

## 2017 Provider Tips for Adult HEDIS Measures

### Condition Specific Care

HEDIS MEASURE	REQUIRED SERVICE	BILLING TIPS/DOCUMENTATION
<b>Controlling High Blood Pressure</b>  Members age 18 – 85  Members are identified as hypertensive if there is at least one outpatient visit with a diagnosis of hypertension during the first six months of the measurement year	<ul style="list-style-type: none"> <li>Documentation of members age <b>18 to 59</b> years with a dx of HTN and whose BP was adequately controlled (&lt;140/90)</li> <li>Members <b>60 to 85</b> years with a diagnosis of HTN and diabetes whose BP was under 140/90</li> <li>Members <b>60 to 85</b> years with a diagnosis of HTN and <b>no</b> diagnosis of diabetes with BP under 150/90</li> </ul> <p>If NO BP is recorded during the measurement year, the patient is "not controlled".</p>	Medical Record Review or CPT II code for BCBSM CPT II codes: Sys BP <130: 3074F Sys BP 130-139: 3075F Sys BP >/=140 3077F Dia BP <80 3078F Dia BP 80-89 3079F Dia BP >/= 90 3080F  <b>EXCLUSIONS:</b> <b>Pregnancy:</b> ICD-10: O00-O9A Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 <b>ESRD/transplant:</b> ICD-10: N18.5 N18.6 Z91.15 Z99.2 Z94.0
Medication Management for People with <b>Asthma</b>  Members age 5 – 85	Percentage of members during the measurement year that were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. <ul style="list-style-type: none"> <li>Anti-asthmatic combinations, antibody inhibitor, inhaled corticosteroids, inhaled steroid combinations, mast cell stabilizers, leukotriene modifiers or methylxanthines</li> </ul> <p>(Members with an inpatient admission for asthma emergency department dx of asthma, four or more outpatient/observation asthma visits, or two asthma medication dispensing events are included in the measure)</p>	Codes to Identify <b>Asthma:</b> <b>ICD-10:</b> J45.20-J45.22 J45.30-45-32 J45.40-J45.42 J45.50-J45.52 J45.901-J45.902 J45.909 J45.991 J45.998 <b>CPT:</b> 99221-99223 99231-99233 99238-99239 99251-99255 99291 (Numerator based on pharmacy claims) <b>EXCLUSIONS:</b> <b>COPD:</b> ICD-10:J44.0 J44.1 J44.9 <b>emphysema:</b> ICD-10:J43.0 J43.1 J43.2 J43.8 J43.9 J98.2 J98.3 <b>cystic fibrosis:</b> ICD-10:E84.0 E84.8 E84.9 E84.11 E84.19 <b>acute respiratory failure:</b> ICD-10:J96.00 J96.01 J96.02 J96.20 J96.21 J96.22
<b>Comprehensive Diabetic Care</b> Adults age 18 – 75 (Type I and 2)	Members ages 18-75 with Diabetes (Type 1 and 2) should have the following: <ul style="list-style-type: none"> <li><b>HgbA1C</b> testing annually</li> <li><b>HgbA1C</b> control (result &lt;8)</li> <li>Retinal or dilated eye exam by an optometrist or ophthalmologist <b>every 2 years</b> for patients <b>without retinopathy</b> and <b>yearly</b> for patients with a diagnosis of diabetic <b>retinopathy</b>. Retinal camera exams done in PCP's office satisfy the measure... use the appropriate F code to satisfy the measure.</li> <li><b>Blood Pressure</b> Control (result&lt;140/90)</li> <li><b>Medication Adherence</b> for oral Diabetes medication</li> <li>Documentation of a <b>nephropathy</b> screening test or evidence of nephropathy during the measurement year</li> <li>(Advice yearly urine screen even with previous evidence of nephropathy unless patient has ESRD or renal transplant.) Therapy for ACE inhibitor, ARB or renin inhibitor satisfy the measure with CPT 4010F code... no need to do the urine screen.</li> <li><b>Statin therapy</b> for Patients with Diabetes (<b>males age 21- 75 and females age 40-75</b>)                      This is a measure for diabetics without evidence or ASCVD to improve the use and adherence of statin therapy for primary prevention. Two rates are reported for this measure:                     <ol style="list-style-type: none"> <li>Received statin therapy (dispensed at least one prescription for high or moderate statin)</li> <li>Statin adherence 80% of the treatment period</li> </ol> </li> </ul>	<b>HgbA1C Screening</b> test: CPT: 83036 83037 <b>HgbA1C results:</b> CPT II: 3044F (HgbA1C under 7) 3045F (HgbA1C 7.0-9.0) 3046F (9 and above)  <b>Retinal Eye Exam:</b> CPT: 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 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, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245. CPT II: 2022F (retinal exam) 2026F (eye image) 3072F (negative retinal exam satisfies the metric for 2 years)  CPT II: <b>Systolic</b> (compliant) 3074F (noncompliant) 3077F; <b>Diastolic</b> (compliant) 3078F (noncompliant) 3080F Medicare D who adhere to drug therapy across classes of Diabetes medications  <b>Nephropathy Screening Test:</b> CPT: 82042 82043 82044 84156 CPT II: 3060F (positive microalbumin) 3061F (negative microalbumin)  Codes to identify <b>Nephrology Treatment:</b> CPT:3066F Documentation of treatment for nephropathy (e.g. patient receiving dialysis, patient being treated for ESRD, renal transplant, CRF, ARF or renal insufficiency, any visit to a nephrologist) 4010F (ACE prescribed)  <b>ESRD/transplant:</b> ICD-10: N18.5 N18.6 Z91.15 Z99.2 Z94.0  <b>Statin:</b> Pharmacy claims

<p>Use of <b>Spirometry Testing</b> in Assessment &amp; Dx of <b>COPD</b></p> <p>Members 40 and older</p>	<p>Percentage of adults 40 and older seen in an ED, outpatient or observation setting with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis. May include diagnosis of emphysema or chronic bronchitis</p>	<p><b>COPD:</b> ICD-10: J44.0 J44.1 J44.9 <b>Chronic bronchitis:</b> ICD-10: J41.0 J41.1 J41.8 J42 <b>Emphysema:</b> ICD-10: J43.0 J43.1 J43.2 J43.8 J43.9</p>
<p>Pharmacotherapy management of <b>COPD exacerbation</b></p> <p>Members 40 and older</p>	<p>Members who had an acute inpatient discharge or ED visit on or between January 1 and November 30<sup>th</sup> of the measurement year and who were dispensed the appropriate medications:</p> <ul style="list-style-type: none"> <li>• A systemic corticosteroid within 14 days of the event</li> <li>• A bronchodilator within 30 days of the event</li> </ul>	<p><b>COPD:</b> ICD-10: J44.0 J44.1 J44.9 <b>Chronic bronchitis:</b> ICD-10: J41.0 J41.1 J41.8 J42 <b>Emphysema:</b> ICD-10: J43.0 J43.1 J43.2 J43.8 J43.9</p>
<p>Persistence of <b>Beta Blocker</b> Treatment after a heart attack</p> <p>Members 18 and over</p>	<p>Members who were hospitalized and discharged in the measurement year with a dx of <b>AMI</b> who received beta-blockers for six months after discharge. <b>EXCLUSIONS:</b> COPD, HEART BLOCK, ASTHMA, HYPOTENSION, SINUS BRADYCARDIA</p>	<p>Documentation of persistent beta-blocker treatment at least 6 months post discharge. (Dispensed days must be &gt;135 of 180 days measured by prescription refills.) <b>ICD-10:</b> i21.01 i21.02 i21.09 i21.11 i21.19 i21.29 i21.3 i21.4</p>
<p><b>Statin Therapy</b> for patients with <b>Cardiovascular</b> Disease</p> <p>Males 21-75 years old Females 40-75 years old</p>	<p>The percentage of members with clinical atherosclerotic cardiovascular disease (ASCVD) and meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Received statin therapy (dispensed at least one prescription for high or moderate statin during the measurement year)</li> <li>• Statin adherence 80% of the treatment period</li> </ul>	<p>Codes to identify <b>ASCVD:</b> <b>ICD-10:</b> I25.0-I25.9 I51.6 <b>EXCLUSIONS:</b> <b>Pregnancy:</b> ICD-10: O00-O9A Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 <b>ESRD/transplant:</b> ICD-10: N18.5 N18.6 Z91.15 Z99.2 Z94.0 <b>Cirrhosis:</b> ICD-10: K70-K74 <b>Myalgia:</b> ICD-10: M79.1 <b>Myositis:</b> ICD-10: M66 <b>Rhabdomyolysis:</b> ICD10: M62.8</p>
<p>Use of Imaging Studies for <b>Low Back Pain</b></p> <p>Members 18-50 years old</p> <p>Identify members who had any of the following: outpatient, observation of ED visit for uncomplicated LBP, osteopathic manipulation for LBP, PT visit for LBP, or telehealth visit for LBP</p>	<p>The percentage of members with a primary diagnosis of low back pain who did <b>not</b> have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis. Avoid ordering diagnostic studies in the first six weeks of new-onset back pain unless certain "red flags" are present.</p>	<p>Codes to identify <b>Low Back Pain:</b> <b>ICD-10:</b> M54.5 <b>EXCLUSIONS include members with:</b></p> <ul style="list-style-type: none"> <li>• Previous diagnosis of low back pain (within prior six months)</li> <li>• History of cancer</li> <li>• Recent trauma within last 3 months</li> <li>• History of intravenous drug abuse within last 12 months</li> <li>• Severe or progressive neurologic impairment</li> <li>• anytime in last 12 months</li> <li>• History of HIV</li> <li>• History of Spinal Infection</li> <li>• History of Kidney Transplant</li> <li>• Prolonged use of corticosteroids (90 days) in the past 12 months</li> </ul>
<p>Disease Modifying Anti Rheumatic Drug Therapy for <b>Rheumatoid Arthritis</b></p> <p>Members age 18 and over</p>	<p>One or more prescriptions for disease modifying prescriptions during the measurement year</p>	<p>Codes to identify <b>Rheumatoid Arthritis</b> <b>ICD-10:</b>M0.5. And M0.6...(over 300 codes) <b>EXCLUSIONS:</b> <b>HIV:</b>ICD-10: B20-B24 <b>Pregnancy:</b>ICD-10: O00-O9A Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p>
<p><b>Osteoporosis Management</b> in Women who had a Fracture Female Members age 67 – 85</p>	<p>Service needed for women 67 and older who suffered a fracture:</p> <ul style="list-style-type: none"> <li>• BMD test</li> </ul> <p>Osteoporosis prevention/treatment prescription in the six months after the fracture <b>EXCLUSIONS:</b> fractures of fingers, toes, face and skull</p> <ul style="list-style-type: none"> <li>• Pathologic fractures</li> </ul>	<p><b>BMD</b> codes: CPT: 76977 77078-77083 78350-78351; HCPCS: G0130 <b>ICD-10:</b>J0630 J0897 J1740 J3110 J3487-J3489 Q2051 Dispensed prescription to treat osteoporosis in the 180 day period after the initial fracture</p>
<p>Avoidance of Antibiotic Treatment in Adults with <b>Acute Bronchitis</b></p> <p>Members Age 18-64</p>	<p>Percentage of adults seen in an ED, outpatient or observation setting with a diagnosis of acute bronchitis who were dispensed an antibiotic prescription. (Patients with a dx of acute bronchitis should <b>NOT</b> be dispensed an antibiotic.) <b>EXCLUSIONS:</b> HIV, active neoplasm, immune system disorder and hospice patients <b>COPD:</b> ICD-10:J44.0 J44.1 J44.9 <b>emphysema:</b> ICD-10:J43.0 J43.1 J43.2 J43.8 J43.9 J98.2 J98.3 <b>cystic fibrosis:</b> ICD-10:E84.0 E84.8 E84.9 E84.11 E84.19</p>	<p>Codes to identify: <b>Acute Bronchitis: ICD-10:</b> J20.3-J20.9 <b>CPT:</b> 99201-99205 99211-99215 99241-99245 99281-99285 99341-99350 99381-99397 99401-99412 99420 99429 99455 99456</p>

<p><b>Annual Monitoring for Patients on Persistent Medications</b> Members 18 and older</p>	<p>Percentage of adults who received at least 180 days of <b>ACE/ARB, digoxin</b> and <b>diuretic</b> in the current year that had at least one monitoring event</p> <ul style="list-style-type: none"> <li>• A lab panel in current year which includes K and Cr for patients on ACE/ARB or diuretic</li> <li>• For members on digoxin, at least one <b>K, Cr</b> and one <b>serum digoxin</b></li> </ul> <p><b>EXCLUSIONS:</b> hospice patients and patient with an inpatient encounter</p>	<p>Codes to identify: <b>HTN: ICD-10:</b> I10 <b>Atrial Fibrillation: ICD-10:</b> I48.0-I48.91 <b>CHF: ICD-10:</b> I50.2-I50.9</p>
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