



Breast Cancer Screening (BCS and BCS-E)		
<p>Women 45–74 years of age who had at least one mammogram to screen for breast cancer in the past two years</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>Bilateral mastectomy</li> <li>Unilateral mastectomy with bilateral modifier</li> </ul>	<p><b>PCP Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Document date of patient's last mammogram</li> <li>Order mammograms as part of preventative care visit</li> <li>HEDIS-acceptable forms of mammography: diagnostic, film, digital, or digital tomosynthesis</li> <li>MRIs, ultrasounds, and biopsies DO NOT count toward HEDIS compliance.</li> <li>Document and code exclusions found in the member's history or on exam</li> </ul>	<p><b>Key Screening Codes:</b> CPT: 77061-77067 HCPCS: G0202, G0204, G0206</p> <p><b>Key Exclusion Codes:</b> ICD10CM: OHTV0ZZ</p>
Cervical Cancer Screening (CCS and CCS-E)		
<p>Women 21–64 years of age who had appropriate screening for cervical cancer</p> <ul style="list-style-type: none"> <li>Cervical cytology performed within the last 3 years (ages 21-64)</li> <li>Cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years (ages 30-64)</li> <li>Cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years (ages 30-64)</li> </ul> <p><b>Exclusions:</b> Hysterectomy without a residual cervix, cervical agenesis, or acquired absence of cervix</p>	<p><b>PCP Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Document date of patient's last cervical screening</li> <li>Complete screening if service offered in PCP office or refer to OB/GYN for screening</li> <li>Document and code exclusions found in the member's history or on exam <ul style="list-style-type: none"> <li>"Complete," "total," or "radical" hysterectomy</li> <li>"Vaginal hysterectomy"</li> <li>"hysterectomy" + patient no longer needs cervical cancer screening</li> </ul> </li> </ul>	<p><b>Key Screening Codes:</b> CPT: 88141-88143, 88147-88150, 88152-88154, 88164-88167, 1174-88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001 Q0091 <b>Key Exclusion Codes:</b> ICD10CM: Z90.710</p>
Colorectal Cancer Screening (COL and COL-E)		
<p>Members 50–75 years of age who had appropriate screening for colorectal cancer</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>History of colorectal cancer</li> <li>History of total colectomy</li> </ul>	<p><b>PCP Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Document date of patient's last colorectal cancer screening</li> <li>Order one of the following as part of preventative care visit: <ul style="list-style-type: none"> <li>Annually: Fecal Immunochemical Test (FIT) or gualiac (gFOBT)</li> <li>Every 5 years: Flexible sigmoidoscopy</li> <li>Every 10 years: Colonoscopy</li> <li>Every 5 years: CT colonography</li> <li>Every 3 years: FIT-DNA test (Cologuard)</li> </ul> </li> </ul>	<p><b>Key Screening Codes:</b> FIT/gFOBT – Annually §CPT: 82270, 82274 §HCPCS: G0328 Flex Sig – every 5 years §HCPCS: G0104 Colonoscopy – every 10 years §HCPCS: G0105 (high risk), G0121 (normal risk) CT Colonography – every 5 years §CPT: 74621-74623 FIT-DNA Cologuard – every 3 years §CPT: 81528 §HCPCS: G0464 <b>Key Exclusion Codes:</b> ICD10CM: Z85.038, Z85.048, ODTE7ZZ</p>
Blood Pressure (CBP and BPD)		
<p>Controlling High Blood Pressure (CBP) Adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/ &lt;90 mm Hg)</p> <p>Blood Pressure Control for Patients with Diabetes Members 18-75 years of age with diabetes (types 1 and 2) whose blood pressure was adequately controlled (&lt;140/ &lt;90 mm Hg)</p>	<p><b>PCP Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Document the patient's blood pressure at each visit</li> <li>If patient's blood pressure is uncontrolled upon arrival, recheck the blood pressure before the patient leaves the clinic</li> <li>Document all blood pressure readings if taken multiple times during a visit</li> </ul>	<p><b>Key CPTII Codes:</b> 3074F: Systolic &lt;130 mm Hg 3075F: Systolic 130-139 mm Hg 3077F: Systolic ≥140 mm Hg 3078F: Diastolic &lt;80 mm Hg 3079F: Diastolic 80-89 mm Hg 3080F: Diastolic ≥90 mm Hg</p>
Eye Exam for Patients with Diabetes (EED)		
<p>Members 18–75 years of age with diabetes (types 1 and 2) who received a diabetic retinal eye evaluation by an ophthalmologist or optometrist</p>	<p><b>PCP Responsibilities:</b></p> <ul style="list-style-type: none"> <li>Complete retinal imaging in primary care setting with images sent to eye specialist for interpretation. Maintain documentation in chart.</li> <li>Refer member to Ophthalmologist or Optometrist</li> <li>Annual screening recommended for all diabetics</li> <li>HEDIS compliance: <ul style="list-style-type: none"> <li>Annual exam including clearly documented positive or negative retinopathy</li> <li>Exam every other year if no retinopathy is clearly documented.</li> </ul> </li> <li>Maintain communications from eye care provider in the PCP chart.</li> </ul>	<p><b>Key Screening Codes:</b> CPT 92229: Remote Imaging Automated Eye Exam CPTII 2022F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) CPTII 2023F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)</p>

Hemoglobin A1c Control for Patients with Diabetes (HBD)		
Members 18-75 years of age with diabetes (types 1 and 2) whose A1c is at the following levels: <ul style="list-style-type: none"> <li>Control &lt;8.0%</li> <li>Poor Control &gt;9.0%</li> </ul>	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Document date and result of patient's last HbA1c test</li> <li>If test was completed with a different provider, note date and HbA1c result in chart</li> <li>Order HbA1c lab test as part of diabetic care visit. Results required for HEDIS compliance.</li> </ul>	<b>Key CPTII Codes:</b> 3044F: HbA1c <7.0 3051F: HbA1c ≥7.0 & <8.0 3052F: HbA1c ≥8.0 & ≤9.0 3046F: HbA1c >9.0
Kidney Health Evaluation for Patients with Diabetes (KED)		
Members 18-75 years of age with diabetes (types 1 and 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the year  <b>Exclusions:</b> <ul style="list-style-type: none"> <li>ESRD</li> </ul>	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Confirm date of patient's last eGFR and uACR tests</li> <li>Order both eGFR <i>and</i> uACR tests as part of diabetic care visit and ensure patient completes the tests. Test completion as confirmed by claims is required.</li> <li>Tests must be completed no more than four days apart</li> </ul>	<b>Key Screening Codes:</b> eGFR <u>CPT</u> : 80243 <i>and</i> uACR <u>CPT</u> : 82570
Chlamydia Screening in Women (CHL)		
The percentage of women 16-24 years who were identified as sexually active and who had at least one test for chlamydia during the year	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Confirm date of patient's last chlamydia test in chart</li> <li>If test was completed with a different provider, note result in chart</li> <li>Define patient as sexually active by: <ul style="list-style-type: none"> <li>Pregnancy, pregnancy test, or fetal monitoring encounter code</li> <li>Sexual activity encounter code</li> <li>Prescription of contraceptives, including for acne</li> </ul> </li> <li>Order chlamydia test as part of preventative care visit. Test completion as confirmed by claims is required.</li> </ul>	<b>Key Screening Codes:</b> <u>CPT</u> : 87110, 87270, 87320, 87490-87492, 87810
Well Child Visits (W30 and WCV)		
<b>Well Child Visits in the First 15 Months (W30)</b> The percentage of children who: <ul style="list-style-type: none"> <li>turn 15 months old during the year who have six or more well child visits by 15 months of age</li> <li>turn 30 months during the year and have 2 or more well child visits between 15 and 30 months of age</li> </ul> <b>Child and Adolescent Well Care Visits (WCV)</b> 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	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Follow AAP's Schedule of Well-Child Visits</li> <li>Create appointment reminders for subsequent well child visits at the time of the current visit</li> </ul>	<b>Key Screening Codes:</b> <u>ICD10CM</u> : Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, or Z76.2
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	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>If diagnose of strep pharyngitis is made, ensure: <ul style="list-style-type: none"> <li>Antibiotic prescribed within 3 days of episode, and</li> <li>Group A streptococcus test (Rapid Strep Test) performed/ordered within range of 3 days before to 3 days after episode</li> </ul> </li> </ul>	<b>Key Codes:</b> Group A Strep Tests <u>CPT</u> : 87070, 87071, 87081, 87430, 87650, 87651, 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	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Ensure antibiotics are not prescribed to patients for viral illnesses</li> <li>Educate patients on appropriate use of antibiotic use and risk of resistance</li> </ul>	
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)		
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.	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Ensure antibiotics are not prescribed to patients for viral illnesses</li> <li>Educate patients on appropriate use of antibiotic use and risk of resistance</li> </ul>	
Use of Imaging Studies for Low Back Pain (LBP)		
Members 18 - 50 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 <i>Goal is to reduce number of images</i>  <b>Exclusions:</b> Completing diagnoses such as cancer, recent trauma, IV drug abuse, neurological impairment,	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Determine if patient had a previous encounter (outpatient, obs, ED, chiropractor, PT, telehealth) with a primary diagnosis of uncomplicated low back pain</li> <li>If so, confirm at least 28 days has passed since the earliest of the above visit before ordering an imaging study, if medically necessary</li> <li>Encourage comfort measures, as well as use of anti-inflammatories if appropriate for the patient</li> </ul>	



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HIV, spinal infection, major organ transplant, prolonged use of corticosteroids		
<b>Follow-Up After Emergency Department Visit or Hospitalization for Mental Illness (FUM and FUH)</b>		
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: <ul style="list-style-type: none"> <li>Hospitalizations (FUH): within 7 days and within 30 days <i>with a mental health provider</i></li> <li>ED visits (FUM): within 7 and within 30 days <i>with any provider type</i></li> </ul>	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Upon receipt of discharge notification, outreach to the member to schedule follow up care, assist with referrals, etc.</li> </ul>	
<b>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)</b>		
The percentage of members 12 years and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. <ul style="list-style-type: none"> <li>Assessment Period 1: January 1 – April 30</li> <li>Assessment Period 2: May 1 – August 31</li> <li>Assessment Period 3: September 1 – December 31</li> </ul>	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Utilize the PHQ-9 for all patients 12 years of age and older, or the PHQ-9 Modified for Teens for patients 12-17 years of age.</li> <li>PHQ screening does not have to be completed during a face-to-face encounter; screenings completed via telephone or web portals are acceptable.</li> <li>Consider administering PHQ-9 at each visit.</li> </ul>	<b>Key LOINC Codes:</b> PHQ-9: 44261-6 PHQ-9 Modified for Teens: 89204-2
<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</b>		
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.	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>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.</li> <li>Maintain depression screening documentation and build LOINC codes into the EMR</li> <li>Provide follow up care on or within 30 days of the positive screen:               <ul style="list-style-type: none"> <li>Outpatient, telephone, e-visit, or virtual check in</li> <li>Depression Case Management encounter</li> <li>Behavioral health encounter</li> <li>A dispensed antidepressant medication</li> </ul> </li> </ul>	<b>Key LOINC Codes:</b> PHQ-2: 55758-7 PHQ-9: 44261-6 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 GDS Short: 48548-8 M-3: 71777-7 CUDOS: 90221-3
<b>Social Need Screening and Intervention (SNS-E)</b>		
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.	<b>PCP Responsibilities:</b> <ul style="list-style-type: none"> <li>Screen patients at least annually for food, housing, and transportation needs using one of the following instruments:               <ul style="list-style-type: none"> <li>Food: AHC HRSN screening tool, AAFP SNS Tool, Health Leads Screening Panel, HVS, PRAPARE, SEEK, U.S. FSS, We Care Survey, WellRx Questionnaire</li> <li>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</li> <li>Transportation: ACH HRSN screening tool, AAFP SNS Tool, CUBS, Health Leads Screening Panel, PRAPARE, PROMIS, WellRx</li> </ul> </li> <li>Maintain SDoH screening documentation and build LOINC codes into the EMR.</li> <li>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.</li> </ul>	<b>Key LOINC Codes:</b> ACH HRSN: 88122-7, 88123-5, 71802-3, 96778-6, 93030-5 AAFP SNS: 88122-7, 88123-5, 99550-6, 96778-6, 99594-4 Health Leads Screening Panel: 95251-599550-6, 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

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