

HEDIS[®] Provider Desk Reference

Measurement Year - 2022

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA)

HEDIS® Provider Desk Reference

TABLE OF CONTENTS

Note: The three-letter measure identifier is listed in parentheses after the measure name.

Prevention and Screening

Advanced Care Planning (ACP)	1
Breast Cancer Screening (BCS)	1
Care for Older Adults (COA)	1
Cervical Cancer Screening (CCS)	2
Childhood Immunization Status (CIS)	3
Chlamydia Screening in Women (CHL)	3
Colorectal Cancer Screening (COL)	4
Immunizations for Adolescents (IMA)	4
Lead Screening in Children (LSC)	4
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	5

Respiratory Conditions

Appropriate Testing for Pharyngitis (CWP)	5
Asthma Medication Ratio (AMR)	6
Pharmacotherapy Management of COPD Exacerbation (PCE)	6
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	6

Cardiovascular Conditions

Controlling High Blood Pressure (CBP)	7
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	7
Statin Therapy for Patients With Cardiovascular Disease (SPC)	8
Cardiac Rehabilitation (CRE)	8

Diabetes

Comprehensive Diabetes Care (CDC)	9
Kidney Health Evaluation for Patients with Diabetes (KED)	10
Statin Therapy for Patients With Diabetes (SPD)	11

Musculoskeletal Conditions

Osteoporosis Management in Women Who Had a Fracture (OMW)	12
Osteoporosis Screening in Older Women (OSW)	12

Behavioral Health

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	12
Antidepressant Medication Management (AMM)	13
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	13
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	13
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	14
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	14

HEDIS® Provider Desk Reference	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	14
Follow-Up After Hospitalization for Mental Illness (FUH)	14
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	15
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	15
Medication Management and Care Coordination	
Follow-up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	15
Transitions of Care (TRC)	16
Overuse/Appropriateness	
Appropriate Treatment for Upper Respiratory Infection (URI)	16
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	16
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	17
Non-Recommended PSA-Based Screening in Older Men (PSA)	17
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)	17
Risk of Continued Opioid Use (COU)	17
Use of High-Risk Medications in Older Adults (DAE)	18
Use of Imaging Studies for Low Back Pain (LBP)	18
Use of Opioids at High Dosage (HDO)	18
Use of Opioids From Multiple Providers (UOP)	19
Measures Collected Through The Medicare Health Outcomes Survey	
Fall Risk Management (FRM)	19
Management of Urinary Incontinence in Older Adults (MUI)	19
Physical Activity in Older Adults (PAO)	19
Measures Collected Through The CAHPS Health Plan Survey	
Flu Vaccinations for Adults Ages 18–64 (FVA)	19
Flu Vaccinations for Adults Ages 65 and Older (FVO)	20
Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	20
Pneumococcal Vaccination Status for Older Adults (PNU)	20
Access/Availability Of Care	
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	20
Annual Dental Visit (ADV)	20
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	21
Prenatal and Postpartum Care (PPC)	21
Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	22
Utilization	
Well-Child Visits in the First 30 Months of Life (W30)	22
Child and Adolescent Well-Care Visits (WCV)	22

HEDIS® Provider Desk Reference

Measures Collected Using Electronic Clinical Data Systems

Adult Immunization Status (AIS)	23
Depression Remission or Response for Adolescents and Adults (DRR)	23
Depression Screening and Follow-Up for Adolescents and Adults (DSF)	23
Prenatal Immunization Status (PRS)	24
Unhealthy Alcohol Use Screening and Follow-Up (ASF)	24
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)	24

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Prevention and Screening					
Advance Care Planning (ACP)	For patients 66-80 years of age with advanced illness who had advance care planning of December 31, 2022	Patients who had each of the following during the measurement year: <ul style="list-style-type: none"> • The presence of an advance care plan in the medical record on or before December 31 of the measurement year. • Documentation of an advance care planning discussion with the provider and the date when it was discussed. The documentation of discussion must be noted during the measurement year. • Notation that the member previously executed an advance care plan. The notation must be dated on or before December 31 of the measurement year. 		Medical record should include the following discussions between a qualified health care professional and the patient: Discuss the patient’s health care wishes if they become unable to make decisions about their care with or without completing legal forms. This may include living wills, directives, health care proxy, and health care power of attorney.	1123F- 1124F- 1157F- 1158F 99483 99497
Breast Cancer Screening (BCS)	Ages/Event: Female patients 50 – 74 years old Timeframe: On October 1, 2020 through December 31, 2022	At least one mammogram to screen for breast cancer any time on or between October 1st two years prior to the measurement year and December 31 of the measurement year.	A history of bilateral mastectomy.	<ul style="list-style-type: none"> • Encourage screenings, provide scripts and follow up with patients • Document in the medical record if the patient already completed a mammogram, including the date of service (month/year) and result • ICD10 Code Z90.13 for history of bilateral mastectomy • Submit all applicable advanced illness condition codes and medical device usage • CPT II code 3014F screening mammography results documented and reviewed. 	Screening mammography, bilateral: 77067 CPT Diagnostic mammography, bilateral: 77066 CPT Diagnostic mammography, unilateral: 77065 CPT
Care for Older Adults (COA)	Ages/Event: Patients 66 years or older. Timeframe: Measurement Year - 2022	Patients who had each of the following during the measurement year: Medication review <ul style="list-style-type: none"> • Medication review conducted by a prescribing practitioner or clinical pharmacist and the presence of a medication list in the medical record or a notation that no medications were prescribed and the date of service on which it was noted. • Notation that the member is not taking any medication and the date when it was noted. 	Optional exclusions: Patients with ESRD (dialysis) or kidney transplant; a diagnosis of pregnancy during year; or inpatient admission during year. Members 66–80 years of age or older as of December 31 of measurement year who had a diagnosis of frailty and advanced illness during measurement year. Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an I-SNP or living in a long term institution	<ul style="list-style-type: none"> • Complete during the annual well visit OR use every visit as an opportunity to perform assessments. • Submit claims/encounters with appropriate codes. Refer to HEDIS Code Grid. • Services performed via telephone visit, e-visit or virtual check-in are acceptable. The following does NOT meet the measure criteria: <ul style="list-style-type: none"> • Documentation that a provider asked the patient if an advance care plan was in place and the patient indicated a plan was not in place is not considered a discussion or initiation of a discussion. • A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg). • Notation alone of a pain management plan or pain treatment plan. • Notation alone of screening for chest pain or documentation alone of chest pain. 	Medication Review 1159F CPT II: Medication list documented in medical record 1160F CPT II: Review of all medications by a prescribing practitioner or clinical pharmacist

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Care for Older Adults (COA)	<p>Ages/Event: Patients 66 years or older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Functional status assessment</p> <ul style="list-style-type: none"> • Notation that at least three of the following were assessed: <ul style="list-style-type: none"> - Cognitive status. - Ambulation status. - Hearing, vision and speech (all three documented). - Other functional independence such as exercise or the ability to perform a job. • Notation that Activities of Daily Living (ADL) were assessed or that at least 5 out of 6 were assessed. • Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least 4 of the 9 were assessed. 	<p>Optional exclusions: Patients with ESRD (dialysis) or kidney transplant; a diagnosis of pregnancy during year; or inpatient admission during year.</p> <p>Members 66–80 years of age or older as of December 31 of measurement year who had a diagnosis of frailty and advanced illness during measurement year.</p> <p>Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an I-SNP or living in a long term institution</p>	<p>Examples for best chart documentation include the following:</p> <p>Functional status assessment:</p> <ul style="list-style-type: none"> • Katz Index • Independent Living Scale (ILS) • Barthel 	<p>Functional Status Review 1170F CPT II: Functional status assessed</p>
Care for Older Adults (COA)	<p>Ages/Event: Patients 66 years or older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Pain assessment</p> <ul style="list-style-type: none"> • Notation of one of the following: <ul style="list-style-type: none"> - Documentation that the patient was assessed for pain - Result of assessment using a standardized pain assessment tool. 		<p>Pain assessment:</p> <ul style="list-style-type: none"> • Numeric rating scales • Pain thermometer • Verbal descriptor scales 	<p>Pain Assessment 1125F CPT II: Pain severity quantified; pain present 1126F CPT II: Pain severity quantified; no pain present</p>
Cervical Cancer Screening (CCS)	<p>Ages/Event: Female patients 21 – 64 years old.</p> <p>Timeframe: Prior Measurement Year - 2018 Measurement Year - 2022</p>	<p>Women who were appropriately screened for cervical cancer as follows:</p> <ul style="list-style-type: none"> • Female patients 21 – 64 years old who had a cervical cytology exam during the measurement year or the 2 years prior to the measurement year. • Female patients 30 – 64 years old who had a cervical cytology exam and high-risk human papillomavirus (HPV) test on the same date of service during the measurement year or the 4 years prior to the measurement year and were 30 years or older on the date of testing. 		<ul style="list-style-type: none"> • Encourage screenings, provide scripts and follow up with patients. • Request results of screenings performed by OB/GYN and document in the chart. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Cervical Cytology (Pap smear) 88141 CPT 88142 CPT 88143 CPT 88147 CPT HPV Tests Absence of Cervix Z90.710 ICD 10: Acquired absence of both cervix and uterus Z90.712 ICD 10: Acquired absence of cervix with remaining uterus</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Childhood Immunization Status (CIS)</p>	<p>Ages/Event: Patients who turn 2 years old during the measurement year.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Immunizations completed on or before the child's 2nd birthday as follows: DTaP (4), PCV(4), Hep B (3), Hib (3), IPV (3), RV (2 or 3), VZV (1), Hep A (1), MMR (1), Influenza (2)</p> <p>**The number in parentheses represents the number of vaccinations required for completion.</p>		<ul style="list-style-type: none"> • Use every office visit as an opportunity to vaccinate. • For Medicaid patients, the vaccines in this measure are covered under the Vaccines for Children (VFC) program, therefore they will not be paid for; however, the codes should be submitted with a \$0 charge for compliance with quality measures. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide 	<p>DTaP 90698, 90700, 90723</p> <p>IPV 90698, 90713, 90723</p> <p>MMR 90707, 90710</p> <p>PCV 90670, G0009</p> <p>Hib 90644, 90647- 90648 90698, 90748</p> <p>Hep B 90723, 90740, 90744 90747- 90748, G0010</p> <p>RV 90680-90681</p> <p>VZV 90710, 90716</p> <p>Hep A 90633</p> <p>Influenza 90655, 90657, 90661-90662, 90673, 90685-90688, G0008</p>
<p>Chlamydia Screening in Women (CHL)</p>	<p>Ages/Event: Female patients 16 - 24 years old with evidence of sexual activity.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>At least one chlamydia test during the measurement year.</p>	<ul style="list-style-type: none"> • Chlamydia screening can be performed through a simple urine test, offer this as an option to your patients. • Screen before prescribing birth control pills. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 		<p>Chlamydia Tests 87110 CPT 87270 CPT 87320 CPT</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Colorectal Cancer Screening (COL)	<p>Ages/Event: Patients 50 - 75 years old.</p> <p>Timeframes: <ul style="list-style-type: none"> • FOBT, gFOBT, FIT 2022 • Sigmoidoscopy 2018 through 2022 • Colonoscopy 2013 through 2022 • CT Colonography 2018 through 2022 • FIT-DNA (Cologuard®) 2020 through 2022 </p>	<p>One or more screenings for colorectal cancer as follows:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT: gFOBT, FIT) annually. • Flexible sigmoidoscopy during the measurement year or the 4 years prior to the measurement year. • Colonoscopy during the measurement year or the 9 years prior to the measurement year. • CT colonography during the measurement year or the 4 years prior to the measurement year. • FIT-DNA during the measurement year or the 2 years prior to the measurement year. 	<p>History of colorectal cancer or total colectomy.</p> <p>Ages 66 - 75 AND in hospice or long term care in the measurement year.</p>	<ul style="list-style-type: none"> • Encourage screenings, provide scripts and follow up with patients. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Fecal Occult Blood Test (FOBT) G0328 HCPCS 82270 CPT 82274 CPT</p> <p>Flexible Sigmoidoscopy Procedures 45330 CPT 45337 CPT G0104 HCPCS</p> <p>FIT-DNA 81528 CPT</p> <p>CT Colonography 74261 CPT 74262 CPT 74263 CPT</p> <p>Colonoscopy 44388 CPT 44389 CPT G0121 HCPCS G0105 HCPCS</p> <p>Total Colectomy 44150 CPT 44151 CPT</p>
Immunizations for Adolescents (IMA)	<p>Ages/Event: Adolescents who turn 13 years old during the measurement year.</p> <p>Timeframe: Measurement Year - 2022</p>	<ul style="list-style-type: none"> • (1) dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays. • (1) tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine on or between the patient's 10th and 13th birthdays. • (2) human papillomavirus (HPV) vaccines on or between the patient's 9th and 13th birthdays with at least 146 days between the first and second dose of the HPV vaccine OR (3) human papillomavirus (HPV) vaccines with different dates of service on or between the patient's 9th and 13th birthdays. 	<p>Adolescents who had a contraindication for a specific vaccine.</p>	<ul style="list-style-type: none"> • Use every office visit as an opportunity to vaccinate. • For meningococcal, do not count meningococcal recombinant (serogroup B) (MenB) vaccines. • Explore how best to approach the adolescent and family to improve immunization rates by addressing patient and parental concerns to heighten confidence in immunizations. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Meningococcal 90734 CPT: Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use</p> <p>Tdap 90715 CPT: Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use</p> <p>HPV 90649 CPT: Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use</p>
Lead Screening in Children (LSC)	<p>Ages/Event: Children who turn 2 years old during the measurement year.</p> <p>Timeframe: Measurement Year - 2022</p>	<ul style="list-style-type: none"> • At least 1 capillary OR venous lead blood test for lead poisoning on or before the child's 2nd birthday. 		<ul style="list-style-type: none"> • Regardless of history of living conditions or level of risk for lead poisoning, test all children. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Lead Test 83655 CPT: Lead</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	<p>Ages/Event: Patients 3-17 years old who had an outpatient visit with a PCP or OB/GYN during the measurement year.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity 	<p>Female patients who have a diagnosis of pregnancy during the measurement year.</p>	<ul style="list-style-type: none"> • Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source. • Services administered via a telephone visit, e-visit or virtual check-in is acceptable for Counseling for nutrition and physical activity. • BMI values calculated from patient reported height and weight are acceptable. • Either of the following meets criteria for BMI percentile: BMI percentile documented as a value (e.g. 85th percentile) or plotted on an age-growth chart. • CPT II code 3008F BMI documented, use with applicable ICD 10 code. Refer to HEDIS Coding Guide. 	<p>BMI Percentile - Pediatric (ABA, WCC) 3008F CPT: Body Mass Index (BMI), documented Z68.51 ICD 10: BMI pediatric, less than 5th percentile for age Z68.52 ICD 10: BMI pediatric, 5th percentile to less than 85th percentile for age Z68.53 ICD 10: BMI pediatric, 85th percentile to less than 95th percentile for age Z68.54 ICD 10: BMI pediatric, greater than or equal to 95th percentile for age Nutrition Counseling (WCC) Z71.3 ICD 10: Dietary counseling and surveillance 97802 CPT 97803 CPT 97804 CPT G0447 HCPCS Physical Activity Counseling (WCC) Z02.5 ICD 10: Encounter for examination for participation in sport Z71.82 ICD 10: Exercise counseling</p>
Respiratory Conditions					
Appropriate Testing for Pharyngitis (CWP)	<p>Ages/Event: Children 3 years of age and older who had an outpatient visit, observation visit, telehealth visit or emergency department (ED) visit with only a diagnosis of pharyngitis and dispensed an antibiotic.</p> <p>Timeframe: July 1, 2021 through June 30, 2022</p>	<p>Received a group A streptococcus (strep) test in the seven-day period from three days prior to the diagnosis date through the three days after the diagnosis date.</p>	<p>Emergency department (ED) visits or observation visits that result in an inpatient stay.</p> <p>Evidence of antibiotics dispensed 30 days prior to the diagnosis.</p>	<ul style="list-style-type: none"> • Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics. • Educate patient/parents or guardians on the difference between bacterial and viral infections and which conditions antibiotics can treat. • Submit claims/encounters with appropriate codes. 	<p>Group A Step Test 87070 CPT 87071 CPT 87081 CPT 87430 CPT 87650 CPT 87651 CPT 87652 CPT 87880 CPT 11268-0 LOINC 17656-0 LOINC</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Asthma Medication Ratio (AMR)</p>	<p>Ages/Event: Patients 5–64 years old who were identified as having persistent asthma during both the measurement year and the year prior to the measurement year.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who have a controller asthma medication ratio of 0.50 or more compared to their total asthma medications during the measurement year.</p> <p>Note: This measure is based on pharmacy claims.</p>	<p>Patients who had no asthma controller medications dispensed during the measurement year.</p> <p>Evidence of Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis or Acute Respiratory Failure.</p>	<ul style="list-style-type: none"> • Prescribe a long-term controller medication as well as a short-term ‘rescue’ inhaler. • Educate patient/parents or guardian on use of asthma medications. • Consider automatic refills. • Consider 90 day supply as appropriate. • Access the frequency of use of “rescue inhalers” during all office visits to determine if adjustment of controller medication is needed. 	<p>Not applicable: This measure is based on pharmacy claims.</p>
<p>Pharmacotherapy Management of COPD Exacerbation (PCE)</p>	<p>Ages/Event: Patients 40 years or older with an emergency department (ED) or acute inpatient discharge resulting from a COPD exacerbation between January 1 and November 30 of the measurement year.</p>	<p>Dispensed appropriate medications as follows:</p> <ul style="list-style-type: none"> • A systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. • A bronchodilator (or there was evidence of an active prescription) within 30 days of the event. <p>Note: This measure is based on pharmacy claims.</p>		<ul style="list-style-type: none"> • For patients who were hospitalized, schedule an office visit within seven days of discharge. • Document in the medical record all discussions about the medication management of COPD, along with the proper use of inhalers and other medications. 	<p>Not applicable: This measure is based on pharmacy claims.</p>
<p>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</p>	<p>Ages/Event: Patients 40 years or older with an outpatient, observation, emergency department (ED) or acute inpatient discharge with a new diagnosis of COPD OR newly active COPD between July 1 of the year prior to the measurement year and June 30 of the measurement year</p> <p>Timeframe: July 1, 2021 through June 30, 2022</p>	<p>At least one claim/encounter for spirometry during the 730 days (2 years) prior to the earliest date of service through 180 days (6 months) after the earliest date of service.</p>	<p>Diagnosis of COPD within 730 (2 years) days prior to the COPD diagnosis date.</p>	<ul style="list-style-type: none"> • To ensure proper test performance, consider giving patients a descriptive information pamphlet on spirometry testing or showing them a demonstrational video before testing. • When screening for COPD, use ICD 10 code Z13.83 to specify a diagnosis of encounter for screening for respiratory disorder NEC. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Spirometry 94010 CPT 94014 CPT 94015 CPT</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Cardiovascular Conditions					
<p>Controlling High Blood Pressure (CBP)</p>	<p>Ages/Event: Patients 18–85 years old who had a diagnosis of hypertension (HTN) and whose Blood Pressure (BP) was adequately controlled (<140/90mm Hg) and had at least two visits on different service dates during the first six months of the measurement year or year prior. Visit type need not be the same for the two visits.</p> <p>Timeframe:</p> <ul style="list-style-type: none"> Hypertension diagnosis: 2020 or 2021 CBP: 2022 	<ul style="list-style-type: none"> The most recent BP reading during the measurement year on or after the date of the second diagnosis of hypertension. BP was adequately controlled (<140/90 mm Hg) during the measurement year. 	<p>Female patients with a diagnosis of pregnancy during the measurement year.</p> <p>Patients with evidence of End-Stage Renal Disease (ESRD), nephrectomy, kidney transplant or dialysis.</p>	<ul style="list-style-type: none"> Educate patients about the risk of uncontrolled blood pressure. If BP is high, take it again before the patient leaves the office and document all values. Do not round blood pressure readings. Blood pressure check-ins administered by patients via a telephone visit, e-visit or virtual check-in are acceptable. BP readings from any digital device that are reported by patients are acceptable. Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Systolic</p> <p>3074F CPT II: Most recent systolic blood pressure less than 130 mm Hg</p> <p>3075F CPT II: Most recent systolic blood pressure 130-139 mm Hg</p> <p>3077F CPT II: Most recent systolic blood pressure ≥ 140 mm Hg</p> <p>Diastolic</p> <p>3078F CPT II: Most recent diastolic blood pressure less than 80 mm Hg</p> <p>3079F CPT II: Most recent diastolic blood pressure 80-89 mm Hg</p> <p>3080F CPT II: Most recent diastolic blood pressure ≥ to 90 mm</p>
<p>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</p>	<p>Ages/Event: Patients 18 years and older who had an acute inpatient discharge with any diagnosis of Acute Myocardial Infarction (AMI) from July 1 of the year prior to the measurement year through June 30 of the measurement year</p> <p>Timeframe: July 1, 2021 through June 30, 2022</p>	<p>Received at least 135 days of persistent beta-blocker treatment during the six month period after discharge.</p> <p>Note: This measure is based on pharmacy claims.</p>	<p>Evidence of Asthma, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions due to Fumes/Vapors, Hypotension, heart block > 1 degree or sinus bradycardia. A medication dispensing event indicative of a history of asthma. Intolerance or allergy to beta-blocker therapy.</p>	<ul style="list-style-type: none"> Ensure patients have a beta-blocker prescription (if not contraindicated), and that they are refilling it as prescribed. Consider a 90 day supply when appropriate. Educate patients on the importance of nutrition, exercise and smoking cessation. 	<p>Not applicable: This measure is based on pharmacy claims.</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Statin Therapy for Patients With Cardiovascular Disease (SPC)</p>	<p>Ages/Event: Males 21–75 and females 40–75 years old, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD).</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Dispensed at least one high-intensity or moderate-intensity statin medication and remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</p> <p>Note: This measure is based on pharmacy claims.</p>	<p>Female patients with a diagnosis of pregnancy, underwent in vitro fertilization or were dispensed at least one prescription for clomiphene during the measurement year or year prior.</p> <p>Evidence of ESRD or Cirrhosis during the measurement year or year prior.</p> <p>Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.</p> <p>Evidence of palliative care during the measurement year</p>	<ul style="list-style-type: none"> • Prescribe at least 1 high-intensity or moderate-intensity statin medication during the measurement year to patient’s diagnosed with ASCVD. • Educate patients on the importance of statin medication adherence. 	<p>Not applicable: This measure is based on pharmacy claims.</p>
<p>Cardiac Rehabilitation (CRE)</p>	<p>Ages/Event: 18 years and older with a cardiac event such as:</p> <ul style="list-style-type: none"> • myocardial infarction • percutaneous coronary intervention • coronary artery bypass grafting • heart and heart/lung transplantation • heart valve report/replacement <p>Timeframe: July 1, 2021 to December 31, 2022</p>	<p>Four rates are reported:</p> <p>Initiation: At least 2 sessions of cardiac rehabilitation 30 days after (31 total days)</p> <p>Engagement 1: At least 12 sessions of cardiac rehabilitation in the 90 days after cardiac event (91 total days)</p> <p>Engagement 2: At least 24 sessions of cardiac rehabilitation in the 180 days after the cardiac event (181 total days)</p> <p>Achievement: At least 36 sessions of cardiac rehabilitation in the 180 days after the Cardiac Event (181 total days)</p>	<p>Members receiving palliative care or living in a long term care facility</p>	<p>Evaluate need for Cardiac rehabilitation post-discharge or after an applicable Cardiac Episode.</p>	<p>Cardiac Rehabilitation: 93797 CPT: outpatient cardiac rehabilitation without continuous ECG monitoring 93798 CPT: outpatient cardiac rehabilitation with continuous ECG monitoring G0422 HCPCS: intensive cardiac rehabilitation, with exercise G0423 HCPCS: intensive cardiac rehabilitation, without exercise</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Diabetes					
<p>Comprehensive Diabetes Care (CDC)</p>	<p>Ages/Event: Patients 18–75 years old who met any of the following criteria:</p> <ul style="list-style-type: none"> • At least one acute inpatient encounter with a diagnosis of diabetes without telehealth • At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits or non-acute inpatient encounter or non-acute inpatient discharges, on different dates of service with a diagnosis of diabetes. • Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year. <p>Timeframe: - Hemoglobin A1c Control for Patients with Diabetes (HBD) - 2022</p>	<p>Patients who had each of the following:</p> <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing during the measurement year. • HbA1c poor control (>9.0%) during the measurement year. • HbA1c control (<8.0%) during the measurement year. 	<p>Patients who do not have a diagnosis of diabetes and had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</p>	<p>HbA1c tests should be performed at least 2-4 times per year. Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or finding.</p>	<p>HbA1c Test (CDC, SSD, SMD) 83036 CPT: Hemoglobin; glycosylated (A1c) 83037 CPT: Hemoglobin; glycosylated (A1c) 3044F CPT II: Hemoglobin A1c (HbA1c) level less than 7.0% 3051F CPT II: Hemoglobin A1c (HbA1c) level 7.0 - 8.0% 3052F CPT II: Hemoglobin A1c (HbA1c) level 8.0 - 9.0 3046F CPT II: Hemoglobin A1c level greater than 9.0%</p>
<p>Comprehensive Diabetes Care (CDC)</p>	<p>Timeframe - Kidney Health Evaluation for Patients with Diabetes (KED) - 2022</p>	<p>A nephropathy screening or monitoring test or evidence of nephropathy during the measurement year for patients aged 65 or older.</p>	<p>Patients who do not have a diagnosis of diabetes and had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</p>	<p>Patients ages 18-85 years of age with type 1 and type 2. Confirmed diagnosis of diabetes and include the following kidney health evaluation documentation with a date and results: At least one eGFR and at least one uACR which contains, BOTH URINE ALBUMIN AND URINE CREATININE TEST.</p>	
<p>Comprehensive Diabetes Care (CDC)</p>	<p>Timeframe: - Blood Pressure Control for patient with Diabetes (BPD) - 2022</p>	<p>BP control (<140/90 mm Hg) the most recent BP reading taken during an outpatient visit, non-acute inpatient encounter or patient reported digital device.</p>	<p>Patients who do not have a diagnosis of diabetes and had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</p>	<ul style="list-style-type: none"> • If BP is high, take it again before the patient leaves the office and document all values. • Do not round blood pressure readings. • BP readings from any digital device that are reported by patients are acceptable. • Submit claims/encounters with appropriate codes. 	

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Comprehensive Diabetes Care (CDC)</p>	<p>Timeframe: - Eye Exam for Patients with Diabetes (EED) - 2021 (negative only) and 2022</p>	<p>Screening or monitoring for diabetic retinal disease:</p> <ul style="list-style-type: none"> • A retinal or dilated eye exam performed by an optometrist or ophthalmologist in the measurement year. • A negative retinal or dilated eye exam (negative for retinopathy) in the year prior to the measurement year. • Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year. 	<p>Patients who do not have a diagnosis of diabetes and had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</p>	<p>Stress the importance of yearly eye exams for screening or monitoring for diabetic retinal disease.</p>	<p>Diabetic Retinal Exam 92250 CPT: Fundus photography with interpretation and report 2022F CPT II: Dilated retinal eye exam with interpretation by ophthalmologist or optometrist documented and reviewed (with evidence of retinopathy) 2023F CPT II: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; (without evidence of retinopathy) 3072F CPT II: for negative eye exam done in the year prior to current measurement year 92229 CPT: Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral</p>
<p>Kidney Health Evaluation for Patients with Diabetes (KED)</p>	<p>Ages/Event: Patients 18-85 years with diabetes</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Diabetic patients who received both of the following:</p> <ul style="list-style-type: none"> • At least one estimated glomerular filtration rate (eGFR) • At least one urine albumin-creatinine ratio (uACR) 	<ul style="list-style-type: none"> • Patients with evidence of ESRD. • Patients receiving palliative care. • Patients who do not have diabetes and has a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes. 	<ul style="list-style-type: none"> • Order screening tests during annual well visits. • Stress the importance of yearly kidney evaluations in diabetes 	<p>eGFR Lab Tests 80047 CPT 80048 CPT 80050 CPT 80053 CPT 80069 CPT 82565 CPT</p> <p>uACR Lab Test 82043 CPT</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Statin Therapy for Patients With Diabetes (SPD)</p>	<p>Ages/Event: Patients 40–75 years old identified as having diabetes during the measurement year or the year prior to the measurement year who do not have clinical atherosclerotic cardiovascular disease (ASCVD).</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Dispensed at least one statin medication of any intensity during the measurement year and remained on a statin medication of any intensity for at least 80% of the treatment period.</p> <p>Note: This measure is based on pharmacy claims.</p>	<p>Female patients with a diagnosis of pregnancy, underwent in vitro fertilization or were dispensed at least one prescription for clomiphene during the measurement year or year prior.</p> <p>Patients with cardiovascular disease during the year prior to the measurement year who were discharged from an inpatient setting with an MI or had CABG, PCI or any other revascularization procedure in any setting.</p> <p>Diagnosis of ischemic vascular disease during both the measurement year and year prior.</p> <p>ESRD or Cirrhosis during the measurement year or year prior.</p> <p>Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.</p>	<ul style="list-style-type: none"> • Speak to patients about the importance of establishing a medication schedule and adherence. • Discuss with patients the reasons for medication non-adherence. • Educate patients on the importance of nutrition and physical activity. • Consider automatic refills. 	<p>Not applicable: This measure is based on pharmacy claims.</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Musculoskeletal Conditions					
Osteoporosis Management in Women Who Had a Fracture (OMW)	<p>Ages/Event: Female patients 67–75 years old who suffered a fracture and had at least one of the following:</p> <ul style="list-style-type: none"> • An outpatient, observation or ED visit without a telehealth modifier. • An acute or non-acute inpatient discharge. <p>Timeframe: Measurement Year - 2022</p>	<p>Female patients who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p>	<p>Patients who had a BMD test during the 24 months prior to the earliest date of fracture.</p> <p>Patients who had a claim/ encounter for osteoporosis therapy during the 12 months prior to the earliest date of fracture.</p> <p>Patients who received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior to the earliest date of fracture.</p> <p>Evidence of palliative care during the intake period through the end of the measurement year.</p>	<ul style="list-style-type: none"> • The post-fracture treatment period is six months - schedule fracture patients for a BMD test or prescribe an osteoporosis medication. • Review the patient’s medication history and document osteoporosis medications in the medical record. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Osteoporosis Screening Tests (Applicable to OMW & OSW): 76977 CPT: Ultrasound bone density measurement and interpretation, peripheral site 77078 CPT: Computed tomography, bone mineral density study, 1 or mo sites, axial skeleton 77080 CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton 77081 CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) 77085 CPT: Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton</p>
Osteoporosis Screening in Older Women (OSW)	<p>Ages/Event: Patients 65–75 years</p> <p>Timeframe: Measurement Year - 2022</p>	<p>One or more osteoporosis screening tests (Osteoporosis Screening Tests Value Set) on or between the member’s 65th birthday and December 31 of the measurement year.</p>	<p>Patients in treatment for osteoporosis.</p> <p>Patients receiving palliative care during the measurement year.</p>	<p>Encourage screening for osteoporosis during annual well visit.</p>	<p>Applicable to OMW: 77086 CPT: Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)</p>
Behavioral Health					
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	<p>Ages/Event: Patients 18 years of age and older with schizophrenia or schizoaffective disorder.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p> <p>Note: This measure is based on pharmacy claims.</p>	<p>A diagnosis of dementia.</p> <p>Patient did not have at least two antipsychotic medication dispensing events.</p>	<ul style="list-style-type: none"> • Coordinate care and treatment with the patient’s behavioral health specialist, if appropriate. • Educate your patients on the benefits of their medication and encourage patients to schedule follow-up visits. • Consider automatic refills. 	<p>Not applicable: This measure is based on pharmacy claims.</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Antidepressant Medication Management (AMM)	<p>Ages/Event: Patients 18 years and older as of April 30 of the measurement year who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.</p> <p>Timeframe: Measurement Year - 2021</p>	<p>Treatment with antidepressant medication as follows:</p> <ul style="list-style-type: none"> • Acute Phase: at least 84 days (12 weeks). • Continuation Phase: at least 180 days (6 months). <p>Note: This measure is based on pharmacy claims.</p>	<p>Patients who did not have a diagnosis of major depression during the 121-day period from 60 days prior to the earliest prescription dispensing date, through the earliest prescription dispensing date and the 60 days after the earliest prescription dispensing date.</p> <p>Patients who filled a prescription for an antidepressant medication 105 days prior to the earliest prescription dispensing date.</p>	<ul style="list-style-type: none"> • Talk to your patients about the importance of continuing medications as prescribed and the risks of stopping their antidepressant medication before six months. Encourage patients to schedule follow-up visits. • Consider prescribing a 90-day prescription when appropriate. • Refer to a behavioral health specialist, if appropriate. 	<p>Not applicable: This measure is based on pharmacy claims.</p>
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	<p>Ages/Event: Patients 18-64 years old with schizophrenia or schizoaffective disorder and cardiovascular disease.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who had an LDL-C test during the measurement year.</p>		<ul style="list-style-type: none"> • Order a direct LDL if patient is not fasting to avoid a missed opportunity. • Educate patient/parents or guardians on the importance of the screening and scheduling follow-up visits to complete blood work. • Maintain open communication with behavioral health practitioners to coordinate care. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>LDL-C Lab Tests 80061 CPT 83700 CPT 83701 CPT</p> <p>LDL-C Test Results 3048F CPT II: LDL-C less than 100mg/dL 3049F CPT II: LDL-C 100-129mg/dL 3050F CPT II: LDL-C greater than or equal to 130mg/dL</p>
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	<p>Ages/Event: Patients 18-64 years old with schizophrenia or schizoaffective disorder and diabetes.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who had both an LDL-C test and an HbA1c test during the measurement year on the same or different dates of service.</p>	<p>Patients who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year.</p>	<ul style="list-style-type: none"> • Order a direct LDL and A1c if patient is not fasting to avoid a missed opportunity. • Review diabetes services needed at each office visit. • Educate patient/parents or guardians on the importance of the screening and scheduling follow-up visits to complete blood work. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>HbA1c Lab Tests 83037 CPT</p> <p>HbA1c Test Results 3044F CPT II: HbA1c level less than 70% 3051F CPT II: HbA1c level greater than or equal to 7.0 and less than 8.0 3052F CPT II: HbA1c level greater than or equal to 8.0 and less than or equal to 9.0 3046F CPT II: HbA1c level greater than 9.0%</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	<p>Ages/Event: Patients 18–64 years old with schizophrenia, schizoaffective disorder or bipolar disorder.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.</p>	<p>A diagnosis of diabetes during the measurement year or the year prior.</p> <p>Patients who were dispensed insulin or oral hypoglycemics/ antihyperglycemics during the measurement year or year prior to the measurement year.</p> <p>Patients who had no antipsychotic medications dispensed during the measurement year.</p>	<ul style="list-style-type: none"> • Maintain open communication with behavioral health practitioners to coordinate care. • Schedule a follow-up appointment to screen for diabetes. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Glucose Lab Test 80047 CPT 80048 CPT 80050 CPT</p>
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	<p>Ages/Event: Patients 13 years and older of the date of the ED visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who had a follow up visit for AOD as follows:</p> <ul style="list-style-type: none"> • A follow-up visit with any practitioner within 7 days after the ED visit. <p>AND</p> <ul style="list-style-type: none"> • A follow-up visit with any practitioner within 30 days after the ED visit. 	<p>Acute and non-acute admissions.</p>	<ul style="list-style-type: none"> • Follow-up visits that occur on the same day as the ED visit meet criteria. • Link patient or parents/guardian to appropriate follow-up care to reduce future ED visits. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>ADD Abuse and Dependence F10.10 ICD 10: Alcohol abuse, uncomplicated F10.120 ICD 10: Alcohol abuse with intoxication, uncomplicated F10.121 ICD 10: Alcohol abuse with intoxication delirium</p>
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	<p>Ages/Event: Patients 6 years and older as of the date of the ED visit with a principal diagnosis of mental illness or intentional self-harm.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who had a follow-up visit for mental illness as follows:</p> <ul style="list-style-type: none"> • A follow-up visit with any practitioner within 7 days after the ED visit. <p>AND</p> <ul style="list-style-type: none"> • A follow-up visit with any practitioner within 30 days after the ED visit. 	<p>Acute and non-acute admissions.</p>	<ul style="list-style-type: none"> • Follow-up visits that occur on the same day as the ED visit meet criteria. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Mental Health Diagnosis F03.90 ICD 10: Unspecified dementia without behavioral disturbance F03.91 ICD 10: Unspecified dementia with behavioral disturbance F20.0 ICD 10: Paranoid schizophrenia</p>
Follow-Up After Hospitalization for Mental Illness (FUH)	<p>Ages/Event: Patients 6 years and older who had an acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on or between January 1 and December 1 of the measurement year.</p> <p>Timeframe: January 1, 2022 through December 1, 2022</p>	<p>Patients who had a follow-up visit with a mental health provider as follows:</p> <ul style="list-style-type: none"> • A follow-up visit with a mental health practitioner within 7 days after discharge. <p>AND</p> <ul style="list-style-type: none"> • A follow-up visit with a mental health practitioner within 30 days after discharge. 	<p>Non-acute inpatient admissions, non-acute readmissions and direct transfers discharge if last discharge occurs after December 1 of the measurement year.</p>	<ul style="list-style-type: none"> • Make sure that the patient has two appointments with a behavioral health practitioner before they leave the facility: one within 7 days of discharge and another within 30 days. • Visits that occur on the same date of discharge do not count. • If the patient is a child or adolescent be sure to engage parents/guardian in the treatment plan at the time of discharge. Reiterate the importance of these follow-up appointments. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Behavioral Health Outpatient Visit 98960 CPT 98961 CPT 98962 CPT</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p>	<p>Ages/Event: Children 6 years as of March 1 of the year prior to the measurement year to 12 years as of the last calendar day of February of the measurement year who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Timeframe: March 1, 2021 through December 31, 2022</p>	<p>Reported as follows: Initiation Phase: An outpatient, intensive outpatient, partial hospitalization, telehealth or telephone follow-up visit with a practitioner with prescribing authority, within 30 days after the earliest prescription dispensing date for an ADHD medication. Continuation and Maintenance (C&M) Phase: At least two follow-up visits on different dates of service with any practitioner, from 31–300 days (9 months) after the earliest prescription dispensing date for an ADHD medication.</p>	<p>Any diagnosis of narcolepsy.</p>	<ul style="list-style-type: none"> Consider writing the initial prescription for a 30-day supply and schedule the follow-up visit to occur within two to three weeks before your patient leaves the office. Explain to the parents/guardian the importance of keeping this visit. During the first follow-up visit, discuss with the parents/guardian that the child have a minimum of two additional visits with a medical OR behavioral health practitioner within the next nine months for the continuation of their treatment. Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Follow-Up Visits in the Initiation Phase 98960-98962 99078 99202-99205 99211-99215 99241-99245 99341-99345 99347-99350 99381-99387 G0155 G0176-G0177 G0409 G0463</p> <p>Follow-Up Visits in the Continuation Phase 98966-98968 99441-99443</p>
<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p>	<p>Ages/Event: Children and adolescents 1–17 years old who had two or more antipsychotic prescriptions and had metabolic testing.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Children and adolescents who had the following during the measurement year:</p> <ul style="list-style-type: none"> At least one test for blood glucose or HbA1c At least one test for LDL-C or cholesterol 		<ul style="list-style-type: none"> Order a direct LDL and A1c if patient is not fasting to avoid a missed opportunity. Educate parents/guardian about the appropriate health screenings for certain medication therapies. Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Glucose Lab Test 80047 CPT 80048 CPT 80050 CPT HbA1c Lab Test 83036 CPT 83037 CPT</p>
<p>Medication Management and Care Coordination</p>					
<p>Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)</p>	<p>Ages/Event: Patients 18 years and older who have multiple high-risk chronic conditions who had an ED visit on or between January 1 and December 24 of the measurement year.</p> <p>Timeframe: January 1, 2022 through December 24, 2022</p>	<p>A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.</p>	<p>Acute and non-acute admissions.</p>	<ul style="list-style-type: none"> Schedule a follow-up appointment for the patient within 7 days after the ED visit (total of 8 days). Follow-up visits rendered via telehealth, telephone, e-visit or virtual check-in are acceptable. Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Transitions of Care (TRC)</p>	<p>Ages/Event: Patients 18 years and older who had an acute or non-acute inpatient discharge on or between January 1 and December 1 of the measurement year.</p> <p>Timeframe: January 1, 2022 through December 1, 2022</p>	<p>Patients who had each of the following:</p> <ul style="list-style-type: none"> • Notification of inpatient admission. • Receipt of discharge information. • Patient engagement after inpatient discharge. • Medication reconciliation post-discharge. 		<p>The medical record should show:</p> <ul style="list-style-type: none"> • Documentation of receipt of notification of the inpatient admission on the day of admission or through 2 days after admission. • Documentation of receipt of discharge information on the day of discharge or through 2 days after discharge. • Documentation of patient engagement after inpatient discharge (for example, office visits, home visits and telehealth) provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. • Documentation of medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse within 31 days after discharge. • Utilize Healthix to receive alerts on your patients. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Transitional Care Management Services 99495 CPT 99496 CPT</p> <p>Outpatient Visits 99202 CPT 99203 CPT</p> <p>Telephone Visit 98966 CPT 98967 CPT 98968 CPT</p> <p>Medication Reconciliation Intervention 1111F CPT II: Discharge medications reconciled with the current medication list in outpatient medical record</p>
Overuse/Appropriateness					
<p>Appropriate Treatment for Upper Respiratory Infection (URI)</p>	<p>Ages/Event: Patients 3 months of age and older who had an outpatient, observation, telephone, e-visit, virtual check-in or ED visit and were given only a diagnosis of upper respiratory infection.</p> <p>Timeframe: July 1, 2021 through December 31, 2022</p>	<p>Children who were not dispensed an antibiotic prescription on or 3 days after the Episode Date.</p> <p>Note: Lower rate is better. This measure is based on pharmacy claims.</p>	<p>A competing diagnosis on or three days after the URI diagnosis.</p>	<ul style="list-style-type: none"> • Review the absence of bacterial infection symptoms with the patient/parents or guardian and educate that antibiotics will not help with viral infections. • Discuss the side effects of taking antibiotics. 	
<p>Avoidance of Antibiotic Treatment for Acute Bronchitis /Bronchiolitis (AAB)</p>	<p>Ages/Event: Patients 3 months of age and older who had an outpatient, telephone visit, an e-visit, virtual check-in, observation visit or an ED visit and a diagnosis of acute bronchitis:</p> <p>Timeframe: July 1, 2021 through December 31, 2022</p>	<p>Patients who were not dispensed an antibiotic prescription.</p> <p>Note: Lower rate is better. This measure is based on pharmacy claims.</p>	<p>A competing diagnosis during the period 30 days prior to the diagnosis of acute bronchitis through 7 days after the diagnosis of acute bronchitis. Any diagnosis for a co-morbid condition during the 12 months prior to diagnosis of acute bronchitis.</p> <p>A new or refill prescription for an antibiotic medication was filled 30 days prior to the diagnosis of acute bronchitis or the prescription was active.</p>	<ul style="list-style-type: none"> • Discourage the use of antibiotics for routine treatment of uncomplicated acute bronchitis, unless clinically indicated. • Please note: Patients may be excluded from the measure with proper documentation and coding for co-morbid conditions and competing diagnoses. 	<p>Not applicable: This measure is based on pharmacy claims.</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	Ages/Event: Female patients 16–20 years old. Timeframe: Measurement Year - 2022	Female patients who were not screened for cervical cancer. Cervical cancer screening includes a cervical cytology or an HPV test. Note: Lower rate is better.	History of cervical cancer, HIV or immunodeficiency disorder.	The American College of Obstetricians & Gynecologists and the American Academy of Family Physicians do not recommend cervical cytology or HPV testing be performed on females age 16 to 20, unless they have a history of cervical cancer, HIV, or immunodeficiency disorder.	
Non-Recommended PSA-Based Screening in Older Men (PSA)	Ages/Event: Patients 70 years and older. Timeframe: Measurement Year - 2022	Male patients who were not screened for prostate cancer such as having a PSA-based screening test during the measurement year. Note: Lower rate is better.	Prostate cancer diagnosis. Dysplasia of the prostate during the measurement year or the year prior to the measurement year. A PSA test during the year prior to the measurement year, where laboratory data indicate an elevated result. An abnormal PSA test result or finding during the year prior to the measurement year Dispensed prescription for a 5-alpha reductase inhibitor during the measurement year.	The American Urological Association and U.S. Preventive Task Force does not recommend routine PSA screening for men over 70 or any man with less than a 10 to 15 years life expectancy.	
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)	Ages/Event: Patients 65 years of age and older with at least one disease, condition or procedure in the measurement year or the year prior to the measurement year. Timeframe: Measurement Year - 2021 or 2022	Patients who were not dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Note: Lower rate is better. This measure is based on pharmacy claims.	Diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive or seizure disorder on or between January 1 of the year prior to the measurement year and December 1 of the measurement year. Evidence of palliative care during the measurement year.	<ul style="list-style-type: none"> Complete a medication review and reconciliation at each office visit. The American Geriatrics Society provides the Beers Criteria for Potentially Inappropriate Medication Use in Older Adult Medication List. 	Not applicable: This measure is based on pharmacy claims.
Risk of Continued Opioid Use (COU)	Ages/Event: Patients 18 years and older as of November 1 of the year prior to the measurement year who have a new episode of opioid use that puts them at risk for continued opioid use. Timeframe: November 1, 2021 through December 31, 2022	Patients whose new episode of opioid use does not: <ul style="list-style-type: none"> Last at least 15 days in a 30-day period. Last at least 31 days in a 62-day period. Note: Lower rate is better. This measure is based on pharmacy claims.	Evidence during the 12 months (1-year) prior to the earliest prescription dispensing date for an opioid medication through 61 days after of cancer or sickle cell disease. Evidence of palliative care during the measurement year.	<ul style="list-style-type: none"> Encourage patients to receive opioids only from one prescriber and at one pharmacy. Educate patients on the risk of addiction. Consider reviewing patient’s profile on I-STOP/PMP prior to prescribing opioids. 	Not applicable: This measure is based on pharmacy claims.

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Use of High-Risk Medications in Older Adults (DAE)	<p>Ages/Event: Patients 67 years and older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients without the following:</p> <ul style="list-style-type: none"> • At least two dispensing events for a high-risk medications to avoid from the same drug class. • At least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnosis. <p>Note: Lower rate is better. This measure is based on pharmacy claims.</p>	Evidence of palliative care during the measurement year.	<ul style="list-style-type: none"> • Perform a review of your patient’s prescription and over-the-counter medications. • Ask the patient if they understand what each of the drugs is for and discuss potential drug side effects. • The American Geriatrics Society provides the Beers Criteria for Potentially Inappropriate Medication Use in Older Adult Medication List. 	Not applicable: This measure is based on pharmacy claims.
Use of Imaging Studies for Low Back Pain (LBP)	<p>Ages/Event: Patients 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year who had at least one of the following and a principal diagnosis of uncomplicated low back pain:</p> <ul style="list-style-type: none"> • An outpatient visit, observation visit or an ED visit. • Osteopathic or chiropractic manipulative treatment, or physical therapy visit • Telephone visit, e-visit or virtual check-in. <p>Timeframe: Measurement Year - 2022</p>	<p>Patients that did not have an imaging study with a diagnosis of uncomplicated low back pain on the earliest eligible date of service or in the 28 days following the earliest eligible date of service.</p> <p>Note: Lower rate is better.</p>	<p>Principal diagnosis of uncomplicated LBP during the 180 days (6 months) prior to the earliest date of service.</p> <p>Patients who had a diagnosis for which imaging is clinically appropriate: cancer, recent trauma, intravenous drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant or prolonged use of corticosteroid.</p>	<ul style="list-style-type: none"> • Discourage the use of imaging studies for LBP within 28 days of diagnosis, unless otherwise clinically indicated. • Rule out non-spinal causes of back pain such as urologic or GI pathology and pelvic disease. 	
Use of Opioids at High Dosage (HDO)	<p>Ages/Event: Patients 18 years and older who met both of the following criteria during the measurement year:</p> <ul style="list-style-type: none"> • At least two or more opioid dispensing events on different dates of service. • ≥ 15 total days covered by opioids. <p>Timeframe: Measurement Year - 2022</p>	<p>Patients whose average MME (Milligram Morphine Equivalent) was not >90 mg MME during the treatment period.</p> <p>Note: Lower rate is better. This measure is based on pharmacy claims.</p>	Evidence during the measurement year of cancer or sickle cell disease.	<ul style="list-style-type: none"> • Talk to your patients about setting goals for pain management. • Educate patients and discourage the use of opioids with alcohol and discuss drug to drug interaction. 	

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Use of Opioids From Multiple Providers (UOP)	<p>Ages/Event: Patients 18 years and older who met both of the following criteria during the measurement year:</p> <ul style="list-style-type: none"> • At least two or more opioid dispensing events on different dates of service. • ≥ 15 total days covered by opioids. <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who did not receive:</p> <ul style="list-style-type: none"> • Opioids from four or more different prescribers during the measurement year. • Opioids from four or more different pharmacies during the measurement year. • Opioids from four or more different prescribers and four or more different pharmacies during the measurement year. <p>Note: Lower rate is better. This measure is based on pharmacy claims.</p>		<ul style="list-style-type: none"> • Encourage patients to receive opioids only from one prescriber and at one pharmacy. • Educate patients on the risk of addiction. • Consider reviewing patient's profile on I-STOP/PMP prior to prescribing opioids. 	
Measures Collected through the Medicare Health Outcomes Survey (HOS)					
Fall Risk Management (FRM)	<p>Ages/Event: Patients 65 years and older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>The two components of this measure assess different facets of fall risk management:</p> <ul style="list-style-type: none"> • Discussing Fall Risk. • Managing Fall Risk. <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> • Talk with your patients about falling or problems with balance or walking. • Ask your patients if they have had a bone density test to check for osteoporosis. • Talk to your patients about medication-related falls or balance issues. • Document the discussion in the medical record. 	
Management of Urinary Incontinence in Older Adults (MUI)	<p>Ages/Event: Patients 65 years and older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>The following components of this measure assess the management of urinary incontinence in older adults:</p> <ul style="list-style-type: none"> • Discussing Urinary Incontinence. • Discussing Treatment of Urinary Incontinence. • Impact of Urinary Incontinence. <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> • Ask your patients if leaking of urine has changed their daily activities or is interfering with sleep. • Talk with your patients about the many ways to control or manage the leaking of urine, like bladder training exercises, medication and surgery. • Document the discussion in the medical record. 	
Physical Activity in Older Adults (PAO)	<p>Ages/Event: Patients 65 years and older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>The two components of this measure assess different facets of promoting physical activity in older adults:</p> <ul style="list-style-type: none"> • Discussing Physical Activity. • Advising Physical Activity. <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> • Ask your patients if "In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity?" • Document the discussion in the medical record. 	
Measures Collected through the CAHPS Health Plan Survey					
Flu Vaccinations for Adults Ages 18-64 (FVA)	<p>Ages/Event: Patients 18-64 years old who received an influenza vaccination between July 1 of the measurement year and the date when the CAHPS 5.0H survey was completed.</p> <p>Timeframe: July 1, 2022 through December 31, 2022</p>	<p>Patients who received an influenza vaccination.</p> <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> • Educate patients regarding the importance of an annual flu vaccine. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Flu Vaccinations for Adults Ages 65 and Older (FVO)	<p>Ages/Event: Patients 65 years of age and older who received an influenza vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed.</p> <p>Product Lines: Medicare</p> <p>Timeframe: July 1, 2022 through December 31, 2022</p>	<p>Patients who received an influenza vaccination.</p> <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> • Offer annual flu shots when appropriate. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	
Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	<p>Ages/Event: Patients 18 years and older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ul style="list-style-type: none"> • Advising Smokers and Tobacco Users to Quit • Discussing Cessation Medications • Discussing Cessation Strategies <p>Note: This is a survey based measure.</p>		<p>Provide education and counseling to patients:</p> <ul style="list-style-type: none"> • Advising to quit smoking. • Discuss and recommend cessation medications to help quit smoking. • Discuss and provide education regarding smoking cessation strategies. 	
Pneumococcal Vaccination Status for Older Adults (PNU)	<p>Ages/Event: Patients 65 years and older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who have ever received one or more pneumococcal vaccinations.</p> <p>Note: This is a survey based measure.</p>		<ul style="list-style-type: none"> • Educate patients that pneumonia is a common cause of illness and death in the elderly and persons with certain underlying conditions. • Strongly encourage patients to get a pneumococcal vaccination when appropriate. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	
Access/Availability of Care					
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	<p>Ages/Event: Patients 20 years and older.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who had an ambulatory or preventive care visit during the measurement year as follows:</p> <ul style="list-style-type: none"> • Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year. • Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year. 		<ul style="list-style-type: none"> • Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	
Annual Dental Visit (ADV)	<p>Ages/Event: Patients 2-20 years old.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who had at least one dental visit during the measurement year.</p>		<ul style="list-style-type: none"> • Educate patients or parents/guardian on the importance of an annual dental visit. • Encourage annual dental visits during well child visits. 	

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p>	<p>Ages/Event: Patients 13 years or older with a new episode of alcohol or other drug (AOD) abuse or dependence who initiate treatment through an:</p> <ul style="list-style-type: none"> • outpatient visit • telehealth • intensive outpatient visit • partial hospitalization • detoxification visit • ED visit • observation visit • acute or non-acute inpatient stay • telephone visit • online assessment E-visit or virtual check-in • opioid treatment service <p>Timeframe: Measurement Year - January 1, 2022 to November 14, 2022</p>	<p>Patients who:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment: Initiate AOD treatment within 14 days of the AOD abuse or dependence diagnosis. • Engagement of AOD Treatment: Initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit. 		<ul style="list-style-type: none"> • Schedule a follow-up visit within 14 days and at least two additional visits within 30 days, or refer immediately to a behavioral health practitioner when giving a diagnosis of alcohol or other drug dependence. • Provide patients or parents/guardian with educational materials and resources that include information on the treatment process and options. • Consider using screening tools or questions to identify substance abuse issues in patients. • Refer to Health Care that Matters - Your Behavioral Health Screening Tools Pocket Reference. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>IET Stand Alone Visits 98960 CPT 98961 CPT 98962 CPT</p> <p>Telephone Visit 98966 CPT 98967 CPT 98968 CPT</p> <p>Alcohol Abuse and Dependence F10.10 ICD 10 F10.120 ICD 10 F10.121 ICD 10</p> <p>Opioid Abuse and Dependence F11.10 ICD 10 F11.1220 ICD 10 F11.121 ICD10</p> <p>Other Drug Abuse and Dependence F12.10 ICD 10 F12.120 ICD 10 F12.121 ICD 10</p>
<p>Prenatal and Postpartum Care (PPC)</p>	<p>Ages/Event: Female patients who delivered a live birth or who had two separate deliveries (different dates of service) on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.</p> <p>Timeframe: October 8, 2021 through October 7, 2022</p>	<p>Patients who had:</p> <ul style="list-style-type: none"> • Timeliness of Prenatal Care: A prenatal visit in the first trimester. • Postpartum Care: A postpartum visit for a pelvic exam or postpartum care on or between 7 and 84 days after delivery. 		<ul style="list-style-type: none"> • Discuss the importance of early prenatal care with all women of childbearing age and encourage patient to seek appropriate prenatal and postpartum care. • Service rendered via telephone, e-visit or virtual check-in is accepted. • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Prenatal Visits 99202 CPT 99203 CPT</p> <p>Postpartum Visits 57170 CPT 58300 CPT 59430 CPT</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</p>	<p>Ages/Event: Patients 1-17 years old who were dispensed a new prescription for an antipsychotic medication.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients who had documentation of psychosocial care in the 121-day period from 90 days prior to the earliest prescription dispensing date through 30 days after the earliest prescription dispensing date.</p>	<p>Diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder and either of the following:</p> <p>At least one acute inpatient encounter during the measurement year.</p> <p>At least two outpatient, intensive outpatient or partial hospitalization visits, with different dates of service during the measurement year.</p>	<ul style="list-style-type: none"> Refer patient for psychosocial care before prescribing an antipsychotic and ensure the patient receives psychosocial care within 30 days of initial antipsychotic prescription. Submit claims/encounters with appropriate codes. 	<p>Psychosocial Care 90832 CPT 90833 CPT 90834 CPT G0176 HCPCS G0177 HCPCS G0409 HCPCS</p>
<p>Utilization</p>					
<p>Well-Child Visits in the First 30 Months of Life (W30)</p>	<p>Ages/Event: Patients who turned:</p> <ul style="list-style-type: none"> 15 months 15 months to 30 months <p>Timeframe: Measurement Year - 2022</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> Children who turned 15 months old during the measurement year: Six or more well-child visits. Children who turned 30 months old during the measurement year: Two or more well-child visits. 		<ul style="list-style-type: none"> Schedule well-child visits in advance. Use the opportunity to vaccinate. Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. Handouts given during a visit without evidence of a discussion DOES NOT meet criteria for Health Education/ Anticipatory Guidance. 	<p>99381 CPT: Initial (younger than 1 year) 99382 CPT: Initial (1- 4 yrs) 99383 CPT: Initial (5 -11 yrs)</p>
<p>Child and Adolescent Well-Care Visits (WCV)</p>	<p>Ages/Event: Patients 3-21 years as of December 31 of the measurement year. Report three age stratifications and total rate:</p> <ul style="list-style-type: none"> 3-11 years. 12-17 years. 18-21 years. Total. <p>Timeframe: Measurement Year - 2022</p>	<p>One or more well-care visits during the measurement year.</p>		<ul style="list-style-type: none"> Emphasize the importance of an annual well-child visit. Use the opportunity to vaccinate. Use the opportunity to reinforce the importance of an annual dental visit. Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. Handouts given during a visit without evidence of a discussion DOES NOT meet criteria for Health Education/ Anticipatory Guidance. 	<p>99382 CPT: Initial (1- 4 yrs) 99383 CPT: Initial (5 -11 yrs) 99384 CPT: Initial (12 - 17 yrs) 99385 CPT: Initial (18-39 yrs)</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
Measures Collected Using Electronic Clinical Data Systems					
Adult Immunization Status (AIS)	<p>Ages/Event: Patients ages 19 years and older at the start of the measurement year</p> <p>Timeframe: <ul style="list-style-type: none"> Influenza - July 1, 2021 through June 30, 2022 Td/Tdap - 2013 through 2021 Zoster - 2022 Pneumococcal - 2022 Composite - 2022 </p>	<ul style="list-style-type: none"> Influenza: Patients 19 years and older who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period. Td/Tdap: Patients 19 years and older who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period. Zoster: Patients 50 years of age and older at the start of the measurement period who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine anytime on or after the member's 50th birthday. Pneumococcal: Patients 66 years of age and older as of the start of the measurement period who were administered the 23-valent pneumococcal polysaccharide vaccine on or after the age of 60. 	<p>Prior anaphylactic reaction to the vaccine or its components any time during or before the measurement period.</p> <p>History of encephalopathy within seven days after a previous dose of a Td-containing vaccine.</p> <p>Active chemotherapy or a bone marrow transplant during the measurement period.</p> <p>History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal fluid leaks any time during the patient's history through the end of the measurement period.</p>	<ul style="list-style-type: none"> Encourage patients to receive their vaccinations. Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>Influenza: 90672 90673 90674</p> <p>Td/Tdap: 90714 90715 90658</p> <p>Zoster: 90736</p> <p>Pneumococcal: 90732</p>
Depression Remission or Response for Adolescents and Adults (DRR)	<p>Ages/Event: Patients 12 years and older with a diagnosis of major depression or dysthymia that starts before and overlaps the intake period and a PHQ-9 score >9 during the intake period (IESD).</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Patients with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4-8 months of the elevated score as follows:</p> <ul style="list-style-type: none"> Follow-Up PHQ-9: A documented PHQ-9 score during the depression follow-up period. Depression Remission: Achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 total score of <5 recorded during the depression follow-up period. Depression Response: A response to treatment for depression, as demonstrated by the most recent PHQ-9 total score being at least 50 percent lower than the PHQ-9 score associated with the IESD, recorded during the depression follow-up period. 	<p>Diagnosis of bipolar disorder, personality disorder, psychotic disorder, pervasive developmental disorder or autism spectrum disorder at any time from the start of the intake period to the end of the measurement period.</p>	<p>Evaluate patient status, response to therapy and medication tolerance.</p>	
Depression Screening and Follow-Up for Adolescents and Adults (DSF)	<p>Ages/Event: Patients 12 years and older.</p> <p>Timeframe: Measurement Year - 2022</p>	<ul style="list-style-type: none"> Patients who screened positive, evidence of the following: Depression Screening: Documentation of depression screening performed using an age-appropriate standardized instrument between January 1 and December 1 of the measurement period. Follow-Up on Positive Screen: Received follow-up care on or 30 days after the date of the first positive screen (31 days total). 	<p>Diagnosis of Bipolar disorder during the year prior to the measurement period.</p> <p>Depression during the year prior to the measurement period.</p>	<ul style="list-style-type: none"> Perform routine depression screenings during annual physical examinations such as wellness checks and sports physicals. Consider performing depression screenings during office visits scheduled to address physical complaints known to occur with depression. Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	<p>G8510 HCPCS: Screening for depression is documented as negative, a follow-up plan is not required</p> <p>G8431 HCPCS: Screening for depression is documented as being positive and a follow-up plan is documented</p>

HEDIS® Provider Desk Reference

MEASURE NAME	DENOMINATOR: ELIGIBLE POPULATION	NUMERATOR: HOW TO MEET THE MEASURE CRITERIA	EXCLUSIONS	HOW TO IMPROVE HEDIS SCORE	COMMONLY USED CODES
<p>Prenatal Immunization Status (PRS)</p>	<p>Ages/Event: Female patients.</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Percentage of deliveries in the measurement period in which female patients received:</p> <ul style="list-style-type: none"> • Influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date. • At least one Tdap vaccine during the pregnancy (including the delivery date). • Deliveries that met criteria for both an influenza vaccine and Tdap vaccine as noted above. 	<p>Deliveries less than 37 weeks of gestation.</p> <p>Prior anaphylactic reaction to the vaccine or its components any time during or before the measurement period.</p> <p>History of encephalopathy within seven days after a previous dose of a Td-containing vaccine.</p>	<ul style="list-style-type: none"> • Educate patients that many vaccines are safe for pregnant women and may prevent serious illness for their unborn child(ren). • Submit claims/encounters with appropriate codes. Refer to HEDIS Coding Guide. 	
<p>Unhealthy Alcohol Use Screening and Follow-Up (ASF)</p>	<p>Ages/Event: Patients 18 years and older screened for unhealthy alcohol use</p> <p>Timeframe: Measurement Year - 2022</p>	<p>Two rates are reported:</p> <ul style="list-style-type: none"> • Unhealthy Alcohol Use Screening: Documented result for unhealthy alcohol use screening performed between January 1 and November 1 of the measurement period. • Alcohol Counseling or Other Follow-up Care: Patients receiving Alcohol Counseling or Other Follow Up Care on or 60 days after the date of the first positive screen (61 days total). 	<p>Alcohol use disorder from January 1 the year prior to the measurement year to December 31 of the measurement year.</p> <p>History of dementia any time during the patient’s history through the end of the measurement period.</p>	<ul style="list-style-type: none"> • Screen for unhealthy alcohol use and refer patients with alcohol dependence to a behavioral health practitioner. • Consider using screening tools or questions to identify unhealthy alcohol use in patients. • Refer to Health Care that Matters - Your Behavioral Health Screening Tools Pocket Reference • Educate and encourage hazardous drinkers that may or may not develop alcohol dependence to create a plan to change their behavior. 	<p>Alcohol Counseling or Follow-up Care: 99408 99409</p>
<p>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)</p>	<p>Ages/Event: Patients 12 years and older with at least one interactive outpatient encounter during assessment periods:</p> <ul style="list-style-type: none"> • One (January 1–April 30) • Two (May 1–August 31) • Three (September 1–December 31) • with an overlapping diagnosis of major depression or dysthymia. <p>Timeframe: Measurement Year - 2022</p>	<p>A PHQ-9 score in the patient’s medical record during assessment periods one, two and three.</p>	<p>Diagnosis of bipolar disorder, personality disorder, psychotic disorder, pervasive developmental disorder or autism spectrum disorder any time during the measurement period.</p>	<ul style="list-style-type: none"> • The PHQ-9 assessment can occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal. • Consider using screening tools or questions to identify depression symptoms in patients. • Refer to Health Care that Matters - Your Behavioral Health Screening Tools Pocket Reference 	<p>G8510 HCPCS: Screening for depression is documented as negative, a follow-up plan is not required</p> <p>G8431 HCPCS: Screening for depression is documented as positive and a follow-up plan is documented</p>