

## 2018 Provider Tips for Adult HEDIS Measures

HEDIS MEASURE	REQUIRED SERVICE	BILLING TIPS/DOCUMENTATION																																																				
<b>Adult BMI Assessment</b>  Age 18-74 year	Documentation in the medical record must indicate weight and BMI value during the measurement year or year prior  <b>ALERT:</b> For members younger than 20 the BMI must be reported as a % or plotted on an age <b>growth chart</b>  <b>BMI %:</b> for members <b>18 to less than 20 years</b> BMI <5%                    Z68.51 BMI 5% - < 85%        Z68.52 BMI 85% - <95%        Z68.53 BMI >95%                Z68.54  <b>EXCLUSION:</b> Female members who have a diagnosis of pregnancy during the measurement year or year prior Members in hospice are excluded	<b>BMI Code:</b> for members <b>20 and over</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>&lt;or =19</b></td> <td style="width: 25%;">Z68.1</td> <td style="width: 25%;">32.0-32.9</td> <td style="width: 25%;">Z68.32</td> </tr> <tr> <td><b>20.0-20.9</b></td> <td>Z68.20</td> <td>33.0-33.9</td> <td>Z68.33</td> </tr> <tr> <td><b>21.0-21.9</b></td> <td>Z68.21</td> <td>34.0-34.9</td> <td>Z68.34</td> </tr> <tr> <td><b>22.0-22.9</b></td> <td>Z68.22</td> <td>35.0-35.9</td> <td>Z68.35</td> </tr> <tr> <td><b>23.0-23.9</b></td> <td>Z68.23</td> <td>36.0-36.9</td> <td>Z68.36</td> </tr> <tr> <td><b>24.0-24.9</b></td> <td>Z68.24</td> <td>37.0-37.9</td> <td>Z68.37</td> </tr> <tr> <td><b>25.0-25.9</b></td> <td>Z68.25</td> <td>38.0-38.9</td> <td>Z68.38</td> </tr> <tr> <td><b>26.0-26.9</b></td> <td>Z68.26</td> <td>39.0-39.9</td> <td>Z68.39</td> </tr> <tr> <td><b>27.0-27.9</b></td> <td>Z68.27</td> <td>40.0-44.9</td> <td>Z68.41</td> </tr> <tr> <td><b>28.0-28.9</b></td> <td>Z68.28</td> <td>45.0-49.9</td> <td>Z68.42</td> </tr> <tr> <td><b>29.0-29.9</b></td> <td>Z68.29</td> <td>50.0-59.9</td> <td>Z68.43</td> </tr> <tr> <td><b>30.0-30.9</b></td> <td>Z68.30</td> <td>60.0-69.9</td> <td>Z68.44</td> </tr> <tr> <td><b>31.0-31.9</b></td> <td>Z68.31</td> <td>70 and over</td> <td>Z68.45</td> </tr> </table>	<b>&lt;or =19</b>	Z68.1	32.0-32.9	Z68.32	<b>20.0-20.9</b>	Z68.20	33.0-33.9	Z68.33	<b>21.0-21.9</b>	Z68.21	34.0-34.9	Z68.34	<b>22.0-22.9</b>	Z68.22	35.0-35.9	Z68.35	<b>23.0-23.9</b>	Z68.23	36.0-36.9	Z68.36	<b>24.0-24.9</b>	Z68.24	37.0-37.9	Z68.37	<b>25.0-25.9</b>	Z68.25	38.0-38.9	Z68.38	<b>26.0-26.9</b>	Z68.26	39.0-39.9	Z68.39	<b>27.0-27.9</b>	Z68.27	40.0-44.9	Z68.41	<b>28.0-28.9</b>	Z68.28	45.0-49.9	Z68.42	<b>29.0-29.9</b>	Z68.29	50.0-59.9	Z68.43	<b>30.0-30.9</b>	Z68.30	60.0-69.9	Z68.44	<b>31.0-31.9</b>	Z68.31	70 and over	Z68.45
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<b>Colorectal Cancer</b>  Age 50-75 years	One or more screenings for colorectal cancer Appropriate screenings: <ul style="list-style-type: none"> <li>FOBT annually (must be completed in a certified lab) (In office digital rectal exam with FOBT does <b>NOT</b> satisfy the measure) (<i>New!</i> Removed the requirement from the specification that a fecal sample must be collected outside the office setting)</li> <li>Fit-DNA (Cologuard) in 2018 or 2 years prior</li> <li>Flex sigmoidoscopy during the measurement year or the four years prior</li> <li>Colonoscopy during the measurement year or for the nine years prior</li> <li>CT (Virtual) Colonography in 2018 or 4 years prior</li> </ul> <b>EXCLUSIONS:</b> members with a dx of colorectal cancer or total colectomy <b>ICD-10:</b> Z85.038(colon cancer) Z85.048 (rectum/anus cancer) Z90.49 (hx of colectomy) Members in hospice are excluded	<b>FOBT:</b> CPT: 82270 82274 HCPCS: G0328 <b>FIT-DNA (Cologuard):</b> CPT: 81528 HCPCS: G0464  <b>Flex sig:</b> CPT: 45330-45335 45337-45342 45345 ICD-10: Z12.11 Z12.12  <b>Colonoscopy:</b> CPT: 44388-44394 44397 45355 45378-45387 45391 45392 ICD-10: Z12.11 Z12.12  <b>CT (Virtual) Colonography:</b> CPT: 74263																																																				
<b>Breast Cancer Screening</b>  Women age 50-74 years	One mammogram screen or <b>digital tomosynthesis</b> in measurement year or prior year. (Ultra sound and MRIs are <b>NOT</b> considered appropriate methods for breast Ca screening)  <b>EXCLUSIONS:</b> members with a history of bilateral mastectomy or two unilateral mastectomies <b>ICD-10:</b> Z90.11® Z90.12 (L) Z90.13(bilateral) Members in hospice are excluded	CPT: 77055-77057 77063 HCPCS: G0202 G0204 G0206																																																				
<b>Cervical Cancer Screening</b>  Women age 21-64 years	Documentation of <b>one</b> of the following: <ul style="list-style-type: none"> <li>Women age <b>21-64</b> should receive cervical cytology screen every three years</li> <li>Women age <b>30-64</b> should receive cervical cytology/HPV co-testing every five years</li> </ul> <b>EXCLUSIONS:</b> Women who have an absent cervix agenesis of the cervix or total hysterectomy <b>ICD-10:</b> Z90.712(no cervix) Q51.5 (agenesis) Z90.710(TAH) Members in hospice are excluded	CPT: 88141-88143 88147 88148 88150 88152-88155 88164-88167 88174 88175  The following does <b>NOT</b> qualify: <ul style="list-style-type: none"> <li>Lab results that indicate inadequate sample or NO cervical cells</li> <li>Referral to Ob/Gyn alone does not meet measure</li> </ul>																																																				
<b>Medication Reconciliation Post-Discharge</b>  Members 18 years and over	The percentage of discharges from January 1, 2017 to December 31, 2017 with documentation on the date of discharge or within 30 days of discharge of medication reconciliation by a prescribing practitioner, clinical pharmacist or RN. Notation that no medications were prescribed or ordered upon discharge also satisfies the metric	<b>CPT:</b> 99495 99496 (Transition of Care) <b>CPT II:</b> 1111F (Medication reconciliation)																																																				

<p><b>Chlamydia Screening</b></p> <p>Women age 16-24 years</p> <p>(Eligible population is identified by codes indicating pregnancy or sexual activity. Any member with a pregnancy test or pharmacy claim for contraceptives is included in the population.)</p>	<p>Sexually active women ages 16-24 should have at least one test for Chlamydia each year</p> <p>This can be completed with a simple urine screen. Does <b>not</b> require a pelvic exam</p> <p><b>EXCLUSIONS:</b> members with history of pregnancy during measurement year or year prior</p> <p><b>ICD-10:</b> O00-O9A Z3A Z34</p> <p>Also <b>excluded</b> are members with a pregnancy test and an X-ray done or prescription for a retinoid within 6 days of the pregnancy test.</p> <p>Members in hospice are excluded</p>	<p>CPT: 87110 87270 87320 87490-87492 87810</p>
<b>Care of Older Adults</b>		
<b>HEDIS MEASURE</b>	<b>REQUIRED SERVICE</b>	<b>BILLING TIPS/DOCUMENTATION</b>
<p>Care of Older Adults</p> <p>Age 66 and older</p>	<p>Members ages 66 and older should have each of the following once per year</p> <ul style="list-style-type: none"> <li>• <b>Advance care planning</b></li> <li>• <b>Medication review</b> (document if patient is not taking any medication)</li> <li>• <b>Functional status assessment</b></li> <li>• <b>Pain assessment</b> (screening or management)</li> </ul> <p><b>Pain assessment/plan</b> limited to an <b>acute</b> event or body system does NOT qualify</p>	<p>CPT II:</p> <p><b>Identify Advance Care Planning:</b> 1157F 1158F</p> <p><b>Identify Medication Review:</b> 1160F</p> <p><b>Functional Status Assessment:</b> 1170F</p> <p><b>Pain Assessment:</b> 1125F 1126F</p> <p>CPT codes:</p> <p><b>Identify Advance Care Planning:</b> 99497</p> <p><b>Identify Medication Review:</b> 90863 99605 99606</p> <p>HCPCS:</p> <p><b>Identify Advance Care Planning:</b> S0257</p> <p><b>Identify Medication Review:</b> G8427</p>
<p><b>Medication Reconciliation</b></p> <p>Post Discharge for Older Adults (66 years and older)</p>	<ul style="list-style-type: none"> <li>• Members 66 and older should have medication reconciled on or within <b>30</b> days of discharge from a hospital in an outpatient setting. A transition of care code satisfies this measure.</li> </ul>	<p>CPT:</p> <p><b>Identify Medication Reconciliation:</b> 1111F</p> <p><b>Transition of Care Code:</b> 99495 or 99496</p>
<p><b>Osteoporosis Management</b> in Adult Women who have had a fracture:</p> <p>Age 67 to 85</p>	<p>Service needed for women 67 and older who suffered a fracture between July 1 one year prior to the current year, through June 30 of the current year:</p> <ul style="list-style-type: none"> <li>• BMD test</li> <li>• Osteoporosis prevention/treatment prescription in six months after fracture</li> </ul> <p><b>EXCLUSION:</b> BMD within 24 months prior to the fracture, osteoporosis therapy medication within 12 months prior to the fracture. Fractures of the finger, face and skull.</p>	<p>BMD: CPT: 76977 77078-77083 78350 78351</p> <p>HCPCS: G0130</p> <p>ICD-9: 88.98</p> <p>Dispensed prescription to treat osteoporosis in the 180 day period after initial fracture</p>
<p><b>Flu Vaccination</b> Age 65 and older</p>	<p>Percentage of members 65 and older who received a Flu Vaccine between July 1, 2014 and the date when CAHPS Survey was completed.</p>	<p>This measure is collected using consumer survey methodology.</p>
<p><b>Pneumococcal Vaccination</b> Age 65 and older</p>	<p>Percentage of members 65 and older who have EVER had a Pneumococcal Vaccination.</p>	<p>This measure is collected using consumer survey methodology.</p>

**NOTE:** *Non-Recommended PSA-Based Screening in Older Men* is included in the HEDIS measure set. This assesses the percentage of men 70 years and older who are unnecessarily screened for prostatic cancer using prostate-specific antigen-based screening.

*Non-Recommended Cervical Cancer Screening* in females (age 20 and younger) is also included in the HEDIS measure set. This assesses the percentage of females between 16 and 20 who are unnecessarily screened for cervical cancer.

**DISCLAIMER**

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