

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.

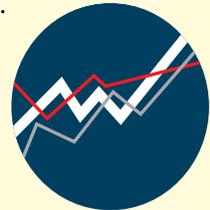
Who should I contact at California Health & Wellness for assistance?

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.



Pediatric Reference Guide



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Description	CPT	ICD-9-CM Procedure	HCPCS
Measure demonstrates the percentage of members ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of 1) BMI percentile documentation ¹ , 2) counseling for nutrition and 3) counseling for physical activity during the past year.	BMI Percentile		V85.0-V85.5	
	Counseling for Nutrition	97802-97804	V65.3	S9470
	Counseling for Physical Activity		V65.41	
Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. The percentile ranking is based on the Centers for Disease Control and Prevention's (CDC) BMI-for-age growth charts. Pregnant members excluded.				

Childhood and Adolescent Immunizations

Immunization	Details	CPT	HCPCS	ICD-9 CM Diagnosis
CHILDHOOD IMMUNIZATIONS – percentage of 2 year olds that have all of the required immunizations listed below by age 2.				
DTaP	At least 4 doses < age 2	90698, 90700, 90721, 90723		
IPV	At least 3 doses < age 2	90698, 90713, 90723		
MMR	At least 1 dose < age 2	90707, 90710		
		Measles/Rubella-90708		
		Measles-90705, Rubella-90706		Measles-055, Rubella-056
Hib	At least 3 doses < age 2	90645-90648, 90698, 90721, 90748		
Hepatitis B	At least 3 doses < age 2	90723, 90740, 90744, 90747, 90748	G0010	070.2, 070.3, V02.61
VZV	At least 1 doses < age 2	90710, 90716		052, 053
Pneumococcal	At least 4 doses < age 2	90669, 90670		
Hepatitis A	At least 1 doses < age 2	90633		070.0, 070.1
Rotavirus ¹	Before age 2: 2 doses of 2-dose vaccine; 1 dose of the 2 dose vaccine & 2 doses of the 3 dose vaccine or 3 doses of the 3 dose vaccine	2 dose schedule-90681		
		3 dose schedule-90680		
Influenza	At least 2 doses < age 2	90655, 90657, 90661, 90662		
ADOLESCENT IMMUNIZATIONS – percentage of adolescents turning 13 who had all the required immunizations listed below.				
Meningococcal	1 on or between 11th-13th birthdays	90733, 90734		
Tdap/Td	1 on or between 10th-13th birthdays	Tdap-90715		
		Td-90714 or 90718		
		Tetanus-90703		
		Diphtheria-90719		
Human Papillomavirus (HPV)	Three doses by 13th birthday	90649, 90650		

¹ Record must document if Rotavirus is 2 or 3 dose vaccine.

Parent refusal for any reason is not a reason for exclusion.

Lead Screening in Children	CPT
Measure evaluates the percentage of children who had a screening test for lead poisoning at least once prior to their second birthday. <i>A lead screening completed in the practitioner office is also allowable.</i>	83655

Chlamydia Screening in Women	CPT
Measure evaluates the percentage of women ages 16 to 24 who are sexually active who had at least one test for Chlamydia per year. <i>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, testing for any other sexually transmitted disease or has been prescribed birth control.</i>	87110, 87270, 87320, 87490-87492, 87810

Appropriate Testing for Children With Pharyngitis	CPT
Measure evaluates the percentage of children age 2-18 diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). Rapid strep tests in the office are acceptable and should be billed.	87070, 87071, 87081, 87430, 87650-87652, 87880

Appropriate Treatment for Children With Upper Respiratory Infection	CPT
Measure evaluates the percentage of children age 3 months – 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. <i>Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim.</i>	

Use of Appropriate Medications for People with Asthma	Appropriate Medications
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:	Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Mast cell stabilizers, Methylxanthines

Medication Management for People With Asthma	Appropriate Medications
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	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

Follow Up Care For Children Prescribed ADHD Medication
Measure demonstrates the percent of members ages 6 to 12 newly prescribed an ADHD medication that 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. Two rates:

Initiation Phase – one face-to-face outpatient follow-up visit with a practitioner with prescribing authority within 30 days after the date the ADHD medication was newly prescribed.

CPT	HCPCS
99349, 99350, 99383, 99384, 99393, 99394, 99401, 99402, 99403, 99404, 99411, 99412, 99510	H2000, H2010, H2011, H2012, H2014, H2020

CPT	WITH	POS
90791, 90792, 90801, 90802, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876		3, 5, 7, 9, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255		52, 53

Continuation and Maintenance Phase – Two more follow-up visits from 31 to 300 days after the first ADHD medication was newly prescribed. One of the two visits may be a telephone visit with a practitioner.

Codes to identify visits	CPT codes to identify telephone visits
Any code noted above in the initiation phase.	98966, 98967, 98968, 99441, 99442, 99443

Pediatric Reference Guide, continued

Children and Adolescents' Access to Primary Care Practitioners

Measure evaluates the percent of members age 12 months-19 years who had an outpatient visit.

Description	CPT	HCPCS	ICD-9-CM Diagnosis
Office or other outpatient services	99201-99205, 99211-99215, 99241-99245		
Home services	99341-99345, 99347-99350		
Preventive medicine	99381-99385, 99386, 99387, 99396, 99397, 99391-99395, 99401-99404, 99411-99412, 99420, 99429		
General medical examination			V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Annual Dental Visit

Measure evaluates the percentage of members ages 2-21 who had at least one dental exam with a dental practitioner in the past year.

Well Child Visits

Every well care visit must include 1) a health and development history (physical and mental), 2) a physical exam, and 3) health education/anticipatory guidance. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure.

Visits must be with a primary care practitioner (pediatrician, family practice, OB/GYN), even though the PCP does not have to be the practitioner assigned to the child.

Well Child Visits in the First 15 Months of Life

Measure evaluates the percentage of infants who had 6 well child CHDP (Child Health and Disability Prevention) Program visits within the first 15 months of life.

Well Child Visits, Ages 3 to 6 Years Old

Measure evaluates the percentage of children ages 3, 4, 5 or 6 years old who had at least one comprehensive well care visit CHDP (Child Health and Disability Prevention) Program per year.

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 CHDP (Child Health and Disability Prevention) Program per year.

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 CHDP (Child Health and Disability Prevention) Program per year.

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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