A Guide to Understanding Medicaid Measure Compliance and Coding References
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1 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Updated 10/15/15
**WHAT IS HEDIS®?**

**Healthcare Effectiveness Data and Information Set (HEDIS®)**

NCQA defines HEDIS® as, “a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans.”

- HEDIS® is a performance measurement tool that is coordinated and administered by NCQA and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations.

- Results from HEDIS® data collection serve as measurements for quality improvement processes, educational initiatives, and preventive care programs.

- All managed care companies that are NCQA accredited perform HEDIS® reviews at the same time each year.

- HEDIS® consists of 80 measures across five domains of care that address important health issues.

- HEDIS® is a retrospective review of services and performance of care from the prior calendar year.

- There are two types of HEDIS® data collected:
  - Administrative data – comes from submitted claims and encounters
  - Hybrid data – comes from chart collection/review
**HEDIS® Medical Record Request Process:**

- Data collection methods include: fax, mail, onsite visits, and remote electronic medical record (EMR) system access if available. Due to the limited data collection timeframe, a turnaround time of 3-5 days is appreciated.
- Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed by the health plan.
- For on-site chart collections, the office will be contacted to schedule a time the abstractor can come to the office for chart review. A list of members’ charts being reviewed will be provided ahead of time.

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**Annual HEDIS® Timeline**

- **February to early May**
  - Quality department staff collect and review HEDIS® data (On-site provider office chart collecting occurs)

- **June**
  - HEDIS® results are certified and reported to NCQA and West Virginia’s Bureau for Medical Services (BMS)

- **September/October**
  - NCQA releases Quality Compass results nationwide for Medicaid

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*Remember that HEDIS® is a retrospective process*

HEDIS® 2016 = Calendar Year 2015 Data
**TIPS AND BEST PRACTICES**

**General tips and information that can be applied to most HEDIS® measures:**

- Use your member roster to contact patients who are due for an exam or are new to your practice
- Take advantage of this guide, coding information, and the on-line resources to help your practice understand HEDIS® measures, compliance, and requirements. **Most measures can be collected through claims when complete and accurate coding is used!**
- Ask your Provider Relations representative about obtaining a ‘Gaps In Care’ report
- Schedule the members’ next well-visit/preventive care at the end of the current appointment
- Assign a Quality or HEDIS® nurse to perform internal reviews and serve as a point of contact
- Most Electronic Health Records (EHRs) are able to create alerts and flags for required HEDIS® services. Be sure to have all these prompts turned on or check with your software vendor to have these alerts added
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- If you have HEDIS® related questions, call us. We’d be happy to help! You can reach Shelly Rouse at 304-348-2923.

**REGARDING HIPAA**

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members’ personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. All of the health plans’ contracted providers’ records are protected by these laws.

- HEDIS® data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities
Principles of the medical record and proper documentation:

• Enables physicians and other healthcare professionals to evaluate a patient’s healthcare needs and assess the efficacy of the treatment plan
• Serves as the legal document to verify the care rendered and date of service
• Ensures date of care rendered is present and all documents are legible
• Serves as communication tool among providers and other healthcare professionals involved in the patient’s care for improved continuity of care
• Facilitates timely claim adjudication and payment
• Appropriately documented clinical information can reduce many of the ‘hassles’ associated with claims processing and HEDIS® chart requests
• Supports the ICD-9 and CPT codes reported on billing statements

Common reasons why members with PCP visits remain ‘non-compliant’ are:

• Missing or incomplete required documentation components
• Service provided without claim/encounter data submitted
• Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy, mammogram or other diagnostic testing)
• Service provided, but outside of the required time frame or anchor date (i.e. lead screening performed after age 2)
• Incomplete services (i.e. Tdap given but no Meningococcal vaccine for adolescent immunization measure)
• Failure to document or code exclusion criteria for a measure
**CHILDREN’S MEASURES**

**Well-Child Visits in the First 15 Months of Life (W15)**

Members who turn 15 months of age in the measurement year and receive at least six well-child visits with a Primary Care Provider (PCP). The well-child visits must be received on or before the child turning 15 months old.

**Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Age (W34)**

Members who are 3 to 6 years of age and receive at least one well-child visit in the measurement year.

**Adolescent Well-Care Visits (AWC)**

Members who are 12 to 21 years of age in the measurement year and receive at least one comprehensive well-child visit with a PCP or an OB/GYN provider in the measurement year.

All Well-Child exams MUST include documentation of five criteria:

- Physical Exam
- Health History
- Physical Developmental History
- Mental Developmental History
- Health Education/Anticipatory Guidance

**Common Chart Deficiencies & Tips:**

- Missing or undocumented anticipatory guidance
- Sick visits in calendar year without well-visit(s)
- Schedule next well visit at end of each appointment
- Sick visits present an opportunity to complete a well visit as long as all the required documentation is met
**Lead Screening in Children (LSC)**

Children who turn 2 years of age in the measurement year and receive one or more capillary or venous lead blood tests on or before their second birthday.

Lead poisoning information and the complete testing guidelines for children are available from the CDC at: http://www.cdc.gov

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children (WCC)**

Members who turn 3-17 years of age in the measurement year.

**Ages 3-17 years** on the date of service, documentation of:

- BMI percentile or BMI percentile plotted on growth chart (A BMI value alone is not acceptable for this age range)
- Counseling for nutrition
- Counseling for physical activity

**Common Chart Deficiencies & Tips:**
- Fail to order blood lead test on Medicaid member
- A lead risk assessment tool does not satisfy the Medicaid venous blood lead requirement regardless of the risk score
- Test performed after 2nd birthday is late
- Several options exist for in-office lead testing, including: Blood lead analyzer or MedTox filter paper testing.
- Contact your Provider Relations representative who can put you in touch with the Quality Department for assistance
CHILDREN’S MEASURES

Childhood Immunization Status (CIS)

Children who turn 2 years of age in the measurement year and receive the following vaccinations on or by their second birthday:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>4</td>
</tr>
<tr>
<td>IPV</td>
<td>3</td>
</tr>
<tr>
<td>MMR</td>
<td>1</td>
</tr>
<tr>
<td>Hib</td>
<td>3</td>
</tr>
<tr>
<td>Hep B</td>
<td>3</td>
</tr>
<tr>
<td>VZV</td>
<td>1</td>
</tr>
<tr>
<td>PCV</td>
<td>4</td>
</tr>
<tr>
<td>Hep A</td>
<td>1</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>*2 or 3</td>
</tr>
<tr>
<td>Influenza</td>
<td>2</td>
</tr>
</tbody>
</table>

*Be sure to give the correct number of doses based on manufacturer and code Rotavirus correctly.

- Rotarix® from GlaxoSmithKline is a two-dose formula and the CPT code is 90881
- RotaTeq® from Merck is a three-dose formula and the CPT code is 90680

Immunizations for Adolescents (IMA)

Adolescents who turn 13 years of age in the measurement year and receive the following vaccinations by their 13th birthday:

- Meningococcal vaccine given between 11th and 13th birthdays
- Tdap/Td vaccine given between 10th and 13th birthdays

Common Chart Deficiencies & Tips:

- Vaccines for DTaP, IPV, Hib, or PCV, given within 42 days of birth do not count as compliant for HEDIS®
- Record the immunizations in the state registry
- Use each visit to review vaccine schedule and opportunity to catch-up on missing immunizations
- Document parent refusal and place a signed copy in the medical record
- Document the date of the first hepatitis B vaccine given at the hospital and name of the hospital, if available
- Record date and immunization(s) provided at health department in the patient’s medical record
- Document and code any contraindications or allergies
- Finding IMA vaccines given prior to the specified age ranges
**Children’s Measures**

**Human Papillomavirus Vaccination (HPV)**
Females 13 years of age in the measurement year that received three doses of the HPV vaccine on different dates of service between their 9th and 13th birthday.

For more information to share with your patients regarding the importance of the HPV vaccine go to: [http://www.cdc.gov/hpv/resources.html](http://www.cdc.gov/hpv/resources.html)

**Common Chart deficiencies and Tips:**
- Less than 3 vaccine doses given
- Final dose of vaccine given after age 13

**Appropriate Testing for Children with Pharyngitis (CWP)**
Members 2-18 years of age in the measurement period who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A Strep Test for the episode. A higher rate represents better performance (i.e. appropriate testing).

- Perform a group A Strep Test on all children being treated with an antibiotic for pharyngitis
- Be sure to code for the test when you submit your claim
- Be sure to code for ALL appropriate diagnoses relevant to the visit

**Annual Dental Visit (ADV)**
Members 2-20 years of age in the measurement year and had at least one dental visit during the measurement year.

- Dental visits can start before age 2, especially for children at risk for dental problems
- Fluoride can be applied at the PCP office, but referral to dentist for appropriate care must occur to make ADV measure compliant
Adult BMI Assessment (ABA)

Members 21 years of age or older that have their BMI and weight documented in the measurement year or year prior.

For members younger than 21 years of age, the BMI percentile must be documented in the measurement year or year prior.

Common Chart Deficiencies & Tips:
- Height and/or weight are documented but no documentation of the BMI
- Diagnosis Codes V85.0-85.5 can be used to make this measure compliant without chart review.
- Most Electronic Health Systems will calculate a BMI automatically. Be sure this feature is turned on and add the appropriate ICD-10 code to your claim. This will help prevent the need for chart review.

Annual Monitoring for Patients on Persistent Medications (MPM)

Members 18 years of age or older who received at least 180 treatment days of select medications, including but not limited to:
- Ace Inhibitors/ARBs
- Digoxin
- Diuretics

After 6 months of medication therapy, members must receive at least one therapeutic monitoring event for each therapeutic agent in every year. All these medications require either a BMP or CMP annually. Persistent digoxin use requires an annual serum digoxin test.
Breast Cancer Screening (BCS)

Women ages 50-74 years of age in the measurement year that had one or more mammograms any time on or between October 1, two years prior to the measurement year, and December 31 of the measurement year.

Cervical Cancer Screenings (CCS)

Women 21-64 years of age in the measurement year that were screened for cervical cancer using either of the following criteria:

- Age 21-64 - Cervical cytology performed every three years
- Age 30-64 - Cervical cytology/human papillomavirus (HPV) co-testing performed every five years

**Common Chart Deficiencies and Tips:**

- Documentation for members with hysterectomy, must include words such as “complete,” “total,” or “radical”
- Documentation of hysterectomy alone does not meet the NCQA guidelines because it does not indicate the cervix was removed

Chlamydia Screening in Women (CHL)

Members 16-24 years of age in the measurement year identified as sexually active that had at least one chlamydia test during the measurement year.

- Best Practice - Make chlamydia screening via urine test as part of the annual physical exam. Parental consent is not required.
- Members are identified as sexually active through administrative claim data either through pregnancy codes or pharmacy data for prescription contraceptives.
**Women’s Measures**

**Prenatal and Postpartum Care (PPC)**

Women who delivered a live birth between November 6th of the year prior to the measurement year, and November 5th of the measurement year.

There are two components to this measure:

**Timeliness of Prenatal Care**
- Prenatal visit in the first trimester or within 42 days of enrollment into the health plan

**Postpartum Care**
- Postpartum visit between 21 and 56 days after delivery (excludes C-section suture/staple removal appointment)
- Educate C-Section patient upon suture/staple removal visit that she must return between 21-56 days after the delivery date for a complete postpartum visit
- Refer to and use the ACOG sheets to help ensure measure compliance
**CHRONIC CONDITION MEASURES**

**Comprehensive Diabetes Care (CDC)**

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) and that have each of the following performed annually:

- Hemoglobin A1c (HbA1c) testing
  - HbA1c control <8.0%
- Nephropathy Screening including urine microalbumin, urine macroalbumin, or prescribed ACE inhibitor/ARB.
- Dilated retinal eye exam
- BP Control (<140/90 mm Hg)

**Common Chart Deficiencies and Tips:**
- Failure to order lab tests or results not documented in chart
- Lab values show poor control
- No documentation or testing for Nephropathy screening
- No referral for retinal eye exam
- Incomplete or missing information from specialty or consulting providers

**Controlling High Blood Pressure (CBP)**

Members 18-85 years of age in the measurement year with a diagnosis of hypertension whose blood pressure is adequately controlled. The HEDIS® requirement is to review the last blood pressure reading in the measurement year.

- 18-59 years of age whose Blood Pressure is <140/90
- 60-85 years of age with a diagnosis of diabetes whose Blood Pressure is <140/90
- 60-85 years of age without a diagnosis of diabetes whose Blood Pressure is <150/90

**Common Chart Deficiencies and Tips:**
- Often times the patient’s BP is taken first thing from walking to the exam room – and just after being weighed so:
  - Retake the BP if elevated
  - Check BP in both arms – HEDIS® allows lowest reading
  - Ensure the BP cuff is the correct size for the patient’s arm
  - HTN diagnosis on or before June 30 of the measurement year must be in the patient’s medical record
Medication Management for People with Asthma (MMA)

Members 5-64 years of age identified as having persistent asthma and were dispensed appropriate controller medications which they remained on during the treatment period.

Persistent asthma is defined as anyone who has at least one of the following:
- One Emergency Department visit with a primary diagnosis of asthma
- One Acute Inpatient stay with a primary diagnosis of asthma
- Four or more outpatient or observation visits with a diagnosis of asthma and at least two prescriptions filled for asthma medications (either rescue inhaler or controller)

The treatment period begins each year when the first prescription for a controller medication is filled. The treatment period continues through the end of the year for each member.

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

The goal is to have all members as close to 100% as possible!

Common controller medications for WV Medicaid: Accolate, Advair, Asmanex, Dulera, Flovent, montelukast, Pulmicort Respules, QVAR, Symbicort

Best Practice Tips:
- Be sure the patient knows the difference between their controller medications and rescue medications
- Be sure the patient knows how to properly use their inhaler
- Work with the patient to develop an Asthma Action Plan
- Refer patient to CoventryCare’s Asthma program by calling Lorrie Britton at 304-348-2943
Antidepressant Medication Management (AMM)

Members 18 years of age and older with a diagnosis of major depression and were treated with antidepressant medication, and that remained on an antidepressant medication treatment. This measures runs between May 1 of the year prior to the measurement year and ends on April 30 of the measurement year.

It does not matter whether the antidepressants were described by a PCP or mental health practitioner.

Two components reported:

- **Effective Acute Phase Treatment**: Members who remained on an antidepressant medication for at least 84 days (12 weeks)

- **Effective Continuation Phase Treatment**: Members who remained on an antidepressant medication for at least 180 days (6 months)

Common antidepressants for WV Medicaid include: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline.
Follow-up Care for Children Prescribed ADHD Medication (ADD)

Members 6-12 years of age in the measurement period, newly prescribed ADHD medication and had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

The measurement period for this measure is March 1 of the year prior to measurement year and ending February 28 of the measurement period.

Two components are reported:

- Initiation Phase – one follow-up visit by a practitioner with prescribing authority within 30 days of dispensed prescription

- Continuation Phase – members who remained on ADHD medication for at least 210 days who in addition to the Initiation Phase visit, had at least two more follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Best Practice Tips:

- No refills until the initial follow-up visit is complete
- Conduct initial follow-up visit 2-3 weeks after member starts medication therapy
- Member needs 2 additional visits within 9 months of starting medication, schedule these appointments at initial visit
- If member cancels, reschedule appointment right away
Follow-Up after Hospitalization for Mental Illness (FUH)

Members 6 years of age and older in the measurement year discharged after hospitalization for treatment of selected mental illness diagnoses and had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Two components reported:
- Members who received a follow-up visit within 7 days of discharge.
- Members who received a follow-up visit within 30 days of discharge.

For both indicators, any of the following meet criteria for a follow-up visit (7-Day or 30-Day):
- A Stand Alone Visit with a mental health practitioner
- A visit to a behavioral healthcare facility
- A visit to a non-behavioral healthcare facility with a mental health practitioner
- A visit to a non-behavioral healthcare facility with a diagnosis of mental illness
- Transitional care management services where the date of service on the claim is 29 days after the date the member was discharged with a principal diagnosis of mental illness.

The following meets criteria for only the 30-Day Follow-Up indicator:
- Transitional care management services where the date of service on the claim is 29 days after the date the member was discharged with a principal diagnosis of mental illness.

(End of HEDIS® measures – the following pages provide guidelines along with billing code references)
The use of correct billing codes is critical to ensuring your office receives credit for performing the exam, screening, or test performed. The following useful tips refer to HEDIS® requirements, member ages in the measurement period and corresponding codes per NCQA guidelines. These guidelines apply to all Medicaid members and are not managed care organization specific. **Measures are listed alphabetically.**

### Physician Documentation Guidelines and Administrative Codes

<table>
<thead>
<tr>
<th>HEDIS® Measure</th>
<th>Documentation Requirements</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adolescent Well-Care Visits (AWC)</strong></td>
<td>Well-Care visit with a PCP or OB/GYN during the measurement year with each of the following:</td>
<td>CPT: 99384-99385, 99393-99395, ICD-10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 HCPCS: G0438, G0439</td>
</tr>
<tr>
<td>Members 12 - 21 years of age</td>
<td>• Physical Exam</td>
<td></td>
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<tr>
<td></td>
<td>• Health History</td>
<td></td>
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<tr>
<td></td>
<td>• Physical Developmental History</td>
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<td>• Mental Developmental History</td>
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<tr>
<td></td>
<td>• Health Education/Anticipatory Guidance</td>
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<tr>
<td></td>
<td>Never miss an opportunity! Sick visits present an opportunity to complete a well visit as long as all the required documentation is met. CoventryCares will pay for a well visit outside of the 12-month cycle!</td>
<td></td>
</tr>
<tr>
<td><strong>Adult BMI Assessment (ABA)</strong></td>
<td>BMI documented during the measurement year or the year prior to the measurement year. This includes date and result for each of three elements: height, weight and BMI.</td>
<td>BMI Value (Age 21+) ICD-10 CM: Z68.1, Z68.20-Z68.29, Z68.3-Z68.39, Z68.41-Z68.45</td>
</tr>
<tr>
<td>Members 18 - 74 years of age</td>
<td>Avoid chart review by including the appropriate BMI or BMI percentile diagnosis code on the claim.</td>
<td>BMI Percentile (Age &lt;18) ICD-10 CM: Z51.51, Z51.52, Z51.53, Z51.54</td>
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# Physician Documentation Guidelines and Administrative Codes

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<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>Annual Dental Visit (ADV)</strong>&lt;br&gt;Members 2-20 years of age</td>
<td>At least one dental visit during the measurement year&lt;br&gt;Encourage patients to follow with a dentist for regular preventive services.</td>
<td><strong>Visit with Dental Practitioner</strong>&lt;br&gt;CPT: 70300, 70310, 70320, 7050&lt;br&gt;HCPCS for standard dental services</td>
</tr>
<tr>
<td><strong>Annual Monitoring for Patients on Persistent Medications (MPM)</strong>&lt;br&gt;Members 18 and over who were received at least 6 months of treatment with any of the following medications:&lt;br&gt;• ACE inhibitor&lt;br&gt;• ARB&lt;br&gt;• Digoxin&lt;br&gt;• Diuretic</td>
<td>Members taking <strong>ACE inhibitor or ARB</strong> require either of the following:&lt;br&gt;• Lab panel (BMP or CMP)&lt;br&gt;• Serum potassium test AND serum creatinine test&lt;br&gt;Members taking <strong>digoxin</strong> require either of the following:&lt;br&gt;• Lab panel (BMP or CMP) AND serum digoxin test&lt;br&gt;Serum potassium test AND serum creatinine test AND serum digoxin test&lt;br&gt;Members taking <strong>diuretics</strong> require either of the following:&lt;br&gt;• Lab panel (BMP or CMP)&lt;br&gt;Serum potassium test AND serum creatinine test</td>
<td><strong>Lab Panel</strong>&lt;br&gt;CPT: 80047, 80048, 80050, 80053, 80069&lt;br&gt;<strong>Serum Potassium</strong>&lt;br&gt;CPT: 80051, 84132&lt;br&gt;LOINCs available by contacting QI.&lt;br&gt;<strong>Serum Creatinine</strong>&lt;br&gt;CPT: 82565, 82575&lt;br&gt;LOINCs available by contacting QI.&lt;br&gt;<strong>Serum Digoxin</strong>&lt;br&gt;CPT: 80162&lt;br&gt;LOINCs available by contacting QI.</td>
</tr>
<tr>
<td>HEDIS® Measure</td>
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<td>----------------------------------------------------</td>
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</tbody>
</table>
| **Antidepressant Medication Management (AMM)**     | Members 18 and over who were treated with antidepressants and had a diagnosis of major depression then remained on medication treatment | **Major Depression Diagnosis**<br>ICD-10 CM: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9  
**Diagnosis must be combined with one of the following visit codes without regard to provider type**<br>CPT: 90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99510  
| **Appropriate Testing for Children with Pharyngitis (CWP)** | Children ages 2-18 who were diagnosed with pharyngitis in any setting and dispensed an antibiotic | **Pharyngitis Diagnosis**<br>ICD-10 CM: J02.2, J02.8, J02.9, J03.00, J03.80, J03.81, J03.90, J03.91  
**Group A Strep Test**<br>CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880  
LOINCs available by contacting QI. |
## PHYSICIAN DOCUMENTATION GUIDELINES AND ADMINISTRATIVE CODES

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<thead>
<tr>
<th>HEDIS® Measure</th>
<th>Documentation Requirements</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>Breast Cancer Screening (BCS)</strong></td>
<td>Mammogram performed every two years. Exclusions include bilateral mastectomy or two unilateral mastectomies. Must be clearly documented in the medical record. Encourage members to call for locations of Bonnie’s Bus if unable to get to a facility. Call Nancy Phillips at 1-888-348-2048 option 1 or go to <a href="http://www.wvucancer.org/bonnie/Bus-Calendar">www.wvucancer.org/bonnie/Bus-Calendar</a> for a list of locations/dates.</td>
<td></td>
</tr>
<tr>
<td>Women 50 - 74 years of age</td>
<td></td>
<td><strong>Mammogram Codes</strong></td>
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<tr>
<td></td>
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<td>CPT: 77055-77057</td>
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<tr>
<td></td>
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<td>HCPCS: G0202, G0204, G0206</td>
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<td>UB Revenue: 0401, 0403</td>
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<td><strong>Mastectomy Codes</strong></td>
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<td></td>
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<td>CPT: 19180, 19200, 19220, 19240, 19303-19307</td>
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<td></td>
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<td>ICD-10 PCS: 0HTV0ZZ, 0HTU0ZZ, 0HTT0ZZ</td>
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<td>ICD-10 CM: Z90.13 (hx of bilateral mastectomy)</td>
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<td></td>
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<td>Bilateral Modifiers: 50, 09950</td>
</tr>
<tr>
<td><strong>Cervical Cancer Screening (CCS)</strong></td>
<td>One of the following:</td>
<td><strong>Cervical Cytology Codes</strong></td>
</tr>
</tbody>
</table>
| Women 21 – 64 years of age            |   - Women age 21 - 64 who had cervical cytology performed every 3 years  
    - Women age 30 - 64 who had cervical cytology and HPV co-testing performed on the same date of service in the past 5 years | CPT: 88141-88143, 88147, 88148, 88150, 88152-88154,  
    88164-88167, 88174, 88175                                          |
|                                       |                                                                                                                                                                                                                             | HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148,  
    P3000, P3001, Q0091                                              |
|                                       |                                                                                                                                                                                                                             | LOINC available by contacting QI                                     |
|                                       |                                                                                                                                                                                                                             | **HPV Test**                                                         |
|                                       |                                                                                                                                                                                                                             | CPT: 87620-87622                                                     |
|                                       |                                                                                                                                                                                                                             | LOINC available by contacting QI                                     |
| **Chlamydia Screening in Women (CHL)**| Women identified as sexually active with a Chlamydia test annually. A prescription for contraceptives indicates sexual activity. Still required even if woman reports being in a monogamous relationship.                                       | CPT: 87110, 87270, 87320, 87490-87492, 87810                         |
| Women 16 - 24 years of age            |                                                                                                                                                                                                                             | LOINC available by contacting QI                                     |
**Physician Documentation Guidelines and Administrative Codes**

<table>
<thead>
<tr>
<th>HEDIS® Measure</th>
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<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childhood Immunization Status (CIS)</strong></td>
<td>Vaccines administered on or before second birthday:</td>
<td></td>
</tr>
<tr>
<td>Members turning 2 years of age</td>
<td><em>Billed or documented history of disease will also mark compliance for vaccinations designated with an asterisk. However, CoventryCares highly recommends vaccinations for children.</em></td>
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<tr>
<td></td>
<td>Vaccine</td>
<td>Dose(s)</td>
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<tr>
<td></td>
<td>DTaP</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>IPV</td>
<td>3</td>
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<tr>
<td></td>
<td>MMR*</td>
<td>1</td>
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<tr>
<td></td>
<td>Hib</td>
<td>3</td>
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<tr>
<td></td>
<td>Hep B*</td>
<td>3</td>
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<tr>
<td></td>
<td>VZV*</td>
<td>1</td>
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<tr>
<td></td>
<td>PCV</td>
<td>4</td>
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<tr>
<td></td>
<td>Hep A*</td>
<td>1</td>
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<tr>
<td></td>
<td>Rotavirus</td>
<td>2 or 3</td>
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<tr>
<td></td>
<td>Influenza</td>
<td>2</td>
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</table>
| **Comprehensive Diabetes Care (CDC)** | Members 18-75 with diabetes who had each of the following annual screenings:  
- HbA1c testing and result*  
- Blood Pressure*  
- Medical attention to nephropathy (urine test for protein or ACE/ARB medication therapy)  
- Retinal eye exam performed by an eye care professional  
*Date and result of last screening in the measurement year  
Avoid chart review by using CPT Category II codes for results. | **HbA1c Test**  
CPT: 83036, 83037  
LOINCs available by contacting QI.  
**HbA1c Results**  
CPT Cat II: 3044F, 3045F, 3046F  
**Blood Pressure Reading**  
CPT Cat II: 3074F-3080F  
(Please bill one code each for systolic and diastolic.)  
**Nephropathy Screening or ACEi/ARB Pharmacotherapy**  
CPT: 81000-81003, 81005, 82042-82044, 84156  
CPT Cat II: 3060F-3062F, 3066F, 4010F  
LOINCs available by contacting QI.  
**Eye Exam with Eye Care Professional**  
CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245  
CPT Cat II: 2022F, 2024F, 2026F  
HCPCS: S0620, S0621, S0625, S3000  
**Eye Exam billed by ANY Provider**  
CPT Cat II: 3072F |
## PHYSICIAN DOCUMENTATION GUIDELINES AND ADMINISTRATIVE CODES

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<tbody>
<tr>
<td><strong>Controlling High Blood Pressure (CBP)</strong></td>
<td>Date of diagnosis of HTN on or before June 30 of the measurement year. Last BP reading of the year. <strong>Be sure to repeat pressure if elevated.</strong></td>
<td><strong>Hypertension diagnosis</strong>&lt;br&gt;ICD-10-CM: I10&lt;br&gt;&lt;br&gt;<strong>Target is &lt;140/90 for everyone ages 18-59 and those 60-85 without a diagnosis of diabetes. The target for those ages 60-85 with a diagnosis of diabetes is &lt;150/90.</strong></td>
</tr>
<tr>
<td>Members 18 - 85 years of age with diagnosis of hypertension</td>
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<tr>
<td><strong>Follow-up After Hospitalization for Mental Illness (FUH)</strong></td>
<td>Members who were hospitalized for treatment of selected mental health disorders then had an outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.&lt;br&gt;Members should receive at least <strong>one</strong> follow-up within each timeframe:&lt;br&gt;  •  7 days of discharge&lt;br&gt;  •  30 days of discharge</td>
<td><strong>Visit with Mental Health Practitioner</strong>&lt;br&gt;CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510&lt;br&gt;HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</td>
</tr>
<tr>
<td>Members 6 years of age and older</td>
<td></td>
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<tr>
<td><strong>Follow-up Care for Children Prescribed ADHD Medication (ADD)</strong></td>
<td>A follow-up visit can be outpatient, intensive outpatient, or partial hospitalization. Two rates are reported:&lt;br&gt;  •  One follow-up visit with prescribing practitioner within 30-day initiation phase&lt;br&gt;  •  Two additional follow-up visits with prescribing practitioner within the 9 months immediately following the initiation phase</td>
<td><strong>Visit with a Prescribing Practitioner</strong>&lt;br&gt;CPT: 90804-90809, 90811-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241, 99245, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510&lt;br&gt;HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034-H0040, H2000, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015</td>
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<td>HEDIS® Measure</td>
<td>Documentation Requirements</td>
<td>Codes</td>
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<tr>
<td><strong>Human Papillomavirus Vaccine for Female Adolescents (HPV)</strong> 13 year old female adolescents</td>
<td>3 doses of HPV vaccine administered on or between member’s 9th and 13th birthdays</td>
<td>CPT: 90649, 90650, 90651</td>
</tr>
</tbody>
</table>
| **Immunizations for Adolescents (IMA)** 13 year old adolescents | Vaccines administered by member’s 13th birthday:  
• 1 meningococcal vaccine on or between 11th and 13th birthdays  
• 1 Tdap or 1 Td vaccine on or between 10th and 13th birthdays | Meningococcal  
CPT: 90733, 90734  
Tdap  
CPT: 90715  
Td  
CPT: 90714, 90718 |
| **Lead Screening in Children (LSC)** Members turning 2 years of age | At least one capillary or venous blood lead test on or before second birthday  
**A lead risk screening alone is not sufficient for the measure.** | CPT: 83655  
LOINCs available by contacting QI. |
| **Medication Management for People with Asthma (MMA)** Members 5-64 years of age identified as having persistent asthma and were dispensed appropriate controller medications which they remained on during the treatment period. | Members are excluded for any of the following diagnoses: emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due fumes or vapors, cystic fibrosis, or acute respiratory failure. | Asthma Diagnosis  
ICD 10-CM: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 |
# PHYSICIAN DOCUMENTATION GUIDELINES AND ADMINISTRATIVE CODES

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<tr>
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</thead>
</table>
| **Prenatal and Postpartum Care**  
  Prenatal Rate - (PPC)  
  Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year | Prenatal Care visit in the first trimester or within 42 days of enrollment (if enrolled after first trimester) with an OB/GYN practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be billed. 
  Documentation must include the visit date and evidence of one of the following: 
  - A basic physical obstetrical examination that includes: 
    - Auscultation for fetal heart tone, or 
    - Pelvic exam with obstetric observations, or 
    - Measurement of fundus height (a standardized prenatal flow sheet may be used), 
  - Prenatal Care Procedure, such as: 
    - Obstetric panel  
    - TORCH antibody panel alone  
    - Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing  
    - Ultrasound/echography of a pregnant uterus  
  - Documentation of LMP or EDD with either: 
    - Prenatal risk assessment & counseling/education  
    - Complete obstetrical history | **Stand Alone Codes**  
  CPT: 59400, 59510, 59610, 59618, 59425, 59426 and 99500 
  CPT Cat II: 0500F-0502F 
  HCPCS: H1000-H1004, H1005 |

<table>
<thead>
<tr>
<th>Routine Office Visit</th>
<th><strong>to be billed with any one of the following:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT: 99201-99205, 99211-99215, 99241-99245</td>
<td></td>
</tr>
</tbody>
</table>
  - **OB Panel**  
    CPT: 80055 |
|               | 
  - **TORCH (must have all four components)**  
    Toxoplasma Antibody CPT: 86777, 86778  
    Rubella Antibody CPT: 86762  
    Cytomegalovirus Antibody CPT: 86644  
    Herpes Simplex Antibody CPT: 86695-86696  
    LOINCs available by contacting QI. |
|               | 
  - **Rubella Antibody with ABO/Rh Blood Typing (both)**  
    Rubella Antibody CPT: 86762  
    ABO/Rh CPT: 86900, 86901  
    LOINCs available by contacting QI. |
|               | 
  - **Ultrasound/Echography**  
    CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828  
    ICD 10-PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ |

For more information, contact QI.
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Prenatal and Postpartum Care</td>
<td>Postpartum visit to an OB/GYN practitioner, Midwife, or PCP on or between 21 and 56 days after delivery.</td>
<td>Postpartum Visits</td>
</tr>
<tr>
<td>Postpartum Rate-(PPC)</td>
<td>Women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year.</td>
<td>CPT: 57170, 58300, 59430, 99501</td>
</tr>
<tr>
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<td>Documentation must indicate visit date and evidence of one of the following:</td>
<td>CPT Cat II: 0503F</td>
</tr>
<tr>
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<td>• Pelvic exam</td>
<td>ICD-10-CM Diagnosis: Z01.411, Z01.419, Z01.42, Z39.1, Z39.2</td>
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<td></td>
<td>• Examination of breasts (or notation of breastfeeding), abdomen, weight and blood pressure</td>
<td>HCPCS: G0101</td>
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<td>• Notation of postpartum care, such as “6 week check”, “postpartum” visit/care, PP care, or a preprinted form completed with patient specific</td>
<td>Cervical Cytology</td>
</tr>
<tr>
<td></td>
<td>information</td>
<td>CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</td>
</tr>
<tr>
<td></td>
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<td>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</td>
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## PHYSICIAN DOCUMENTATION GUIDELINES AND ADMINISTRATIVE CODES

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</table>
| **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)** Members 3 - 17 years of age | Evidence of outpatient visit with PCP or OB/GYN containing the following documentation dated during the measurement year:  
  - BMI percentile or BMI percentile plotted on an age-growth chart  
  - Weight  
  - Height  
  - Counseling or anticipatory guidance for nutrition (diet)  
  - Counseling or anticipatory guidance for physical activity (regular sports participation/exercise)  

  **Avoid chart review by submitting complete coding on the claim.** | BMI Percentile  
  ICD-10 CM: Z51.51, Z51.52, Z51.53, Z51.54  
  Nutrition  
  ICD-10-CM: Z71.3  
  CPT: 97802-97804  
  HCPCS: G0447, G0270, G0271, S9449, S9452, S9470  
  Physical Activity  
  HCPCS: G0447, S9451 |
| **Well Child Visits in the First 15 Months of Life (W15)** Members turning 15 months of age | Minimum of six well-care visits with a PCP during the first 15 months of life with the following documentation:  
  - Physical Exam  
  - Health History  
  - Physical Developmental History  
  - Mental Developmental History  
  - Health Education/Anticipatory Guidance | CPT: 99381-99385, 99391, 99392, 99461  
  ICD-10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9  
  HCPCS: G0438, G0439 |
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<tbody>
<tr>
<td><strong>Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</strong></td>
<td>Well-Care visit with a PCP during the measurement year with the following:</td>
<td>CPT: 99382-99383, 99392-99393</td>
</tr>
<tr>
<td><em>(W34)</em> Members 3 - 6 years of age</td>
<td>• Physical Exam</td>
<td>ICD-10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9</td>
</tr>
<tr>
<td></td>
<td>• Health History</td>
<td>HCPCS: G0438, G0439</td>
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<tr>
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<td>• Physical Developmental History</td>
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<td>• Mental Developmental History</td>
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<td>• Health Education/Anticipatory Guidance</td>
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<td><strong>Never miss an opportunity! Sick visits present an opportunity to complete a well visit as long as all the required documentation is met. CoventryCares will pay for a well visit outside of the 12-month cycle!</strong></td>
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