HEDIS Quick Reference Guide

What is HEDIS (Healthcare Effectiveness Data and Information Set)?

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. HEDIS gives purchasers and consumers the ability to distinguish between health plans based on comparative quality instead of simply cost differences. HEDIS reporting is a required part of many State contracts. Through HEDIS, NCQA holds California Health & Wellness accountable for the timeliness and quality of health care services (acute, preventive, mental health, etc) delivered to its diverse membership.

HEDIS consists of over 20 Effectiveness of Care type measures as well as Access to Care and Use of Services measures. These rates are calculated based on claims/encounter data and/or medical record review data. The rates may be reported to NCQA, the Centers for Medicaid and Medicare Services (CMS) and/or state as required.

What are the scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds'. These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS.

How are the rates calculated?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Measures typically calculated using administrative data include: annual mammogram, annual Chlamydia screening, annual Pap test, appropriate treatment of asthma, cholesterol management, antidepressant medication management, access to PCP services, and utilization of acute and mental health services.

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review. Measures typically requiring medical record review include: comprehensive diabetes care, control of high-blood pressure, immunizations, and prenatal care.

Who should I contact at California Health & Wellness for assistance?

If you have any questions, comments, or concerns related to the annual HEDIS project or the medical record reviews, please contact the California Health & Wellness Quality Improvement Department at **1-877-658-0305**.

How can I improve my HEDIS scores?

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- If services are not billed or not billed accurately they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.

Adult Reference Guide

Adult BMI Assessment

Measure demonstrates the percentage of members ages 18 to 74 who had their BMI documented during any outpatient visit in the past two years. Recommendation is for adults to have BMI assessed at least every 2 years. Adults 19 and older must have a BMI value. Adults younger than 19 can also have a BMI percentile and/or BMI percentile plotted on an age-growth chart.

ICD-9-CM Diagnosis
V85.0-V85.5

Breast Cancer Screening

Measure evaluates the percentage of women ages 50 to 74 who had a mammogram *at least once* in the past two years.

Women who have had a bilateral mastectomy are exempt from this measure.

CPT	HCPCS	ICD-9-CM Procedure	UB Revenue
77055-77057	G0202, G0204, G0206	87.36, 87.37	0401, 0403

Cervical Cancer Screening

Measure evaluates the percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: 1) Cervical cytology performed every 3 years for women ages 21-64; 2) Cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years (must occur within 4 days of each other).

Women who have had a bilateral mastectomy are exempt from this measure.

Description	CPT
Cervical Cytology Codes (ages 21-64):	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
Ages 30-64 years old, code from Cervical Cytology plus one HPV code:	87620, 87621, 87622

Chlamydia Screening in Women

Measure evaluates the percentage of women ages 16 to 24 who are sexually active who had at least one test for Chlamydia per year. *Chlamydia tests can be completed using any method, including a urine test.* "Sexually active" is defined as a woman who has had a pregnancy test or testing for any other sexually transmitted disease or has been prescribed birth control.

CPT
87110, 87270, 87320, 87490-87492, 87810

Colorectal Cancer Screening

Measure evaluates the percentage of members ages 50-75 who had at least one appropriate screening for Colorectal Cancer in the past year. Appropriate screening is FOBT in 2013, sigmoidoscopy in the last 5 years or colonoscopy in last 10 years. • *Patients who have a history of colon cancer or who have had a total colectomy are exempt from this measure.*

Description	CPT	HCPCS	ICD-9-CM Procedure
FOBT	82270, 82274	G0328	
Flexible sigmoidoscopy	45330-45335, 45337-45342, 45345	G0104	45.24
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105 G0121	45.22, 45.23, 45.25, 45.42, 45.43

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Measure evaluates the percentage of members age 40 and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. Spirometry testing should be completed within 6 months of the new diagnosis or exacerbation.

CPT
94010, 94014-94016, 94060, 94070, 94375, 94620

Pharmacotherapy Management of COPD Exacerbation

Measure evaluates the percentage of COPD exacerbations for members age 40 and older and were dispensed appropriate medications. Intent is to measure compliance with recommended pharmacotherapy management for those with COPD exacerbations. Two rates are reported:

1. Systemic Corticosteroid - Dispensed prescription for systemic corticosteroid within 14 days after the episode.

Description	Glucocorticoids

2. Bronchodilator – Dispensed prescription for a bronchodilator within 30 days after the episode date.

Description	Anticholinergic agents, Beta 2-agonists, Methylxanthines

Use of Appropriate Medications for People with Asthma

Measure evaluates the percentage of members age 5-64 who were identified as having persistent asthma and who were appropriately prescribed medication. Medications considered appropriate for the measure include:

Appropriate Medications
Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Mast cell stabilizers, Methylxanthines

Medication Management for People With Asthma

Measure evaluates the percentage of members age 5-64 who were identified as having persistent asthma and were dispensed appropriate medications they remained on during the treatment period within the past year.

Two Rates:
Medication Compliance 50% - Members who were covered by one asthma control medication at least 50% of the treatment period
Medication Compliance 75% - Members who were covered by one asthma control medication at least 75% of the treatment period

Appropriate Medications
Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Long-acting, inhaled beta-2 agonists, Mast cell stabilizers, Methylxanthines, Short-acting, inhaled beta-2 agonists

Cholesterol Management for Patients with Cardiovascular Disease

Measure evaluates the percentage of members age 18 to 75 who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) or had a diagnosis of ischemic vascular disease and who had an LDL-C level drawn in the past year.

CPT	CPT II
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

Comprehensive Diabetes Care

Measure demonstrates the percentage of members ages 18-75 with diabetes (types 1 & 2) who were compliant in the following submeasures:

Description	CPT	CPT II	HCPCS
An **HbA1C test** is completed *at least* once per year (includes rapid A1C).	83036, 83037	3044F, 3045F, 3046F	
An **LDL-C test** is completed *at least* once per year.	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F	
Eye Exam – a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) is completed every year **OR** a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior.	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	2022F, 2024F, 2026F, 3072F	
A **nephropathy** screening test is performed *at least* once per year. A member who is on ACE/ARBs or has nephropathy is compliant for this submeasure.	82042, 82043, 82044, 84156	3060F, 3061F	

Adolescent Well Care Visits

Measure evaluates the percentage of adolescents age 12 to 21 years old who had at least one comprehensive well care visit (EPSDT) per year. An OB/GYN practitioner may complete an adolescent well care visit. Three components must be completed: 1) health and development history (physical and mental); 2) a physical exam and 3) health education/anticipatory guidance.

CPT	ICD-9	HCPCS
99381-99385, 99391-99395, 99461	V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	

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Adult Access to Preventive/Ambulatory Health Services

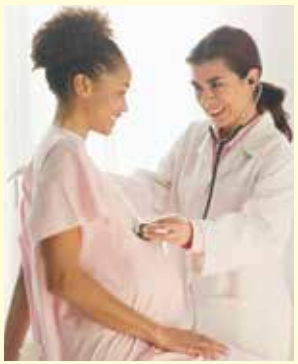
Measure evaluates the percentage of members age 20 and older who had an ambulatory or preventive care visit. Recommendation is for each adult member to have routine outpatient visits at least annually.

Description	CPT	HCPCS	ICD-9
Ambulatory Visits	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429		V20.2, V70.0, V70.3, V70.5 V70.6, V70.8, V70.9
Ambulatory Residential/Nursing Facility E&M Visits	99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337		

Prenatal Visits – Timeliness of First Visit and Frequency of Visits

Measure evaluates the percentage of pregnant women who had their first prenatal visit in the first trimester. Also, the frequency of prenatal visits is assessed.

Description	CPT	HCPCS
For OB or PCP Provider Types:		
• Submit *Prenatal Visit Codes*:	99500, 0500F, 0501F, 0502F	
• OR Submit *Bundled Services at Delivery*:	95400, 59425-59426, 59510, 59610, 59618	
For OB Provider Types Only:		
• Submit any *Prenatal Visit Code* in conjunction with *Other Prenatal Services*		
Prenatal Visit Codes:	99201-99205, 99211-99215, 99241-99245	
Other Prenatal Services (any one listed): Obstetric Panel, Prenatal Ultrasound, Cytomegalovirus and Antibody Levels for Toxoplasma, Rubella, and Herpes Simplex, Rubella antibody and ABO, Rubella and Rh, Rubella and ABO/Rh		
For PCP Only: Any *Prenatal Visit* and any *Other Prenatal Service* with a Pregnancy Diagnosis		



Postpartum Visits

Measure evaluates the percentage of women who delivered a baby and who had their postpartum visit on or between 21 and 56 days after delivery (3 and 8 weeks).

Description	CPT	HCPCS	ICD-9	ICD-9-CM Procedure
Any postpartum visit:	57170, 58300, 59430, 99501, 0503F		V25.1, V72.3, V25.11, V72.32, V24.1, V25.12, V25.13, V24.2, V72.31, V76.2	89.26, 91.46
Any cervical cytology procedure:	88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175			
Any *Postpartum Bundled Services*:	59400, 5410, 59510, 59515, 59610, 59614, 59618, 59622			

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