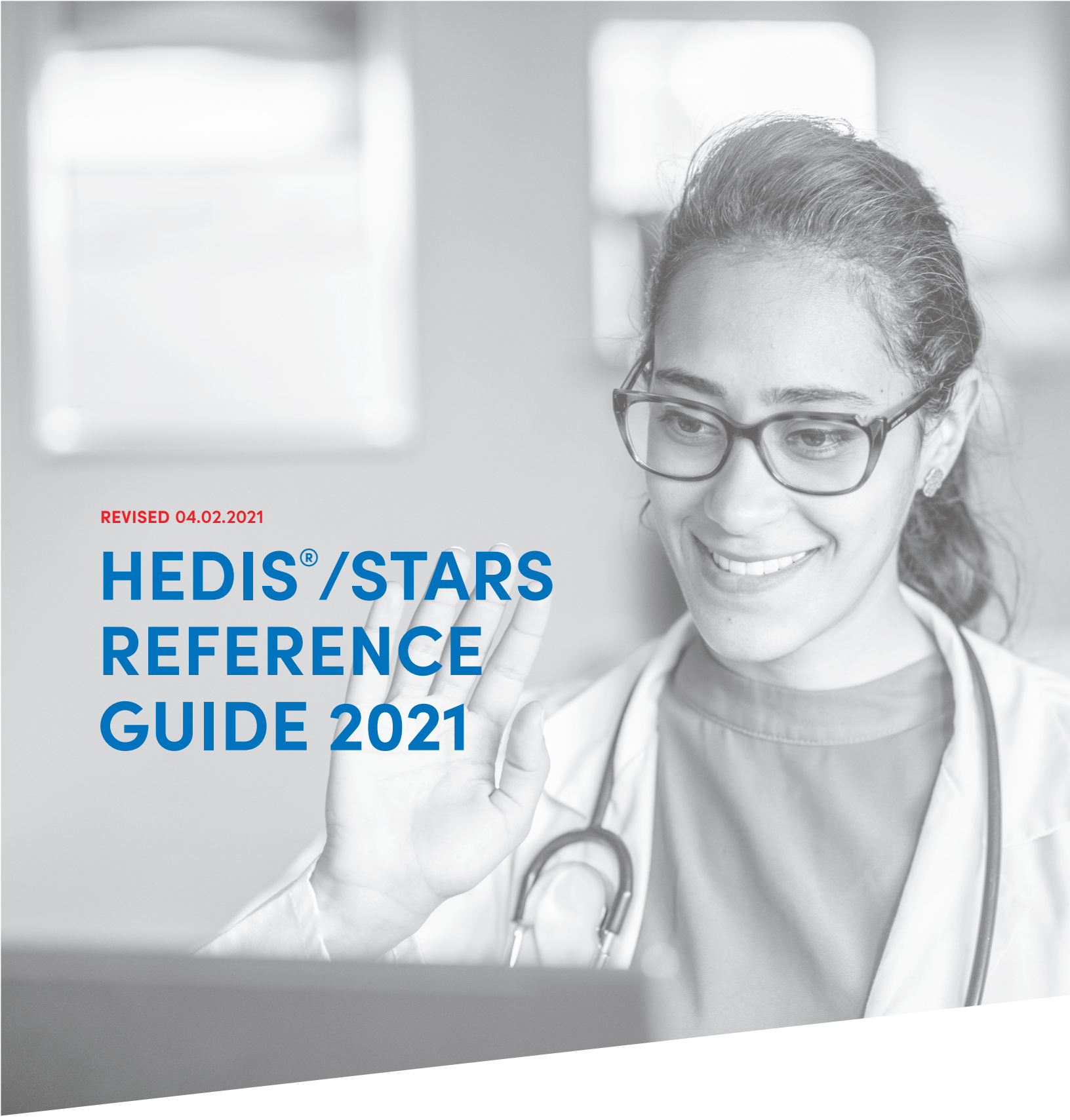

REVISED 04.02.2021

HEDIS®/STARS REFERENCE GUIDE 2021

MedPOINT MANAGEMENT
Pointing Healthcare In The Right Direction

New changes are highlighted in yellow.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS				
Colorectal Cancer Screening (COL)	50-75 years as of 12/31/2021	Commercial, Medicare	Members who had appropriate screening for colorectal cancer: • **Fecal occult blood test FOBT** in 2021 • or **Colonoscopy** in past 10 years (2012-2021) Also acceptable for this measure: • Flexible Sigmoidoscopy (2017-2021) • FIT-DNA (Cologuard®) (covered by Medicare and select Commercial plans only and 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 **Colonoscopy:** billed by Gastroenterologist **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.
Controlling High Blood Pressure (CBP)	18-85 years and Hypertensive as of 12/31/2021	Commercial, Medi-Cal, Medicare	Members with >=2 diagnoses of hypertension between 1/1/20 - 6/30/21 whose last blood pressure of 2021 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. • Retake BP at end of appointment if reading is high during initial vitals. • BP from non-medical providers can be used if they 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.	**CPT II Codes:** **3074F** - Systolic <= 129 **3075F** - Systolic = 130 - 139 **3077F** - Systolic >= 140 **3078F** - Diastolic <= 79 **3079F** - Diastolic = 80 - 89 **3080F** - Diastolic >= 90 **Exclusions:** Members in hospice, with evident ESRD; kidney transplant, diagnosis of pregnancy; had a non-acute inpatient admission, all in 2021. Age 66+ in institutional SNP or long term institution or with frailty and advanced illness or dementia. Other exclusions apply.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
ADULTS - CONTINUED				
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 receipt, patient engagement, and medication reconciliation in 2021	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. **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 outpatient 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.	**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 submeasure is rated separately so meet as many components as possible. More details are available in the 2020-2021 HEDIS Technical Specifications, which are available on the Interpreta online portal.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
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 12/31/2021	Commercial, Medi-Cal	One comprehensive well-care visit with a PCP or OB/GYN in 2021 that documents the date of the visit and all of the following: 1) Health history 2) Physical developmental history 3) Mental developmental history 4) Physical exam 5) Health education/anticipatory guidance. **Best Practices:** • NEW - If no labs or diagnostic procedures are ordered, record must indicate "no labs/ procedures ordered." • Rate compliance is calculated from adminstrative data (encounters) and supplemental data, not chart review. • Proper coding is essential so make sure age specific CPT code is billed. • Refer to www.aap.org or www.Brightfutures.org for age appropriate guidance. • Well care can be done at sick visits by adding the age CPT code and the ICD-10 routine code to the list of diagnosis. • 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 12/31/21." The preventive visit procedure code should not be submitted again for the in-person physical exam. • Physical exams can be completed during sick visits.	**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:** 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 Note: • CPT codes above include comprehensive preventive medicine evaluation 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.
Childhood Immunization Status (CIS) (Combo 10)	Children age 2 years in 2021 who had all **immunizations by their 2nd birthday**	Commercial, Medi-Cal	Children 2 years of age in 2021 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 **Best Practices** • Always use CAIR2 -California Immunization Registry - cairweb.org. • Make sure 1 year olds are current with vaccines to avoid noncompliance next year.	**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.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
CHILDREN & ADOLESCENTS - CONTINUED				
Immunizations for Adolescents (IMA) (Combo 2)	Adolescents age 13 in 2021 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.
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/ Adolescents (WCC)	3-17 years as of 12/31/2021	Commercial, Medi-Cal	Outpatient visit with PCP or OB/GYN with evidence of the following in 2021: 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 topics discussed. • Documentaton 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.	**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 **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) Includes former W15 measures.	Turned 30 months old in 2021	Commercial, Medi-Cal	Members who turned 15 months old (W30A) and had 6 or more well-child visits with a PCP during their first 15 months of life, AND 2 more well child visits between 15 and 30 months (W30B) in 2021. 1) Health history 2) Physical developmental history 3) Mental developmental history 4) Physical exam 5) Health education/ anticipatory guidance **Best Practices:** • NEW - If no labs or diagnostic procedures are ordered, record must indicate "no labs/ procedures ordered." • 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.	**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 Note: • CPT codes above include comprehensive preventive medicine evaluation 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.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE				
Comprehensive Diabetes Care (CDC) - HbA1c Control	18-75 years as of 12/31/2021 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin A1c (HbA1c) blood test in 2021 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 <= 6.9 3051F - HbA1c Level = 7.0 - 7.9 3052F - HbA1c Level = 8.0 - 8.9 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.
Comprehensive Diabetes Care (CDC) - HbA1c Testing	18-75 years as of 12/31/2021 (Type I or Type II Diabetics)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin A1c (HbA1c) blood test in 2021 with date and result.	**HbA1c Tests CPT:** 83036 See CPT II Codes above.
Comprehensive Diabetes Care (CDC) - Nephropathy	18-75 years as of 12/31/2021 (Type I or Type II Diabetics)	Medicare only	Nephropathy screening or monitoring test or evidence of nephropathy during 2021. **Includes:** Microalbumin urine test or visit to nephrologist or at least one ACE inhibitor or ARB dispensing event or evidence of ESRD or nephrectomy/kidney transplant.	**Evidence of Treatment for Nephropathy CPT II:** 3060F - Positive microalbuminuria test result documented and reviewed 3061F - Negative microalbuminuria test result documented and reviewed 3066F - Documentation of treatment for nephropathy 4010F - ACE/ARB prescribed or currently being taken
Kidney Health Evaluation for Patients with Diabetes (KED) (First year measure and not tracked in Interpreta until 2022)	18-85 years as of 12/31/2021	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. • Service dates must be 4 or less days apart. For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year.	**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.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
DIABETES CARE - CONTINUED				
Comprehensive Diabetes Care (CDC) - Retinal Eye Exam	18-75 years as of 12/31/2021 (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 2021. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2020. **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 noretinopathy 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 2020) **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
Comprehensive Diabetes Care (CDC) - Blood Pressure Control	18-75 years as of 12/31/2021 (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 2021. **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 **3078F** - Diastolic <= 79 mm Hg **3079F** - Diastolic = 80-89 mm Hg **3080F** - Diastolic >= 90 mm Hg

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
SENIORS				
Care for Older Adults (COA)	66 years and older as of 12/31/2021	Medicare SNP (Special Needs Plan) and MMP (Medicare-Medicaid Plan)	Members who had each of the following during 2021. • Advance care planning • Medication review • Functional status assessment • Pain Assessment **Best Practice:** • Code for all 4 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. • 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."	**Advanced Care Planning:** Document Present CPT II: 1157F Discussion documented CPT II: 1158F **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
Osteoporosis Screening and Management after Fracture (OMW)	Women 67-85 years as of 12/31/2021	Medicare	Women with a fracture date between 7/1/2020 – 6/30/2021 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.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
SENIORS - CONTINUED				
Osteoporosis Screening in Older Women (OSW) (First year measure and not tracked in Interpreta until 2022)	Women age 66-75 years as of 12/31/2021	Medicare	• Women who received one osteoporosis screening between their 65th birthday and 12/31 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.	List of medications available upon request on page 355 of the NCQA 2020-2021 Technical Specifications. **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.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY				
Breast Cancer Screening (BCS)	Women 50-74 years as of 12/31/2021	Commercial, Medi-Cal, Medicare	Women who had a mammogram to screen for breast cancer between 10/1/2019 and 12/31/2021 (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 12/31/2021	Commercial, Medi-Cal	**Age 21-64** - cervical cancer screening in 2019, 2020 or 2021 (every 3 years). Document the date and results. – **OR** – **Age 30-64** - HPV (hrHPV) testing every 5 years (2017-2021) 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 • Document exclusions every year. • Document "TAH," "total (or complete or radical) hysterectomy" or "no cervix" or "vaginal hysterectomy" or exclusion will not count.
Chlamydia Screening in Women (CHL)	16-24 years as of 12/31/2021	Commercial, Medi-Cal	Women identified as sexually active who had at least one test for chlamydia during 2021. 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. • Chlamydia can be tested by urine or gynecological exam.

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
WOMEN ONLY - CONTINUED				
Prenatal Care, Timeliness of (PPC-Pre)	Live births between 10/08/2020 - 10/07/2021 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	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:** For E&M codes to count, they must be paired with a pregnancy diagnosis (e.g. Z34.90), ultrasound or labs.
Postpartum Care (PPC-Post)	Live births between 10/08/2020 - 10/07/2021 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. • 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.	**Postpartum CPT II:** 0503F **Postpartum Visit ICD-10CM:** Z39.2 **Note:** • 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. • CPSP (Comprehensive Perinatal Services Program) postpartum visit code Z1038 crosswalks to CPT II code 0503F. Best practice is to bill both codes. 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)

HEDIS® MEASURE	AGE	LOB	REQUIREMENT AND DOCUMENTATION	SAMPLE CODES / EXCLUSIONS
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 2021, 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 4/30/2021 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 5/1/2020 - 4/30/2021. **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.
Asthma Medication Ratio (AMR)	5-64 years as of 12/31/2021	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.
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	18-64 years as of 12/31/2021	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.	Pharmacy data determines this measure.
Metabolic Monitoring for Children and Adolescents (APM)	1-17 years as of 12/31/2021	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.	Pharmacy data determines this measure.

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 2020-2021 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.

MedPOINT Information

HEDIS/STARS Quality Department

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Interpreta Portal

https://portal.interpreta.com

MedPOINT Quality Management Discussion Board

https://qualitypoint.medpointmanagement.com

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