

2021 Provider Tips for Adult HEDIS Measures

HEDIS MEASURE	REQUIRED SERVICE	BILLING TIPS/DOCUMENTATION
Note: (*) signifies a No Entry Measure in Health e-Blue and (†) signifies a star measure		
<p>Comprehensive Diabetes Care (CDC)†</p> <p>Members 18 – 75 years (Type I and 2)</p>	<p>The percentage of members, 18–75 years of age as of December 31 of the measurement year, with diabetes (type 1 or type 2) who had each of the following:</p> <p>Good HbA1c (<= 9.0%) MA only HbA1c Control (<8.0%) Commercial only BP Control (<140/90 mm Hg) Eye Exam (Retinal) Medical attention for nephropathy MA only</p> <p>Members are identified having diabetes as follows:</p> <ul style="list-style-type: none"> • One acute inpatient admission with a primary or secondary diagnosis of diabetes without telehealth in the measurement year or the year prior to the measurement year OR • One acute inpatient discharge with a diagnosis of diabetes on the discharge claim. • Two outpatient visits, emergency department visits, observation visits, telephone visits, online assessments, nonacute inpatient discharges or nonacute inpatient encounters, on different dates of service with a primary or secondary diagnosis of diabetes in the measurement year or the year prior to the measurement year OR • Members who were dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year <p>Continuous Enrollment: The measurement year.</p> <p>Note: If a member has claim(s) that above criteria they cannot be removed from the diabetes measures, even if they do not have diabetes unless a corrected claim is submitted by PCP, Specialist or facility that submitted original claim.</p> <p>Retinal Eye Exam Screening or monitoring for diabetic retinal disease performed by an eye care professional (Optometrist or Ophthalmologist). This includes:</p> <ul style="list-style-type: none"> > Retinal or dilated eye exam completed during 2020 or > Negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year 2019. > Bilateral eye enucleation anytime during the member's history through December 31 of measurement year. <p>Medical Treatment/Monitoring for Nephropathy A nephropathy screening test or monitoring test during the measurement year. Any of the following meet criteria:</p> <ul style="list-style-type: none"> > 24-hour urine for albumin or protein > Timed urine for albumin or protein > Spot urine for albumin or protein (urine protein test) > Urine for albumin/creatinine ration > 24-hour urine for total protein > Random urine for protein/creatinine ratio OR > A visit with a nephrologist in the measurement year OR > Evidence of ACE inhibitor/ARB therapy during the measurement year OR > Evidence of Treatment for Nephropathy in the measurement year OR > Evidence of Renal Transplant <p>Hemoglobin (HbA1c) A1c tested</p> <ul style="list-style-type: none"> • Good HbA1c (<= 9.0%) MA only • The most recent HbA1c level performed during the measurement year is <= 9.0% • HbA1c Control (<8.0%) Commercial only • The most recent HbA1c level performed during the measurement year is < 8.0% 	<p>Codes for Disease Identification: Outpatient/Ambulatory Preventive Visits CPT: 99201-99205, 99211-99215, 99315, 99241-99245, 99341- 99345, 99347-99350, 99381-99387, 99391-99397,99401-99404,99411, 99412, 99429, 99456, 99455, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 Revenue: 0520-0523, 0526-0529, 0982, 0983</p> <p>Codes to identify HbA1c Tests CPT: 83036, 83037 CPT Category II: 3044F, 3046F 3051F, 3052F</p> <p>Codes to identify Nephropathy Screening Tests CPT CATEGORY II: 3060F 3061F, 3062F</p> <p>Codes to identify Evidence of Nephropathy CPT: 81000-81003, 81005, 82042, 82043, 82044, 84156 CPT CATEGORY II: 4010F, 3066F</p> <p>Evidence of Treatment for Nephropathy CPT: 36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 90957, 90962-90966, 90969, 90970, 90967, 90968 CPT CATEGORY II: 3066F, 4010F HCPCS: G0257, S9339, S2065 ICD10CM: Z992, Z9115, N186, N185, Z940</p> <p>Evidence of:</p> <ul style="list-style-type: none"> • Chronic Kidney Disease Stage 4 • ESRD • Kidney transplant <p>Codes to identify Eye Exams for Diabetic Retinal Disease (must be with or evaluated by an eye care professional) CPT: 67028, 67030, 67031, 67036, 67039 - 67043, 67101, 67105, 67107, 67108, 67110, 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, 99281 - 99285 CPT CATEGORY II: 2022F - 2026F, 3072F, 3066F, 4010F (These codes can be billed by any provider type during the measurement year). 3072F refers to a negative exam in the year PRIOR to the measurement year only. HCPCS: S3000, S0620, S0621</p> <p>EXCLUSIONS: Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year, and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p> <p>*Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.</p>

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Statin Therapy for patient with Diabetes (SPD) Members 40 – 75 years	Members 40 to 75 years of age as of December 31 of the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria: 1. Received Statin Therapy: The number of members who had at least one dispensing event for a high-intensity, moderate intensity, or low-intensity statin medication during the measurement year. 2. Statin Adherence 80 percent: Remained on a statin medication of any intensity for at least 80 percent of the treatment period. Continuous enrollment: The measurement year and the year prior to the measurement year.	EXCLUSIONS: <ul style="list-style-type: none"> Members with CVD Females with a diagnosis of pregnancy during the measurement year or year prior to the measurement year In vitro fertilization in the measurement year or year prior to the measurement year Members dispensed at least one prescription for clomiphene during the measurement year or year prior to the measurement year ESRD during the measurement year or year prior to the measurement year Cirrhosis during the measurement year or the year prior to the measurement year Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year. Members in hospice. *Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.
Statin Use in Persons with Diabetes (SUPD)* Members 40 – 75 years Medicare Only	Members 40 to 75 years of age during the measurement year were dispensed at least two diabetes medications that were filled and who received a statin medication fill during the measurement period. <ul style="list-style-type: none"> Numerator: Number of member years of enrolled adult members (40-75 years old) who received a statin medication fill during the measurement period. Denominator: Number of member years of enrolled adult members (40-75 years old) with at least two diabetes medication fills during the measurement period. Continuous enrollment: The measurement year and the year prior to the measurement year.	EXCLUSIONS: New for 2021 –ICD-10 codes must be billed! Pre-diabetes (R73.03, R73.09) Polycystic ovarian syndrome (E28.2) Liver disease Pregnancy and/or Lactation Rhabdomyolysis/Myopathy/Myositis: <ul style="list-style-type: none"> G72.0 (Drug-induced myopathy) G72.89 (Other specified myopathies) G72.9 (Myopathy, unspecified) M60.80 (Othermyositis, unspecified site) M60.9 (Myositis, unspecified) M62.82 (Rhabdomyolysis) T46.6X5A (Adverse effect of antiatheroscleroticdrugs, initial encounter) Polycystic ovarian syndrome (E28.2) <ul style="list-style-type: none"> Members with an ESRD diagnosis Members in Hospice.
Medication Adherence to Oral Diabetes Medications* Medicare Only	The percentage of adult Medicare members who adhere to their prescribed drug therapy across the following classes of oral diabetes medications; biguanides, sulfonylureas, thiazolidinediones, incretin mimetic, meglitinide, and DPP-IV inhibitors. <ul style="list-style-type: none"> Numerator: Number of adult members (18 or older) enrolled during the measurement period with a proportion of days covered at 80 percent or over across the classes of oral diabetes medications. Denominator: Number of adult members (18 or older) enrolled during the measurement period with at least two fills of medication(s) across any of the drug classes of oral diabetes drugs. 	EXCLUSIONS: Members are <i>excluded</i> if they have one or more fills for insulin during the measurement period.
Breast Cancer Screening (BCS)† Women 52 – 74 years	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. Percentage of women age 52 to 74 years old as of December 31 of the measurement year who have had a mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Note: This measure evaluates primary screening. Do not count biopsies, breast ultrasounds or MRIs because they are not appropriate methods for primary breast cancer screening. The age range reflects the HEDIS eligible population for the measure, which differs from the recommended screening age ranges.	Codes to identify breast cancer screening (mammograms): CPT: 77055-77057, 77061 - 77063, 77065 - 77067 HCPCS: G0202, G0204, G0206 Revenue Codes: 0401, 0403 EXCLUSIONS: Bilateral mastectomy ICD10PCS: 0HTV0ZZ Unilateral mastectomy with a bilateral modifier (50) – Must be on same claim CPT: 19180, 19200, 19220, 19240, 19303 - 9306 History of Bilateral Mastectomy ICD10: Z90.13 Any combination of codes that indicate Left or Right Mastectomy ICD10: Z90.11 - Z90.12 ICD10PCS: 0HTU0ZZ, 0HTT0ZZ

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	<p>Continuous enrollment: October 1 two years prior to the measurement year through December 31 of the measurement year.</p>	<p>EXCLUSIONS: Members with a bilateral mastectomy, unilateral mastectomy <i>with</i> a bilateral modifier on the same claim, OR two unilateral mastectomies <i>without</i> a modifier. Or a unilateral mastectomy found in clinical data with a bilateral modifier. Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service.</p> <p>*Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.</p>
<p>Cervical Cancer Screening (CCS)*</p> <p>Women 24 – 64 years</p>	<p>For women 24–64 years of age as of December 31 of the measurement year, a cervical cytology testing (PAP test).</p> <ul style="list-style-type: none"> Women age 24 – 64 who had cervical cytology performed in the measurement year or the two years prior to the measurement year. Women 30-64 years of age who had cervical high-risk human papillomavirus (HPV) testing performed in the measurement year or the four years prior <p>The percentage of women age 24 – 64 years of age as of December 31 of the measurement year who were screened for cervical cancer.</p> <p>Note: The age ranges reflect the HEDIS Eligible Population for the measure, which may differ from the recommended screening age ranges.</p> <p>Continuous enrollment: The measurement year and the two years prior to the measurement year.</p>	<p>Codes to identify Cervical Cancer Screening (Pap test) CPT: 88141-88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143 - G0145, G0147, G0148, P3000, P3001, Q0091 REVENUE CODES: 0923</p> <p>Codes to identify Cervical High-Risk Human Papillomavirus (HPV) Test CPT: 87620, 87621, 876322, 87624, 87625 HCPCS: G0476</p> <p>Codes to identify Human Papillomavirus Test CPT: 87620, 87621, 87622, 87624, 87625 HCPCS: G0476</p> <p>EXCLUSIONS: CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290 - 58294, 58548, 58550, 58552 - 58554, 58570 – 58573, 58951, 58953, 58954, 58956, 59135 ICD10: Q51.5, Z90.710, Z90.712 ICD10PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ</p> <p>EXCLUSIONS: Women who have had a total hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year. Documentation of "complete," "total" or "radical" abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix, and a hysterectomy along with a notation that the member no longer needs a pap examination.</p>
<p>Colorectal Cancer Screening (COL)†</p> <p>Members 51 – 75 years</p>	<p>Members between 51 and 75 years old with appropriate colorectal cancer screening:</p> <ul style="list-style-type: none"> One or more fecal occult blood (FOBT or FIT) tests during the measurement year. Do not count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE. OR One or more flexible sigmoidoscopy procedures during the measurement year or the four years prior to the measurement year. One or more colonoscopy procedures during the measurement year or the nine years prior to the measurement year. <p>Note: Clear documentation of previous colonoscopy or sigmoidoscopy, including year performed, is required in the medical history section of the medical record.</p> <ul style="list-style-type: none"> CT colonography during the measurement year or the four years prior to the measurement year. FIT-DNA test during the measurement year or the two years prior to the measurement year. <p>Percentage of members who are between 51 and 75 years old as of December 31 of the measurement year who had appropriate colorectal cancer screening.</p>	<p>Codes to identify Colorectal Cancer Screening: FOBT Fecal occult blood test (FOBT) CANNOT be part of a digital rectal exam CPT: 82270, 82274 HCPCS: G0328</p> <p>Flexible sigmoidoscopy CPT: 45330 - 45335, 45337 - 45342, 45345 - 45347, 45349 - 45350 HCPCS: G0104</p> <p>Colonoscopy CPT: 44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398 HCPCS: G0105, G0121</p> <p>CT Colonography CPT: 74261, 74262, 74263</p> <p>Cologuard Test/FIT-DNA Test CPT: 81528 HCPCS: G0464</p> <p>EXCLUSIONS: Members with a history of either of the following: Colorectal Cancer HCPCS: G0213-G0215, G0231</p>

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	<p>Continuous enrollment: The measurement year and the year prior to the measurement year.</p> <p>Note: The age ranges for COL reflects the HEDIS eligible population for the measure, which differs from the recommended screening age ranges.</p>	<p>ICD10: C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048</p> <p>Total Colectomy</p> <p>CPT: 44150 - 44153, 44155 - 44158, 44210 - 44212</p> <p>*Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.</p>
<p>Appropriate Treatment for Upper Respiratory Infection (URI)*</p> <p>Members 3 months and older</p>	<p>Percentage of members three months of age and older who were given a diagnosis of upper respiratory infection (URI) and were NOT dispensed an antibiotic prescription. A higher rate indicates appropriate treatment. Note: a member may have more than 1 episode during the measurement year.</p> <p>BCN Intake Period: A 12-month window that begins on January 1 of The measurement year and ends on December 31 of the measurement year (01/01-12/31).</p> <p>Blue Cross PPO Intake Period: July 1 of prior measurement year to June 30 of the measurement year.</p> <p>Note: Please note this measure is inverted on HEB. The number is showing members who did have an antibiotic dispensed.</p>	<p>Codes to identify URI:</p> <p>ICD10: J00, J06.0, J06.9</p> <p>EXCLUSIONS:</p> <p>Episodes where the member had a claim/encounter with a competing diagnosis on or three days after another episode date. Excludes episode dates when the member had any diagnoses other than those listed below for URI.</p> <p>A period of 12 months prior to and including the Episode Date, when the member had claims/encounters with any diagnosis for a comorbid condition.</p>
<p>Appropriate Testing for Pharyngitis (CWP)</p> <p>Members 3 years and older</p>	<p>A strep test in the seven-day period, from three days prior through three days after the episode date.</p> <p>Percentage of members 3 years of age and older who were diagnosed only with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).</p> <p>BCN Intake Period: A 12-month window that begins on January 1 of the measurement year and ends on December 31 of the measurement year (01/01-12/31).</p> <p>Blue Cross PPO Intake Period: July 1 of prior measurement year to June 30 of the measurement year.</p>	<p>Codes to identify Pharyngitis</p> <p>ICD10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p> <p>Codes to identify Appropriate Testing (Strep Test)</p> <p>CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p>EXCLUSIONS:</p> <p>Exclude Episode Dates if the member did not receive antibiotics on or up to three days after the Episode Date. Members in Hospice.</p>
<p>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)*</p> <p>Members 3 months and older</p>	<p>The percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.</p> <p>Note: A member may have more than 1 episode during the measurement year.</p> <p>Intake period: January 1-December 24 of the measurement year. The Intake Period captures eligible episodes of treatment.</p> <p>Continuous enrollment: 30 days prior to the Episode Date through three days after the Episode Date (34 total days).</p> <p>Note: BCBSM has this measure inverted on HEB. The number is showing members who did have an antibiotic dispensed.</p>	<p>Codes to identify Acute Bronchitis:</p> <p>ICD10: J20.3 - J20.9, J21.0, J21.1, J21.8, J21.9</p> <p>EXCLUSIONS:</p> <p>Exclude episodes when the member had a claim for a comorbid condition during the 12 months prior to an episode date. Members in hospice are excluded from eligible population.</p> <p>Comorbid conditions include HIV, HIV type II, malignant neoplasm, emphysema, COPD, cystic fibrosis, and disorders of the immune system. (Specific comorbid conditions are not included in the specs).</p>
<p>Osteoporosis Management in Women Who Had a Fracture (OMW)†</p> <p>Women 67 – 85 years</p>	<p>One or more of the following: (1) a BMD test or (2) osteoporosis prevention/treatment prescription in the six months after the fracture.</p> <p>The percentage of women 67 – 85 years of age who suffered a fracture and who had EITHER a bone mineral density (BMD) test OR a prescription for a drug to treat or to prevent osteoporosis in the six months after the fracture.</p> <p>Women 67 years – 85 years of age as of December 31 of the measurement year.</p> <p>Continuous Enrollment: 12 months before the initial fracture date through 6 months after the initial fracture date.</p> <p>The member has to be negative for a diagnosis of fracture for 60 days (two months) prior to the IESD and have appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria:</p> <ul style="list-style-type: none"> A BMD test in any setting on the index episode date (IESD) or in the 180-day period (six months) after the initial fracture date. A BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization). Osteoporosis therapy on the IESD or in the 180-day (6 month) period after the IESD. • If the IESD was an inpatient 	<p>Codes for Osteoporosis Therapies:</p> <p>HCPCS: J3487 - J3489, J1740, , Q2051, and J0630, J3110, J0897</p> <p>Codes to identify Bone Mineral Density Test:</p> <p>CPT: 76977, 77078, 77080-77082, 77085, 77086</p> <p>ICD10: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1</p> <p>HCPCS: G0130</p> <p>EXCLUSIONS:</p> <p>Exclude members who had a BMD 730 days (24 months) prior to IESD, or a claim/encounter for osteoporosis therapy or received a dispensed prescription to treat osteoporosis during the 365 days (12 months) prior to the IESD.</p> <p>Codes for Fractures of finger, toe, face, skull and pathological fractures are NOT included in this measure.</p>

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	<p>stay, long-acting osteoporosis therapy during the inpatient stay.</p> <ul style="list-style-type: none"> A dispensed prescription to treat osteoporosis on the initial fracture date or in the 180-day period after the initial fracture date. 	<p>HCPCS: S2360</p> <p>*Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.</p>
<p>Use of Imaging Studies for Low Back Pain (LBP)*</p> <p>Members 18 – 50 years</p>	<p>The percentage of members 18 to 50 years of age with a primary diagnosis of low back pain who did not have a (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p>Intake period: January 1 – December 3 of the measurement year. The intake period is used to identify the first outpatient or ED encounter with a primary diagnosis of low back pain.</p> <p>Note: BCBSM has this measure inverted on Heb. The numerator is showing members who did have an imaging study done.</p> <p>IESD – Index Episode Start Date. The earliest date of service for an eligible encounter during the intake period with a principal diagnosis of low back pain.</p> <p>Continuous enrollment: 180 days (six months) prior to the IESD through 28 days after the IESD.</p>	<p>Codes to identify Low Back Pain: ICD-10: M54.5</p> <p>Codes to identify Imaging Studies CPT: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131 - 72133, 72141, 72142, 72146 - 72149, 72156, 72158, 72200, 72220, 72202</p> <p>REVENUE CODES: 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972</p> <p>EXCLUSIONS: Exclude any member who had a previous diagnosis of low back pain (within prior six months), cancer, recent trauma (within three months), intravenous drug abuse, neurologic impairment, HIV, spinal infection, organ transplant, prolonged use of corticosteroids. Members in hospice.</p>
<p>Antidepressant Medication Management (AMM)*</p> <p>Members 18 and older</p>	<p>Members 18 years of age and older who were treated with an antidepressant medication and had a diagnosis of major depression and who remained on an antidepressant medication treatment during the measurement year.</p> <p>18 years of age and older as of January 1 of the measurement year.</p> <p>Continuous enrollment: The measurement year. Two rates are reported:</p> <ul style="list-style-type: none"> Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (six months). 	<p>EXCLUSIONS: Members who did not have an encounter with a diagnosis of major depression during the 121- day period from 60 days prior to the IPSD, through the IPSPD and the 60 days after the IPSPD. Exclude members in Hospice.</p>
<p>Statin Therapy for patients with Cardiovascular Disease (SPC)*†</p> <p>Males 21 – 75 years Females 40 – 75 years</p>	<p>Members are identified as having ASCVD by the following methods:</p> <p>EVENTS: Any of the following events in the year prior to the measurement year:</p> <ul style="list-style-type: none"> Discharged from an inpatient setting with an MI A CABG in any setting A PCI in any setting Any other revascularization procedure in any setting <p>DIAGNOSIS: Identify members as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.</p> <ul style="list-style-type: none"> At least one acute inpatient encounter with an IVD diagnosis A telephone visit with an IVD diagnosis, An online assessment with IVD diagnosis, At least one acute inpatient discharge with a diagnosis of IVD <p>Male Members 21 to 75 years of age and females 40 to 75 years of age as of December 31 of the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who met the following criteria:</p> <ol style="list-style-type: none"> Received Statin Therapy: The number of members who had at least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year. Statin Adherence 80 percent: the number of members in number one who remained on a high intensity or moderate intensity statin medication for at least 80 percent of the treatment period. <p>Treatment period: the period of time beginning on the IPSPD (index prescription start date) through the last day of the measurement year.</p> <p>Continuous enrollment: The measurement year and the year prior to the measurement year.</p>	<p>EXCLUSIONS:</p> <ul style="list-style-type: none"> Females with a diagnosis of pregnancy during the measurement year or year prior to the measurement year In vitro fertilization in the measurement year or year prior to the measurement year Members dispensed at least one prescription for clomiphene during the measurement year or year prior to the measurement year ESRD during the measurement year or year prior to the measurement year Cirrhosis during the measurement year or the year prior to the measurement year Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year Members in hospice care. <p>*Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.</p>

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Medication Adherence for Hypertension *RAS Antagonists)* Medicare Only	<p>The percentage of adult Medicare members who adhere to their prescribed RAS antagonist drug therapy of an ACEI or ARB or a direct rennin inhibitor medication.</p> <ul style="list-style-type: none"> Numerator: Number of adult members (18 or older) enrolled during the measurement period with a proportion of days covered (PDC) at 80 percent or over for RAS antagonist medications. Denominator: Number of adult members (18 or older) enrolled during the measurement period with at least two fills of either the same medication or medications in the same drug class. 															
Medication Adherence for Cholesterol (STATINS)* Medicare Only	<p>The percentage of adult Medicare members who adhere to their prescribed drug therapy for statin cholesterol medications.</p> <ul style="list-style-type: none"> Numerator: Number of adult members (18 or older) enrolled during the measurement period with a proportion of days covered (PDC) at 80 percent or over for statin cholesterol medications. Denominator: Number of adult members (18 or older) enrolled during the measurement period with at least two fills of either the same statin medication or medications in the same drug class. 															
Controlling High Blood Pressure (CBP)† Members 18 – 85 years	<p>Most recent Blood Pressure, the last reading in the measurement year.</p> <p>Members 18 to 85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled 139/89 or lower during the measurement year.</p> <p>Members must have at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year (count services that occur over both years).</p> <p>Any of the following combinations meet criteria with any diagnosis of hypertension:</p> <ul style="list-style-type: none"> Outpatient visit with or without telehealth modifier A telephone visit An online assessment <p>Visit type need not be the same for the two visits. Only one of the two visits may be a telephone visit, an online assessment or a telehealth visit.</p> <p>Adequate control is both a systolic BP < 139 mm Hg and a diastolic BP < 89 mm Hg and is the most recent BP reading during the measurement year. The blood pressure reading must occur on or after the second date of the diagnosis of hypertension. Patient reported BP readings are not acceptable.</p>	<p>Codes to indicate blood pressure:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2" style="background-color: #42a5f5; color: white;">CPT II Codes</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Sys BP <130</td> <td style="text-align: center;">3074F</td> </tr> <tr> <td style="text-align: center;">Sys BP 130-139</td> <td style="text-align: center;">3075F</td> </tr> <tr> <td style="text-align: center;">Sys BP >/=140</td> <td style="text-align: center;">3077F</td> </tr> <tr> <td style="text-align: center;">Dia BP <80</td> <td style="text-align: center;">3078F</td> </tr> <tr> <td style="text-align: center;">Dia BP 80-89</td> <td style="text-align: center;">3079F</td> </tr> <tr> <td style="text-align: center;">Dia BP >/= 90</td> <td style="text-align: center;">3080F</td> </tr> </tbody> </table> <p>EXCLUSIONS:</p> <ul style="list-style-type: none"> ESRD Kidney transplant Pregnancy Nonacute inpatient admission during the measurement year <p>*Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.</p>	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
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Transitions of Care (TRC) Age 18 years or older	<p>The percentage of discharges for members 18 years of age and older, as of December 31 of the measurement year, who had each of the following:</p> <ul style="list-style-type: none"> Notification of inpatient admission — Documentation must include receipt of notification of inpatient admission on the day of admission or the following day that includes evidence of the date it was received. Receipt of discharge information — Documentation must include receipt of discharge information on the day of discharge or the following day that includes evidence of the date it was received. Patient engagement after inpatient discharge — Documentation of patient engagement such as office visits, visits to the home or telehealth within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. <p>-Documentation in the outpatient medical record of the PCP or ongoing care provider that indicates a live conversation was had with the patient will meet criteria, regardless of provider type. For example, medical assistants and registered nurses may perform the patient engagement.</p> <p>Note: If the member is unable to communicate with the provider, interaction between the member's caregiver and the provider meets criteria.</p>	<p>CPT: 99483, 99495, 9496</p> <p>CPT CAT II: 1111F</p> <p>EXCLUSIONS: Members in hospice</p>														

2021 Provider Tips for Adult HEDIS Measures

HEDIS MEASURE	REQUIRED SERVICE	BILLING TIPS/DOCUMENTATION
Note: (*) signifies a No Entry Measure in Health e-Blue and (†) signifies a star measure		
Medication Reconciliation Post-Discharge (MRP)† Members 18 and older	The percentage of discharges from January 1 through December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days). This is a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. Continuous enrollment: Date of discharge through 30 days after discharge (31 days total). An acute or non-acute inpatient discharge on or before January 1 and December 1 of the measurement year.	CPT: 99495 and 99496 (Transition of Care) CPT CAT II: 1111F (Medication reconciliation) EXCLUSIONS: <ul style="list-style-type: none"> • Members in hospice.

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.

***Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.**

Members must meet both of the following frailty and advanced illness criteria to be excluded: 1. At least one claim/encounter for frailty during the measurement year. 2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): • At least two outpatient visits, observation visits, ED visits or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis. Visit type need not be the same for two visits. • At least one acute inpatient encounter with an advanced illness diagnosis. • A dispensed dementia medication.

Excluding Members with Advanced Illness and Frailty: Quality measures that were designed and intended for a general adult population may not always be appropriate for those with limited life expectancy or advanced illness and frailty. As such, NCQA is implementing cross-cutting exclusions across selected HEDIS measures to help focus on the population who are most likely to benefit from the measured services.

DISCLAIMER

The information on this page is provided as an information resource only and is not to be used or relied on for any billing, coding, diagnostic or treatment purposes. The physician is solely responsible for patient care, documenting patient care, encounter information, billing, selection of diagnostic codes, selection of procedure codes, selection of HCPCS codes, selection of ICD-10 codes, selection of CPT codes, etc. The Physician Alliance, LLC makes no express or implied representations or warranties, and assumes no responsibility for the accuracy of the information contained on or available on this document. This document is subject to change without notice.