HEDIS® Provider Reference Guide

USFHP wants to partner with our valued providers on HEDIS initiatives!
Interested in data-sharing agreements?
For questions or more information about HEDIS within US Family Health Plan at SVCMC please contact:

Email	**HEDIS@svcmcny.org**
Fax	**646-989-3319**
Email and Fax for HEDIS Purposes only—DO NOT USE FOR GENERAL CORRESPONDENCE TO THE PLAN	

- ***Preferred:*** Direct Data Feed/flat file (please contact us to set this up: HEDIS@svcmcny.org)
- SECURE (ENCRYPTION REQUIRED*) Email direct to US Family Health Plan: HEDIS@svcmcny.org
    - ** Please note: an emailed document cannot exceed 200 pages (you may have to send longer records in multiple emails; and you are responsible to ensure HIPAA compliance)*

Breast Cancer Screening (BCS-E)

Members with female sex assigned at birth, or female gender at any time in the member's history 40–74 years of age who had at least one mammogram to screen for breast cancer in the past 27 months: 10/01/2024 to 12/31/2026

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-E)

Members 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: 87624, 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

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)

Exclusions:
- ESRD Stage V
- Kidney Transplant
- Dialysis, Nephrectomy
- History of Kidney Transplant

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
- ***DO NOT ROUND blood pressure readings***

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

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

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
 	
Exclusions:
• History of bilateral eye enucleation
	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
	• Annual screening recommended for all diabetics
	• BLINDNESS is NOT and exclusion and members should still be screened
	• 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 providers in the PCP chart.
		Key CPT Codes:
		Automated Eye Exam: CPT code 92229
		Key CPTII Codes:
		Eye Exam With Evidence of Retinopathy: 2022F, 2024F, 2026F
		Eye Exam Without Evidence of Retinopathy: 2023F, 2025F 2033F

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 *(a 12-day date-span minimum is required)* • 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)		
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 ***Exclusions***: • Members in hospice or using hospice services anytime during the measurement year • Members who died any time during the measurement year	***PCP Responsibilities:*** • When writing a script for an antibiotic following the diagnosis of pharyngitis, be sure to conduct a strep test • Be as specific as possible when making diagnosis • If writing a script for antibiotics, be sure strep test is conducted within 3 days of diagnosis	***Key Screening codes:*** ***Group A Strep Test*** *CPT*: 87070, 87071, 87081, 87430, 87650-87652, 87880 *LOINC*: 17898-8, 626-2, 17656-0, 11268-0, 31971-5, 6558-1, 6559-9, 18481-2, 6557-3, 78012-2, 49610-9, 103627-6, 101300-2, 60489-2, 5036-9, 68954-7 **Pharyngitis** *ICD-10CM:* J02 .0, J02 .8, J02 .9, J03 .00, J03 .01, J03 .80, J03 .81, J03 .90, J03 .91
Plan All Cause Readmission (PCR)		
For members 18 to 64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days ***Exclusions***: • Members in hospice or using hospice services anytime during the measurement year • Members who died any time during the measurement year	***Please help members avoid readmission by:*** • Implementing a robust, safe discharge plan that includes a post-discharge phone call within 3 days of discharge to perform medication reconciliation and follows with PCP as appropriate During call discuss these questions: ○ Do you completely understand all the instructions you were given at discharge? ○ Do you completely understand the medications and your medication instructions? Have you filled all new prescriptions? ○ Have you made your follow-up appointments? Do you need help scheduling them? ○ Do you have transportation to the appointment and/or do you need help arranging transportation? ○ Do you have any questions?	
Follow-up After Inpatient Hospitalization for Mental Illness (FUH)		
Members age 6 years and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm diagnoses and **who had a follow-up visit with a health practitioner within 7 and/or 30 days of discharge** ***Exclusions***: • Members in hospice or using hospice services anytime during the measurement year • Members who died any time during the measurement year	***PCP Responsibilities:*** • Visits that occur on the date of discharge will not count toward compliance. • This measure focuses on follow-up treatment, which can be with any provider so long as a behavioral health diagnosis is addressed and coded on the claim • ***Telehealth visits count toward measure compliance***	***CPT:*** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 ***HCPCS***: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020