



**HEDIS Measurement Year (MY) 2020  
& MY 2021 Provider Tips for Optimizing  
HEDIS Results**



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## MY 2020 & MY 2021 Quality Coding Tips

### Eligible Populations, Quality Administrative Value Set Directory Codes and Documentation Requirements

One of the most widely used tools for improving quality and measuring health care plan performance in the United States is the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS was developed and is maintained on an annual basis by the National Committee for Quality Assurance (NCQA).

Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) participating physicians and other health care professionals play an important role in HEDIS. The care you deliver to your patients, our members, is assessed by the HEDIS quality measures:

- Preventive care and screenings
- Chronic care
- Accessibility and availability of care

Listed on the following pages are some key HEDIS measures and corresponding quality coding tips codes and documentation requirements. Please use the codes, as you determine appropriate, to help ensure that patients' charts include accurate, legible and complete medical record documentation.

For additional HEDIS information, contact Horizon *Healthy Journey* at **1-844-754-2451**.

# HEDIS MY 2020 & MY 2021 Provider Tips for Optimizing HEDIS Results

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Adults' Access to Preventive/ Ambulatory Health Services (AAP)</p> <p>Commercial, Medicare, Medicaid</p>	<p>Administrative</p>	<p>The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.</p> <ul style="list-style-type: none"> <li>• Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year</li> <li>• Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year</li> </ul>	<p><i>Medicaid and Medicare:</i> One or more ambulatory or preventive care visits during the measurement year</p> <p><i>Commercial:</i> One or more ambulatory or preventive care visits during the measurement year or the two years prior to the measurement year</p> <p>Use the following value sets to identify ambulatory or preventive care visits:</p> <ul style="list-style-type: none"> <li>• (Ambulatory Visits Value Set)</li> <li>• (Other Ambulatory Visits Value Set)</li> <li>• (Telephone Visits Value Set)</li> <li>• (Online Assessments Value Set)</li> </ul>	<p><b>Ambulatory Visits</b>  <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391-99397, 99401 - 99404, 99411, 99412, 99429, 99483  <b>SNOMED CT US Edition:</b> 962000, 2219003, 3089009, 4197006, 4708004, 4967002, 6391003, 11411001, 11867000, 11961000, 15195005, 16457003, 21695004, 22869000, 26377005, 27874004, 28652005, 30775000, 32511005, 34715004, 35090008, 36685002, 37051008, 39698007, 40361008, 47163004, 58634008, 59486003, 59983003, 61416008, 68658005, 71622008, 74559003, 78909009, 82303003, 84497008, 84992006, 87838003, 88284004, 89430006, 91545002, 162651007, 162655003, 162666005, 162680003, 170107008, 170109006, 170110001, 170111002, 170112009, 170114005, 170118008, 170119000, 170120006, 170121005, 170123008, 170127009, 170128004, 170129007, 170130002, 170132005, 170136008, 170137004, 170138009, 170139001, 170141000, 170145009, 170146005, 170147001, 170148006, 170150003, 170154007, 170155008, 170156009, 170157000, 170159002, 170163009, 170164003, 170165002, 170166001, 170168000, 170172001, 170173006, 170174000, 170175004, 170181007, 170182000, 170183005, 170184004, 170250008, 170259009, 170260004, 170261000, 170263002, 170267001, 170268006, 170269003, 170270002, 170272005, 170276008, 170277004, 170278009, 170279001, 170281004, 170285008, 170286009, 170287000, 170288005, 170290006, 170294002, 170295001, 170296000, 170297009, 170300004, 170305009, 170306005, 170307001, 170308006, 170309003, 185351004, 243788004, 268563000, 268565007, 275725007, 275726008, 275923005, 281029006, 281030001, 281031002, 281032009, 310367004, 365857001, 401140000, 408485004, 408500009, 408502001, 408503006, 410620009, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 699134002, 712791009, 713020001, 783260003</p> <p><b>UBREV:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p><b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b>ICD10CM:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2</p> <p><b>Other Ambulatory Visits</b>  <b>CPT:</b> 92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337  <b>SNOMED CT US Edition:</b> 18170008, 19681004, 207195004, 209000002, 210098006</p> <p><b>UBREV:</b> 0524, 0525</p> <p><b>HCPCS:</b> S0620, S0621</p> <p><b>Telephone Visits</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443  <b>SNOMED CT US Edition:</b> 185317003, 314849005, 386472008, 386473003, 401267002</p> <p><b>Online Assessments</b>  <b>CPT:</b> 98969, 99444, 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Appropriate Testing for Children with Pharyngitis (CWP)</p> <p>Commercial, Medicaid, Medicare</p>	<p>Administrative</p>	<p>The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</p>	<p>A group A streptococcus test (Group A Strep Tests Value Set) in the seven-day period from three days prior to the Episode Date through three days after the Episode Date*.</p> <p>*Episode Date: The date of service for any outpatient, telephone, observation or ED visit, e-visit or virtual check-in during the Intake Period with a diagnosis of pharyngitis.</p>	<p><b>Group A Strep Tests</b>  <b>CPT:</b> 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880  <b>LOINC:</b> 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2  <b>SNOMED CT US Edition:</b> 122121004, 122205003, 122303007</p> <p><b>CWP Antibiotic Medications List</b></p> <ul style="list-style-type: none"> <li>• <b>Aminopenicillins:</b> Amoxicillin, Ampicillin</li> <li>• <b>Beta-lactamase inhibitors:</b> Amoxicillin-clavulanate</li> <li>• <b>First generation cephalosporins:</b> Cefadroxil, Cefazolin, Cephalexin</li> <li>• <b>Folate antagonist:</b> Trimethoprim</li> <li>• <b>Lincomycin derivatives:</b> Clindamycin</li> <li>• <b>Macrolides:</b> Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate</li> <li>• <b>Natural penicillins:</b> Penicillin G potassium, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine</li> <li>• <b>Penicillinase-resistant penicillins:</b> Dicloxacillin</li> <li>• <b>Quinolones:</b> Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin</li> <li>• <b>Second generation cephalosporins:</b> Cefaclor, Cefprozil, Cefuroxime</li> <li>• <b>Sulfonamides:</b> Sulfamethoxazole-trimethoprim</li> <li>• <b>Tetracyclines:</b> Doxycycline, Minocycline, Tetracycline</li> <li>• <b>Third generation cephalosporins:</b> Cefdinir, Cefixime, Cefpodoxime, Cefibuten, Cefditoren, Ceftriaxone</li> </ul>
<p>Appropriate Treatment for Upper Respiratory Infection (URI)</p> <p>Commercial, Medicaid, Medicare</p>	<p>Administrative</p>	<p>The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.</p> <p>*The measure is reported as an inverted rate [1-(numerator/eligible population)]. A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).</p>	<p>Dispensed prescription for an antibiotic medication from the CWP Antibiotic Medications List on or 3 days after the Episode Date.</p> <p>*Identify all members who had an outpatient visit, telephone visit, an e-visit or virtual check-in, an observation visit or an ED visit during the Intake Period, with a diagnosis of URI.</p>	<p><b>CWP Antibiotic Medications List</b></p> <ul style="list-style-type: none"> <li>• <b>Aminopenicillins:</b> Amoxicillin, Ampicillin</li> <li>• <b>Beta-lactamase inhibitors:</b> Amoxicillin-clavulanate</li> <li>• <b>First generation cephalosporins:</b> Cefadroxil, Cefazolin, Cephalexin</li> <li>• <b>Folate antagonist:</b> Trimethoprim</li> <li>• <b>Lincomycin derivatives:</b> Clindamycin</li> <li>• <b>Macrolides:</b> Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate</li> <li>• <b>Natural penicillins:</b> Penicillin G potassium, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine</li> <li>• <b>Penicillinase-resistant penicillins:</b> Dicloxacillin</li> <li>• <b>Quinolones:</b> Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin</li> <li>• <b>Second generation cephalosporins:</b> Cefaclor, Cefprozil, Cefuroxime</li> <li>• <b>Sulfonamides:</b> Sulfamethoxazole-trimethoprim</li> <li>• <b>Tetracyclines:</b> Doxycycline, Minocycline, Tetracycline</li> <li>• <b>Third generation cephalosporins:</b> Cefdinir, Cefixime, Cefpodoxime, Cefibuten, Cefditoren, Ceftriaxone</li> </ul>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance			
Asthma Medication Ratio (AMR)  Commercial, Medicaid	Administrative	The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	<p>The number of members who have a medication ratio of 0.50 or greater during the measurement year. Follow the steps below to calculate the ratio.</p> <ul style="list-style-type: none"> <li>• <b>Step 1:</b> For each member, count the units of asthma controller medications dispensed during the measurement year.</li> <li>• <b>Step 2:</b> For each member, count the units of asthma reliever medications dispensed during the measurement year.</li> <li>• <b>Step 3:</b> For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.</li> <li>• <b>Step 4:</b> For each member, calculate the ratio of controller medications to total asthma medications using the following formula. Round (using the .5 rule) to the nearest whole number.  <math display="block">\text{Units of Controller Medications (step 1)} \div \text{Units of Total Asthma Medications (step 3)}</math> </li> <li>• <b>Step 5:</b> Sum the total number of members who have a ratio of 0.50 or greater in step 4.</li> </ul>			
			Asthma Controller Medications			
Description	Prescriptions	Medication Lists	Route			
Antiasthmatic combinations	Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral			
Antibody inhibitors	Omalizumab	Omalizumab Medications List	Subcutaneous			
Anti-interleukin-4	Dupilumab	Dupilumab Medications List	Subcutaneous			
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Subcutaneous			
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Subcutaneous			
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Intravenous			
Inhaled steroid combinations	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation			
Inhaled steroid combinations	Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation			
Inhaled steroid combinations	Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation			
Inhaled steroid combinations	Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation			
Inhaled corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation			
Inhaled corticosteroids	Budesonide	Budesonide Medications List	Inhalation			
Inhaled corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation			
Inhaled corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation			
Inhaled corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation			
Inhaled corticosteroids	Mometasone	Mometasone Medications List	Inhalation			
Leukotriene modifiers	Montelukast	Montelukast Medications List	Oral			
Leukotriene modifiers	Zafirlukast	Zafirlukast Medications List	Oral			
Leukotriene modifiers	Zileuton	Zileuton Medications List	Oral			
Methylxanthines	Theophylline	Theophylline Medications List	Oral			

HEDIS Measure	Asthma Reliever Medications				
Asthma Medication Ratio (AMR) <i>(continued)</i> Commercial, Medicaid	<b>Description</b>		<b>Prescriptions</b>	<b>Medication Lists</b>	<b>Route</b>
	Short-acting, inhaled beta-2 agonists		Albuterol	Albuterol Medications List	Inhalation
	Short-acting, inhaled beta-2 agonists		Levalbuterol	Levalbuterol Medications List	Inhalation
HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips	
Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)  Commercial, Medicaid, Medicare	Administrative	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.  * The measure is reported as an inverted rate [1-(numerator/ eligible population)]. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).	Dispensed prescription for an antibiotic medication (AAB Antibiotic Medications List) on or three days after the Episode Date*.  *Episode Date: The date of service for any outpatient, telephone, observation or ED visit, e-visit or virtual check-in during the Intake Period with a diagnosis of acute bronchitis/bronchiolitis.	<b>AAB Antibiotic Medications</b> <ul style="list-style-type: none"> <li>• <b>Aminoglycosides:</b> Amikacin, Gentamicin, Streptomycin, Tobramycin</li> <li>• <b>Aminopenicillins:</b> Amoxicillin, Ampicillin</li> <li>• <b>Beta-lactamase inhibitors:</b> Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam</li> <li>• <b>First-generation cephalosporins:</b> Cefadroxil, Cefazolin, Cephalexin</li> <li>• <b>Fourth-generation cephalosporins:</b> Cefepime</li> <li>• <b>Ketolides:</b> Telithromycin</li> <li>• <b>Lincomycin derivatives:</b> Clindamycin, Lincomycin</li> <li>• <b>Macrolides:</b> Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate</li> <li>• <b>Miscellaneous antibiotics:</b> Aztreonam, Chloramphenicol, Dalfoopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin</li> <li>• <b>Natural penicillins:</b> Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine</li> <li>• <b>Penicillinase resistant penicillins:</b> Dicloxacillin, Nafcillin, Oxacillin</li> <li>• <b>Quinolones:</b> Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin</li> <li>• <b>Rifamycin derivatives:</b> Rifampin</li> <li>• <b>Second-generation cephalosporin:</b> Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime</li> <li>• <b>Sulfonamides:</b> Sulfadiazine, Sulfamethoxazole-trimethoprim</li> <li>• <b>Tetracyclines:</b> Doxycycline, Minocycline, Tetracycline</li> <li>• <b>Third-generation cephalosporins:</b> Cefdinir, Cefditoren, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftibuten, Ceftriaxone</li> <li>• <b>Urinary anti-infectives:</b> Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim</li> </ul>	

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Breast Cancer Screening (BCS)</p> <p>Commercial, Medicare, Medicaid</p>	<p>Administrative</p>	<p>The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.</p>	<p>One or more mammograms (Mammography Value Set) any time on or between <b>October 1</b> two years prior to the measurement year and <b>December 31</b> of the measurement year.</p> <p>Note: This measure assesses the use of imaging to detect early breast cancer in women. Because the measure denominator does not remove women at higher risk of breast cancer, all types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance. Do not count MRIs, ultrasounds or biopsies towards the numerator: although these procedures may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not alone count toward the numerator.</p>	<p><b>Mammography</b>  <b>CPT Codes:</b> 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067  <b>HCPCS:</b> G0202, G0204, G0206  <b>SNOMED CT US Edition:</b> 12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102  <b>LOINC:</b> 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0</p>
<p>Care for Older Adults (COA)</p> <p>Medicare (SNP and MMP only)</p>	<p>Hybrid Administrative</p>	<p>The percentage of adults 66 years and older who had each of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• Advance care planning</li> <li>• Medication review</li> <li>• Functional status assessment</li> <li>• Pain assessment</li> </ul>	<p><b>Advance Care Planning:</b></p> <p>Evidence of advance care planning during the measurement year (Advance Care Planning Value Set)</p> <p>Evidence of advance care planning must include one of the following:</p> <ul style="list-style-type: none"> <li>• The presence of an advance care plan in the medical record on or before <b>December 31</b> of the measurement year.</li> <li>• 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.</li> <li>• Notation that the member previously executed an advance care plan. The notation must be dated on or before <b>December 31</b> of the measurement year.</li> </ul> <p><b>Examples of an advance care plan:</b></p> <ul style="list-style-type: none"> <li>• Advance directive- Directive about treatment preferences or the designation of a surrogate who can make medical decisions for a patient who is unable to make them (e.g., living will, health care power of attorney, health care proxy)</li> </ul>	<p><b>Advance Care Planning</b>  <b>CPT:</b> 99483, 99497  <b>CPT-CAT-II:</b> 1123F, 1124F, 1157F, 1158F  <b>HCPCS:</b> S0257  <b>ICD10CM:</b> Z66  <b>SNOMED CT US Edition:</b> 3011000175104, 3021000175108, 3031000175106, 3041000175100, 3061000175101, 310301000, 310302007, 310303002, 310305009, 423606002, 425392003, 425393008, 425394002, 425395001, 425396000, 425397009, 4921000175109, 699388000, 713058002, 713580008, 713600001, 713602009, 713603004, 713662007, 713665009, 714361002, 714748000, 715016002, 719238004, 719239007, 719240009, 87691000119105  <b>Medication Review</b>  <b>CPT:</b> 90863, 99483, 99605, 99606  <b>CPT-CAT-II:</b> 1160F  <b>SNOMED CT US Edition:</b> 461651000124104, 719327002, 719328007, 719329004</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Care for Older Adults (COA) <i>(continued)</i></p> <p>Medicare (SNP and MMP only)</p>			<p><b>Examples of an advance care plan:</b> <i>(continued)</i></p> <ul style="list-style-type: none"> <li>Actionable medical orders- Written instructions regarding initiating, continuing, withholding or withdrawing specific forms of life-sustaining treatment (e.g., Physician Orders for Life Sustaining Treatment [POLST], Five Wishes)</li> <li>Living will-Legal document denoting preferences for life-sustaining treatment and end-of-life care</li> <li>Surrogate decision maker- A written document designating someone other than the member to make medical treatment choices</li> </ul> <p><b>Examples of an advance care planning discussion:</b></p> <ul style="list-style-type: none"> <li>Notation in the medical record of a discussion with a provider or initiation of a discussion by a provider during the measurement year <ul style="list-style-type: none"> <li>Documentation that a member declined to discuss advance care planning is considered evidence that the provider initiated a discussion and meets criteria.</li> <li>Documentation that a provider asked the member if an advance care plan was in place and the member indicated a plan was not in place is not considered a discussion or initiation of a discussion.</li> </ul> </li> <li>Oral statements. Conversations with relatives or friends about life-sustaining treatment and end-of-life care, documented in the medical record. Patient designation of an individual who can make decisions on behalf of the patient. Evidence of oral statements must be noted in the medical record during the measurement year.</li> </ul> <p><b>Medication Review:</b> Either of the following meet criteria</p> <ul style="list-style-type: none"> <li>Both of the following during the same visit during the measurement year where the provider type is a prescribing practitioner or clinical pharmacist: <ul style="list-style-type: none"> <li>At least one medication review (Medication Review Value Set)</li> <li>The presence of a medication list in the medical record (Medication List Value Set)</li> </ul> </li> <li>Transitional care management services (Transitional Care Management Services Value Set) during the measurement year</li> </ul>	<p><b>Medication List</b> <b>HCPCS:</b> G8427 <b>CPT-CAT-II:</b> 1159F <b>SNOMED CT US Edition:</b> 428191000124101, 432311000124109</p> <p><b>Transitional Care Management Services</b> <b>CPT:</b> 99495, 99496</p> <p><b>Functional Status Assessment</b> <b>CPT:</b> 99483 <b>CPT-CAT-II:</b> 1170F <b>HCPCS:</b> G0438, G0439 <b>SNOMED CT US Edition:</b> 304492001, 385880002</p> <p><b>Pain Assessment</b> <b>CPT-CAT-II:</b> 1125F, 1126F <b>SNOMED CT US Edition:</b> 225399009, 370778008, 408952002, 408955000, 423184003, 445719003, 445790003, 445806009, 445812004, 445996003, 446009008, 446790006, 715322001, 770637008</p> <p><b>Acute Inpatient</b> <b>CPT:</b> 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291 <b>SNOMED CT US Edition:</b> 10378005, 112689000, 1505002, 15584006, 18083007, 183450002, 183452005, 183481006, 183487005, 183488000, 183489008, 183491000, 183492007, 183493002, 183494008, 183495009, 183496005, 183497001, 183498006, 183499003, 183500007, 183501006, 183502004, 183503009, 183504003, 183505002, 183506001, 183507005, 183508000, 183509008, 183510003, 183511004, 183512006, 19951005, 2252009, 235313004, 25986004, 2876009, 287927002, 304566005, 305337004, 305338009, 305339001, 305341000, 305342007, 305350003, 305354007, 305355008, 305356009, 305357000, 305358005, 305359002, 305360007, 305361006, 305362004, 305363009, 305364003, 305365002, 305366001, 305367005, 305368000, 305369008, 305370009, 305371008, 305372001, 305374000, 305375004, 305376003, 305377007, 305378002, 305379005, 305380008, 305382000, 305383005, 305384004, 305385003, 305386002, 305387006, 305388001, 305389009, 305390000, 305391001, 305392008, 305393003, 305394009, 305395005, 305396006, 305397002, 305399004, 305400006, 305401005, 305402003, 305403008, 305404002, 305405001, 305406000</p>



HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Care for Older Adults (COA) <i>(continued)</i></p> <p>Medicare (SNP and MMP only)</p>			<p>Exclude services provided in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set). Documentation must come from the same medical record and must include one of the following:</p> <ul style="list-style-type: none"> <li>• A medication list in the medical record, <b>and</b> evidence of a medication review by a prescribing practitioner or clinical pharmacist <b>and</b> the date when it was performed.</li> <li>• Notation that the member is not taking any medication and the date when it was noted.</li> </ul> <p>Note: A medication list, signed and dated during the measurement year by the appropriate practitioner type (prescribing practitioner or clinical pharmacist), meets criteria (the practitioner's signature is considered evidence that the medications were reviewed). A review of side effects for a single medication at the time of prescription alone is not sufficient. An outpatient visit is not required to meet criteria. Do not include medication lists or medication reviews performed in an acute inpatient setting.</p> <p><b>Functional Status Assessment:</b> At least one functional status assessment (Functional Status Assessment Value Set) during the measurement year. Exclude services provided in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set).</p> <p>Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.</p> <p><b>Notations for a complete functional status assessment must include one of the following:</b></p> <ul style="list-style-type: none"> <li>• Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking</li> <li>• Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances</li> </ul>	<p>305407009, 305408004, 305409007, 305410002, 305411003, 305412005, 305413000, 305414006, 305415007, 305416008, 305417004, 305418009, 305419001, 305420007, 305421006, 305422004, 305423009, 305424003, 305425002, 305426001, 305427005, 305428000, 305429008, 305430003, 305431004, 305432006, 305433001, 305434007, 305435008, 306732000, 306803007, 306967009, 308251003, 308252005, 308253000, 310361003, 3241000175106, 32485007, 373113001, 397769005, 398162007, 405614004, 432621000124105, 442281000124108, 447941000124106, 448421000124105, 448431000124108, 448441000124103, 448851000124103, 4563007, 45702004, 47348005, 48183000, 50699000, 51032003, 51501005, 5161006, 52748007, 60059000, 63551005, 699124006, 70755000, 71290004, 73607007, 74857009, 76193006, 76464004, 78680009, 81672003, 82942009, 8715000</p> <p><b>Acute Inpatient POS</b> <b>POS:</b> 21, 51</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance
Care for Older Adults (COA) <i>(continued)</i>  Medicare (SNP and MMP only)			<p><b>Result of assessment using a standardized functional status assessment tool, not limited to:</b></p> <ul style="list-style-type: none"> <li>- SF-36®</li> <li>- Assessment of Living Skills and Resources (ALSAR)</li> <li>- Barthel ADL Index Physical Self-Maintenance (ADLS) Scale</li> <li>- Bayer ADL (B-ADL) Scale</li> <li>- Barthel Index</li> <li>- Edmonton Frail Scale</li> <li>- Extended ADL (EADL) Scale</li> <li>- Groningen Frailty Index</li> <li>- Independent Living Scale (ILS)</li> <li>- Katz Index of Independence in ADL</li> <li>- Kenny Self-Care Evaluation</li> <li>- Klein-Bell ADL Scale</li> <li>- Kohlman Evaluation of Living Skills (KELS)</li> <li>- Lawton &amp; Brody's IADL scales</li> <li>- Patient Reported Outcome Measurement Information System (PROMIS) Global or Physical Function Scales</li> </ul> <p>Note: A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year. Do not include comprehensive functional status assessments performed in an acute inpatient setting.</p> <p><b>Pain Assessment:</b> At least one pain assessment (Pain Assessment Value Set) during the measurement year. Exclude services provided in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set).</p> <p>Documentation in the medical record must include evidence of a pain assessment and the date when it was performed.</p> <p>Notations for a pain assessment must include one of the following:</p> <ul style="list-style-type: none"> <li>• Documentation that the patient was assessed for pain (which may include positive or negative findings for pain)</li> <li>• Result of assessment using a standardized pain assessment tool, not limited to:               <ul style="list-style-type: none"> <li>- Numeric rating scales (verbal or written)</li> <li>- Face, Legs, Activity, Cry Consolability (FLACC) scale</li> <li>- Verbal descriptor scales (5-7 Word Scales, Present Pain Inventory)</li> <li>- Pain Thermometer</li> <li>- Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale)</li> <li>- Visual analogue scale</li> <li>- Brief Pain Inventory</li> <li>- Chronic Pain Grade</li> <li>- PROMIS Pain Intensity Scale</li> <li>- Pain Assessment in Advanced Dementia (PAINAD) Scale</li> </ul> </li> </ul> <p>Note: Notation alone of a pain management plan does not meet criteria. Notation alone of a pain treatment plan does not meet criteria. Notation alone of screening for chest pain or documentation alone of chest pain does not meet criteria.</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Cervical Cancer Screening (CCS)  Commercial, Medicaid	Hybrid Administrative	<p>The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>• Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</li> <li>• Women 30–64 years of age who had cervical cytology/ human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul>	<p>1) Identify women 24–64 years of age as of <b>December 31</b> of the measurement year who had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement year or the two years prior to the measurement year.</p> <p>2) Identify women 30–64 years of age as of <b>December 31</b> of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set, High Risk HPV Test Result or Finding Value Set) during the measurement year or the four years prior to the measurement year <b>and</b> who were 30 years or older on the date of the test.</p> <p>Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> <li>– A note indicating the date when the cervical cytology was performed</li> <li>– The result or findings</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>– Do not count biopsies because they are diagnostic and therapeutic only and are not for primary cervical cancer screening.</li> <li>– Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting.</li> </ul>	<p><b>Cervical Cytology Lab Test</b>  <b>SNOMED CT US Edition:</b> 171149006, 416107004, 417036008, 439958008, 440623000, 448651000124104  <b>CPT Codes:</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175  <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091  <b>LOINC:</b> 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</p> <p><b>Cervical Cytology Result or Finding</b>  <b>SNOMED CT US Edition:</b> 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 62051000119105, 62061000119107, 98791000119102</p> <p><b>High Risk HPV Lab Test</b>  <b>SNOMED CT US Edition:</b> 35904009, 48651000124104  <b>CPT:</b> 87620, 87621, 87622, 87624, 87625  <b>HCPCS:</b> G0476  <b>LOINC:</b> 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0</p> <p><b>High Risk HPV Test Result or Finding</b>  <b>SNOMED CT US Edition:</b> 718591004</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Child and Adolescent Well-Care Visits (WCV)</p> <p>Commercial, Medicaid</p>	<p>Administrative</p>	<p>The percentage of enrolled members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>	<p>One or more well-care visits (Well-Care Value Set) during the measurement year.</p> <p>Do not include:</p> <ul style="list-style-type: none"> <li>• Services rendered during an inpatient or ED visit</li> </ul> <p>Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to the assessment or treatment of an acute or chronic condition do not count toward the measure. Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation that a well-care exam occurred is available in the medical record or administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member. The organization may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure.</p>	<p><b>Well-Care</b></p> <p><b>CPT:</b> 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461</p> <p><b>HCPCS:</b> G0438, G0439, S0302</p> <p><b>ICD 10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p><b>SNOMED CT US Edition:</b> 103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106, 783260003</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Childhood Immunization Status (CIS)</p> <p>Commercial, Medicaid</p>	<p>Hybrid Administrative</p>	<p>The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.</p>	<p><b>For MMR, hepatitis B, VZV and hepatitis A, count any of the following:</b></p> <ul style="list-style-type: none"> <li>Evidence of the antigen or combination vaccine, or</li> <li>Documented history of the illness, or</li> <li>A seropositive test result for each antigen</li> </ul> <p><b>For DTaP, IPV, HiB, pneumococcal conjugate, rotavirus and influenza, count only:</b></p> <ul style="list-style-type: none"> <li>Evidence of the antigen or combination vaccine. For combination vaccinations that require more than one antigen (i.e., DTaP and MMR), the organization must find evidence of all the antigens.</li> </ul> <p><b>DTaP:</b> At least four DTaP vaccinations (DTaP Immunization Value Set; DTaP Vaccine Procedure Value Set), with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</p> <p><b>IPV:</b> At least three IPV vaccinations (Inactivated Polio Vaccine (IPV) Immunization Value Set; Inactivated Polio Vaccine (IPV) Procedure Value Set), with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</p> <p><b>MMR:</b> Any of the following meet criteria:</p> <ul style="list-style-type: none"> <li>At least one MMR vaccination (Measles, Mumps and Rubella (MMR) Immunization Value Set; Measles, Mumps and Rubella (MMR) Vaccine Procedure Value Set) on or between the child's first and second birthdays.</li> <li>At least one measles and rubella vaccination (Measles Rubella Immunization Value Set; Measles Rubella Vaccine Procedure Value Set) <b>and</b> one of the following: <ul style="list-style-type: none"> <li>At least one mumps vaccination (Mumps Immunization Value Set; Mumps Vaccine Procedure Value Set) on or between the child's first and second birthdays.</li> <li>History of mumps illness (Mumps Value Set) any time on or before the child's second birthday.</li> </ul> </li> <li>Any combination of codes below that indicates evidence of all three antigens (on the same or different date of service). <ul style="list-style-type: none"> <li>At least one measles vaccination (Measles Immunization Value Set; Measles Vaccine Procedure Value Set) administered on or between the child's first and second birthdays.</li> </ul> </li> </ul>	<p><b>IPV Immunization</b>  <b>CVX:</b> 10, 89, 110, 120</p> <p><b>IPV Procedure</b>  <b>CPT:</b> 90698, 90713, 90723</p> <p><b>SNOMED CT US Edition:</b> 396456003, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007</p> <p><b>DTaP Immunization</b>  <b>CVX:</b> 20, 50, 106, 107, 110, 120</p> <p><b>DTaP Vaccine Procedure</b>  <b>CPT:</b> 90698, 90700, 90723</p> <p><b>SNOMED CT US Edition:</b> 170395004, 170396003, 170397007, 170399005, 170400003, 170401004, 170402006, 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 428251000124104, 571571000119105, 572561000119108, 16290681000119103, 16298561000119108, 787436003, 787438002</p> <p><b>HiB Immunization</b>  <b>CVX:</b> 17, 46, 47, 48, 49, 50, 51, 120, 148</p> <p><b>HiB Vaccine Procedure</b>  <b>CPT:</b> 90644, 90647, 90648, 90698, 90748</p> <p><b>SNOMED CT US Edition:</b> 127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 414001002, 414259000, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003, 787438002</p> <p><b>Hep B</b>  <b>SNOMED CT US Edition:</b> 1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 60498001, 61977001, 66071002, 76795007, 111891008, 165806002, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 271511000, 313234004, 406117000, 424099008, 424340000, 442134007, 442374005, 446698005, 153091000119109</p> <p><b>ICD10CM:</b> B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11</p> <p><b>Hep B Immunization</b>  <b>CVX:</b> 08, 44, 45, 51, 110</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Childhood Immunization Status (CIS) <i>(continued)</i>  Commercial, Medicaid			<p>OR history of measles (Measles Value Set) illness anytime on or before the child's second birthday.</p> <ul style="list-style-type: none"> <li>- At least one mumps vaccination (Mumps Immunization Value Set; Mumps Vaccine Procedure Value Set) administered on or between the child's first and second birthdays OR history of mumps (Mumps Value Set) illness anytime on or before the child's second birthday.</li> <li>- At least one rubella vaccination (Rubella Immunization Value Set; Rubella Vaccine Procedure Value Set) administered on or between the child's first and second birthdays OR History of rubella (Rubella Value Set) illness anytime on or before the child's second birthday.</li> </ul> <p><b>HiB:</b> At least three HiB vaccinations (Haemophilus Influenzae Type B (HiB) Immunization Value Set; Haemophilus Influenzae Type B (HiB) Vaccine Procedure Value Set), with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</p> <p><b>Hepatitis B:</b> Any of the following on or before the child's second birthday meet criteria:</p> <ul style="list-style-type: none"> <li>• At least three hepatitis B vaccinations (Hepatitis B Immunization Value Set; Hepatitis B Vaccine Procedure Value Set), with different dates of service.               <ul style="list-style-type: none"> <li>- One of the three vaccinations can be a newborn hepatitis B vaccination (Newborn Hepatitis B Vaccine Administered Value Set) during the eight-day period that begins on the date of birth and ends seven days after the date of birth.</li> </ul> </li> <li>• History of hepatitis illness (Hepatitis B Value Set).</li> </ul> <p><b>VZV:</b> Either of the following on or between the child's first and second birthdays meet criteria:</p> <ul style="list-style-type: none"> <li>• At least one VZV vaccination (Varicella Zoster (VZV) Immunization Value Set; Varicella Zoster (VZV) Vaccine Procedure Value Set), with a date of service on or between the child's first and second birthdays.</li> <li>• History of varicella zoster (e.g., chicken pox) illness (Varicella Zoster Value Set) on or before the child's second birthday.</li> </ul>	<p><b>Hep B Vaccine Procedure</b>  <b>CPT:</b> 90723, 90740, 90744, 90747, 90748  <b>HCPCS:</b> G0010  <b>SNOMED CT US Edition:</b> 16584000, 170370000, 170371001, 170372008, 170373003, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 770608009, 770616000, 770617009, 770618004, 786846001, 787438002, 572561000119108</p> <p><b>Newborn Hepatitis B Vaccine Administered</b>  <b>ICD9PCS:</b> 99.55  <b>SNOMED CT US Edition:</b> 170370000, 426980004  <b>ICD10:</b> 3E0234Z</p> <p><b>Pneumococcal Conjugate Immunization</b>  <b>CVX:</b> 133,152</p> <p><b>Pneumococcal Conjugate Vaccine Procedure</b>  <b>CPT:</b> 90670  <b>HCPCS:</b> G0009  <b>SNOMED CT US Edition:</b> 434751000124102</p> <p><b>Varicella Zoster</b>  <b>SNOMED CT US Edition:</b> 4740000, 10698009, 21954000, 23737006, 24059009, 36292003, 38907003, 42448002, 49183009, 55560002, 87513003, 111859007, 111861003, 161423008, 186524006, 186525007, 195911009, 230176008, 230198004, 230262004, 230536009, 232400003, 235059009, 240468001, 240470005, 240471009, 240472002, 240473007, 240474001, 309465005, 371113008, 397573005, 400020001, 402897003, 402898008, 402899000, 410500004, 410509003, 421029004, 422127002, 422446008, 422471006, 422666006, 423333008, 423628002, 424353002, 424435009, 424801004, 424941009, 425356002, 426570007, 428633000, 713250002, 713733003, 713964006, 715223009, 723109003, 12551000132107, 12561000132105, 12571000132104, 331071000119101, 681221000119108, 15678761000119105, 15678801000119102, 15680201000119106, 15680241000119108, 15685081000119102, 15685121000119100, 15685201000119100, 15685281000119108, 15936581000119108, 15936621000119108, 15989271000119107, 15989311000119107, 15989351000119108, 15991711000119108, 15991791000119104</p> <p><b>ICD10CM:</b> B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21 - B02.24, B02.29 - B02.34, B02.39, B02.7 - B02.9</p> <p><b>Varicella Zoster Immunization</b>  <b>CVX:</b> 21, 94</p> <p><b>Varicella Zoster Vaccine Procedure</b>  <b>CPT:</b> 90710, 90716  <b>SNOMED CT US Edition:</b> 425897001, 428502009, 473164004, 571611000119101</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Childhood Immunization Status (CIS) <i>(continued)</i></p> <p>Commercial, Medicaid</p>			<p><b>Pneumococcal conjugate:</b> At least four pneumococcal conjugate vaccinations (Pneumococcal Conjugate Immunization Value Set; Pneumococcal Conjugate Vaccine Procedure Value Set), with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.</p> <p><b>Hepatitis A:</b> Either of the following on or between the child's first and second birthdays meet criteria:</p> <ul style="list-style-type: none"> <li>• At least one hepatitis A vaccination (Hepatitis A Immunization Value Set; Hepatitis A Vaccine Procedure Value Set), with a date of service on or between the child's first and second birthdays.</li> <li>• History of hepatitis A illness (Hepatitis A Value Set) on or before the child's second birthday.</li> </ul> <p><b>Rotavirus:</b> Any of the following on or before the child's second birthday meet criteria. Do not count a vaccination administered prior to 42 days after birth.</p> <ul style="list-style-type: none"> <li>• At least two doses of the two-dose rotavirus vaccine (Rotavirus (2 Dose Schedule) Immunization Value Set; Rotavirus Vaccine (2 Dose Schedule) Procedure Value Set) Administered Value Set) on different dates of service.</li> <li>• At least three doses of the three-dose rotavirus vaccine (Rotavirus (3 Dose Schedule) Immunization Value Set; Rotavirus Vaccine (3 Dose Schedule) Procedure Value Set) on different dates of service.</li> <li>• At least one dose of the two-dose rotavirus vaccine (Rotavirus (2 Dose Schedule) Immunization Value Set; Rotavirus (2 Dose Schedule) Procedure Value Set) and at least two doses of the three-dose rotavirus vaccine (Rotavirus (3 Dose Schedule) Immunization Value Set; Rotavirus Vaccine (3 Dose Schedule) Procedure Value Set), all on different dates of service.</li> </ul> <p><b>Influenza:</b> At least two influenza vaccinations (Influenza Immunization Value Set; Influenza Vaccine Procedure Value Set), with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 6 months (180 days) after birth.</p> <ul style="list-style-type: none"> <li>- One of the two vaccinations can be an LAIV vaccination (Influenza Virus LAIV Immunization Value Set; Influenza Virus LAIV Vaccine Procedure Value Set) administered on the child's second birthday. Do not count an LAIV vaccination administered before the child's second birthday.</li> </ul>	<p><b>MMR Immunization</b> <b>CVX:</b> 03, 94</p> <p><b>MMR Vaccine Procedure</b> <b>CPT:</b> 90707, 90710</p> <p><b>SNOMED CT US Edition:</b> 38598009, 170433008, 432636005, 433733003, 150971000119104, 571591000119106, 572511000119105</p> <p><b>Measles</b> <b>SNOMED CT US Edition:</b> 14189004, 28463004, 38921001, 60013002, 74918002, 111873003, 161419000, 186561002, 186562009, 195900001, 240483006, 240484000, 371111005, 406592004, 417145006, 105841000119101</p> <p><b>ICD10CM:</b> B05.0 – B05.4, B05.81, B05.89, B05.9</p> <p><b>Measles Immunization</b> <b>CVX:</b> 05</p> <p><b>Measles Vaccine Procedure</b> <b>CPT:</b> 90705</p> <p><b>SNOMED CT US Edition:</b> 47435007, 170364006, 572481000119103</p> <p><b>Measles and Rubella Immunization</b> <b>CVX:</b> 04</p> <p><b>Measles Rubella Vaccine Procedure</b> <b>CPT:</b> 90708</p> <p><b>Mumps:</b> <b>SNOMED CT US Edition:</b> 10665004, 17121006, 31524007, 31646008, 36989005, 40099009, 44201003, 63462008, 72071001, 74717002, 75548002, 78580004, 89231008, 89764009, 111870000, 161420006, 235123001, 236771002, 237443002, 240526004, 240527008, 240529006, 371112003, 105821000119107</p> <p><b>ICD10CM:</b> B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9</p> <p><b>Mumps Immunization</b> <b>CVX:</b> 07</p> <p><b>Mumps Vaccine Procedure</b> <b>CPT:</b> 90704</p> <p><b>SNOMED CT US Edition:</b> 50583002</p> <p><b>Rubella</b> <b>SNOMED CT US Edition:</b> 10082001, 13225007, 19431000, 36653000, 51490003, 64190005, 79303006, 84611003, 111867004, 128191000, 161421005, 165792000, 186567003, 186570004, 192689006, 231985001, 232312000, 240485004, 253227001, 406112006, 406113001, 1092361000119109, 10759761000119100</p>





HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Chlamydia Screening in Women (CHL)</p> <p>Commercial, Medicaid</p>	<p>Administrative</p>	<p>The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>	<p>At least one chlamydia test (Chlamydia Tests Value Set) during the measurement year</p>	<p><b>Chlamydia Tests</b>  <b>CPT:</b> 87110, 87270, 87320, 87490, 87491, 87492, 87810  <b>LOINC:</b> 14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7  <b>SNOMED CT US Edition:</b> 104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315094009, 315095005, 315099004, 390784004, 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Colorectal Cancer Screening (COL)  Commercial, Medicare	Hybrid Administrative	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.	<ul style="list-style-type: none"> <li>• <b>Fecal occult blood test</b> (FOBT Lab Test Value Set; FOBT Test Result or Finding Value Set) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type</li> <li>• <b>Flexible sigmoidoscopy</b> (Flexible Sigmoidoscopy Value Set; History of Flexible Sigmoidoscopy Value Set) during the measurement year or the four years prior to the measurement year</li> <li>• <b>Colonoscopy</b> (Colonoscopy Value Set; History of Colonoscopy Value Set) during the measurement year or the nine years prior to the measurement year</li> <li>• <b>CT colonography</b> (CT Colonography Value Set) during the measurement year or the four years prior to the measurement year</li> <li>• <b>FIT-DNA test</b> (FIT DNA Lab Test Value Set; FIT DNA Test Result or Finding Value Set) during the measurement year or the two years prior to the measurement year</li> </ul>	<p><b>CT Colonography</b>  <b>SNOMED CT US Edition:</b> 418714002  <b>CPT:</b> 74261, 74262, 74263  <b>LOINC:</b> 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3</p> <p><b>FIT-DNA</b>  <b>CPT:</b> 81528  <b>HCPCS:</b> G0464  <b>LOINC:</b> 77353-1, 77354-9</p> <p><b>Colonoscopy</b>  <b>SNOMED CT US Edition:</b> 8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 235150006, 235151005, 310634005, 367535003, 425672002, 425937002, 427459009, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 713154003, 789778002, 851000119109 (this last code is for history of colonoscopy)  <b>CPT:</b> 44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398  <b>HCPCS:</b> G0105, G0121</p> <p><b>Flexible Sigmoidoscopy</b>  <b>SNOMED CT US Edition:</b> 44441009, 396226005, 425634007, 841000119107 (this last code is for history of flexible sigmoidoscopy)  <b>CPT:</b> 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350  <b>HCPCS:</b> G0104</p> <p><b>FOBT</b>  <b>SNOMED CT US Edition:</b> 104435004, 441579003, 442067009, 442516004, 442554004, 442563002, 59614000, 167667006, 389076003  <b>CPT:</b> 82270, 82274  <b>LOINC:</b> 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6  <b>HCPCS:</b> G0328</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Comprehensive Diabetes Care (CDC) – Hemoglobin A1c Testing and Hemoglobin A1c Control</p> <p>Commercial, Medicaid, Medicare</p>	<p>Hybrid</p> <p>Administrative</p>	<p>The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> <li>• Hemoglobin A1c (HbA1c) testing</li> <li>• HbA1c poor control (&gt;9.0%)</li> <li>• HbA1c control (&lt;8.0%)</li> </ul>	<p><b>Hemoglobin A1c (HbA1c)</b> - Most recent HbA1c test (HbA1c Tests Value Set) performed during the measurement year, as identified by claim/encounter or automated laboratory data.</p> <p><b>HbA1c Poor Control &gt;9%</b> - Most recent HbA1c test more than 9% (A lower rate indicates better performance). Use codes in the (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent HbA1c level is &gt;9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test during the measurement year is ≤9.0%.</p> <p><b>HbA1c control (&lt;8.0%)</b> - Most recent HbA1c result less than 8%. Use codes in the (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set) to identify the most recent HbA1c test during the measurement year. The member is numerator compliant if the most recent HbA1c level is &lt;8.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.</p>	<p><b>HbA1C Lab Test</b>  <b>CPT:</b> 83036, 83037  <b>LOINC:</b> 17856-6, 4548-4, 4549-2  <b>SNOMED CT US Edition:</b> 43396009, 313835008</p> <p><b>HbA1C Level Less Than 7.0%</b>  <b>CPT-CAT-II:</b> 3044F  <b>SNOMED CT US Edition:</b> 165679005</p> <p><b>HbA1c Level Greater Than or Equal to 7.0% and Less Than 8.0%</b>  <b>CPT-CAT-II:</b> 3051F</p> <p><b>HbA1c Level Greater Than or Equal to 8.0% and Less Than or Equal to 9.0%</b>  <b>CPT-CAT-II:</b> 3052F</p> <p><b>HbA1c Level Greater Than 9.0%</b>  <b>SNOMED CT US Edition:</b> 451061000124104  <b>CPT-CAT-II:</b> 3046F</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Comprehensive Diabetes Care - BP control (&lt;140/90 mmHg)</p> <p>Commercial, Medicaid, Medicare</p>	<p>Hybrid</p> <p>Administrative</p>	<p>The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a recent BP reading taken during an outpatient visit, telephone visit, e-visit or virtual check-in, or a nonacute inpatient encounter, or remote monitoring event.</p>	<p>Identify the most recent BP Reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) taken during an outpatient visit (Outpatient Value Set), telephone visit (Telephone Visits Value Set), e-visit or virtual check-in (Online Assessments Value Set), or a nonacute inpatient encounter (Nonacute Inpatient Value Set), or remote monitoring event (Remote Blood Pressure Monitoring Value Set) during the measurement year. The member is numerator compliant if the BP is &lt;140/90 mm Hg. Patient reported digital device BP reading is acceptable.</p>	<p><b>Systolic Less Than 140</b>  <b>CPT-CAT-II:</b> 3074F - less than 130  <b>CPT-CAT-II:</b> 3075F - 130-139</p> <p><b>Systolic Greater Than or Equal To 140</b>  <b>CPT-CAT-II:</b> 3077F</p> <p><b>Systolic Blood Pressure</b>  <b>CPT-CAT-II:</b> 3074F, 3075F, 3077F</p> <p><b>LOINC:</b> 8480-6  <b>SNOMED CT US Edition:</b> 271649006</p> <p><b>Diastolic Less Than 80</b>  <b>CPT-CAT-II:</b> 3078F</p> <p><b>Outpatient</b>  <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015  <b>SNOMED CT US Edition:</b> 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 439740005, 3391000175108, 444971000124105  <b>UBREV:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p><b>Telephone Visits</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443  <b>SNOMED CT US Edition:</b> 185317003, 314849005, 386472008, 386473003, 401267002</p> <p><b>Online Assessments</b>  <b>CPT:</b> 98969--98972, 99421, 99422, 99423, 9944499458  <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p> <p><b>Nonacute Inpatient</b>  <b>CPT:</b> 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337  <b>SNOMED CT US Edition:</b> 36273004, 112690009, 183430001, 183921001, 304567001, 304568006, 305336008, 305340004, 305381007, 306804001, 449411000124106, 449421000124103, 449431000124100</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Comprehensive Diabetes Care - BP control (&lt;140/90 mmHg) <i>(continued)</i></p> <p>Commercial, Medicaid, Medicare</p>			<p>The member is numerator compliant if the BP is &lt;140/90 mmHg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.</p>	<p><b>Diastolic 80-89</b> <b>CPT-CAT-II:</b> 3079F</p> <p><b>Diastolic Greater Than or Equal To 90</b> <b>CPT-CAT-II:</b> 3080F</p> <p><b>Diastolic Blood Pressure</b> <b>CPT-CAT-II:</b> 3078F, 3079F, 3080F</p> <p><b>LOINC:</b> 8462-4</p> <p><b>SNOMED CT US Edition:</b> 271650006</p> <p><b>Remote Blood Pressure Monitoring</b> <b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474 <b>SNOMED CT US Edition:</b> 448678005, 725956001</p>
<p>Comprehensive Diabetes Care - Eye Exam</p> <p>Commercial, Medicaid, Medicare</p>	<p>Hybrid Administrative</p>	<p>The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.</p> <p>Screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:</p> <ul style="list-style-type: none"> <li>• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year</li> <li>• A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year</li> </ul>	<p><b>Any of the following meet criteria:</b></p> <ul style="list-style-type: none"> <li>• Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the measurement year</li> <li>• Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a negative result (negative for retinopathy)</li> <li>• Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a diagnosis of diabetes without complications (Diabetes Mellitus Without Complications Value Set)</li> <li>• Any code in the Eye Exam With Evidence of Retinopathy Value Set or Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the measurement year.</li> <li>• Any code in the Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the year prior to the measurement year.</li> <li>• Any code in the Diabetic Retinal Screening Negative in Prior Year Value Set billed by any provider type during the measurement year.</li> </ul>	<p><b>Diabetic Retinal Screening</b> <b>SNOMED CT US Edition:</b> 6615001, 252779009, 252780007, 252781006, 252782004, 252783009, 252784003, 252788000, 252789008, 252790004, 274795007, 274798009, 308110009, 314971001, 314972008, 410451008, 410452001, 410453006, 410455004, 420213007, 425816006, 427478009, 722161008</p> <p><b>CPT Codes:</b> 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92201, 92202, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245</p> <p><b>HCPCS:</b> S0620, S0621, S3000</p> <p><b>Diabetic Retinal Screening Negative in the Prior Year</b> <b>CPT-CAT-II:</b> 3072F</p> <p><b>Unilateral Eye Enucleation</b> <b>SNOMED CT US Edition:</b> 59590004, 172132001, 205336009, 397800002, 397994004, 398031005</p> <p><b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p><b>Bilateral Modifier</b> <b>CPT:</b> 50</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Comprehensive Diabetes Care - Eye Exam <i>(continued)</i>  Commercial, Medicaid, Medicare		<ul style="list-style-type: none"> <li>Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year</li> </ul>	<ul style="list-style-type: none"> <li>Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (Bilateral Modifier Value Set)</li> <li>Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was <b>February 1</b> of the measurement year, the service date for the second unilateral eye enucleation must be on or after <b>February 15</b></li> <li>Left unilateral eye enucleation (Unilateral Eye Enucleation Left Value Set) and right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) on the same or different dates of service</li> <li>A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a left eye enucleation (Unilateral Eye Enucleation Left Value Set) with service dates 14 days or more apart.</li> <li>A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) with service dates 14 days or more apart.</li> </ul>	<b>Unilateral Eye Enucleation Left</b> <b>ICD10PCS:</b> 08T1XZZ  <b>Unilateral Eye Enucleation Right</b> <b>ICD10PCS:</b> 08T0XZZ  <b>Eye Exam With Evidence of Retinopathy</b> <b>CPT:</b> 2022F, 2024F, 2026F  <b>Eye Exam Without Evidence of Retinopathy</b> <b>CPT:</b> 2023F, 2025F, 2033F
HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	
Comprehensive Diabetes Care - Medical Attention for Nephropathy  Medicare	Hybrid  Administrative	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had Medical Attention for Nephropathy: a nephropathy screening or monitoring test during the measurement year or evidence of nephropathy during the measurement year.	Members who had one of the following during the measurement year: <ul style="list-style-type: none"> <li>Nephropathy screening or monitoring test (Urine Protein Tests Value Set)</li> <li>Evidence of treatment for nephropathy or ACE/ARB therapy (Nephropathy Treatment Value Set)</li> <li>Evidence of Stage 4 chronic kidney disease (CKD Stage 4 Value Set)</li> <li>Evidence of ESRD (ESRD Diagnosis Value Set) or dialysis (Dialysis Procedure Value Set).</li> <li>Evidence of nephrectomy (Nephrectomy Value Set) or kidney transplant (Kidney Transplant Value Set).</li> <li>Visit with a nephrologist, as identified by the organization's specialty provider codes (no restriction on the diagnosis or procedure code submitted)</li> <li>At least one ACE inhibitor or ARB dispensing event (ACE Inhibitor/ARB Medications List)</li> </ul>	

<b>HEDIS Measure</b>	<b>Quality Value Set Directory Coding Tips</b>
Comprehensive Diabetes Care – Medical Attention for Nephropathy  <i>(continued)</i>	<b>Nephropathy Treatment</b> <b>CPT-CAT-II:</b> 3066F, 4010F <b>SNOMED CT US Edition:</b> 1426004, 2657005, 2663001, 2740001, 3704008, 4390004, 7724006, 7725007, 8022000, 8199003, 8875000, 11480007, 12178007, 13335004, 13886001, 13889008, 14669001, 15859004, 16147005, 16751003, 17121006, 17928001, 19351000, 20917003, 22352007, 22702000, 22794007, 22846003, 23697004, 23754003, 23891001, 25821008, 26121002, 26367008, 27366005, 27810000, 28637003, 28689008, 29738008, 31005002, 32093003, 32482005, 32599008, 33461007, 33763006, 34993002, 35546006, 35727008, 36171008, 36225005, 36689008, 37061001, 37085009, 38046004, 38898003, 40233000, 41962002, 42399005, 42827006, 43258006, 43820004, 44785005, 45646000, 45816000, 45927004, 46177005, 47330001, 48160003, 48713002, 49220004, 49708008, 50581000, 51292008, 52254009, 52845002, 53556002, 54879000, 55006001, 55652009, 55662002, 57009009, 57557005, 57965003, 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	<b>Medicare</b> <b>ICD 10CM:</b> E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E.13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.A-N07.A, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N08, N14.0, N14.1, N14.2, N14.3, N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.30, N18.31, N18.32, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0, Q60.1, Q60.2, Q60.3, Q60.4, Q60.5, Q60.6, Q61.00, Q61.01, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q61.9, R80.0, R80.1, R80.2, R80.3, R80.8, R80.9

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips												
Comprehensive Diabetes Care – Medical Attention for Nephropathy <i>(continued)</i>  Medicare			<p><b>ACE Inhibitor and ARB Medications</b>            Description Prescription Angiotensin converting enzyme inhibitors:</p> <table border="1" data-bbox="804 269 1320 1523"> <thead> <tr> <th data-bbox="804 269 984 318">Description</th> <th colspan="2" data-bbox="984 269 1320 318">Prescription</th> </tr> </thead> <tbody> <tr> <td data-bbox="804 318 984 509">Angiotensin converting enzyme inhibitors</td> <td data-bbox="984 318 1115 509">Benazepril Captopril Enalapril Fosinopril Lisinopril</td> <td data-bbox="1115 318 1320 509">Moexipril Perindopril Quinapril Ramipril Trandolapril</td> </tr> <tr> <td data-bbox="804 509 984 662">Angiotensin II inhibitors</td> <td data-bbox="984 509 1115 662">Azilsartan Candesartan Eprosartan Irbesartan</td> <td data-bbox="1115 509 1320 662">Losartan Olmesartan Telmisartan Valsartan</td> </tr> <tr> <td data-bbox="804 662 984 1523">Antihypertensive combinations</td> <td colspan="2" data-bbox="984 662 1320 1523">           Amlodipine-benazepril            Amlodipine-hydrochlorothiazide-valsartan            Amlodipine-hydrochlorothiazide-olmesartan            Amlodipine-olmesartan            Amlodipine-perindopril            Amlodipine-telmisartan            Amlodipine-valsartan            Azilsartan-chlorthalidone            Benazepril-hydrochlorothiazide            Candesartan-hydrochlorothiazide            Captopril-hydrochlorothiazide            Enalapril-hydrochlorothiazide            Fosinopril-hydrochlorothiazide            Hydrochlorothiazide-irbesartan            Hydrochlorothiazide-lisinopril            Hydrochlorothiazide-losartan            Hydrochlorothiazide-moexipril            Hydrochlorothiazide-olmesartan            Hydrochlorothiazide-quinapril            Hydrochlorothiazide-telmisartan            Hydrochlorothiazide-valsartan            Sacubitril-valsartan            Trandolapril-verapamil         </td> </tr> </tbody> </table>	Description	Prescription		Angiotensin converting enzyme inhibitors	Benazepril Captopril Enalapril Fosinopril Lisinopril	Moexipril Perindopril Quinapril Ramipril Trandolapril	Angiotensin II inhibitors	Azilsartan Candesartan Eprosartan Irbesartan	Losartan Olmesartan Telmisartan Valsartan	Antihypertensive combinations	Amlodipine-benazepril Amlodipine-hydrochlorothiazide-valsartan Amlodipine-hydrochlorothiazide-olmesartan Amlodipine-olmesartan Amlodipine-perindopril Amlodipine-telmisartan Amlodipine-valsartan Azilsartan-chlorthalidone Benazepril-hydrochlorothiazide Candesartan-hydrochlorothiazide Captopril-hydrochlorothiazide Enalapril-hydrochlorothiazide Fosinopril-hydrochlorothiazide Hydrochlorothiazide-irbesartan Hydrochlorothiazide-lisinopril Hydrochlorothiazide-losartan Hydrochlorothiazide-moexipril Hydrochlorothiazide-olmesartan Hydrochlorothiazide-quinapril Hydrochlorothiazide-telmisartan Hydrochlorothiazide-valsartan Sacubitril-valsartan Trandolapril-verapamil		<p><b>Urine Protein Tests</b>  <b>CPT:</b> 81000, 81001, 81002, 81003, 81005, 82042, 82043, 82044, 84156,  <b>CPT-CAT-II:</b> 3060F, 3061F, 3062F  <b>LOINC:</b> 11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 9318-7, 89998-9, 89999-7, 90000-1, 93746-6, 95232-5, 95233-3  <b>SNOMED CT US Edition:</b> 19518008, 29809003, 45590004, 46716003, 57378007, 104486009, 104819000, 104820006, 171247004, 270999004, 271000000, 271346009, 313502007, 391410005, 412902007, 417187008  <b>Chronic Kidney Disease – Stage 4</b>  <b>ICD 10CM:</b> N18.4  <b>ICD9CM:</b> 585.4  <b>SNOMED CT US Edition:</b> 129151000119102, 140111000119107, 285001000119105, 285101000119109, 285881000119109, 431857002, 691401000119104, 721000119107, 90751000119109, 96721000119103  <b>End-Stage Renal Disease (ESRD)</b>  <b>ICD10CM:</b> N18.5, N18.6, Z99.2  <b>SNOMED CT US Edition:</b> 46177005, 236434000, 236435004, 236436003, 428937001, 428982002, 429075005, 433146000, 698810000, 704667004, 707324008, 712487000, 714152005, 714153000, 711000119100, 90761000119106, 90771000119100, 90791000119104, 96711000119105, 111411000119103, 120261000119101, 127991000119101, 128001000119105, 129161000119100, 140101000119109, 153851000119106, 153891000119101, 285011000119108, 285841000119104, 286371000119107, 434431000124103  <b>Kidney Transplant</b>  <b>CPT:</b> 50360, 50365, 50380  <b>HCPCS:</b> S2065  <b>ICD10PCS:</b> 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2  <b>ICD9PCS:</b> 55.61, 55.69  <b>SNOMED CT US Edition:</b> 175899003, 175901007, 175902000, 236138007, 313030004, 52213001, 6471000179103, 70536003, 711411006, 711413009, 765478004, 765479007, 782655004  <b>Dialysis Procedure</b>  <b>CPT:</b> 90935, 90937, 90945, 90947, 90997, 90999, 99512  <b>HCPCS:</b> G0257, S9339  <b>ICD10PCS:</b> 3EM39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z, 39.95, 54.98  <b>Nephrectomy</b>  <b>CPT:</b> 50340, 50370  <b>ICD10PCS:</b> 0TB00ZX, 0TB00ZZ, 0TB03ZX, 0TB03ZZ, 0TB04ZX, 0TB04ZZ, 0TB07ZX, 0TB07ZZ, 0TB08ZX, 0TB08ZZ, 0TB10ZX, 0TB10ZZ, 0TB13ZX, 0TB13ZZ, 0TB14ZX, 0TB14ZZ, 0TB17ZX, 0TB17ZZ, 0TB18ZX, 0TB18ZZ  <b>SNOMED CT US Edition:</b> 88930008</p>
Description	Prescription															
Angiotensin converting enzyme inhibitors	Benazepril Captopril Enalapril Fosinopril Lisinopril	Moexipril Perindopril Quinapril Ramipril Trandolapril														
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Antihypertensive combinations	Amlodipine-benazepril Amlodipine-hydrochlorothiazide-valsartan Amlodipine-hydrochlorothiazide-olmesartan Amlodipine-olmesartan Amlodipine-perindopril Amlodipine-telmisartan Amlodipine-valsartan Azilsartan-chlorthalidone Benazepril-hydrochlorothiazide Candesartan-hydrochlorothiazide Captopril-hydrochlorothiazide Enalapril-hydrochlorothiazide Fosinopril-hydrochlorothiazide Hydrochlorothiazide-irbesartan Hydrochlorothiazide-lisinopril Hydrochlorothiazide-losartan Hydrochlorothiazide-moexipril Hydrochlorothiazide-olmesartan Hydrochlorothiazide-quinapril Hydrochlorothiazide-telmisartan Hydrochlorothiazide-valsartan Sacubitril-valsartan Trandolapril-verapamil															



HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Comprehensive Medication Review (CMR)  Medicare	Not applicable	Not applicable	CMS requires all Medicare Advantage plans with prescription benefits to offer a Medication Therapy Management (MTM) program to all Medicare members who meet the program eligibility requirements. As part of the MTM program, each member should complete a Comprehensive Medication Review (CMR). A CMR is a review of the member's prescription medications, over-the-counter medications (medications such as aspirin or heartburn pills), vitamins and herbal supplements with a trusted pharmacist over the telephone.	<p><b>Who is eligible:</b>  <b>Medicare members who:</b></p> <ol style="list-style-type: none"> <li>1. Have at least three chronic conditions from the list:             <ul style="list-style-type: none"> <li>• Alzheimer's</li> <li>• Diabetes</li> <li>• Dyslipidemia</li> <li>• Hypertension</li> <li>• Depression</li> <li>• Multiple sclerosis</li> </ul> </li> <li>2. Take eight or more Part D covered drugs to treat their chronic conditions</li> <li>3. Have an expected cost of at least \$4,376 a year or \$1,094 per quarter for your Part D covered drugs in 2021.</li> </ol> <p><b>Encourage eligible members to complete the CMR:</b></p> <ul style="list-style-type: none"> <li>• By phone <b>1-888-706-2820 (TTY 711)</b>, weekdays, between 9 a.m. and 5 p.m., Eastern Time.</li> <li>• Your referral is recorded by Horizon BCBSNJ. If your practice has the member on the phone, they can warm transfer the member to this line for the medication review. If you provide the number to members to call, they should share with the pharmacist that their doctor instructed them to call.</li> <li>• For more information: <b>Medicare.HorizonBlue.com/members/medication-therapy-management</b></li> </ul>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Controlling High Blood Pressure (CBP)</p> <p>Commercial, Medicaid, Medicare</p>	<p>Hybrid</p> <p>Administrative</p>	<p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</p>	<p>Identify the most recent BP Reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) taken during an outpatient visit (Outpatient Value Set), telephone visit (Telephone Visits Value Set), e-visit or virtual check-in (Online Assessments Value Set), or a nonacute inpatient encounter (Nonacute Inpatient Value Set), or remote monitoring event (Remote Blood Pressure Monitoring Value Set) during the measurement year.</p> <p>The member is numerator compliant if the BP is &lt;140/90 mm Hg.</p> <p>Patient reported digital device BP reading is acceptable after the date of the second diagnosis of hypertension (identified using the event/diagnosis criteria).</p> <p>The member is numerator compliant if the BP is &lt;140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete</p>	<p><b>Systolic Less Than 140</b>  <b>CPT-CAT-II:</b> 3074F - less than 130  <b>CPT-CAT-II:</b> 3075F - 130-139</p> <p><b>Systolic Greater Than or Equal To 140</b>  <b>CPT-CAT-II:</b> 3077F</p> <p><b>Systolic Blood Pressure:</b>  <b>CPT-CAT-II:</b> 3074F, 3075F, 3077F  <b>SNOMED CT US Edition:</b> 271649006  <b>LOINC:</b> 8480-6</p> <p><b>Diastolic Less Than 80</b>  <b>CPT-CAT-II:</b> 3078F</p> <p><b>Diastolic 80-89</b>  <b>CPT-CAT-II:</b> 3079F</p> <p><b>Outpatient</b>  <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015  <b>SNOMED CT US Edition:</b> 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 439740005, 3391000175108, 444971000124105  <b>UBREV:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p><b>Telephone Visits</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443  <b>SNOMED CT US Edition:</b> 185317003, 314849005, 386472008, 386473003, 401267002</p> <p><b>Online Assessments</b>  <b>CPT:</b> 98969-98972, 99421, 99422, 99423, 9944499458  <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p> <p><b>Nonacute Inpatient</b>  <b>CPT:</b> 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337  <b>SNOMED CT US Edition:</b> 36273004, 112690009, 183430001, 183921001, 304567001, 304568006, 305336008, 305340004, 305381007, 306804001, 449411000124106, 449421000124103, 449431000124100</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Controlling High Blood Pressure (CBP)</p> <p><i>(continued)</i></p> <p>Commercial, Medicaid, Medicare</p>			<p>(e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.</p> <p>Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p>	<p><b>Diastolic Greater Than or Equal To 90</b>  <b>CPT-CAT-II:</b> 3080F</p> <p><b>Diastolic Blood Pressure</b>  <b>CPT-CAT-II:</b> 3078F, 3079F, 3080F</p> <p><b>SNOMED CT US Edition:</b> 271650006</p> <p><b>LOINC:</b> 8462-4</p> <p><b>Remote Blood Pressure Monitoring</b>  <b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p><b>SNOMED CT US Edition:</b> 448678005, 725956001</p>
<p>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</p> <p>Commercial, Medicaid, Medicare</p>	<p>Administrative</p>	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <p>* Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.</p> <p>* Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</p>	<p><b>Depression Screening</b>  Members with a documented result of a depression screening performed using an age-appropriate standardized instrument between <b>January 1</b> and <b>December 1</b> of the Measurement Year.</p> <p><b>Follow-Up on Positive Screen</b>  Members who received follow-up care on or up to 30 days after the date of the first positive screen. Any of the following on or 30 days after the first positive screen:</p> <ul style="list-style-type: none"> <li>• An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.</li> <li>• A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.</li> <li>• A behavioral health encounter, including assessment, therapy, collaborative care or medication management.</li> <li>• A dispensed antidepressant medication. <b>OR</b></li> <li>• Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument. For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day, qualifies as evidence of follow-up.</li> </ul>	<p><b>Value Sets</b></p> <ul style="list-style-type: none"> <li>• Diagnosis: Bipolar Disorder (2.16.840.1.113883.3.464.1004.1044)</li> <li>• Diagnosis: Depression (2.16.840.1.113883.3.464.1004.1390)</li> <li>• Diagnosis: Other Bipolar Disorder (2.16.840.1.113883.3.464.1004.1399)</li> <li>• Encounter, Performed: Behavioral Health Encounter (2.16.840.1.113883.3.464.1004.1383)</li> <li>• Encounter, Performed: Depression Case Management Encounter (2.16.840.1.113883.3.464.1004.1389)</li> <li>• Encounter, Performed: Follow Up Visit (2.16.840.1.113883.3.464.1004.1385)</li> <li>• Encounter, Performed: Hospice Encounter (2.16.840.1.113883.3.464.1004.1761)</li> <li>• Intervention, Order: Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)</li> <li>• Intervention, Performed: Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)</li> <li>• Diagnosis: Depression or Other Behavioral Health Condition (2.16.840.1.113883.3.464.1004.1501)</li> </ul> <p><b>Direct Reference Codes</b></p> <ul style="list-style-type: none"> <li>• Assessment, Performed: Beck Depression Inventory Fast Screen total score [BDI] (LOINC Code 89208-3)</li> <li>• Assessment, Performed: Beck Depression Inventory II total score [BDI] (LOINC Code 89209-1)</li> <li>• Assessment, Performed: Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R] (LOINC Code 89205-9)</li> </ul>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips																																										
Depression Screening and Follow-Up for Adolescents and Adults (DSF) <i>(continued)</i>  Commercial, Medicaid, Medicare		<b>Depression Screening Instrument:</b> A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:	<table border="1"> <thead> <tr> <th data-bbox="485 264 1094 345">Instruments for Adolescents (12-17 years)</th> <th data-bbox="1094 264 1318 345">Positive Finding</th> </tr> </thead> <tbody> <tr> <td data-bbox="485 345 1094 391">Patient Health Questionnaire (PHQ-9)<sup>®</sup></td> <td data-bbox="1094 345 1318 391">Total Score ≥10</td> </tr> <tr> <td data-bbox="485 391 1094 436">Patient Health Questionnaire Modified for Teens (PHQ-9M)<sup>®</sup></td> <td data-bbox="1094 391 1318 436">Total Score ≥10</td> </tr> <tr> <td data-bbox="485 436 1094 482">Patient Health Questionnaire-2 (PHQ-2)</td> <td data-bbox="1094 436 1318 482">Total Score ≥3</td> </tr> <tr> <td data-bbox="485 482 1094 527">Beck Depression Inventory-Fast Screen (BDI-FS)<sup>®*</sup></td> <td data-bbox="1094 482 1318 527">Total Score ≥8</td> </tr> <tr> <td data-bbox="485 527 1094 573">Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</td> <td data-bbox="1094 527 1318 573">Total Score ≥17</td> </tr> <tr> <td data-bbox="485 573 1094 618">Edinburgh Postnatal Depression Scale (EPDS)</td> <td data-bbox="1094 573 1318 618">Total Score ≥10</td> </tr> <tr> <td data-bbox="485 618 1094 690">PROMIS Depression</td> <td data-bbox="1094 618 1318 690">Total Score (T Score) ≥60</td> </tr> <tr> <th data-bbox="485 690 1094 771">Instruments for Adults (18+ years)</th> <th data-bbox="1094 690 1318 771">Positive Finding</th> </tr> <tr> <td data-bbox="485 771 1094 816">Patient Health Questionnaire (PHQ-9)<sup>®</sup></td> <td data-bbox="1094 771 1318 816">Total Score ≥10</td> </tr> <tr> <td data-bbox="485 816 1094 862">Patient Health Questionnaire-2 (PHQ-2)</td> <td data-bbox="1094 816 1318 862">Total Score ≥3</td> </tr> <tr> <td data-bbox="485 862 1094 907">Beck Depression Inventory-Fast Screen (BDI-FS)<sup>®*</sup></td> <td data-bbox="1094 862 1318 907">Total Score ≥8</td> </tr> <tr> <td data-bbox="485 907 1094 953">Beck Depression Inventory (BDI-II)</td> <td data-bbox="1094 907 1318 953">Total Score ≥20</td> </tr> <tr> <td data-bbox="485 953 1094 998">Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</td> <td data-bbox="1094 953 1318 998">Total Score ≥17</td> </tr> <tr> <td data-bbox="485 998 1094 1044">Duke Anxiety-Depression Scale (DADS)<sup>®*</sup></td> <td data-bbox="1094 998 1318 1044">Total Score ≥30</td> </tr> <tr> <td data-bbox="485 1044 1094 1089">Geriatric Depression Scale Short Form (GDS)</td> <td data-bbox="1094 1044 1318 1089">Total Score ≥5</td> </tr> <tr> <td data-bbox="485 1089 1094 1135">Geriatric Depression Scale Long Form (GDS)</td> <td data-bbox="1094 1089 1318 1135">Total Score ≥10</td> </tr> <tr> <td data-bbox="485 1135 1094 1180">Edinburgh Postnatal Depression Scale (EPDS)</td> <td data-bbox="1094 1135 1318 1180">Total Score ≥10</td> </tr> <tr> <td data-bbox="485 1180 1094 1226">My Mood Monitor (M-3)<sup>®</sup></td> <td data-bbox="1094 1180 1318 1226">Total Score ≥5</td> </tr> <tr> <td data-bbox="485 1226 1094 1297">PROMIS Depression</td> <td data-bbox="1094 1226 1318 1297">Total Score (T Score) ≥60</td> </tr> <tr> <td data-bbox="485 1297 1094 1343">Clinically Useful Depression Outcome Scale (CUDOS)</td> <td data-bbox="1094 1297 1318 1343">Total Score ≥31</td> </tr> </tbody> </table> <p data-bbox="485 1343 1144 1377">*Proprietary; may be cost or licensing requirement associated with use.</p>	Instruments for Adolescents (12-17 years)	Positive Finding	Patient Health Questionnaire (PHQ-9) <sup>®</sup>	Total Score ≥10	Patient Health Questionnaire Modified for Teens (PHQ-9M) <sup>®</sup>	Total Score ≥10	Patient Health Questionnaire-2 (PHQ-2)	Total Score ≥3	Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®*</sup>	Total Score ≥8	Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17	Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10	PROMIS Depression	Total Score (T Score) ≥60	Instruments for Adults (18+ years)	Positive Finding	Patient Health Questionnaire (PHQ-9) <sup>®</sup>	Total Score ≥10	Patient Health Questionnaire-2 (PHQ-2)	Total Score ≥3	Beck Depression Inventory-Fast Screen (BDI-FS) <sup>®*</sup>	Total Score ≥8	Beck Depression Inventory (BDI-II)	Total Score ≥20	Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17	Duke Anxiety-Depression Scale (DADS) <sup>®*</sup>	Total Score ≥30	Geriatric Depression Scale Short Form (GDS)	Total Score ≥5	Geriatric Depression Scale Long Form (GDS)	Total Score ≥10	Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10	My Mood Monitor (M-3) <sup>®</sup>	Total Score ≥5	PROMIS Depression	Total Score (T Score) ≥60	Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31	<ul style="list-style-type: none"> <li>• Assessment, Performed: Clinically Useful Depression Outcome Scale [CUDOS] (LOINC Code 90221-3)</li> <li>• Assessment, Performed: Final score [DADS] (LOINC Code 90853-3)</li> <li>• Assessment, Performed: Edinburgh Postnatal Depression Scale [EPDS] (LOINC Code 71354-5)</li> <li>• Assessment, Performed: Geriatric depression scale (GDS) short version total (LOINC Code 48545-8)</li> <li>• Assessment, Performed: Geriatric depression scale (GDS) total (LOINC Code 48544-1)</li> <li>• Assessment, Performed: Patient Health Questionnaire 2 item (PHQ-2) total score [Reported] (LOINC Code 55758-7)</li> <li>• Assessment, Performed: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported] (LOINC Code 44261-6)</li> <li>• Assessment, Performed: Patient Health Questionnaire 9: Modified for Teens total score [Reported.PHQ.Teen] (LOINC Code 89204-2)</li> <li>• Assessment, Performed: PROMIS 29 Depression score T score (LOINC Code 71965-8)</li> <li>• Assessment, Performed: Total score [M3] (LOINC Code 71777-7)</li> <li>• Participation: MEDICAID (SOP Code 2)</li> <li>• Participation: MEDICARE (SOP Code 1)</li> <li>• Participation: PRIVATE HEALTH INSURANCE (SOP Code 5)</li> <li>• Patient Characteristic Birthdate: Birth date (LOINC Code 21112-8)</li> <li>• Symptom: Symptoms of depression (finding) (SNOMEDCT Code 394924000)</li> </ul> <p data-bbox="1333 1063 1444 1092"><b>Attributes</b></p> <ul style="list-style-type: none"> <li>• Depression or Other Behavioral Health Condition (2.16.840.1.113883.3.464.1004.1501)</li> </ul>
	Instruments for Adolescents (12-17 years)	Positive Finding																																												
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	Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31																																												

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Flu Vaccinations for Adults Ages 18-64 (FVA)  Commercial, Medicaid	Survey	The percentage of Commercial and Medicaid members 18-64 years of age who received a flu vaccination between <b>July 1</b> of the measurement year and the date when the CAHPS 5.0H survey was completed.	The number of members in the denominator who responded "Yes" to the question "Have you had either a flu shot or flu spray in the nose since <b>July 1, YYYY</b> "	
Flu Vaccinations for Adults Ages 65 and Older (FVO)  Medicare	Survey	The percentage of Medicare members 65 years of age and older who received a flu vaccination between <b>July 1</b> of the measurement year and the date when the Medicare CAHPS survey was completed.	The number of members in the denominator who responded "Yes" to the question "Have you had a flu shot since <b>July 1, YYYY</b> "	

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p> <p>Commercial, Medicaid</p>	<p>Administrative</p>	<p>The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication 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. Two rates are reported.</p> <p><b>1. Initiation Phase.</b> The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</p> <p><b>2. Continuation and Maintenance (C&amp;M) Phase.</b> The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	<p><b>Initiation Phase:</b> A follow-up visit with a practitioner with prescribing authority, within 30 days after the Index Prescription Start Date (IPSD). Any of the following code combinations billed by a practitioner with prescribing authority meet criteria:</p> <ul style="list-style-type: none"> <li>• An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set).</li> <li>• An outpatient visit (BH Outpatient Value Set).</li> <li>• An observation visit (Observation Visit Value Set).</li> <li>• A health and behavior assessment or intervention (Health and Behavior Assessment or Intervention Value Set).</li> <li>• An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set).</li> <li>• An intensive outpatient encounter or partial hospitalization (Partial Hospitalization or Intensive Outpatient Value Set).</li> <li>• A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set).</li> <li>• A telehealth visit (Visit Setting Unspecified Value Set with Telehealth POS Value Set)</li> <li>• A telephone visit (Telephone Visits Value Set)</li> </ul> <p>Note: Do not count a visit on the IPSD as the Initiation Phase visit.</p> <p><b>Continuation Phase:</b> Numerator compliant for Rate 1–Initiation Phase, and at least two follow-up visits on different dates of service with any practitioner, from 31–300 days (9 months) after the IPSD. Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in (Online Assessments Value Set).</p> <p>Any of the following code combinations identify follow-up visits:</p> <ul style="list-style-type: none"> <li>• An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set).</li> <li>• An outpatient visit (BH Outpatient Value Set).</li> </ul>	<p><b>Visit Setting Unspecified</b> <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>Outpatient POS</b> <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>BH Outpatient</b> <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p><b>SNOMED CT US Edition:</b> 185463005, 185464004, 185465003, 281036007, 30346009, 3391000175108, 37894004, 391223001, 391224007, 391225008, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 444971000124105, 77406008, 84251009</p> <p><b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015</p> <p><b>Observation Visit</b> <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Health and Behavior Assessment or Intervention</b> <b>CPT:</b> 96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171</p> <p><b>Partial Hospitalization POS</b> <b>POS:</b> 52</p> <p><b>Partial Hospitalization or Intensive Outpatient</b> <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD) <i>(continued)</i></p> <p>Commercial, Medicaid</p>			<ul style="list-style-type: none"> <li>• An observation visit (Observation Visit Value Set).</li> <li>• A health and behavior assessment or intervention (Health and Behavior Assessment or Intervention Value Set).</li> <li>• An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set).</li> <li>• An intensive outpatient encounter or partial hospitalization (Partial Hospitalization or Intensive Outpatient Value Set).</li> <li>• A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set).</li> <li>• A telehealth visit (Visit Setting Unspecified Value Set with Telehealth POS Value Set).</li> <li>• A telephone visit (Telephone Visits Value Set).</li> <li>• An e-visit or virtual check-in (Online Assessments Value Set).</li> </ul>	<p><b>SNOMED CT US Edition:</b> 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004a, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391223001, 391226009, 391228005, 391229002, 391232004, 391233009, 391237005, 391252003, 391254002, 391255001, 391256000, 391257009, 7133001</p> <p><b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Community Mental Health Center POS</b> <b>POS:</b> 53</p> <p><b>Telephone Visits</b> <b>SNOMED CT US Edition:</b> 185317003, 314849005, 386472008, 386473003, 401267002 <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Telehealth POS</b> <b>POS:</b> 02</p> <p><b>Online Assessments</b> <b>CPT:</b> 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 <b>HCPS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p>
<p>Immunizations for Adolescents (IMA)</p> <p>Commercial, Medicaid</p>	<p>Hybrid Administrative</p>	<p>The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.</p>	<p>For meningococcal, Tdap and HPV count only evidence of the antigen or combination vaccine.</p> <p><b>Meningococcal serogroups A, C, W, Y:</b> At least one meningococcal serogroups A, C, W, Y vaccine (Meningococcal Immunization Value Set; Meningococcal Vaccine Procedure Value Set), with a date of service on or between the member's 11th and 13th birthdays.</p> <p><b>Tdap:</b> At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine (Tdap Immunization Value Set; Tdap Vaccine Procedure Value Set), with a date of service on or between the member's 10th and 13th birthdays.</p> <p><b>HPV:</b> At least two HPV vaccines (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), with dates of service at least 146 days apart on or between the member's 9th and 13th birthdays. For example, if the service date for the first vaccine was March 1, then the service date for the second vaccine must be after July 25.</p> <p><b>OR</b></p>	<p><b>Meningococcal Immunization</b> <b>CVX:</b> 108, 114, 136, 147, 167</p> <p><b>Meningococcal Vaccine Procedure</b> <b>SNOMED CT US Edition:</b> 390892002 <b>CPT:</b> 90734</p> <p><b>Tdap Immunization</b> <b>CVX:</b> 115</p> <p><b>Tdap Vaccine Procedure</b> <b>SNOMED CT US Edition:</b> 428251000124104 <b>CPT:</b> 90715</p> <p><b>HPV Immunization</b> <b>CVX:</b> 118, 137, 165, 62</p> <p><b>HPV Vaccine Procedure</b> <b>SNOMED CT US Edition:</b> 428570002, 428741008, 428931000, 429396009, 734152003, 734154002, 99501000119107, 140611000119104, 16300531000119107 <b>CPT:</b> 90649, 90650, 90651</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips									
Immunizations for Adolescents (IMA) <i>(continued)</i>  Commercial, Medicaid			At least three HPV vaccines (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), with different dates of service on or between the member's 9th and 13th birthdays.  <b>Combination 1 (Meningococcal, Tdap):</b> Adolescents who are numerator compliant for both the meningococcal and Tdap indicators.  <b>Combination 2 (Meningococcal, Tdap, HPV):</b> Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).										
Lead Screening in Children (LSC)  Medicaid	Hybrid  Administrative	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	At least one lead capillary or venous blood test (Lead Tests Value Set) on or before the child's second birthday	<b>Lead Tests</b> <b>CPT:</b> 83655  <b>LOINC:</b> 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7  <b>SNOMED CT US Edition:</b> 35833009, 8655006									
Osteoporosis Management in Women Who Had a Fracture (OMW)  Medicare	Administrative	The percentage of women 67-85 years of age 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.	Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria: - A BMD test (Bone Mineral Density Tests Value Set), in any setting, on the IESD or in the 180-day (6-month) period after the IESD. - If the IESD was an inpatient stay, a BMD test (Bone Mineral Density Tests Value Set) during the inpatient stay. - Osteoporosis therapy (Osteoporosis Medication Therapy Value Set) on the IESD or in the 180-day (6-month) period after the IESD. - If the IESD was an inpatient stay, long-acting osteoporosis therapy (Long-Acting Osteoporosis Medications Value Set) during the inpatient stay. - A dispensed prescription to treat osteoporosis (Osteoporosis Medications List) on the IESD or in the 180-day (6-month) period after the IESD.  <table border="1" data-bbox="802 1263 1318 1471"> <thead> <tr> <th>Description</th> <th colspan="2">Prescription</th> </tr> </thead> <tbody> <tr> <td>Bisphosphonates</td> <td> <ul style="list-style-type: none"> <li>Alendronate</li> <li>Alendronate-cholecalciferol</li> <li>Ibandronate</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Risedronate</li> <li>Zoledronic acid</li> </ul> </td> </tr> <tr> <td>Other agents</td> <td> <ul style="list-style-type: none"> <li>Abaloparatide</li> <li>Denosumab</li> <li>Raloxifene</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Romosozumab</li> <li>Teriparatide</li> </ul> </td> </tr> </tbody> </table>	Description	Prescription		Bisphosphonates	<ul style="list-style-type: none"> <li>Alendronate</li> <li>Alendronate-cholecalciferol</li> <li>Ibandronate</li> </ul>	<ul style="list-style-type: none"> <li>Risedronate</li> <li>Zoledronic acid</li> </ul>	Other agents	<ul style="list-style-type: none"> <li>Abaloparatide</li> <li>Denosumab</li> <li>Raloxifene</li> </ul>	<ul style="list-style-type: none"> <li>Romosozumab</li> <li>Teriparatide</li> </ul>	<b>Bone Mineral Density Tests</b> <b>CPT:</b> 76977, 77078, 77080, 77081, 77085, 77086  <b>ICD10PCS:</b> BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1  <b>SNOMED CT US Edition:</b> 22059005, 312681000, 385342005, 391057001, 391058006, 391059003, 391060008, 391061007, 391062000, 391063005, 391064004, 391065003, 391066002, 391069009, 391070005, 391071009, 391072002, 391073007, 391074001, 391076004, 391078003, 391079006, 391080009, 391081008, 391082001, 440083004, 440099005, 440100002, 449781000, 707218004, 4211000179102  <b>Osteoporosis Medication Therapy</b> <b>HCPCS:</b> J0897, J1740, J3110, J3111, J3489  <b>Long-Acting Osteoporosis Medications</b> <b>HCPS:</b> J0897, J1740, J3489
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\*IESD - Index Episode Start Date is the earliest Episode Date during the Intake Period that meets all eligible population criteria.



HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Osteoporosis Screening in Older Women (OSW)  Medicare	Administrative	The percentage of women 65-75 years of age who received osteoporosis screening.	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.	<b>Osteoporosis Screening Tests</b> <b>CPT:</b> 76977, 77078, 77080, 77081, 77085
Pharmacotherapy Management of COPD Exacerbation (PCE)  Commercial, Medicare, Medicaid	Administrative	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ER visit on or between <b>January 1</b> to <b>November 30</b> of the measurement year and who were dispensed appropriate medications. Two rates are reported:  1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.  2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.	<b>Systemic corticosteroid:</b> Dispensed prescription for systemic corticosteroid (Systemic Corticosteroid Medications List) on or 14 days after the Episode Date. Count systemic corticosteroids that are active on the relevant date.  <b>Bronchodilator:</b> Dispensed prescription for a bronchodilator (Bronchodilator Medications List) on or 30 days after the Episode Date. Count bronchodilators that are active on the relevant date.	<b>Systemic Corticosteroid Medications</b> <ul style="list-style-type: none"> <li>• <b>Glucocorticoids:</b> Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone</li> </ul> <b>Bronchodilator Medications</b> <ul style="list-style-type: none"> <li>• <b>Anticholinergic agents:</b> Albuterol-ipratropium, Acclidinium-bromide, Ipratropium, Tiotropium, Umeclidinium</li> <li>• <b>Beta 2-agonists:</b> Albuterol, Arformoterol, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol, Formoterol-glycopyrrolate, Indacaterol, Indacaterol-glycopyrrolate, Levalbuterol, Formoterol-mometasone, Metaproterenol, Olodaterol hydrochloride, Olodaterol-tiotropium, Salmeterol, Umeclidinium-vilanterol</li> <li>• <b>Antiasthmatic combinations:</b> Dyphylline-guaifenesin</li> </ul>
Pneumococcal Vaccination Status for Older Adults (PNU)  Medicare	Survey	The percentage of Medicare members 65 years of age and older who have ever received one or more pneumococcal vaccinations.	The number of members in the denominator who responded "Yes" to the question "Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called a pneumonia vaccine."	

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Prenatal and Postpartum Care (PPC)  Commercial, Medicaid	Hybrid  Administrative	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> <li> <b>Timeliness of Prenatal Care:</b>                The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.             </li> <li> <b>Postpartum Care:</b>                The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.             </li> </ul>	<p><b>Timeliness of Prenatal Care:</b> A prenatal visit during the required timeframe. Follow the steps below to identify numerator compliance.</p> <p><b>Step 1</b> Identify women whose last enrollment segment started before, on or between 280 and 219 days before delivery (or EDD). These women must have a prenatal visit during the first trimester.</p> <p><b>Step 2</b> Identify women whose last enrollment segment started less than 219 days before delivery (or EDD). These women must have a prenatal visit any time during the period that begins 280 days prior to delivery and ends 42 days after enrollment start date. Do not count visits that occur on the date of delivery. Visits that occur prior to the woman's enrollment start date during the pregnancy meet criteria.</p> <p><b>Step 3</b> Identify prenatal visits that occurred during the required time frame (the time frame identified in step 1 or 2). Any of the following, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP, meet criteria for a prenatal visit:</p> <ul style="list-style-type: none"> <li>A bundled service (Prenatal Bundled Services Value Set) where the organization can identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated).</li> <li>A visit for prenatal care (Stand Alone Prenatal Visits Value Set).</li> <li>A prenatal visits (Prenatal Visits Value Set; Telephone Visits Value Set; Online Assessments Value Set) with a pregnancy-related diagnosis code (Pregnancy Diagnosis Value Set).</li> </ul> <p><b>Postpartum Care:</b> A postpartum visit on or between 7 and 84 days after delivery. Any of the following meet criteria:</p> <ul style="list-style-type: none"> <li>A postpartum visit (Postpartum Visits Value Set)</li> <li>Cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set)</li> </ul>	<p><b>Cervical Cytology Lab Test Value Set</b>  <b>CPT:</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175  <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091  <b>LOINC:</b> 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5  <b>SNOMED CT US Edition:</b> 171149006, 416107004, 417036008, 439958008, 440623000, 448651000124104</p> <p><b>Cervical Cytology Result or Finding</b>  <b>SNOMED CT US Edition:</b> 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 268543007, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 62051000119105, 62061000119107, 700399008, 700400001, 98791000119102</p> <p><b>Online Assessments</b>  <b>CPT:</b> 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Prenatal Bundled Services</b>  <b>CPT:</b> 59400, 59425, 59426, 59510, 59610, 59618  <b>HCPCS:</b> H1005</p>

**HEDIS Measure**

**Numerator Compliance**

**Prenatal and Postpartum Care (PPC)**  
*(continued)*

Commercial, Medicaid

- A bundled service (Postpartum Bundled Services Value Set) where the organization can identify the date when postpartum care was rendered (because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered)

Exclude services provided in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set).

**Note:** The practitioner requirement only applies to the Hybrid Specification. The organization is not required to identify practitioner type in administrative data.

**Hybrid Specification- Compliance through medical record review.**

**Timeliness of Prenatal Care:**

**Medical record:** Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

- Documentation indicating the woman is pregnant or references to the pregnancy; for example:
  - Documentation in a standardized prenatal flow sheet, or
  - Documentation of LMP, EDD, or gestational age, or
  - A positive pregnancy test result, or
  - Documentation of gravidity and parity, or
  - Documentation of complete obstetrical history, or
  - Documentation of prenatal risk assessment and counseling/education.
- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observation, or measurement of fundus height (a standardized prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as:
  - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or
  - TORCH antibody panel alone, or
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
  - Ultrasound of a pregnant uterus.

**Postpartum Care:**

**Medical record:** Postpartum visit to an OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery. Do not include postpartum care provided in an acute inpatient setting. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:

- Pelvic exam
- Evaluation of weight, BP, breasts and abdomen
  - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component
- Notation of postpartum care, including, but not limited to:
  - Notation of "postpartum care," "PP care," "PP check," "6-week check"

- A preprinted "Postpartum Care" form in which information was documented during the visit

- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics:
  - Infant care or breastfeeding.
  - Resumption of intercourse, birth spacing or family planning.
  - Sleep/fatigue.
  - Resumption of physical activity
  - Attainment of healthy weight

**Note:** Services that occur over multiple visits count toward this measure if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure.

A Pap test does not count as a prenatal care visit for the administrative and hybrid specification of the Timeliness of Prenatal Care rate, but is acceptable for the Postpartum Care rate as evidence of a pelvic exam. A colposcopy alone is not numerator compliant for either rate.

The intent is that a prenatal visit is with a PCP or OB/GYN or other prenatal care practitioner. Ancillary services (lab, ultrasound) may be delivered by an ancillary provider. Non-ancillary services (e.g., fetal heart tone, prenatal risk assessment) must be delivered by the required provider type.

The intent is to assess whether prenatal and preventive care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.

- Criteria for identifying prenatal care for women who were not continuously enrolled during the first trimester allow more flexibility than criteria for women who were continuously enrolled.
  - For women whose last enrollment segment started before, on or between 280 and 219 days before delivery, the organization has sufficient opportunity to provide prenatal care by the end of the first trimester.
  - For women whose last enrollment segment started less than 219 days before delivery, the organization has sufficient opportunity to provide prenatal care within 42 days after enrollment.
- For each member, the organization must use one date (date of delivery or EDD) to define the start and end of the first trimester. If multiple EDDs are documented, the organization must define a method to determine which EDD to use, and use that date consistently. If the organization elects to use EDD, and the EDD is not on or between October 8 of the year prior to the measurement year and October 7 of the measurement year, the member is excluded as a valid data error and replaced by the next member of the oversample. The LMP may not be used to determine the first trimester.
- The organization may use EDD to identify the first trimester for the Timeliness of Prenatal Care rate and use the date of delivery for the Postpartum Care rate.

**HEDIS Measure**

**Quality Value Set Directory Coding Tips**

Prenatal and Postpartum Care (PPC)

(continued)

Commercial, Medicaid

**Postpartum Visits**

**CPT:** 57170, 58300, 59430, 99501.

**CPT-CAT-II:** 0503F

**HCPCS:** G0101

**ICD10CM:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

**SNOMED CT US Edition:** 384633003, 408884008, 408886005, 409018009, 409019001, 440085006, 717810008

**Prenatal Visits**

**CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483

**HCPCS:** G0463, T1015

**SNOMED CT US Edition:** 281036007, 77406008

**Postpartum Bundled Services**

**CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

**Pregnancy Diagnosis**

**ICD10CM:** 009.00, 009.01, 009.02, 009.03, 009.10, 009.11, 009.12, 009.13, 009.211, 009.212, 009.213, 009.219, 009.291, 009.292, 009.293, 009.299, 009.30, 009.31, 009.32, 009.33, 009.40, 009.41, 009.42, 009.43, 009.511, 009.512, 009.513, 009.519, 009.521, 009.522, 009.523, 009.529, 009.611, 009.612, 009.613, 009.619, 009.621, 009.622, 009.623, 009.629, 009.70, 009.71, 009.72, 009.73, 009.811, 009.812, 009.813, 009.819, 009.821, 009.822, 009.823, 009.829, 009.891, 009.892, 009.893, 009.899, 009.90, 009.91, 009.92, 009.93, 009. A0, 009.A1, 009.A2, 009.A3, 010.011, 010.012, 010.013, 010.019, 010.111, 010.112, 010.113, 010.119, 010.211, 010.212, 010.213, 010.219, 010.311, 010.312, 010.313, 010.319, 010.411, 010.412, 010.413, 010.419, 010.911, 010.912, 010.913, 010.919, 011.1, 011.2, 011.3, 011.9, 012.00, 012.01, 012.02, 012.03, 012.10, 012.11, 012.12, 012.13, 012.20, 012.21, 012.22, 012.23, 013.1, 013.2, 013.3, 013.9, 014.00, 014.02, 014.03, 014.10, 014.12, 014.13, 014.20, 014.22, 014.23, 014.90, 014.92, 014.93, 015.00, 015.02, 015.03, 015.1, 015.9, 016.1, 016.2, 016.3, 016.9, 020.0, 020.8, 020.9, 021.0, 021.1, 021.2, 021.8, 021.9, 022.00, 022.01, 022.02, 022.03, 022.10, 022.11, 022.12, 022.13, 022.20, 022.21, 022.22, 022.23, 022.30, 022.31, 022.32, 022.33, 022.40, 022.41, 022.42, 022.43, 022.50, 022.51, 022.52, 022.53, 022.8X1, 022.8X2, 022.8X3, 022.8X9, 022.90, 022.91, 022.92, 022.93, 023.00, 023.01, 023.02, 023.03, 023.10, 023.11, 023.12, 023.13, 023.20, 023.21, 023.22, 023.23, 023.30, 023.31, 023.32, 023.33, 023.40, 023.41, 023.42, 023.43, 023.511, 023.512, 023.513, 023.519, 023.521, 023.522, 023.523, 023.529, 023.591, 023.592, 023.593, 023.599, 023.90, 023.91, 023.92, 023.93, 024.011, 024.012, 024.013, 024.019, 024.111, 024.112, 024.113, 024.119, 024.311, 024.312, 024.313, 024.319, 024.410, 024.414, 024.415, 024.419, 024.811, 024.812, 024.813, 024.819, 024.911, 024.912, 024.913, 024.919, 025.10, 025.11, 025.12, 025.13, 026.00, 026.01, 026.02, 026.03, 026.10, 026.11, 026.12, 026.13, 026.20, 026.21, 026.22, 026.23, 026.30, 026.31, 026.32, 026.33, 026.40, 026.41, 026.42, 026.43, 026.50, 026.51, 026.52, 026.53, 026.611, 026.612, 026.613, 026.619, 026.711, 026.712, 026.713, 026.719, 026.811, 026.812, 026.813, 026.819, 026.821, 026.822, 026.823, 026.829, 026.831, 026.832

026.833, 026.839, 026.841, 026.842, 026.843, 026.849, 026.851, 026.852, 026.853, 026.859, 026.86, 026.872, 026.873, 026.879, 026.891, 026.892, 026.893, 026.899, 026.90, 026.91, 026.92, 026.93, 028.0, 028.1, 028.2, 028.3, 028.4, 028.5, 028.8, 028.9, 029.011, 029.012, 029.013, 029.019, 029.021, 029.022, 029.023, 029.029, 029.091, 029.092, 029.093, 029.099, 029.111, 029.112, 029.113, 029.119, 029.121, 029.122, 029.123, 029.129, 029.191, 029.192, 029.193, 029.199, 029.211, 029.212, 029.213, 029.219, 029.291, 029.292, 029.293, 029.299, 029.3X1, 029.3X2, 029.3X3, 029.3X9, 029.40, 029.41, 029.42, 029.43, 029.5X1, 029.5X2, 029.5X3, 029.5X9, 029.60, 029.61, 029.62, 029.63, 029.8X1, 029.8X2, 029.8X3, 029.8X9, 029.90, 029.91, 029.92, 029.93, 030.001, 030.002, 030.003, 030.009, 030.011, 030.012, 030.013, 030.019, 030.021, 030.022, 030.023, 030.029, 030.031, 030.032, 030.033, 030.039, 030.041, 030.042, 030.043, 030.049, 030.091, 030.092, 030.093, 030.099, 030.101, 030.102, 030.103, 030.109, 030.111, 030.112, 030.113, 030.119, 030.121, 030.122, 030.123, 030.129, 030.131, 030.132, 030.133, 030.139, 030.191, 030.192, 030.193, 030.199, 030.201, 030.202, 030.203, 030.209, 030.211, 030.212, 030.213, 030.219, 030.221, 030.222, 030.223, 030.229, 030.231, 030.232, 030.233, 030.239, 030.291, 030.292, 030.293, 030.299, 030.801, 030.802, 030.803, 030.809, 030.811, 030.812, 030.813, 030.819, 030.821, 030.822, 030.823, 030.829, 030.831, 030.832, 030.833, 030.839, 030.891, 030.892, 030.893, 030.899, 030.90, 030.91, 030.92, 030.93, 034.218, 034.22, 099.891, 031.00X0, 031.00X1, 031.00X2, 031.00X3, 031.00X4, 031.00X5, 031.00X9, 031.01X0, 031.01X1, 031.01X2, 031.01X3, 031.01X4, 031.01X5, 031.01X9, 031.02X0, 031.02X1, 031.02X2, 031.02X3, 031.02X4, 031.02X5, 031.02X9, 031.03X0, 031.03X1, 031.03X2, 031.03X3, 031.03X4, 031.03X5, 031.03X9, 031.10X0, 031.10X1, 031.10X2, 031.10X3, 031.10X4, 031.10X5, 031.10X9, 031.11X0, 031.11X1, 031.11X2, 031.11X3, 031.11X4, 031.11X5, 031.11X9, 031.12X0, 031.12X1, 031.12X2, 031.12X3, 031.12X4, 031.12X5, 031.12X9, 031.13X0, 031.13X1, 031.13X2, 031.13X3, 031.13X4, 031.13X5, 031.13X9, 031.20X0, 031.20X1, 031.20X2, 031.20X3, 031.20X4, 031.20X5, 031.20X9, 031.21X0, 031.21X1, 031.21X2, 031.21X3, 031.21X4, 031.21X5, 031.21X9, 031.22X0, 031.22X1, 031.22X2, 031.22X3, 031.22X4, 031.22X5, 031.22X9, 031.23X0, 031.23X1, 031.23X2, 031.23X3, 031.23X4, 031.23X5, 031.23X9, 031.30X0, 031.30X1, 031.30X2, 031.30X3, 031.30X4, 031.30X5, 031.30X9, 031.31X0, 031.31X1, 031.31X2, 031.31X3, 031.31X4, 031.31X5, 031.31X9, 031.32X0, 031.32X1, 031.32X2, 031.32X3, 031.32X4, 031.32X5, 031.32X9, 031.33X0, 031.33X1, 031.33X2, 031.33X3, 031.33X4, 031.33X5, 031.33X9, 031.8X10, 031.8X11, 031.8X12, 031.8X13, 031.8X14, 031.8X15, 031.8X19, 031.8X20, 031.8X21, 031.8X22, 031.8X23, 031.8X24, 031.8X25, 031.8X29, 031.8X30, 031.8X31, 031.8X32, 031.8X33, 031.8X34, 031.8X35, 031.8X39, 031.8X90, 031.8X91, 031.8X92, 031.8X93, 031.8X94, 031.8X95, 031.8X99, 032.0XX0, 032.0XX1, 032.0XX2, 032.0XX3, 032.0XX4, 032.0XX5, 032.0XX9, 032.1XX0, 032.1XX1, 032.1XX2, 032.1XX3, 032.1XX4, 032.1XX5, 032.1XX9, 032.2XX0, 032.2XX1, 032.2XX2, 032.2XX3, 032.2XX4, 032.2XX5, 032.2XX9, 032.3XX0, 032.3XX1, 032.3XX2, 032.3XX3, 032.3XX4, 032.3XX5, 032.3XX9, 032.4XX0, 032.4XX1, 032.4XX2, 032.4XX3, 032.4XX4, 032.4XX5, 032.4XX9, 032.6XX0, 032.6XX1, 032.6XX2, 032.6XX3, 032.6XX4, 032.6XX5, 032.6XX9, 032.8XX0, 032.8XX1, 032.8XX2, 032.8XX3, 032.8XX4, 032.8XX5, 032.8XX9, 032.9XX0, 032.9XX1



**HEDIS Measure**

**Quality Value Set Directory Coding Tips**

**Prenatal and Postpartum Care (PPC)**

*(continued)*

**Commercial, Medicaid**

041.1499, 041.8X10, 041.8X11, 041.8X12, 041.8X13, 041.8X14, 041.8X15, 041.8X19, 041.8X20, 041.8X21, 041.8X22, 041.8X23, 041.8X24, 041.8X25, 041.8X29, 041.8X30, 041.8X31, 041.8X32, 041.8X33, 041.8X34, 041.8X35, 041.8X39, 041.8X90, 041.8X91, 041.8X92, 041.8X93, 041.8X94, 041.8X95, 041.8X99, 041.90X0, 041.90X1, 041.90X2, 041.90X3, 041.90X4, 041.90X5, 041.90X9, 041.91X0, 041.91X1, 041.91X2, 041.91X3, 041.91X4, 041.91X5, 041.91X9, 041.92X0, 041.92X1, 041.92X2, 041.92X3, 041.92X4, 041.92X5, 041.92X9, 041.93X0, 041.93X1, 041.93X2, 041.93X3, 041.93X4, 041.93X5, 041.93X9, 042.00, 042.011, 042.012, 042.013, 042.019, 042.02, 042.10, 042.111, 042.112, 042.113, 042.119, 042.12, 042.90, 042.911, 042.912, 042.913, 042.919, 042.92, 043.011, 043.012, 043.013, 043.019, 043.021, 043.022, 043.023, 043.029, 043.101, 043.102, 043.103, 043.109, 043.111, 043.112, 043.113, 043.119, 043.121, 043.122, 043.123, 043.129, 043.191, 043.192, 043.193, 043.199, 043.211, 043.212, 043.213, 043.219, 043.221, 043.222, 043.223, 043.229, 043.231, 043.232, 043.233, 043.239, 043.811, 043.812, 043.813, 043.819, 043.891, 043.892, 043.893, 043.899, 043.90, 043.91, 043.92, 043.93, 044.00, 044.01, 044.02, 044.03, 044.10, 044.11, 044.12, 044.13, 044.20, 044.21, 044.22, 044.23, 044.30, 044.31, 044.32, 044.33, 044.40, 044.41, 044.42, 044.43, 044.50, 044.51, 044.52, 044.53, 045.001, 045.002, 045.003, 045.009, 045.011, 045.012, 045.013, 045.019, 045.021, 045.022, 045.023, 045.029, 045.091, 045.092, 045.093, 045.099, 045.8X1, 045.8X2, 045.8X3, 045.8X9, 045.90, 045.91, 045.92, 045.93, 046.001, 046.002, 046.003, 046.009, 046.011, 046.012, 046.013, 046.019, 046.021, 046.022, 046.023, 046.029, 046.091, 046.092, 046.093, 046.099, 046.8X1, 046.8X2, 046.8X3, 046.8X9, 046.90, 046.91, 046.92, 046.93, 047.00, 047.02, 047.03, 047.1, 047.9, 048.0, 048.1, 060.00, 060.02, 060.03, 071.00, 071.02, 071.03, 071.1, 071.2, 071.3, 071.4, 071.5, 071.6, 071.7, 071.81, 071.82, 071.89, 071.9, 088.011, 088.012, 088.013, 088.019, 088.111, 088.112, 088.113, 088.119, 088.211, 088.212, 088.213, 088.219, 088.311, 088.312, 088.313, 088.319, 088.811, 088.812, 088.813, 088.819, 091.011, 091.012, 091.013, 091.019, 091.03, 091.111, 091.112, 091.113, 091.119, 091.13, 091.211, 091.212, 091.213, 091.219, 091.23, 092.011, 092.012, 092.013, 092.019, 092.03, 092.111, 092.112, 092.113, 092.119, 092.13, 092.3, 092.4, 092.5, 092.6, 092.70, 092.79, 098.011, 098.012, 098.013, 098.019, 098.111, 098.112, 098.113, 098.119, 098.211, 098.212, 098.213, 098.219, 098.311, 098.312, 098.313, 098.319, 098.411, 098.412, 098.413, 098.419, 098.511, 098.512, 098.513, 098.519, 098.611, 098.612, 098.613, 098.619, 098.711, 098.712, 098.713, 098.719, 098.811, 098.812, 098.813, 098.819, 098.911, 098.912, 098.913, 098.919, 099.011, 099.012, 099.013, 099.019, 099.111, 099.112, 099.113, 099.119, 099.210, 099.211, 099.212, 099.213, 099.280, 099.281, 099.282, 099.283, 099.310, 099.311, 099.312, 099.313,

099.320, 099.321, 099.322, 099.323, 099.330, 099.331, 099.332, 099.333, 099.340, 099.341, 099.342, 099.343, 099.350, 099.351, 099.352, 099.353, 099.411, 099.412, 099.413, 099.419, 099.511, 099.512, 099.513, 099.519, 099.611, 099.612, 099.613, 099.619, 099.711, 099.712, 099.713, 099.719, 099.810, 099.820, 099.830, 099.840, 099.841, 099.842, 099.843, 099.891, 09A.111, 09A.112, 09A.113, 09A.119, 09A.211, 09A.212, 09A.213, 09A.219, 09A.311, 09A.312, 09A.313, 09A.319, 09A.411, 09A.412, 09A.413, 09A.419, 09A.511, 09A.512, 09A.513, 09A.519, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9

**SNOMED CT US Edition:** 102872000, 102873005, 102875003, 127363001, 14418008, 16356006, 169560008, 169561007, 169562000, 169563005, 169564004, 169565003, 169566002, 169567006, 169568001, 198624007, 198626009, 198627000, 199715003, 237233002, 237238006, 237239003, 237240001, 237241002, 237242009, 237244005, 239101008, 248985009, 281307002, 29399001, 314204000, 31601007, 34801009, 38720006, 41587001, 41991004, 43990006, 442478007, 44782008, 45307008, 47200007, 57630001, 58532003, 59466002, 60000008, 60810003, 64254006, 65147003, 65727000, 69532007, 72892002, 77386006, 79290002, 79586000, 80997009, 82661006, 83074005, 87605005, 90968009, 9279009, 9899009

**Stand Alone Prenatal Visits**

**CPT:** 99500

**CPT-CAT-II:** 0500F, 0501F, 0502F

**HCPCS:** H1000, H1001, H1002, H1003, H1004

**SNOMED CT US Edition:** 134435003, 135892000, 169712008, 169713003, 169714009, 169715005, 169716006, 169717002, 169718007, 169719004, 169720005, 169721009, 169722002, 169723007, 169724001, 169725000, 169726004, 169727008, 171054004, 171055003, 171056002, 171057006, 171058001, 171059009, 171060004, 171061000, 171062007, 171063002, 171064008, 17629007, 18114009, 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001, 440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 58932009, 66961001, 700256000, 702396006, 702736005, 702737001, 702738006, 702739003, 702740001, 702741002, 702742009, 702743004, 702744005, 710970004, 713076009, 713233004, 713234005, 713235006, 713237003, 713238008, 713239000, 713240003, 713241004, 713242006, 713386003, 713387007, 717794008, 717795009

**Telephone Visits**

**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

**SNOMED CT US Edition:** 185317003, 314849005, 386472008, 386473003, 401267002

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips																																													
Statin Therapy for Patients with Cardiovascular Disease (SPC)  Commercial, Medicare, Medicaid	Administrative	<p>The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:</p> <ol style="list-style-type: none"> <li><b>Received Statin Therapy.</b> Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> <li><b>Statin Adherence 80%.</b> Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ol>	<p><b>Received Statin Therapy:</b> The number of members who had at least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year. Use all the medication lists to the right to identify statin medication dispensing events.</p> <p><b>Statin Adherence 80%:</b> The number of members who achieved a proportion of days covered (PDC) of at least 80% during the treatment period.</p> <p>Follow the steps below to identify numerator compliance.</p> <p><b>Step 1</b> Identify the IPSD. The IPSD is the earliest dispensing event for any high-intensity or moderate-intensity statin medication during the measurement year. Use all the medications lists to the right to identify statin medication dispensing events.</p> <p><b>Step 2</b> To determine the treatment period, calculate the number of days beginning on the IPSD through the end of the measurement year.</p> <p><b>Step 3</b> Count the days covered by at least one prescription for any high-intensity or moderate-intensity statin medication during the treatment period. To ensure that days supply that extends beyond the measurement year is not counted, subtract any days supply that extends beyond December 31 of the measurement year.</p> <p><b>Step 4</b> Calculate the member's PDC using the following equation. Multiply the equation by 100 and round (using the .5 rule) to the nearest whole number. For example, if a member has 291 total days covered by a medication during a 365-day treatment period, this calculates to 0.7972. Multiply this number by 100, convert it to 79.72% and round it to 80%, the nearest whole number.</p> $\frac{\text{Total Days Covered by a Statin Medication in the Treatment Period (step 3)}}{\text{Total Days in Treatment Period (step 2)}}$ <p><b>Step 5</b> Sum the number of members whose PDC is <math>\geq 80\%</math> for the treatment period.</p>	<p><b>High- and Moderate-Intensity Statin Medications</b></p> <table border="1"> <thead> <tr> <th>Description</th> <th>Prescription</th> <th>Medication Lists</th> </tr> </thead> <tbody> <tr> <td>High-intensity statin therapy</td> <td>Atorvastatin 40-80 mg</td> <td>Atorvastatin High Intensity Medications List</td> </tr> <tr> <td>High-intensity statin therapy</td> <td>Amlodipine-atorvastatin 40-80 mg</td> <td>Amlodipine Atorvastatin High Intensity Medications List</td> </tr> <tr> <td>High-intensity statin therapy</td> <td>Rosuvastatin 20-40 mg</td> <td>Rosuvastatin High Intensity Medications List</td> </tr> <tr> <td>High-intensity statin therapy</td> <td>Simvastatin 80 mg</td> <td>Simvastatin High Intensity Medications List</td> </tr> <tr> <td>High-intensity statin therapy</td> <td>Ezetimibe-simvastatin 80 mg</td> <td>Ezetimibe Simvastatin High Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Atorvastatin 10-20 mg</td> <td>Atorvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Amlodipine-atorvastatin 10-20 mg</td> <td>Amlodipine Atorvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Rosuvastatin 5-10 mg</td> <td>Rosuvastatin High Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Simvastatin 20-40 mg</td> <td>Simvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Ezetimibe-simvastatin 20-40 mg</td> <td>Ezetimibe Simvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Pravastatin 40-80 mg</td> <td>Pravastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Lovastatin 40 mg</td> <td>Lovastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Fluvastatin 40-80 mg</td> <td>Fluvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Pitavastatin 2–4 mg</td> <td>Pitavastatin Moderate Intensity Medications List</td> </tr> </tbody> </table>	Description	Prescription	Medication Lists	High-intensity statin therapy	Atorvastatin 40-80 mg	Atorvastatin High Intensity Medications List	High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High Intensity Medications List	High-intensity statin therapy	Rosuvastatin 20-40 mg	Rosuvastatin High Intensity Medications List	High-intensity statin therapy	Simvastatin 80 mg	Simvastatin High Intensity Medications List	High-intensity statin therapy	Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List	Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Rosuvastatin 5-10 mg	Rosuvastatin High Intensity Medications List	Moderate-intensity statin therapy	Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Pitavastatin 2–4 mg	Pitavastatin Moderate Intensity Medications List
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Statin Therapy for Patients With Diabetes (SPD)  Commercial, Medicare, Medicaid	Administrative	<p>The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:</p> <p><b>1. Received Statin Therapy.</b> Members who were dispensed at least one statin medication of any intensity during the measurement year.</p> <p><b>2. Statin Adherence 80%.</b> Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</p>	<p><b>1. Received Statin Therapy:</b> The number of members who had at least one dispensing event for a high-intensity, moderate intensity, or low-intensity statin medication during the measurement year. Use all the medication lists to the right to identify statin medication dispensing events.</p> <p><b>2. Statin Adherence 80%:</b> The number of members who achieved a proportion of days covered (PDC) of at least 80% during the treatment period.</p> <p>Follow the steps below to identify numerator compliance.</p> <p><b>Step 1</b> Identify the IPSD. The IPSD is the earliest dispensing event for any high-intensity, moderate-intensity or low-intensity statin medication during the measurement year. Use all the medication lists to the right to identify statin medication dispensing events.</p> <p><b>Step 2</b> To determine the treatment period, calculate the number of days beginning on the IPSD through the end of the measurement year.</p> <p><b>Step 3</b> Count the days covered by at least one prescription for any high-intensity, moderate-intensity or low-intensity statin medication during the treatment period. To ensure the measure does not give credit for supply that extends beyond the measurement year, subtract any days supply that extends beyond December 31 of the measurement year.</p> <p><b>Step 4</b> Calculate the member's PDC using the following equation. Multiply the equation by 100 and round (using the .5 rule) to the nearest whole number. For example, if a member has 291 total days covered by a medication during a 365-day treatment period, this calculates to 0.7972. Multiply this number by 100, convert it to 79.72% and round it to 80%, the nearest whole number.</p> $\frac{\text{Total Days Covered by a Statin Medication in the Treatment Period (step 3)}}{\text{Total Days in Treatment Period (step 2)}}$ <p><b>Step 5</b> Sum the number of members whose PDC is ≥80% for the treatment period.</p>	<p><b>High, Moderate and Low-Intensity Statin Medications</b></p> <table border="1"> <thead> <tr> <th>Description</th> <th>Prescription</th> <th>Medication Lists</th> </tr> </thead> <tbody> <tr> <td>High-intensity statin therapy</td> <td>Atorvastatin 40-80 mg</td> <td>Atorvastatin High Intensity Medications List</td> </tr> <tr> <td>High-intensity statin therapy</td> <td>Amlodipine-atorvastatin 40-80 mg</td> <td>Amlodipine Atorvastatin High Intensity Medications List</td> </tr> <tr> <td>High-intensity statin therapy</td> <td>Rosuvastatin 20-40 mg</td> <td>Rosuvastatin High Intensity Medications List</td> </tr> <tr> <td>High-intensity statin therapy</td> <td>Simvastatin 80 mg</td> <td>Simvastatin High Intensity Medications List</td> </tr> <tr> <td>High-intensity statin therapy</td> <td>Ezetimibe-simvastatin 80 mg</td> <td>Ezetimibe Simvastatin High Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Atorvastatin 10-20 mg</td> <td>Atorvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Amlodipine-atorvastatin 10-20 mg</td> <td>Amlodipine Atorvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Rosuvastatin 5-10 mg</td> <td>Rosuvastatin High Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Simvastatin 20-40 mg</td> <td>Simvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Ezetimibe-simvastatin 20-40 mg</td> <td>Ezetimibe Simvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Pravastatin 40-80 mg</td> <td>Pravastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Lovastatin 40 mg</td> <td>Lovastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Fluvastatin 40-80 mg</td> <td>Fluvastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Moderate-intensity statin therapy</td> <td>Pitavastatin 1–4 mg</td> <td>Pitavastatin Moderate Intensity Medications List</td> </tr> <tr> <td>Low-intensity statin therapy</td> <td>Ezetimibe-simvastatin 10 mg</td> <td>Ezetimibe Simvastatin Low Intensity Medications List</td> </tr> <tr> <td>Low-intensity statin therapy</td> <td>Fluvastatin 20 mg</td> <td>Fluvastatin Low Intensity Medications List</td> </tr> <tr> <td>Low-intensity statin therapy</td> <td>Lovastatin 10-20 mg</td> <td>Lovastatin Low Intensity Medications List</td> </tr> </tbody> </table>	Description	Prescription	Medication Lists	High-intensity statin therapy	Atorvastatin 40-80 mg	Atorvastatin High Intensity Medications List	High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High Intensity Medications List	High-intensity statin therapy	Rosuvastatin 20-40 mg	Rosuvastatin High Intensity Medications List	High-intensity statin therapy	Simvastatin 80 mg	Simvastatin High Intensity Medications List	High-intensity statin therapy	Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List	Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Rosuvastatin 5-10 mg	Rosuvastatin High Intensity Medications List	Moderate-intensity statin therapy	Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List	Moderate-intensity statin therapy	Pitavastatin 1–4 mg	Pitavastatin Moderate Intensity Medications List	Low-intensity statin therapy	Ezetimibe-simvastatin 10 mg	Ezetimibe Simvastatin Low Intensity Medications List	Low-intensity statin therapy	Fluvastatin 20 mg	Fluvastatin Low Intensity Medications List	Low-intensity statin therapy	Lovastatin 10-20 mg	Lovastatin Low Intensity Medications List
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Transitions of Care (TRC)  Medicare	Hybrid  Administrative for Patient Engagement After Inpatient Discharge and Medication Reconciliation Post-Discharge	<p>The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:</p> <ul style="list-style-type: none"> <li> <b>Notification of Inpatient Admission:</b> Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after admission (3 total days)         </li> <li> <b>Receipt of Discharge Information:</b> Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days)         </li> <li> <b>Patient Engagement After Inpatient Discharge:</b> Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge         </li> <li> <b>Medication Reconciliation Post-Discharge:</b> Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days)         </li> </ul>	<p><b>Notification of Inpatient Admission:</b> Administrative reporting is not available for this indicator.</p> <p><b>Receipt of Discharge Information:</b> Administrative reporting is not available for this indicator.</p> <p><b>Patient Engagement After Inpatient Discharge:</b> Patient engagement provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. The following meet criteria for patient engagement:</p> <ul style="list-style-type: none"> <li>An outpatient visit (Outpatient Value Set)</li> <li>A telephone visit (Telephone Visits Value Set)</li> <li>Transitional care management services (Transitional Care Management Services Value Set)</li> <li>An e-visit or virtual check-in (Online Assessments Value Set).</li> </ul> <p><b>Medication Reconciliation Post-Discharge:</b>  <b>Medication reconciliation:</b> A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.            Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse, on the date of discharge through 30 days after discharge (31 total days).  <b>Medication list:</b> A list of medications in the medical record. The medication list may include medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.</p> <p>Note: A medication reconciliation performed without the member present meets criteria.</p>	<p><b>Medication Reconciliation Encounter</b>  <b>CPT:</b> 99483, 99495, 99496</p> <p><b>Medication Reconciliation Intervention</b>  <b>CPT-CAT-II:</b> 1111F  <b>SNOMED CT US Edition:</b> 428701000124107, 430193006</p> <p><b>Outpatient</b>  <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015  <b>SNOMED CT US Edition:</b> 37894004, 439740005, 444971000124105, 77406008, 84251009, 30346009, 185463005, 185464004, 185465003, 281036007, 3391000175108  <b>UBREV:</b> 0510-0517, 0519-0523, 0526-0529, 0982, 0983</p> <p><b>Telephone Visits</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443  <b>SNOMED CT US Edition:</b> 185317003, 314849005, 386472008, 386473003, 401267002</p> <p><b>Transitional Care Management Services</b>  <b>CPT:</b> 99495, 99496</p> <p><b>Online Assessments</b>  <b>CPT:</b> 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p>									

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance
Use of Imaging Studies for Low Back Pain (LBP)  Commercial, Medicaid	Administrative	<p>The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p>* The measure is reported as an inverted rate [1-(numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</p>	<p>An imaging study (Imaging Study Value Set) with a diagnosis of uncomplicated low back pain (Uncomplicated Low Back Pain Value Set) on the IESD* or in the 28 days following the IESD.</p> <p>*IESD: Index Episode Start Date. The earliest date of service for an eligible encounter during the Intake Period with a principal diagnosis of low back pain</p>

### Quality Value Set Directory Coding Tips

#### Imaging Study

**CPT:** 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220

**SNOMED CT US Edition:** 14871000087107, 168573004, 168588009, 21613005, 22791004, 241092006, 241093001, 241094007, 241580002, 241596004, 241646009, 241647000, 241648005, 24856003, 26537001, 276478001, 2847006, 303935004, 35443000, 394451000119106, 396171000119100, 411571000119106, 411611000119102, 413001000119107, 41333006, 419942003, 429860003, 431250008, 431496002, 431557005, 431613003, 431871005, 431892005, 432078003, 432770001, 433140006, 433141005, 443580006, 444634007, 448641007, 45554006, 46700000, 47987001, 48816001, 495741000119105, 571891000119109, 572091000119106, 57235004, 60443006, 61368000, 6238009, 66769009, 6728003, 68862002, 700319007, 700320001, 700321002, 702487007, 702488002, 702513003, 702514009, 702515005, 702516006, 702521009, 702522002, 702523007, 702607002, 702608007, 709652000, 709653005, 709698004, 711104001, 711184004, 711186002, 711271003, 712970008, 713016000, 715458009, 716830000, 717912001, 718542005, 718545007, 72508000, 726546000, 726546000, 772220000, 7812007, 79760008, 86392000, 90523008, 90805008, 91333005, 91583001, 783627007, 3721000087104, 3731000087102, 17141000087101

#### Uncomplicated Low Back Pain

**ICD10CM:** M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.818, M47.896, M47.897, M47.898, M48.06, M48.061, M48.062, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

**SNOMED CT US Edition:** 100491000119103, 111633007, 113611000119100, 12242551000119102, 12242591000119107, 123534001, 123535000, 123798002, 12519004, 126963001, 128196005, 128197001, 129179000, 129501000119107, 13291000119100, 141481000119102, 15633361000119103, 15634631000119104, 15636531000119108, 15636571000119106, 15636611000119102, 15749221000119107, 15749261000119102, 15749301000119105, 15968741000119100, 15972821000119108, 161894002, 16206741000119104, 163241009, 163243007, 16650241000119101, 16650341000119107, 18347007, 19033007, 20021007, 202487003, 202674000, 202675004, 202676003, 202677007, 202678002, 202679005, 202680008, 202693003, 202694009, 202695005, 202696006, 202708005, 202731005, 202735001, 202736000, 202787002, 202788007, 202789004, 202794004, 202824000, 208060001, 208067003, 208071000, 208078006, 209086000, 209102002, 209169008, 209182000, 209185003, 209547009, 209548004, 209549007, 209550007, 209551006, 209552004, 209553009, 209559008, 209561004, 209565008, 209571002, 212192004, 212193009, 212218009, 212219001, 212220007, 212221006, 212222004, 212223009, 212224003, 212225002, 212226001, 212227005, 212457004, 23056005, 230614002, 239880009, 2415007, 24300005, 247368002, 262726002, 262727006, 262731000, 262732007, 262736005, 262737001, 262742009, 262743004, 262747003, 262748008, 262995003, 263044008, 26538006, 267067009, 267982002, 274162005, 275316003, 278860009, 278862001, 279039007, 279040009, 279042001, 279063004, 281598004, 291941000119106, 291951000119108, 298251000, 298604007, 298605008, 298674008, 29885006, 29930001000004103, 299966003, 299967007, 300956001, 300957005, 301407002, 301408007, 301416003, 301417007, 307138004, 307176005, 307177001, 309710005, 311211000119105, 311804006, 313501000119105, 3200003, 36241000119108, 363477002, 370471003, 38253002, 405753002, 41455002, 416513001, 416546007, 416929004, 417056009, 417068000, 417098007, 417262009, 417414000, 417459008, 417614006, 417646006, 417685004, 417725008, 417731006, 417744001, 427923007, 448701000124105, 46578006, 46960006, 471000119102, 48210000, 54314008, 60937000, 61486003, 703619001, 713911007, 718929000, 718936004, 724899004, 735609006, 735610001, 735611002, 737254001, 764272007, 86345004, 86814006, 87900003, 90631008, 9121000119106, 91240008, 92047003, 93743001, 94242004, 94782007, 39058009, 202755000, 427027005, 427571000, 782661001, 322141000119100, 16839401000119104, 16846261000119106

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</p> <p>Commercial, Medicaid</p>	<p>Hybrid</p> <p>Administrative</p>	<p>The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year</p> <ul style="list-style-type: none"> <li>• BMI percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>	<p><b>BMI Percentile:</b> The height, weight and BMI percentile must be from the same data source.</p> <p>Either of the following meets criteria for BMI percentile:</p> <ul style="list-style-type: none"> <li>• BMI percentile documented as a value (e.g., 85th percentile)</li> <li>• BMI percentile plotted on an age-growth chart Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.</li> </ul> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct BMI percentile is required for numerator compliance. Documentation of &gt;99% or &lt;1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%). Member-collected biometric values (height, weight, BMI percentile) are eligible for use in reporting.</p> <p><b>Counseling for Nutrition:</b> Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> <li>• Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)</li> <li>• Checklist indicating nutrition was addressed</li> <li>• Counseling or referral for nutrition education</li> <li>• Member received educational materials on nutrition during a face-to-face visit</li> <li>• Anticipatory guidance for nutrition</li> <li>• Weight or obesity counseling</li> </ul> <p>Note: A WIC referral may be used for compliance.</p> <p><b>Counseling for Physical Activity:</b> Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> <li>• Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)</li> <li>• Checklist indicating physical activity was addressed</li> <li>• Counseling or referral for physical activity</li> <li>• Member received educational materials on physical activity during a face-to-face visit</li> <li>• Anticipatory guidance specific to the child's physical activity</li> <li>• Weight or obesity counseling</li> </ul>	<p><b>BMI Percentile</b> <b>ICD10CM:</b> Z68.51, Z68.52, Z68.53, Z68.54 <b>LOINC:</b> 59574-4, 59575-1, 59576-9</p> <p><b>Counseling for Nutrition</b> <b>CPT:</b> 97802, 97803, 97804 <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470 <b>ICD10CM:</b> Z71.3</p> <p><b>SNOMED CT US Edition:</b> 11816003, 183059007, 183060002, 183061003, 183062005, 183063000, 183065007, 183066008, 183067004, 183070000, 183071001, 226067002, 229807004, 229808009, 230089004, 266724001, 275919002, 281085002, 284352003, 305849009, 305850009, 305851008, 306163007, 306164001, 306165000, 306626002, 306627006, 306628001, 313210009, 370847001, 386464006, 404923009, 408910007, 410171007, 410177006, 410200000, 428461000124101, 428691000124107, 429095004, 431482008, 441041000124100, 441201000124108, 441231000124100, 441241000124105, 441251000124107, 441261000124109, 441271000124102, 441281000124104, 441291000124101, 441301000124100, 441311000124102, 441321000124105, 441331000124108, 441341000124103, 441351000124101, 443288003, 445291000124103, 445301000124102, 445331000124105, 445641000124105, 609104008, 61310001, 698471002, 699827002, 699829004, 699830009, 699849008, 700154005, 700258004, 705060005, 710881000</p> <p><b>Counseling for Physical Activity</b> <b>HCPCS:</b> G0447, S9451 <b>ICD10CM:</b> Z02.5, Z71.82</p> <p><b>SNOMED CT US Edition:</b> 103736005, 281090004, 304507003, 304549008, 304558001, 310882002, 386291006, 386292004, 386463000, 390864007, 390893007, 398636004, 398752005, 408289007, 410200000, 410289001, 410335001, 429778002, 435551000124105, 710849009</p>

HEDIS Measure	Data Collection Method <sup>1</sup>	Measure Description	Numerator Compliance	Quality Value Set Directory Coding Tips
Well-Child Visits in the First 30 Months of Life (W30)  Commercial, Medicaid	Administrative	<p>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</p> <ol style="list-style-type: none"> <li>Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.</li> <li>Well-Child Visits for Age 15 Months to 30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.</li> </ol>	<p><b>Rate 1:</b> Well-Child Visits in the First 15 Months: Six or more well-child visits (<a href="#">Well-Care Value Set</a>) on different dates of service on or before the 15-month birthday.</p> <p><b>Rate 2:</b> Well-Child Visits for Age 15 Months to 30 Months: Two or more well-child visits (<a href="#">Well-Care Value Set</a>) on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday.</p> <p>The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.</p> <p>Do not include services rendered during an inpatient or ED visit. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.</p> <p><i>This measure is based on the Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Refer to the Bright Futures website for more information about well-child visits; <a href="http://brightfutures.aap.org">brightfutures.aap.org</a></i></p>	<p><b>Well-Care</b> <b>CPT:</b> 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 <b>HCPCS:</b> G0438, G0439, S0302 <b>ICD10CM:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 <b>SNOMED CT US Edition:</b> 103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106, 783260003</p>

Quality Resource Center: [HorizonBlue.com/QualityResourceCenter](http://HorizonBlue.com/QualityResourceCenter)

**<sup>1</sup>Data Collection Methods:**

**Administrative Method:** Transaction data or other administrative data are used to identify the eligible population and numerator. The reported rate is based on all members who meet the eligible population criteria (after optional exclusions, if applicable) and who are found through administrative data to have received the service required for the numerator

**Hybrid Method:** Organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. Organizations review administrative data to determine if members in the systematic sample received the service, and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on the members in the sample who received the service required for the numerator.

**Survey Method:** Requires organizations to collect data through a survey. Specifications for survey measures are included in HEDIS Volume 3: Specifications for Survey Measures and HEDIS Volume 6: Specifications for the Medicare Health Outcomes Survey.

References: NCQA's HEDIS 2020 Volume 2 Technical Specifications for Health Plans