Saint Vincent Catholic Medical Centers

HEDIS® Provider Reference Guide

US FAMILY HEALTH PLAN

Breast Cancer Screening (BCS-E)

Women, people with female sex assigned at birth, or female gender at any time in the member's history 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years

Exclusions:
- Bilateral mastectomy
- Unilateral mastectomy with bilateral modifier
- History of gender-affirming chest surgery (CPT 19318) with diagnosis of gender dysphoria

PCP Responsibilities:
- Document date of patient's last mammogram
- Order mammograms as part of preventative care visits
- HEDIS-acceptable forms of mammography: diagnostic, film, digital, or digital tomosynthesis
- MRIs, ultrasounds, and biopsies **DO NOT** count toward HEDIS compliance.
- Explicitly document member's gender in the medical record
- Document and code exclusions found in the member's history or on exam

Key Screening Codes:
CPT: 77061-77067

Key Exclusion Codes:
ICD10CM: 0HTV0ZZ

Cervical Cancer Screening (CCS and CCS-E)

Women or individuals with a cervix 21–64 years of age who were recommended for routine cervical cancer screening and were who were screened for cervical cancer using any of the following criteria:
- Cervical cytology performed within the last 3 years (ages 21-64)
- Cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years (ages 30-64)
- Cervical cytology high-risk human papillomavirus (hrHPV) co-testing within the last 5 years (ages 30-64)

Exclusions:
- Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix
- Male sex assigned at birth

PCP Responsibilities:
- Document date and result of patient's last cervical screening
- Complete screening if service offered in PCP office or refer to OB/GYN for screening
- Lab results that explicitly state sample was inadequate or "no cervical cells were present" **DO NOT** meet HEDIS criteria
- Explicitly document member's gender in the medical record
- Document and code exclusions found in the member's history or on exam
  - "Complete," "total," or "radical" hysterectomy
  - "Vaginal hysterectomy"
  - "hysterectomy" + patient no longer needs cervical cancer screening

Key Screening Codes:
CPT: 88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175
HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001 Q0091

Key Exclusion Codes:
ICD10CM: Z90.710

Colorectal Cancer Screening (COL-E)

Members 45–75 years of age who had appropriate screening for colorectal cancer

Exclusions:
- History of colorectal cancer
- History of total colectomy

PCP Responsibilities:
- Document date of patient's last colorectal cancer screening
- Order one of the following as part of preventative care visit:
  - Annually: Fecal Immunochemical Test (FIT) or guaiac (gFOBT)
  - Every 3 years: Stool FIT-DNA test (Cologuard)
  - Every 5 years: Flexible sigmoidoscopy
  - Every 5 years: CT colonography
  - Every 10 years: Colonoscopy
- Document and code exclusions found in the member's history or on exam

Key Screening Codes:
FIT/gFOBT – *Annually*
- CPT: 82270, 82274
- HCPCS: G0328

sFIT-DNA Cologuard – *every 3 years*
- CPT: 81528
- LOINC: 77353-1, 77354-9

Flex Sig – *every 5 years*
- CPT: 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350
- HCPCS: G0104

CT Colonography – *every 5 years*
- CPT: 74621-74623

Colonoscopy – *every 10 years*
- CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393,45398
- HCPCS: G0105 (high risk), G0121 (normal risk)

Key Exclusion Codes:
ICD10CM: Z85.038, Z85.048, C18-C21

Controlling High Blood Pressure (CBP)

Controlling High Blood Pressure (CBP)
Adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/ <90 mm Hg)

PCP Responsibilities:
- Document the patient's blood pressure at each visit
- If patient's blood pressure is uncontrolled upon arrival, recheck the blood pressure before the patient leaves the clinic
- Document all blood pressure readings if taken multiple times during a visit

Key CPTII Codes:
3074F: Systolic <130 mm Hg
3075F: Systolic 130-139 mm Hg
3077F: Systolic ≥140 mm Hg
3078F: Diastolic <80 mm Hg
3079F: Diastolic 80-89 mm Hg
3080F: Diastolic ≥90 mm Hg

Eye Exam for Patients with Diabetes (EED)

Members 18–75 years of age with diabetes (types 1 and 2) who received a diabetic retinal eye evaluation by an ophthalmologist or optometrist

PCP Responsibilities:
- Complete retinal imaging in primary care setting with images sent to eye specialist for interpretation. Maintain documentation in chart.
- Refer member to Ophthalmologist or Optometrist

Key CPTII Codes:
Eye Exam With Evidence of Retinopathy: 2022F, 2024F, 2026F
Eye Exam Without Evidence of Retinopathy: 2023F, 2025F 2033F

Measurement Year 2024

	• Annual screening recommended for all diabetics
	• HEDIS compliance:
	  ○ Annual exam including clearly documented positive or negative retinopathy
	  ○ Exam every other year if "no retinopathy" is clearly documented.
	• Maintain communications from eye care provider in the PCP chart.	

Glycemic Status Assessment for Patients with Diabetes (GSD)		
Members 18-75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (A1c) or glucose management indicator (GMI) is at the following levels: • Glycemic Status Controlled <8.0% • Glycemic Status Poorly Control >9.0%	***PCP Responsibilities:*** • Document date and result of patient's last HbA1c test • Document date ranges of continuous glucose monitoring used to derive the value • If test was completed with a different provider, note date and test results in chart • Order HbA1c lab test as part of diabetic care visit. Results required for HEDIS compliance.	***Key CPTII Codes:*** 3044F: HbA1c <7.0 3051F: HbA1c ≥7.0 & <8.0 3052F: HbA1c ≥8.0 & ≤9.0 3046F: HbA1c >9.0
Well Child Visits (W30 and WCV)		
Well Child Visits in the First 15 Months (W30) The percentage of children who: • turn 15 months old during the year who have six or more well child visits with a PCP by 15 months of age • turn 30 months during the year and have 2 or more well child visits with a PCP between 15 and 30 months of age **Child and Adolescent Well Care Visits (WCV)** 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 year	***PCP Responsibilities:*** • Follow AAP's Schedule of Well-Child Visits • Create appointment reminders for subsequent well child visits at the time of the current visit	***Key Screening Codes:*** ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, or Z76.2 CPT: 99381-99385, 99391-99395, 99461
Appropriate Testing for Pharyngitis (CWP)		

Appropriate testing for members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode	***PCP Responsibilities:***
	• If diagnosis of strep pharyngitis is made, ensure:
	  ○ Antibiotic prescribed within 3 days of episode, **and**
	  ○ Group A streptococcus test (Rapid Strep Test) performed/ordered within range of 3 days before to 3 days after episode
		Key Codes:
		Group A Strep Tests CPT: 87070-87071, 87081, 87430, 87650-87652, 87880

Appropriate Treatment for Upper Respiratory Infection (URI)		
Episodes with members from 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event	***PCP Responsibilities:*** • Ensure antibiotics are not prescribed to patients for viral illnesses • Educate patients on appropriate use of antibiotic use and risk of resistance • Clearly document and code for competing diagnoses and comorbidities	
Use of Imaging Studies for Low Back Pain (LBP)		
Members 18 - 75 years of age 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 ★ *Goal is to **reduce** number of images* ***Exclusions:*** Completing diagnoses such as cancer, recent trauma, IV drug abuse, neurological impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids, osteoporosis, frailty fracture, lumbar surgery, or spondylopathy	***PCP Responsibilities:*** • Thoroughly assess for, document and code competing diagnoses if present currently or in member's history • Determine if patient had a previous encounter (outpatient, obs, ED, chiropractor, PT, telehealth) with a primary diagnosis of uncomplicated low back pain • If so, confirm at least 28 days has passed since the earliest of the above visit before ordering an imaging study, if medically necessary • Encourage comfort measures, as well as use of anti-inflammatories if appropriate for the patient	
Follow-Up After Emergency Department Visit or Hospitalization for Mental Illness (FUM and FUH)		
The percentage of emergency department (ED) visits or hospital discharges with selected mental illness or intentional self-harm diagnoses for members 6 years and older who had appropriate follow up. 2 Rates are reported for each measure:	***PCP Responsibilities:*** • Upon receipt of discharge notification, outreach to the member to schedule follow up care, assist with referrals, etc. • Utilize resources available through Magellan and USFHP Care Management	

• **Hospitalizations (FUH):** within 7 days and within 30 days ***with a mental health provider*** • **ED visits (FUM):** within 7 and within 30 days *with any provider type*		
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)		
The percentage of members 12 years of age and older who were screened for clinical depression using a standardized screening instrument, and if screened positive, received follow up care.	***PCP Responsibilities:*** • Screen patients at least annually for depression using a standardized tool: PHQ-2, PHQ-9, BDI-FS, BDI-II, EPDS, PROMIS, CESD-R, DUKE-AD, GDS long or short form, M-3, or CUDOS. • Maintain depression screening documentation and build LOINC codes into the EMR • Provide follow up care on or within 30 days of the positive screen: ○ Outpatient, telephone, e-visit, or virtual check in ○ Depression Case Management encounter ○ Behavioral health encounter ○ A dispensed antidepressant medication	***Key LOINC Codes:*** PHQ-2: 55758-7 PHQ-9: 44261-6 PHQ-9M: 89204-2 BDI-FS: 89208-3 BDI-II: 89209-1 EPDS: 71354-5 PROMIS:71965-8 CESD-R: 89205-9 DUKE-AD:90853-3 GDS Long: 48544-1 GDS Short: 48545-8 M-3: 71777-7 CUDOS: 90221-3
Social Need Screening and Intervention (SNS-E)		
The percentage of members who were screened, using prespecified instruments, at least once during the year for unmet food, housing, and transportation needs, and received a corresponding intervention within 1 month if they screened positive.	***PCP Responsibilities:*** • Screen patients at least annually for food, housing, and transportation needs using one of the following instruments: ○ **Food:** AHC HRSN screening tool, AAFP SNS Tool, Health Leads Screening Panel, HVS, PRAPARE, SEEK, U.S. FSS, We Care Survey, WellRx Questionnaire ○ **Housing:** ACH HRSN screening tool, AAFP SNS Tool, Children's Health Watch Housing Stability Vital Signs, Health Leads Screening Panel, PRAPARE, We Care Survey, WellRx Questionnaire, NCHC ○ **Transportation:** ACH HRSN screening tool, AAFP SNS Tool, CUBS, Health Leads Screening Panel, IFR-PIA, OASIS, PRAPARE, PROMIS, WellRx • Maintain SDoH screening documentation and build LOINC codes into the EMR. • Provide intervention corresponding to the type of need identified on or up to 30 days after the date of the first positive screening. Intervention may include assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision, or referral.	***Key Screening Tool LOINC Codes:*** ACH HRSN: 88122-7, 88123-5, 71802-3, 96778-6, 93030-5 AAFP SNS: 88122-7, 88123-5, 99550-6, 71802-3, 96778-6, 99594-4 Health Leads Screening Panel: 95251-5, 99550-6, 99553-0 HVS: 88124-3 PRAPARE: 93031-3, 93033-9, 71802-3, 93030-5 SEEK: 95400-8, 95399-2 U.S. FSS: 95264-8 We Care Survey: 96434-6, 96441-1 WellRx: 93668-2, 93669-0, 93671-6 Children's Health Watch Housing Stability Vital Signs: 98976-4, 98977-2, 98978-0 CUBS: 89569-8 PROMIS 92358-1 NCHC:99134-9, 99135-6 IRF-PIA: 93030-5 OASIS: 93030-5

Exclusions that apply to all measures:

- Hospice
- Death during the measurement period
- Members 66 years of age and older with both frailty and advanced illness
- Members receiving palliative care
- Members who had an encounter for palliative care

Key screening codes presented in this document are not a comprehensive list. Numerous codes from multiple code systems are accepted by NCQA. Please contact the HEDIS team for questions about specific codes that meet HEDIS criteria.

For questions or more information about HEDIS at US Family Health Plan at St. Vincent's please contact:

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