The Physician Alliance
Dedicated to Improving Michigan's Health

2022 Provider Tips for Adult HEDIS Measures

Note: (*) signifies a No Entry Measure in Health e-Blue and (†) signifies a star measure

HEDIS MEASURE	REQUIRED SERVICE	BILLING TIPS/DOCUMENTATION
Comprehensive Diabetes Care (CDC)† Members 18 – 75 years (Type I and 2)	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: **Good HbA1c (<= 9.0%) MA only** **HbA1c Control (<8.0%) Commercial only** BP Control (<140/90 mm Hg) Eye Exam (Retinal) performed **Medical attention for nephropathy MA only** Members are identified having diabetes as follows: • 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 **Continuous Enrollment:** The measurement year. **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. **Retinal Eye Exam** Screening or monitoring for diabetic retinal disease performed by an eye care professional (Optometrist or Ophthalmologist). This includes: • Retinal or dilated eye exam completed during measurement year. • Negative retinal or dilated eye exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year. • Bilateral eye enucleation any time during the member's history through December 31 of measurement year. Note: This does not have to be done with an eye care professional. **Medical Treatment/Monitoring for Nephropathy** A nephropathy screening test or monitoring test during the measurement year. Any of the following meet criteria: ➢ 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 nephrectomy or Renal Transplant ➢ Evidence of ESRD or dialysis Hemoglobin (HbA1c) A1c tested • **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%	**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 **Codes to identify HbA1c Tests** **CPT**: 83036, 83037 **CPT Category II**: 3044F, 3046F 3051F, 3052F **Codes to identify Nephropathy Screening Tests** **CPT CATEGORY II**: 3060F 3061F, 3062F **Codes to identify Evidence of Nephropathy** **CPT**: 81000-81003, 81005, 82042, 82043, 82044, 84156 **CPT CATEGORY II**: 4010F, 3066F **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 **Evidence of:** • **Chronic Kidney Disease Stage 4** • **ESRD** • **Kidney transplant** **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 **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. ***Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.**

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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**: • 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. • 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: • G72.0 (Drug-induced myopathy) • G72.89 (Other specified myopathies) • G72.9 (Myopathy, unspecified) • M60.80 (Other myositis, unspecified site) • M60.9 (Myositis, unspecified) • M62.82 (Rhabdomyolysis) • T46.6X5A (Adverse effect of antihyperlipidemic and anti-arteriosclerotic drugs, initial encounter) Polycystic ovarian syndrome (E28.2) • 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. • 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 *excluded* 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 **EXCLUSIONS:**

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Breast Cancer Screening (BCS)† **Women 52 – 74 years** continued	**Continuous enrollment:** October 1 two years prior to the measurement year through December 31 of the measurement year.	Members with a bilateral mastectomy, unilateral mastectomy ***with*** a bilateral modifier on the same claim, OR two unilateral mastectomies ***without*** 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. ***Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.**
Cervical Cancer Screening (CCS) **Women 24 – 64 years**	For women 24–64 years of age as of December 31 of the measurement year, a cervical cancer screening (PAP/hrHPV test). • 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 (hrHPV) testing performed in the measurement year or the four years prior. • Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in the measurement year or the four years prior. **Note:** The age ranges reflect the HEDIS Eligible Population for the measure, which may differ from the recommended screening age ranges. **Continuous enrollment:** The measurement year and the two years prior to the measurement year.	**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 **Codes to identify Cervical High-Risk Human Papillomavirus (HPV) Test** **CPT:** 87620, 87621, 876322, 87624, 87625 **HCPCS:** G0476 **Codes to identify Human Papillomavirus Test** **CPT:** 87620, 87621, 87622, 87624, 87625 **HCPCS:** G0476 **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 **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. Members receiving palliative care during 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 or a vaginal pap. Documentation of transgender male to female – please submit code indicating cervical agenesis.
Colorectal Cancer Screening (COL)† **Members 51 – 75 years**	Members between 51 and 75 years old with appropriate colorectal cancer screening: • 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. **Note:** Clear documentation of previous colonoscopy or sigmoidoscopy, including year performed, is required in the medical history section of the medical record. • 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.	**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 **Flexible sigmoidoscopy** **CPT:** 45330 - 45335, 45337 - 45342, 45345 - 45347, 45349 - 45350 **HCPCS:** G0104 **Colonoscopy** **CPT:** 44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398 **HCPCS:** G0105, G0121 **CT Colonography** **CPT:** 74261, 74262, 74263 **Cologuard Test/FIT-DNA Test** **CPT:** 81528 **HCPCS:** G0464 **EXCLUSIONS:** Members with a history of either of the following: **Colorectal Cancer** **HCPCS:** G0213-G0215, G0231

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Colorectal Cancer Screening (COL)† **Members 51 – 75 years** continued	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. **Continuous enrollment:** The measurement year and the year prior to the measurement year. **Note: The age ranges for COL reflects the HEDIS eligible population for the measure, which differs from the recommended screening age ranges.**	**ICD10:** C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 **Total Colectomy** **CPT:** 44150 - 44153, 44155 - 44158, 44210 - 44212 ***Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.**
Appropriate Treatment for Upper Respiratory Infection (URI)* **Members 3 months and older**	Percentage of episodes for members three months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. A higher rate indicates appropriate treatment (member did not receive antibiotic). This is an inverted measure. **Note**: A member may have more than 1 episode during the measurement year. URI has been changed from a member-based denominator to an episode-based denominator. **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). **Blue Cross PPO Intake Period**: July 1 of prior measurement year to June 30 of the measurement year.	**Codes to identify URI:** **ICD10:** J00, J06.0, J06.9 **EXCLUSIONS:** Episodes where the member had a claim/encounter with a competing diagnosis on or within three days after the episode date. 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. Exclude episodes where a new or refill prescription for an antibiotic medication was filled 30 days prior to the Episode date or was active on the episode date. All visits that result in an inpatient stay should be excluded.
Appropriate Testing for Pharyngitis (CWP)* **Members 3 years and older**	A strep test in the seven-day period, from three days prior through three days after the episode date. 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). **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). **Blue Cross PPO Intake Period:** July 1 of prior measurement year to June 30 of the measurement year.	**Codes to identify Pharyngitis** **ICD10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 **Codes to identify Appropriate Testing (Strep Test)** **CPT:** 87070, 87071, 87081, 87430, 87650-87652, 87880 **EXCLUSIONS:** Exclude Episode Dates if the member did not receive antibiotics on or up to three days after the Episode Date. Members in Hospice.
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)* **Members 3 months and older**	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. A higher rate indicates appropriate treatment (member did not receive antibiotic). This is an inverted measure. **Note**: A member may have more than 1 episode during the measurement year. AAB has been changed from a member- based denominator to an episode-based denominator. **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). **Blue Cross PPO Intake Period**: July 1 of prior measurement year to June 30 of the measurement year **Continuous Enrollment**: 30 days prior to the Episode Date through three days after the Episode Date (34 total days). **Note:** BCBSM has this measure inverted on HEB. The number is showing members who did have an antibiotic dispensed. **EVENT**: 1. Member must have an outpatient visit, telephone visit, online assessment, observation stay, or an ED visit with a diagnosis of acute bronchitis. 2. Determine if antibiotics were dispensed for any of the Episode Dates, on the date up to three days after to see if the member had a qualifying antibiotic dispensing event.	**Codes to identify Acute Bronchitis:** **ICD10:** J20.3 - J20.9, J21.0, J21.1, J21.8, J21.9 **EXCLUSIONS:** 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. 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).
Osteoporosis Management in Women Who Had a Fracture (OMW)† **Women 67 – 85 years**	One or more of the following: (1) a BMD test or (2) osteoporosis prevention/treatment prescription in the six months after the fracture.	**Codes for Osteoporosis Therapies:** **HCPCS:** J3487 - J3489, J1740, , Q2051, and J0630, J3110, J0897 **Codes to identify Bone Mineral Density Test:** **CPT:** 76977, 77078, 77080-77082, 77085, 77086

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Osteoporosis Management in Women Who Had a Fracture (OMW)† **Women 67 – 85 years** continued	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. **Women 67 years – 85 years of age as of December 31 of the measurement year.** **Continuous Enrollment:** 12 months before the initial fracture date through 6 months after the initial fracture date. 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: • 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 stay, long-acting osteoporosis therapy during the inpatient stay. • A dispensed prescription to treat osteoporosis on the initial fracture date or in the 180-day period after the initial fracture date.	**ICD10:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 **HCPCS:** G0130 **EXCLUSIONS:** Exclude members who had a BMD 730 days (24 months) prior to fracture, had a claim/encounter for osteoporosis therapy or received a dispensed prescription to treat osteoporosis during the 365 days (12 months) prior to the fracture. Members who received palliative care during the intake period through the end of the measurement year. Members who were dispensed a dispensed dementia medication. Medicare members 67 years of age and older as of December 31 of the measurement year who meet the following: • Enrolled in an Institutional SNP (I-SNP) or living long-term in an institution any time during the measurement year. Members 67-80 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Must meet both below criteria. 1. Frailty: • At least one claim/encounter for frailty during the measurement year. 2. Advanced Illness: • 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, telephone visits, e-visits, virtual check ins, 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. Members 81 years of age or older as of December 31 of the measurement year with frailty during the measurement year. **Note**: Fractures of finger, toe, face, skull, and pathological fractures are NOT included in this measure.
Use of Imaging Studies for Low Back Pain (LBP)* **Members 18 – 50 years**	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. **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. **Note**: BCBSM has this measure inverted on Heb. The numerator is showing members who did have an imaging study done. **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. **Continuous enrollment**: 180 days (six months) prior to the IESD through 28 days after the IESD. The diagnosis of low back pain can be at an outpatient visit, observation visit, ED visit, osteopathic or chiropractic visit, physical therapy visit, telephone visit, e-visit or virtual check in. The measure is reported as an inverted rate [1– (numerator/denominator)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging	**Codes to identify Low Back Pain:** **ICD-10:** M54.50, M54.51, M54.9 **Codes to identify Imaging Studies** **CPT**: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131 - 72133, 72141, 72142, 72146 - 72149, 72156, 72158, 72200, 72220, 72202 **EXCLUSIONS:** Exclude any member who had: • a previous diagnosis of uncomplicated low back pain during six months prior to IESD • cancer at any time during members history before IESD through 28 days after IESD • recent trauma from 90 days before IESD to 28 days after IESD • intravenous drug abuse from one year prior to IESD to 28 days after IESD • neurologic impairment from one year prior to IESD to 28 days after IESD • HIV at any time during members history before IESD through 28 days after IESD • spinal infection from one year prior to the IESD through 28 days after the IESD • major organ transplant at any time during members history before IESD through 28 days after IESD

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Use of Imaging Studies for Low Back Pain (LBP)* Members 18 – 50 years continued	studies did not occur). Members in the numerator did not receive an imaging study for low back pain within the 28-day time period.	• prolonged use of corticosteroids (90 consecutive days) from 365 days prior to IESD to the IESD • Members in hospice or using hospice services anytime during the measurement year
Antidepressant Medication Management (AMM)* Members 18 and older	Members 18 years of age and older as of April 30th of the measurement year that were treated with an antidepressant medication and had a diagnosis of major depression who remained on an antidepressant medication treatment during the measurement year. **Continuous Enrollment**: 105 Days prior to index prescription start date (IPSD) through 231 days after IPSD. **Two rates are reported**: • Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (twelve weeks). • Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (six months).	**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 IPSD and the 60 days after the IPSD. Exclude members in Hospice or using Hospice services any time during the measurement year and deceased members.
Statin Therapy for patients with cardiovascular disease (SPC)*† Males 21 – 75 years Females 40 – 75 years	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: 1. **Received Statin Therapy**: Members who had at least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year. 2. **Statin Adherence 80 percent**: Members that met the rate 1 criteria who remained on a high intensity or moderate intensity statin medication for at least 80 percent of the treatment period. Treatment period: the period of time beginning on the IPSD (index prescription start date) through the last day of the measurement year. **Continuous Enrollment**: The measurement year and the year prior to the measurement year. Members are identified as having ASCVD by the following methods: **EVENTS**: Any of the following events in the year prior to the measurement year: • Discharged from an inpatient setting with an MI on the discharge claim. • A CABG in any setting • A PCI in any setting • Any other revascularization procedure in any setting **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. • At least one outpatient visit, acute inpatient encounter (cannot be telehealth), acute inpatient discharge, telephone visit, or e-visits or virtual check-in with an IVD diagnosis.	**EXCLUSIONS**: • 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. • Palliative Care ***Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness.**
Medication Adherence for Hypertension *RAS Antagonists)*† Medicare Only	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. • 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	The percentage of adult Medicare members who adhere to their prescribed drug therapy for statin cholesterol medications. • Numerator: Number of adult members (18 or older) enrolled during the measurement period with a proportion of days	

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Medication Adherence for Cholesterol (STATINS)*† Medicare Only continued	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	**Most recent Blood Pressure, the last reading in the measurement year.** The percent of members 18 to 85 years of age with a diagnosis of hypertension whose BP was adequately controlled 139/89 or lower during the measurement year. Members must have at least two visits on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. Visits with hypertension diagnosis can be any of the following (visits do not need to be same type): • Outpatient visit with or without telehealth modifier • A telephone visit • An e-visit or online assessment 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. We encourage our providers to document all BP readings and dates in members' medical records for complete documentation of members' medical history. Note: When documenting in the Medical Record, an exact blood pressure is required. A range (Home BP 120-140/70 - 90) is not acceptable. **The blood pressure reading must occur on or after the second date of the diagnosis of hypertension**. **Patient reported BP readings are not acceptable.** Most recent Blood Pressure, the last reading in the measurement year. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.	**Codes to indicate blood pressure:** **ICD-10 Code for HTN as appropriate.** **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 **EXCLUSIONS:** ESRD, dialysis, nephrectomy, or kidney transport any time on or prior to December 31st of the measurement year; Pregnancy during measurement year; Members in hospice; Palliative Care; Members who had a non-acute inpatient stay during measurement year; Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year. Members 66-80 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. Members 81 years of age or older as of December 31 of the measurement year with frailty during the measurement year.
Chlamydia Screening In Women (CHL) Members 16 – 24 years	The percentage of women 16–24 years of age as of December 31st of the measurement year that were identified as sexually active who had at least one test for chlamydia during the measurement year. Continuous Enrollment: The measurement year **Identification of Sexually Active Women:** Two methods identify sexually active women: 1. pharmacy data and 2. claims/encounter data. A member only needs to be identified by one method to be eligible for the measure. **Pharmacy Data**: Members who were dispensed prescription contraceptives during the measurement year. **Claim/Encounter data**: Members who had at least one encounter during the measurement year with any code listed for Sexual Activity, Pregnancy or Pregnancy Tests. **Service that is needed**: At least one chlamydia test during the measurement year.	**CPT:** 87110, 87270, 87320, 87490, 87491, 87492, 87810 **EXCLUSIONS**: Members who qualified for the denominator by pregnancy test alone during the measurement year AND who meet either of the following: • A pregnancy test during the measurement year AND a prescription for isotretinoin on the date of the pregnancy test or the six days after the pregnancy test. • A pregnancy test during the measurement year AND an X-ray on the date of the pregnancy test or the six days after the pregnancy test.
Transitions of Care – Medication Reconciliation Post-Discharge (TRC-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 as of December 31st of the measurement year 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 total days) An acute or non-acute inpatient discharge on or between January 1 and December 1 of the measurement year. To identify acute and non-acute inpatient discharges: 1. Identify all acute and non-acute inpatient stays	**CPT:** 99483, 99495, 9496 **CPT CAT II:** 1111F **EXCLUSIONS**: Members in hospice **Note: Telehealth and telephone visits are allowed, e-visits and virtual check ins are not allowed.**

2022 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		
Transitions of Care – Medication Reconciliation Post-Discharge (TRC-MRP)*† Members 18 and older continued	2. Identify the discharge date for this stay. The denominator for this measure is based on discharges NOT members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. If the discharge is followed by a readmission or direct transfer to an acute or non-acute inpatient care setting on the date of discharge through 30 days after discharge (31 days total), use the admit date from the first admission and the discharge date from the last discharge. To identify readmissions and direct transfers during the 31-day period: 1. Identify all acute and non-acute inpatient stays. 2. Identify the admission date for this stay (the admission date must occur during the 31-day period). 3. Identify the discharge date for this stay (the discharge date is the event date). Exclude both the initial and readmission/direct transfer discharges if the last discharge occurs after December 1 of the measurement year. If the admission date and the discharge date for an acute inpatient stay occur between the admission and discharge dates for a non-acute inpatient stay, include only the non-acute inpatient discharge.	**Note: Please document the Medication Reconciliation in the outpatient medical record. Please include evidence the Medication Reconciliation was done and the date that it was performed.**
Transitions of Care – Patient Engagement After Inpatient Discharge (TRC-PE)*† 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 as of December 31st of the measurement year 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 total days) An acute or non-acute inpatient discharge on or between January 1 and December 1 of the measurement year. To identify acute and non-acute inpatient discharges: 1. Identify all acute and non-acute inpatient stays 2. Identify the discharge date for this stay. The denominator for this measure is based on discharges NOT members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. If the discharge is followed by a readmission or direct transfer to an acute or non-acute inpatient care setting on the date of discharge through 30 days after discharge (31 days total), use the admit date from the first admission and the discharge date from the last discharge. To identify readmissions and direct transfers during the 31-day period: 1. Identify all acute and non-acute inpatient stays. 2. Identify the admission date for this stay (the admission date must occur during the 31-day period). 3. Identify the discharge date for this stay (the discharge date is the event date). Exclude both the initial and readmission/direct transfer discharges if the last discharge occurs after December 1 of the measurement year. If the admission date and the discharge date for an acute inpatient stay occur between the admission and discharge dates for a non-acute inpatient stay, include only the non-acute inpatient discharge.	**CPT:** 99495 and 99496 (Transition of Care) **CPT CAT II:** 1111F (Medication reconciliation) **EXCLUSIONS:** 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.