HEDIS®/STARS REFERENCE GUIDE 2022

REVISED 4/2022

MedPOINT MANAGEMENT

Pointing Healthcare In The Right Direction

ADULTS

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
Colorectal Cancer Screening (COL)	**45-75 years as of 12/31/2022**	**Commercial, Medicare**	**Members who had appropriate screening for colorectal cancer:** • Fecal occult blood test FOBT in 2022 • or Colonoscopy in past 10 years (2013-2022) Also acceptable for this measure: • Flexible Sigmoidoscopy (2018-2022) • FIT-DNA (requires prior authorization) • Computed Tomography (CT) Colonography **Best Practices:** • Clearly document previous colonoscopy, including year. • Proof of service for point-of-care FOBT/FIT testing must specify "spontaneous bowel movement" or "not DRE." • If screening was done by another provider or in another country, document what type of test was done, the date screening was completed (month/year) and the result to submit as supplemental data. • If creating a lab requisition online, check if your contracted lab requires that the sample be submitted to the lab within 14 days of the requisition date to avoid rejection of the specimens. • If giving a FOBT kit, do not create an online requisition.	**iFOBT/FIT -** CPT: 82274 **HCPCS:** G0328 **CPT Codes:** 45378 **Exclusions:** Colorectal cancer or total colectomy, members age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia. Other exclusions apply. **Note:** CPT II Code 3017F does not close the HEDIS measure.
Controlling High Blood Pressure (CBP)	18-85 years and Hypertensive as of 12/31/2022	Commercial, Medi-Cal, Medicare	Members with >=2 diagnoses of hypertension between 01/01/2021 - 06/30/2022 whose last blood pressure of 2022 was **<140/90.** **Best Practices:** • Most recent BP value counts. • If there are multiple readings on the same date, the lowest values from both notations can be used. • Use CPT II outcome codes on encounters and consider automating codes in your EMR. **Cont'd**	**CPT II Codes:** **3074F -** Systolic <= 129 **3075F -** Systolic = 130 - 139 **3077F -** Systolic >= 140 (non-compliant) **3078F -** Diastolic <= 79 **3079F -** Diastolic = 80 - 89 **3080F -** Diastolic >= 90 (non-compliant) **Exclusions:** Members in hospice, with evident ESRD; kidney transplant, diagnosis of pregnancy; had a non-acute inpatient admission, all in 2022. Age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia. Other exclusions apply.

ADULTS

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			Best Practices: • Retake BP at end of appointment if reading is high during initial vitals. • BP from non-medical providers can be used if they are are using the medical provider's EMR(such as dentists and optometrists). **Telehealth:** • BP readings from patient digital BP monitoring device during telehealth visits are acceptable. • For Medicare, video should be used but still document reading if only audio is used.	
Transitions of Care (TRC) Includes MRP - Medication Reconciliation Post-Discharge - 1111F	Documentation for members age 18 and above with inpatient admission that includes notification of inpatient admission, discharge, patient engagement, and medication reconciliation in 2022	Medicare	Documentation of the following four rates: **1. Notification of Inpatient Admission** Documentation of receipt of notification with date of inpatient admission on the day of admission through 2 days after the admission(3 total days). • Medical record examples include phone call, email or fax, ER notification, electronic exchange, ADT alert system, shared EMR, health plan, PCP or care provider, specialist, orders for tests and treatments or planned inpatient admission. • This component is determined by health plan medical record sample. **2. Receipt of Discharge Information** Documentation of receipt of discharge information with date on the day of discharge through 2 days after the discharge (3 total days) via phone call, email or fax. • Medical record must include discharge summary or in EMR in structured fields, practitioner responsible during stay, procedures and treatments, diagnoses at discharge, current medication list, testing documentation and results, and post-care instructions. • This component is determined by health plan medical record sample. **Cont'd**	**CPT** Codes for #3 and #4: 99495/99496 - Transitions of care management for moderate/high complexity. **CPT II** Code for MRP (#4): 1111F - Discharge medications reconciled with the current medication list in outpatient medical record. **Best Practices:** • Add internal workflows to document notification of inpatient admission (#1)and discharge (#2) in the medical record as these components are validated through medical record review. • The use of 99495 or 99496 for patient engagement (#3) and medication post discharge (#4) are compliant for both components without additional codes. • Each sub measure is rated separately so meet as many components as possible.

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ADULTS				**3. Patient Engagement After Inpatient Discharge** Documentation of patient engagement (e.g.,office visits, visits to the home, telehealth) provided within 30 days after discharge. • Document either out patient visit with office or home visit, telephone, real-time audio and video telehealth visit or e-visit, or virtual check-in (not real-time). • This component is determined by encounter data. **4. Medication Reconciliation Post-Discharge** Documentation of medication reconciliation by PCP, registered nurse or pharmacist on the date of discharge through 30 days after discharge (31 total days). Use CPT II code 1111F. • Document either that medications were reconciled, no changes, same, discontinued reviewed or member was seen post-discharge with reconciliation or review. • This component is determined by encounter data.	
CHILDREN & ADOLESCENTS	**Child and Adolescent Well-Care Visits (WCV)** Includes former Adolescent Well Care age 12-21 (AWC) and Well Child age 3-6 (W34) measures.	3-21 years as of 12/31/2022 Age stratifications: 3-11 years 12-17 years 18-21 years	Commercial, Medi-Cal	The documentation must match the CPT or ICD-10 code definition. If the visit matches the code definition for CPT 99381-99395 (“Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/ diagnostic procedures” - equivalent to a CHDP health assessment), submit that CPT code to receive HEDIS credit. If the visit includes a significant component of well-care but does not meet the full definition for CPT 99381-99395, submit office visit CPT 99202-99215 together with a matching well-care ICD-10 Z-code to receive HEDIS credit. The preferred documentation has the ICD10 Z-code plus the code definition printed in the assessment/plan where it can be easily seen by reviewers. A key phrase like “preventive care,” “wellness visit,” “well care,” “well-child,” or “routine health examination” should be included, along with a notation if there are abnormal findings. **Cont’d**	**ICD-10:** Z00.121 / Z00.129 - Encounter for routine child health examination with / **without** abnormal findings (age 0-17) Z00.00 or Z00.01 (age 18+) Z02.5 - Sports Physical **CPT Preventive Codes:** 99381 - age <1 year, new patient 99391 - age <1 year, established patient 99382 - age 1-4, new patient 99392 - age 1-4, established patient 99383 - age 5-11, new patient 99393 - age 5-11, established patient 99384 - age 12-17, new patient 99394 - age 12-17, established patient 99385 - age 18+, new patient 99395 - age 18+, established patient 99381 - age <1 year, new patient 99391 - age <1 year, established patient

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			Best Practices: • If no labs or diagnostic procedures are ordered, indicate "no labs/procedures ordered" to make clear this was intentional. • Proper coding is essential so make sure age-specific CPT code is billed. Refer to http://www.aap.org or http://www.Brightfutures.org for age-appropriate guidance. • Well care can be done during sick visits by adding a well-care ICD-10 Z-code. • Be sure to also code for the Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) measure during this visit for ages 3-17 (see WCC guidelines below). **Telehealth:** • All components except physical exam can be completed by telehealth. • Use the wellness visit procedure code for the telehealth visit and include documentation in the record stating "in-person visit with physical exam planned by 12/31/2022." The preventive visit procedure code should not be submitted again for the in-person physical exam. • Physical exams can be completed during sick visits.	
Childhood Immunization Status (CIS) (Combo 10)	Children age 2 years in 2022 who had all **immunizations by their 2nd birthday**	Commercial, Medi-Cal	Children 2 years of age in 2022 who received these vaccines on or before their second birthday: 4 DTaP 3 Polio (IPV) 1 MMR 3 Haemophilus Influenzae Type B (HIB) 3 Hepatitis B 1 Chicken pox (VZV) 4 Pneumococcal conjugate (PCV) 1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq) 2 Influenza vaccines **Cont'd**	**Exclusions:** Please refer to the HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphylactic reaction, Encephalopathy, Adverse Effects for DTaP, Disorders of the Immune System, HIV, Malignant Neoplasm of Lymphatic Tissue, Severe Combined Immunodeficiency or Intussusception.

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			Best Practices: • Always use CAIR2 -California Immunization Registry - cairweb.org. • Make sure 1 year olds are current with vaccines to avoid noncompliance next year.	
Immunizations for Adolescents (IMA) (Combo 2)	Adolescents age 13 in 2022 who had immunizations before 13th birthday	Commercial, Medi-Cal	The percentage of adolescents 13 years of age who had: • 1 dose of meningococcal conjugate vaccine (MCV) given between member's 11th and 13th birthday and • 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine given between 10th and 13th birthday • 2 or 3 doses of the human papillomavirus (HPV) vaccine given between 9th and 13th birthday. Two doses at least 146 days apart meets criteria.	**Exclusions -** Please refer to the HEDIS Value Set Directory (VSD) for specific exclusion codes for contradictions including: Anaphalactic reaction, Encephalopathy and Adverse Effect of Tdap. The exclusion must have occurred on or before the member's 13th birthday. **Best Practices:** • Always use CAIR2 - California Immunization Registry - cairweb.org.
Lead Screening in Children (LSC)	Children who turn 2 years of age during the measurement year	Commercial, Medi-Cal	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday	**Exclusions** – Members in hospice or using hospice services during the measurement year. **CPT codes:** **83655** Venous blood withdrawal test for lead level screening.
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/ Adolescents (WCC)	3-17 years as of 12/31/2022	Commercial, Medi-Cal	Outpatient visit with PCP or OB/GYN with evidence of the following in 2022: 1. BMI percentile or age-growth chart with height and weight 2. Counseling for nutrition 3. Counseling for physical activity **Best Practices:** • Staying Healthy Assessment Forms are compliant for nutrition and physical activity if documented correctly (remember to code on an encounter). • Ensure templates include word "counseling." • Be specific about health education given and to pics discussed. **Cont'd**	**BMI Percentile ICD-10:** Z68.51 - <5th percentile Z68.52 - 5th to <85th percentile Z68.53 - 85th to <95th percentile Z68.54 - >95th percentile **Counseling for Nutrition ICD-10:** Z71.3 - dietary counseling and surveillance **Counseling for Physical Activity ICD-10:** Z71.82 - exercise counseling Z02.5 - sports physical **Cont'd**

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
			• Documentation of "gave age appropriate Growing up Healthy brochure" counts for both nutrition and physical activity counseling. See: https://www.dhcs.ca.gov/formsandpubs/publications/pages/chdppubs.aspx. **Telehealth:** • All components can be done by telehealth,including BMI percentile with parent reported height and weight. • Also include components from WCV that are applicable.	**Note:** • The WCC denominator is patients seen by a PCP or OB/GYN so the number of eligible members will be low at the beginning of the year and increase as visits increase. • If submitting supplemental data, only submit for age 3-17.
Well-Child Visits in the First 30 Months of Life (W30)	Turned 30 months old in 2022	Commercial, Medi-Cal	The documentation must match the CPT or ICD-10 code definition. If the visit matches the code definition for CPT 99381-99395 ("Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/ risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures" - equivalent to a CHDP health assessment), submit that CPT code to receive HEDIS credit. If the visit includes a significant component of well-care but does not meet the full definition for CPT 99381-99395, submit office visit CPT 99202-99215 together with a matching well-care ICD-10 Z-code to receive HEDIS credit. The preferred documentation has the ICD10 Z-code plus the code definition printed in the assessment/ plan where it can be easily seen by reviewers. A key phrase like "preventive care," "wellness visit," "well care," "well-child," or "routine health examination" should be included, along with a notation if there are abnormal findings. **Best Practices:** • If no labs or diagnostic procedures are ordered, indicate "no labs/procedures ordered" to make clear this was intentional. • Proper coding is essential so make sure age-specific CPT code is billed. **Cont'd**	**ICD-10:** Z00.121 / Z00.129 - Encounter for routine child health examination with / without abnormal findings (age 0-17) **CPT Preventive codes:** 99381 – age <1 year new patient 99391 - age <1 year established patient 99382 – age 1-4 new patient 99392 – age 1-4 established patient

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CHILDREN & ADOLESCENTS				Refer to http://www.aap.org or http://www.Brightfutures.org, for age-appropriate guidance. • Well care can be done during sick visits by adding a well-care ICD-10 Z-code to the list of diagnoses. Be sure to also code for the Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) measure during this visit for ages 3-17 (see WCC guidelines below) • It is important to make every visit a wellness visit. • When babies come in for vaccinations,complete all components of the visit, document and code correctly. • Visits must be at least 14 days apart.	
DIABETES CARE	**Hemoglobin A1c Control for Patients With Diabetes (HBD)**	18-75 years as of 12/31/2022 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin A1c (HbA1c) blood test in 2022 with date and result. **Includes:** 1. Control <8% - higher rate is better 2. Poor Control >9% - lower rate is better • Most recent reading during the year counts.	**HbA1c Tests CPT:** 83036 3044F - HbA1c Level <7.0 3051F - HbA1c Level = 7.0 - 7.9 3052F - HbA1c Level = 8.0 (non-compliant) 3046F - HbA1c Level >9.0 **Exclusions for all CDC components:** Members in hospice, gestational diabetes, steroid induced diabetes, members age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia. **NOTE:** Do not use discontinued code 3045F.
	Kidney Health Evaluation for Patients with Diabetes (KED)	18-85 years as of 12/31/2022	Commercial, Medi-Cal, Medicare	Members with diabetes (type 1 and type 2) who received both of the following: • At least one **eGFR** (estimated glomerular filtration rate) blood test **and** • At least one **uACR** (urine albumin-creatinine ratio) urine test.	**Lab CPT codes:** 82043 - Albumin; urine (eg, microalbumin), quantitative 82570 - Creatinine; urine 82565 - Creatinine; serum **Exclusions:** Evidence of ESRD, member in palliative care, enrolled in an institutional SNP or long term institution, have frailty and advanced illness.

DIABETES CARE

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Eye Exam for Patients With Diabetes (EED)	18-75 years as of 12/31/2022 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Diabetics who had one of the following with an eye care professional (optometrist or ophthalmologist): • A retinal or dilated eye exam by an eye care professional during 2022. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2021. **Best Practices:** • Use CPT II codes in current measurement year to indicate "without retinopathy"for compliance in current and following year. • CPT II code 3072F can be used to indicate no retinopathy in prior year. • 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.	**Diabetic Retinal Screening CPT:** 67028 - 99245 - limited to eye care professionals **Diabetic Retinal Screening Negative CPT II:** 3072F (negative in 2021) **Diabetic Retinal Screening done by Eye Care Professional and coded by any Provider type CPT II:** **2022F** – Face to face dilated exam with interpretation documented & reviewed; **with** evidence of retinopathy. **2023F** – Face to face dilated exam; **without** evidence of retinopathy. **2024F** – 7 standard photos with interpretation documented & reviewed; **with** evidence of retinopathy. **2025F** – 7 standard photos; **without** evidence of retinopathy. **2026F** – Retinal telemedicine (e.g. EyePACS) eye imaging validated to match diagnosis from 7 standard field stereo-scopic photos; **with** evidence of retinopathy. **2033F** – Retinal telemedicine (e.g. EyePACS) eye imaging validated to match diagnosis from 7 standard field stereo-scopic photos; **without** evidence of retinopathy
Blood Pressure Control for Patients With Diabetes (BPD)	18-75 years as of 12/31/2022 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Members with diagnosis of diabetes whose blood pressure was <140/90 by the end of 2022. **Best Practices:** • Most recent BP value counts. • Use CPT II outcome codes to avoid Medi-Cal record requests. • Retake BP at end of appointment if reading is high during initial vitals - lowest values count. • Electronically submitted BP readings from patient monitoring devices are acceptable. **Telehealth:** • BP readings from patient digital BP monitoring device during telehealth visits are acceptable. • For Medicare, video should be used but still document reading if audio only.	**CPT II Codes:** 3074F - Systolic <= 129 3075F - Systolic = 130-139 3077F - Systolic>= 140 (non-compliant) 3078F - Diastolic <= 79 mm Hg 3079F - Diastolic = 80-89 mm Hg 3080F - Systolic>= 90 mm Hg (non-compliant)

SENIORS

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
Advance Care Planning (ACP) **First Year Measure**	66-80 years with advanced illness, an indication of frailty, or who are receiving palliative care, and those 81 years and older as of 12/31/2022	Medicare	Documentation for an Advance Care Plan must include the date that a discussion occurred, that an Advance Care Plan was executed, or a note that a plan is in the medical record.	**Document Present CPT II:** 1157F **Discussion Documented CPT II:** 1158F
Care for Older Adults (COA)	66 years and older as of 12/31/2022	Medicare SNP (Special Needs Plan) and MMP (Medicare-Medicaid Plan)	Members who had each of the following during 2022. • Medication review and reconciliation • Functional status assessment • Pain Assessment **Best Practice:** • Code for all 3 components above as there is a separate rate for each. • Documentation for Medication Review must include medication list and date it was reviewed, or note of no medications. • Complete Annual Wellness Exam (AWE) for all eligible patients and code for COA. • Functional Status documentation must specify "ADLs were assessed" or "IADLs were assessed" or reference the standardized tool used or display the questions with the answers. • 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 the medical record. **Telehealth:** • The COA measure can be completed during any medically-necessary visit including telephone visits. • The functional status and pain assessments can be conducted by phone by any care provider type, including registered nurses and medical assistants. **Cont'd**	**Medication Review:** CPT® II: 1160F **Medication List:** CPT® II: 1159F Both codes must be used. **Functional Status Assessment:** CPT® II: 1170F **Pain Assessment:** Pain Present CPT II: 1125F Pain not Present CPT II: 1126F

SENIORS

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			• Medication review can be done by a prescribing clinician or clinical pharmacist, or a nurse practitioner signed by the clinician or pharmacist to document the list was reviewed(code both CPT II codes). • Take advantage of every phone call or visit to complete this measure. • More details are available on the "Care for Older Adults 2020-21 Coding and Documentation Guide."	
Osteoporosis Screening and Management after Fracture (OMW)	Women 67-85 years as of 12/31/2022	Medicare	Women with a fracture date between 07/01/2021 –06/3/2022 and who had either a bone mineral density (BMD) test or dispensed prescription for a drug to treat osteoporosis **in the 6 months (180 days) after the fracture.** • Does not include fractures to the fingers, toe, face or skull.	**Medications:** Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid. Albandronate, Denosumab, Raloxifene, Romosozumab, Teriparatide. **Exclusions**: Members age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia or in palliative care (can be through telehealth encounters). Other exclusions apply.
Osteoporosis Screening in Older Women (OSW)	Women age 66-75 years as of 12/31/2022	Medicare	• Women who received one osteoporosis screening between their 65th birthday and12/31 of the measurement year. • There is no event/diagnosis for this measure.	**Osteoporosis screening test CPT codes:** 76977, 77078, 77080, 77081, 77085 **Exclusions:** Members already diagnosed with osteoporosis, receiving palliative care, enrolled in an institutional SNP or long term institution, have frailty and advanced illness, dementia.
Use of High-Risk Medications in the Elderly (DAE)	67 years and older as of 12/31/2021	Medicare SNP (Special Needs Plan) and MMP (Cal Medi Connect)	Medicare members age 67 and older who received at least: • Two dispensing events for high-risk medications to avoid from the same drug class, or • Two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnosis.	**Note:** • 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. • A lower rate represents better performance.

WOMEN ONLY

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Breast Cancer Screening (BCS)	Women 50-74 years as of 12/31/2022	Commercial, Medi-Cal, Medicare	Women who had a mammogram to screen for breast cancer between 10/1/2020 and 12/31/2022 (at least every 27 months). **Best Practices:** • Do not count Biopsies, ultrasounds and MRIs. • Breast tomosynthesis does count. • Screen every other year.	**CPTs:** 77067, 77066, 77065 **Exclusions:** Bilateral Mastectomy: Z90.13. • Best practice is to code exclusions every year during any outpatient encounter submission, especially if the member changed health plans.
Cervical Cancer Screening (CCS)	Women 21-64 years as of 12/31/2022	Commercial, Medi-Cal	**Age 21-64** - cervical cancer screening in 2020, 2021 or 2022 (every 3 years). Document the date and results. **–OR –** **Age 30-64** - HPV (hrHPV) testing every 5 years(2018-2021) with documented date and result. **Best Practices for Over Age 30:** • HPV test alone will count for this measure. • If testing cytology and HPV, it is important to order Co-testing (cytology and HPV). • Do not order Reflex testing where HPV is only tested if the cytology result is positive - a HPV test is required for compliance. • Self reported screening from other provider or other countries that documents date (or month/year) and result in the medical record is acceptable.	**Cervical Cytology only CPT:** 88142 HPV **Test CPT:** 87624 HPV LOINC: 82675-0 **Exclusions:** Documentation of total hysterectomy with absence of cervix, cervical agenesis or acquired absence of cervix. **Z90.710** - Acquired absence of cervix and uterus **Z90.712** - Acquired absence of cervix with remaining uterus (rare) **Q51.5** - Agenesis and aplasia of cervix (including transgender male) • Document exclusions every year. • Document "TAH," "total (or complete or radical) hysterectomy" or "no cervix" or "vaginal hysterectomy" or exclusion will not count. • Documentation of hysterectomy alone will not count.
Chlamydia Screening in Women (CHL)	16-24 years as of 12/31/2022	Commercial, Medi-Cal	Women identified as sexually active who had at least one test for chlamydia during 2022. Two methods identify sexually active: 1. Pharmacy data (dispensed contraceptives during the measurement year) 2. Encounter data	**CPT:** 87491 **Best Practice:** • Offer testing to all young women who turn 16 years or older by 12/31/2022. • Chlamydia can be tested by urine or gynecological exam.

WOMEN ONLY

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Prenatal Care, Timeliness of (PPC-Pre)	Live births between 10/08/2021 - 10/07/2022 Prenatal care visit in the first trimester or within 42 days of enrollment First trimester is defined as 280-176 days prior to delivery (or EDD).	Commercial, Medi-Cal, Medicare	After pregnancy test is confirmed, PCP should code the visit as a Prenatal Visit and include the following: • Diagnosis of pregnancy • Last menstrual period (LMP) or estimated date of delivery (EDD) or gestational age • Date of service **Best Practice:** • Documenting the prenatal care visit on same day of the positive pregnancy test helps meet the timing requirements of this measure. • Ensure that pregnant and recently delivered patients get priority for OB appointments. • Services may be provided by PCP, OBGYN, other family care practitioner or Midwife. • Physical requirements such as a basic physical or OB exam or pelvic exam or fundus height, OB panel, TORCH panel, blood typing test or ultrasound of pregnant uterus can also be done in person to close this measure. **Telehealth:** • Prenatal visits can be completed by telehealth by documenting the items above.	**Procedure codes:** **Prenatal visit during first trimester CPT:** 99201-99205, 99211-99215, 99241-99245 **CPT II:** 0500F **OB panel:** 80055 **Prenatal ultrasound:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 **NOTE:** • CPSP (Comprehensive Perinatal Services Program) codes will be cross walked to appropriate CPT code.
Postpartum Care (PPC-Post)	Live births between 10/08/2021 - 10/07/2022 Postpartum visit between **7 and 84 days** after delivery.	Commercial, Medi-Cal	Documentation of a postpartum visit on or between 7 and 84 days after delivery and must include one of the following: • The following notations are acceptable for this measure: “postpartum care,” “PP care,” “PPcheck,” “6-week check.” (other notations may apply). **Best Practices:** • Schedule both early (2nd week) and late (4-8 weeks) postpartum visits before mother and baby leave the hospital. • Offer home visit for postpartum. • Incision check for post C-section does not constitute a postpartum visit. **Cont’d**	**Postpartum CPT II:** 0503F **Postpartum Visit ICD-10CM:** Z39.2 **NOTE:** • CPSP (Comprehensive Perinatal Services Program) codes will be cross walked to appropriate CPT code. • Global CPT codes may not reflect when postpartum care was rendered. • Z39.2 is the preferred ICD10 code that can be attached to any E&M code. Other Prenatal/Postpartum measures include: 1. Prenatal Depression Screening and Follow-Up (PND) 2. Postpartum Depression Screening and Follow-Up(PDS) 3. Prenatal Immunization Status (PRS)(first year measure)

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WOMEN ONLY			• Physical requirements such as a basic physical or OB exam or pelvic exam or fundus height, OB panel, TORCH panel, blood typing test or ultrasound of pregnant uterus can also be done in person to close this measure. **Telehealth:** • Postpartum visit can be completed by telehealth with notations above.	

PHARMACY MEASURES

The Managed Care Accountability Sets (MCAS) 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). For 2022, health plans will not be held to the MPL (minimum performance level) for the following pharmacy measures but they are included below because they are reportable and may still be incentivized by the plans.

TELEHEALTH - The following pharmacy measures are impacted by telehealth revisions: AMM, AMR and SSD.

Antidepressant Medication Management (AMM)	18 yrs as of 4/30/2022 and older	Commercial, Medi-Cal, Medicare	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 5/1/2021 - 4/30/2022. **Two rates are reported.** 1. Effective **Acute Phase** Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). 2. Effective **Continuation Phase** Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).	Pharmacy data determines this measure. However, PCP's can improve their rates by tracking members they start on antidepressants and calling them to ensure they are not having any concerns and that they give medication an adequate trial.
Asthma Medication Ratio (AMR)	5-64 years as of 12/31/2022	Commercial, Medi-Cal	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.	Pharmacy data determines this measure. **Exclusions**: Hospice, Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory conditions due to Fumes or Vapors, Cystic Fibrosis and Acute Respiratory Failure.

PHARMACY MEASURES

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	6 years and older (with a diagnosis on or between January 1 and December 1 of the current year)	Commercial, Medicare, Medi-Cal	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit with any practitioner for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). **Telehealth:** Follow-up visit after ED visit for mental illness can be completed by telehealth.	**Mental Illness Diagnosis Codes ICD-10:** F20.0 – F94.9 **Best practice:** • Use a diagnosis code for mental illness at each follow-up (a non-mental illness diagnosis code will not fulfill this measure).
Follow-up After Emergency Department Visit for Substance Use (FUA)	13 years and older (with a diagnosis on or between January 1 and December 1 of the current year)	Commercial, Medicare, Medi-Cal	The percentage of emergency department (ED) visits among members ages 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of a drug overdose, for which there was the follow-up. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days). **Telehealth:** Follow-up visit after ED visit for mental illness can be completed by telehealth.	**Substance Use Disorder Diagnosis ICD-10:** F10.920 – F19.99 **Best Practice:** • Use a diagnosis code for substance use at each follow-up visit (a non-substance diagnosis code will not fulfill this measure).

PHARMACY MEASURES

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	18-64 years as of 12/31/2022	Medi-Cal	Members with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	**CPT** 82947 Blood Glucose **CPT** 83036 Hemoglobin A1c (Also **CPT-II** codes for A1c)
Metabolic Monitoring for Children and Adolescents (APM)	1-17 years as of 12/31/2022	Commercial, Medi-Cal	The percentage of children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: 1. The percentage of children and adolescents on antipsychotics who received blood glucose testing. 2. The percentage of children and adolescents on antipsychotics who received cholesterol testing. 3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.	**Glucose Testing:** **CPT** 82947 Blood Glucose **CPT** 83036 Hemoglobin A1c (Also **CPT-II** codes for A1c) **Cholesterol Testing:** **CPT** 80061 Lipid Panel **CPT** 83721 LDL Cholesterol **CPT** 82465 Total Cholesterol **CPT-II:** 3048F-3050F

MedPOINT MANAGEMENT

Pointing Healthcare In The Right Direction

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 Measurement Year 2022 Volume 2 Technical Specifications for Health Plans and NCQA's HEDIS Value Set Directory for a complete list.

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

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