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| **Breast Cancer Screening (BCS and BCS-E)** |
| Women 45–74 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
 | ***PCP Responsibilities:**** Document date of patient’s last mammogram
* Order mammograms as part of preventative care visit
* HEDIS-acceptable forms of mammography: diagnostic, film, digital, or digital tomosynthesis
* MRIs, ultrasounds, and biopsies **DO NOT** count toward HEDIS compliance.
* Document and code exclusions found in the member’s history or on exam
 | ***Key Screening Codes:***CPT: 77061-77067HCPCS: G0202. G0204, G0206***Key Exclusion Codes:***ICD10CM: 0HTV0ZZ |
| **Cervical Cancer Screening (CCS and CCS-E)** |
| Women 21–64 years of age who had appropriate screening for cervical cancer* 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 without a residual cervix, cervical agenesis, or acquired absence of cervix  | ***PCP Responsibilities:**** Document date of patient’s last cervical screening
* Complete screening if service offered in PCP office or refer to OB/GYN for screening
* 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, 88147-88150, 88152-88154, 88164-88167, 1174-88175HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001 Q0091***Key Exclusion Codes:***ICD10CM: Z90.710 |
| **Colorectal Cancer Screening (COL and COL-E)** |
| Members 50–75 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 5 years: Flexible sigmoidoscopy
* Every 10 years: Colonoscopy
* Every 5 years: CT colonography
* Every 3 years: FIT-DNA test (Cologuard)
 | ***Key Screening Codes:*****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

***Key Exclusion Codes:***ICD10CM: Z85.038, Z85.048, 0DTE7ZZ |
| **Blood Pressure (CBP and BPD)** |
| **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)**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 (<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 Hg3075F: Systolic 130-139 mm Hg3077F: Systolic ≥140 mm Hg3078F: Diastolic <80 mm Hg3079F: Diastolic 80-89 mm Hg3080F: 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
* 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.
 | ***Key Screening Codes:***CPT 92229: Remote Imaging Automated Eye ExamCPTII 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) |
| **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:* Control <8.0%
* Poor Control >9.0%
 | ***PCP Responsibilities:**** Document date and result of patient’s last HbA1c test
* If test was completed with a different provider, note date and HbA1c result in chart
* Order HbA1c lab test as part of diabetic care visit. Results required for HEDIS compliance.
 | ***Key CPTII Codes:***3044F: HbA1c <7.03051F: HbA1c ≥7.0 & <8.03052F: HbA1c ≥8.0 & ≤9.03046F: 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***Exclusions:**** ESRD
 | ***PCP Responsibilities:**** Confirm date of patient’s last eGFR and uACR tests
* Order both eGFR *and* uACR tests as part of diabetic care visit and ensure patient completes the tests. Test completion as confirmed by claims is required.
* Tests must be completed no more than four days apart
 | ***Key Screening Codes:***eGFR CPT: 80243 *and**uACR CPT: 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 | ***PCP Responsibilities:**** Confirm date of patient’s last chlamydia test in chart
* If test was completed with a different provider, note result in chart
* Define patient as sexually active by:
* Pregnancy, pregnancy test, or fetal monitoring encounter code
* Sexual activity encounter code
* Prescription of contraceptives, including for acne
* Order chlamydia test as part of preventative care visit. Test completion as confirmed by claims is required.
 | ***Key Screening Codes:***CPT: 87110, 87270, 87320, 87490-87492, 87810 |
| **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 by 15 months of age
* turn 30 months during the year and have 2 or more well child visits 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 |
| **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 diagnose 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, 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 | ***PCP Responsibilities:**** Ensure antibiotics are not prescribed to patients for viral illnesses
* Educate patients on appropriate use of antibiotic use and risk of resistance
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| **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.  | ***PCP Responsibilities:**** Ensure antibiotics are not prescribed to patients for viral illnesses
* Educate patients on appropriate use of antibiotic use and risk of resistance
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| **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**🟊** *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 | ***PCP Responsibilities:**** 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
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| **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:* **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*
 | ***PCP Responsibilities:**** Upon receipt of discharge notification, outreach to the member to schedule follow up care, assist with referrals, etc.
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| **Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)** |
| 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.* Assessment Period 1: January 1 – April 30
* Assessment Period 2: May 1 – August 31
* Assessment Period 3: September 1 – December 31
 | ***PCP Responsibilities:**** 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.
* PHQ screening does not have to be completed during a face-to-face encounter; screenings completed via telephone or web portals are acceptable.
* Consider administering PHQ-9 at each visit.
 | ***Key LOINC Codes:***PHQ-9: 44261-6PHQ-9 Modified for Teens: 89204-2 |
| **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: 55758-7PHQ-9: 44261-6BDI-FS: 89208-3BDI-II:89209-1EPDS: 71354-5PROMIS:71965-8CESD-R: 89205-9DUKE-AD:90853-3GDS Long: 48544GDS Short: 48548-8M-3:71777-7CUDOS: 90221-3 |

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

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