

USFHP wants to partner with our valued providers on HEDIS initiatives!
Interested in data sharing agreements? Need help with engaging our beneficiaries for community events?
For questions or more information about HEDIS at US Family Health Plan at SVCMC please contact:

Sherry Rumbaugh
HEDIS Director
212-356-4891
srumbaugh@svcmcnny.org

Magan West
HEDIS Manager
212-356-4905
mwest@svcmcnny.org

Email the HEDIS team:
HEDIS@svcmcnny.org
Fax:
646-989-3319

| Breast Cancer Screening (BCS-E) | | |
|---|---|---|
| <p>Women and people with female sex assigned at birth who have not undergone chest reconstruction who are 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Bilateral mastectomy • Unilateral mastectomy with bilateral modifier • History of gender-affirming chest surgery (CPT 19318) with diagnosis of gender dysphoria | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • Document date of patient’s last mammogram • Order mammograms as part of preventative care visits • Follow up to ensure completion of ordered screenings and obtain copies of the results in the medical record • Conduct outreach to close care gaps for breast cancer screening • 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 | <p>Key Screening Codes: CPT: 77061-77063, 77065-77067</p> <p>Key Exclusion Codes: ICD10CM: OHTV0ZZ, Z90.13</p> |
| Cervical Cancer Screening (CCS-E) | | |
| <p>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:</p> <ul style="list-style-type: none"> • 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) <p>Exclusions:</p> <ul style="list-style-type: none"> • Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix • Male sex assigned at birth | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • 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. • Follow up to ensure completion of visit from referral. Obtain a copy of results for the medical record. • Conduct outreach to close care gaps for cervical cancer 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 <ul style="list-style-type: none"> ○ “Complete,” “total,” or “radical” hysterectomy ○ “Vaginal hysterectomy” ○ “hysterectomy” + patient no longer needs cervical cancer screening | <p>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</p> <p>Key Exclusion Codes: ICD10CM: Z90.710</p> |
| Colorectal Cancer Screening (COL-E) | | |
| <p>Members 45–75 years of age who had appropriate screening for colorectal cancer</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • History of colorectal cancer • History of total colectomy | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • Document date of patient’s last colorectal cancer screening • Order one of the following as part of preventative care visit: <ul style="list-style-type: none"> ○ 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 • Follow up to ensure completion of visit from referral. Obtain a copy of results for the medical record. • Conduct outreach to close care gaps for colorectal cancer screening • Document and code exclusions found in the member’s history or on exam | <p>Key Screening Codes:</p> <p>FIT/gFOBT – Annually</p> <ul style="list-style-type: none"> ▪ CPT: 82270, 82274 ▪ HCPCS: G0328 <p>sFIT-DNA Cologuard – every 3 years</p> <ul style="list-style-type: none"> ▪ CPT: 81528 ▪ LOINC: 77353-1, 77354-9 <p>Flex Sig – every 5 years</p> <ul style="list-style-type: none"> ▪ CPT: 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350 ▪ HCPCS: G0104 <p>CT Colonography – every 5 years</p> <ul style="list-style-type: none"> ▪ CPT: 74621-74623 <p>Colonoscopy – every 10 years</p> <ul style="list-style-type: none"> ▪ CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 |

HEDIS® Provider Reference Guide

| | | |
|---|---|---|
| | | <ul style="list-style-type: none"> ▪ HCPCS: G0105 (high risk), G0121 (normal risk) Key Exclusion Codes: <u>ICD10CM:</u> Z85.038, Z85.048, C18-C21 |
| Controlling High Blood Pressure (CBP) and Blood Pressure Control for Patients with Hypertension (BPC-E) | | |
| <p>Adults 18–85 years of age who had a diagnosis of hypertension and whose most recent blood pressure during the measurement period was adequately controlled (<140/ <90 mm Hg)</p> | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • 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, including if taken multiple times during a visit • Utilize CPTII codes on claims to indicate blood pressure values | <p>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</p> |
| Eye Exam for Patients with Diabetes (EED) | | |
| <p>Members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam</p> <p>HEDIS compliance:</p> <ul style="list-style-type: none"> • Annual exam including clearly documented positive or negative retinopathy • Exam every other year if “no retinopathy” is clearly documented. | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • Annual screening recommended for all diabetics • 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 • Follow up to ensure completion of visit from referral. Obtain a copy of results for the medical record. • Conduct outreach to close care gaps for diabetic eye exams • Maintain communications from eye care provider in the PCP chart. | <p>Key CPTII Codes: Eye Exam <u>with</u> Evidence of Retinopathy: 2022F, 2024F, 2026F Eye Exam <u>without</u> Evidence of Retinopathy: 2023F, 2025F 2033F</p> |
| Glycemic Status Assessment for Patients with Diabetes (GSD) | | |
| <p>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:</p> <ul style="list-style-type: none"> • Glycemic Status Controlled <8.0% • Glycemic Status Poorly Control >9.0% | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • 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. • Utilize CPTII codes on claims to indicate lab result values | <p>Key CPTII Codes: 3044F: HbA1c <7.0 3051F: HbA1c ≥7.0 & <8.0 3052F: HbA1c ≥8.0 & ≤9.0 3046F: HbA1c >9.0</p> |
| Well Child Visits (W30 and WCV) | | |
| <p>Well Child Visits in the First 15 Months (W30) The percentage of children who:</p> <ul style="list-style-type: none"> • 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 <p>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</p> | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • Follow AAP’s Schedule of Well-Child Visits • Create appointment reminders for subsequent well child visits at the time of the current visit • Conduct outreach to close care gaps for well child visits | <p>Key Screening Codes: <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 <u>CPT:</u> 99381-99385, 99391-99395, 99461</p> |
| Appropriate Testing for Pharyngitis (CWP) | | |
| <p>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</p> | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • If diagnosis of strep pharyngitis is made, ensure: <ul style="list-style-type: none"> ○ 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 | <p>Key Codes: Group A Strep Tests <u>CPT:</u> 87070-87071, 87081, 87430, 87650-87652, 87880</p> |
| Appropriate Treatment for Upper Respiratory Infection (URI) | | |
| <p>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</p> | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • 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) | | |
| <p>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</p> | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • Thoroughly assess for, document and code competing diagnoses if present currently or in member’s history | |

HEDIS® Provider Reference Guide

| | | |
|---|---|--|
| <p>★ <i>Goal is to reduce number of images</i></p> <p>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</p> | <ul style="list-style-type: none"> • 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 | |
| Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) | | |
| <p>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.</p> | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Outpatient, telephone, e-visit, or virtual check in ○ Depression Case Management encounter ○ Behavioral health encounter ○ A dispensed antidepressant medication • <i>Note: CPT 96127 does not meet HEDIS criteria</i> | <p>Key LOINC Codes:</p> <p>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</p> |
| Social Need Screening and Intervention (SNS-E) | | |
| <p>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.</p> | <p>PCP Responsibilities:</p> <ul style="list-style-type: none"> • Screen patients at least annually for food, housing, and transportation needs using one of the following instruments: <ul style="list-style-type: none"> ○ 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. | <p>Key Screening Tool LOINC Codes:</p> <p>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</p> |

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 who had an encounter for or are receiving 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.