 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 21 and 56 days after delivery.
- **Frequency of Prenatal Care:** Percentage of Medicaid deliveries that had the expected prenatal visits.

Performed: Measurement year and prior year

Documentation 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
 - Echography of a pregnant uterus.
- Documentation of LMP or EDD in conjunction with either of the following.
 - Prenatal risk assessment and counseling/education.
 - Complete obstetrical history.
- A Pap test alone does not count as a prenatal care visit for the Timeliness of Prenatal Care measure, but is acceptable for the Postpartum Care rate. A colposcopy alone is not compliant for either Timeliness of Prenatal Care or Postpartum 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.

Sample Codes Used*

Prenatal Care and Frequency of Ongoing Prenatal Care

ICD-10 Dx: Use appropriate code family: O
Z03.7, Z03.7x, Z33, Z33.1, Z33.2, Z34, Z34.0, Z34.0x, Z34.8, Z34.8x, Z34.9, Z34.9x, Z36

CPT Codes:

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

OB Fetal Monitoring: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828

OB Panel: 80055, 80081

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

TORCH: 86644, 86694, 86695, 86696, 86762, 86777, 86778

ABO/Rh: 86900, 86901

ICD-10-CM Procedure:

Ultrasonography: BY49ZZZ, BY4B-ZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ

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

* Indicates STAR Measure. *Please refer to the Adult or Behavioral Health Resource Guide for additional information.

Reimbursement for these services is in accordance with the terms and conditions of your provider agreement. Coding is in accordance with HEDIS® 2018 Guidelines & Specifications; please use most recent CPT, HCPCS or ICD 10 codes. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. PQRS codes listed on certain measures are not all inclusive; visit www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html for all PQRS codes.

PRO_06125E Internal Approved 10162017

©WellCare 2017