

| HEDIS 2024 Overview

HEDIS is a tool utilized by DHCS to score the health plans on quality of care.

HEDIS 2024 consists of 42 MCAS measures for managed care health plan (MCP) (27 Administrative, 8 Hybrid/Administrative, 1 ECDS and Admin, and 6 ECDS), 13 of which you will see on your Vivant Health scorecard. Scorecards and Gaps in Care are created with data that is collected from claim submissions, EHR data, lab files, CAIR2 files, and health plan gaps in care.

HEDIS measures are frequently incentivized by the health plans. You can increase your HEDIS scores by opening access and careful billing.

In 2024, Vivant Health will help increase your scores and incentives by:

- Delivery of detailed scorecards by health plan and Vivant Health overall
- Detailed explanation of all known HEDIS incentives
- Assessment of your current quality program and best practice recommendations
- Delivery of Gaps in Care reports that list each member who needs services along with their contact information
- HEDIS 2024 measure review, one on one or in groups for clinic staff and providers
- HEDIS 2024 coding updates, one on one or in groups for billers and coders to ensure you capture all the work you are doing
- CIS reconciliation project/quarterly
- Text outreach by (chosen) HEDIS measure based on provider request
- W30 0-15 Month EMR reconciliation/quarterly to close gaps billed under different insurances
- Assist providers with available Alinea event dates
- Provide gift cards for clinic days
- Assist with Cozeva uploads in quarter 4 for CBP
- Incentivize members for postpartum who have been referred to Capital OB/GYN

Please feel free to reach out with any questions you may have.
We are here to help you reach your HEDIS goals!

Thank you

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General HEDIS FAQs

Q. What is HEDIS, and how does it affect me?

A. HEDIS is an acronym for Health Effectiveness Data and Information Set. It's a quality measurement tool that is used by the Department of Health Care Services to score health plans on care given to their members. Good scores often increase member assignments, and poor scores often trigger corrective action plans.

Q. Is my participation in HEDIS and the medical record collection process optional?

A. In short, no. Each year, the NCQA audits the health plans for compliance with HEDIS, and during this process, many medical records will be requested from the providers. Providers are contractually required to provide medical record information so that health plans can satisfy their state and federal regulatory obligations.

Q. What is my office's responsibility regarding HEDIS data collection?

You and your office staff are responsible for responding to the health plan's or a plan's contracted vendor's request for medical record documentation in a timely manner.

Q. We are getting too many requests for records. How can I lessen this burden on our staff?

A. You can help limit the number of medical records requested by working closely with your billing department to include all CPT and ICD-10 codes related to the services you provide so that information can be captured through claims instead of medical records. The HEDIS team at Vivant Health is available to work with your staff in training them to use these codes. Providers can also give the health plans EMR data or "read and print only" access to their EMR systems and let them do all the work!

Q. Does HIPAA permit me to submit medical records to the health plans?

A. Yes, the HIPAA privacy rule permits a provider to disclose protected health information to us, a health plan, or health plan vendors for quality-related healthcare operations. A signed consent form from the member is NOT required under the HIPAA privacy rule. You can obtain more information about the HIPAA privacy rule from the U.S. Department of Health and Human Services at the link below:

<http://www.hhs.gov/hipaa/for-professionals/faq/265/may-a-health-care-provider-disclose-protected-health-information-to-a-health-plan/>

Q. Why does it seem like everyone I talk to tells me I need something different about HEDIS?

HEDIS measures are updated at least annually, where some age ranges may change and billing codes are updated. In addition, new measures are added, and some old ones may be removed. You can expect it to continually change based on the NCQA's efforts to keep HEDIS current.

Should you have any questions, or to schedule a visit, please reach out to us at **(916) 228-4300, ext. 2843**, or **JWhitlow@vivanthealth.com**. As a reminder, the HEDIS team at Vivant Health is available for one-on-one, on-site training with your staff for your convenience.

HEDIS Focus Measures for 2024

BCS – Breast Cancer Screening

Women ages 50–74 need a mammogram in the past 2 years, on or between October 1, 2022, and December 31, 2024.

CCS – Cervical Cancer Screening

Women ages 21–64 need a Pap test every 3 years (2021–2024), OR women ages 30–64 who received high-risk HPV or Pap+HPV co-testing need a Pap test every 5 years (2020 and 2024).

CHL – Chlamydia Screening

Members ages 16–24 who have been identified as sexually active and had a chlamydia test during the measurement year 2024.

CIS 10 – Childhood Immunization Status

Children needing immunizations, on or before their 2nd birthday in 2024: 4 DTaP, 4 PCV, 3 IPV, 3 Hep B, 3 Hib, 2–3 Rotavirus, 2 flu, 1 MMR, 1 VZV, 1 Hep A.

COL – Colorectal Screening

The percentage of members **ages 45–75** who had appropriate screening for colorectal screening.

DEV – Developmental Screening in the First 3 Years of Life

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their 1st, 2nd, or 3rd birthday.

GSD – Glycemic Status Assessment for Patients with Diabetes

Members ages 18–75 with diabetes who had HbA1c of less than 9% in 2024. The percentage of members ages 18–75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic status <8.0%.
- Glycemic status >9.0%.

CBP – Controlling High Blood Pressure

The percentage of members ages 18–85 with hypertension whose last documented BP in 2024 was adequately controlled at less than <140/90.

IMA – Immunizations for Adolescents

Members under 13 years need the following immunizations, on or before their 13th birthday, in 2024: 1 meningococcal, 1 Tdap, and 2 HPV vaccines.

LSC – Lead Screening in Children

Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday in 2024.

PPC – Timeliness of Prenatal and Postpartum care

The percentage of live births on or between October 8, 2023, and October 7, 2024, where the mother received:

- Prenatal: A prenatal visit in the first trimester
- Postpartum: A postpartum visit on or between 7 and 84 days after delivery

TFC – Topical Fluoride for Children

The percentage of members ages 1–4 who received at least 2 fluoride varnish applications during the measurement year on different dates of service.

W30 – Well-Child Visits 0–30 Months

The percentage of members who have the following number of well-child visits with a PCP or OB/GYN.

The following rates are reported:

- **Well-child visits 0–15 months:** Children turning 15 months in 2024: 6 or more well-child visits.
- **Well-child visits 15–30 months:** Children who turn 30 months old in 2024: 2 or more well-child visits.
- **WCC – Weight Assessment/BMI:** The percentage of members ages 3–17 who had an outpatient visit with PCP or OB/GYN who had evidence of the BMI percentile documented in 2024.
- **WCV:** The percentage of members ages 3–21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year (2024).

HEDIS Measure BCS – Breast Cancer Screening

The percentage of women ages 50–74 who had a mammogram to screen for breast cancer any time on or between October 1, 2023, and December 31, 2024.

Administrative Only:

This is an administrative measure, meaning the information is gathered from claims and no documentation in the medical record is required.

Coding:

Mammography

CPT: 77057;77062; 77063; 77065; 77066; 77067

HCPCS: G0202, G0204, G0206

SNOMED: 833310007

- History of Bilateral Mastectomy: Z90.13
- Absence of Left Breast: Z90.12
- Absence of Right Breast: Z90.11

Tips for Success:

- Do not count breast biopsies, ultrasounds, or MRIs.
- Follow up with referred women to ensure the test is completed.
- Documenting the history codes (above) for mastectomy, during any office visit, will exclude patients from this measure.

HEDIS Measure CBP – Controlling High Blood Pressure

The percentage of members ages 18–85 who had a diagnosis of hypertension and whose BP was adequately controlled, based on the last recorded BP of the year, at less than 140/90 during the measurement year 2024.

Documentation:

Documentation in the medical record should include all blood pressure readings.

Coding:

3077F Systolic Greater than/Equal to 140 3074F Systolic less than 130

3075F Systolic 130-139

3080F Diastolic Greater than/Equal to 90 3078F Diastolic less than 80

3079F Diastolic 80-89

Telehealth Modifier: GT, 95, POS 02

ICD-10: I10.

Tips for Success:

- Retake a high BP during the office visit. Often it will be lower toward the end of the visit.
- The lowest systolic and lowest diastolic can be taken from multiple readings in one day, so record all blood pressures taken during a visit.
- Educate staff not to “round up” when documenting manual blood pressure.
- Educate staff on correct cuff size and positioning.
- Telehealth visits with the member’s reported blood pressure are HEDIS compliant.

HEDIS Measure CCS – Cervical Cancer Screening

The percentage of women ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21–64 who had cervical cytology performed every 3 years (2022–2024).
- Women ages 30–64 who had cervical high-risk HPV testing every 5 years (2020–2024).
- Women ages 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years (2020–2024).
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Added an exclusion for members who were assigned male at birth.
- Clarified that “Unknown” is not considered a result/finding for medical record reporting.

Documentation:

- A note indicating the date when the cervical cytology was performed.
- The result or finding.
- Documentation of “radical” or “total” hysterectomy or hysterectomy with “no residual cervix” can exclude patients from this measure.

Coding:

Cervical Cytology:

CPT: 88141; 88142; 88143; 88147; 88148; 88150; 88152; 88153; 88154; 88164; 88165; 88166; 88167; 88174; 88175

HCPCS: Q0091 (PAP collection), G0123; G0124, G0141; G0143; G0144; G0145; G0147; G0148, P3000; P3001.

High-Risk HPV Tests: CPT: 87620; 87621; 87622; 87624; 87625 **HCPCS:** G0476

No Cervix: ICD-10: Z90.710 (acquired absence of cervix and uterus); Z90.712; Q51.5

ICD-9: 618.5; 752.43; V88.01; V88.03

Well-Woman Exam: G0101, Z01.419 (normal), Z01.411 (abnormal)

Tips for Success:

- Do not count biopsies or lab results that explicitly state the sample was inadequate or that “no cervical cells were present.”
- Documenting codes for “no cervix” during an annual well-woman exam will exclude patients from this measure.

HEDIS Measure DEV – Developmental Screening in the First 3 Years of Life

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their 1st, 2nd, or 3rd birthday.

Developmental Domains: The following domains must be included in the standardized developmental.

Screening tool: motor, language, cognitive, and social-emotional.

The tools listed below are not specific recommendations for tools but are examples of tools cited in Bright Futures that have met the above criteria.

Tools Must Meet the Following Criteria:

- **Established Reliability:** Reliability scores of approximately 0.70 or above.
- **Established Findings Regarding the Validity:** Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children using an appropriate standardized developmental or social-emotional assessment instrument(s).
- **Established Sensitivity/Specificity:** Sensitivity and specificity scores of approximately 0.70 or above.

The following tools are cited by Bright Futures (and the American Academy of Pediatrics statement on developmental screening) and meet the above criteria:

- Ages and Stages Questionnaire (ASQ) — 2 months to age 5
- Ages and Stages Questionnaire — 3rd edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) — birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) — 3 months to age 2
- Brigance Screens-II — birth to 90 months
- Child Development Inventory (CDI) — 18 months to age 6
- Infant Development Inventory — birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) — birth to age 8
- Parents' Evaluation of Developmental Status: Developmental Milestones (PEDS:DM)

The tools listed above are not specific recommendations but are examples of tools cited in Bright Futures that have met the above criteria. In addition, new tools meeting these criteria may be developed and may be included in future versions of Bright Futures.

Coding: Developmental screening code: 96110

HEDIS Measure GSD – Glycemic Status Assessment for Patients with Diabetes

The percentage of members ages 18–75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: glycemic status <8.0%. or glycemic status >9.0%.

Documentation:

Documentation in the medical record should include:

- HbA1c lab result or notation of the date the test was performed and the results.

Coding:

HbA1c Testing: CPT: 83036, 83037 (in-house HbA1c test)

HbA1c Result CPT:

- 3044F Less than 7.0%
- 3051F 7.0–7.9%
- 3052F 8.0–9.0%
- 3046F Greater than 9.0%

Diabetes Mellitus Without Complications: E10.96, E11.9, E13.9.

Tips for Success:

- In-house A1c testing is a sure way to capture patients who may not follow up and go to the lab for testing.
 - If there is no A1c test result in the record but, for example, it was viewed through a lab portal, a notation of “A1c test done on 4-5-2024 that was 7.8%” will be compliant documentation.
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HEDIS Measure CHL – Chlamydia Screening

The percentage of women ages 16–24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year (2024).

Administrative Only:

Members who had a claim or encounter indicating sexual activity during the measurement year.

Coding:

CPT: 87110; 87270; 87320; 87490; 87491; 87492; 87810

Tips for Success:

- Asking sexual history questions is not a useful practice if patients do not feel comfortable giving accurate information.
- If member is an adolescent, they could have fallen under this measure by taking a pregnancy test or being prescribed birth control.

HEDIS Measure CIS – Childhood Immunization Status

The percentage of children who turn 2 years of age in 2024 and who had the following immunizations on or before their 2nd birthday (Combo 10):

- **4 DTaP** – diphtheria, tetanus, and acellular pertussis vaccine
Or history of illness or seropositive test result for each antigen
- **4 PCV** – pneumococcal conjugate vaccine
- **3 IPV** – polio vaccine
- **3 Hep B** – hepatitis B vaccine
Or history of illness or seropositive test result for each antigen
- **3 HiB** – haemophilus influenza type B vaccine
- **1 MMR** – measles, mumps, and rubella (MMR) vaccine
Or any combination of the individual vaccines, history of illness, or seropositive test result for each antigen
- **1 VZV** – varicella zoster vaccine
Or history of illness or seropositive test result for each antigen
- **1 Hep A** – hepatitis A vaccine
Or history of illness or seropositive test result for each antigen
- **2–3 Rotavirus** – rotavirus 2 or 3 dose vaccine series
- **2 Flu** – influenza vaccine

Documentation:

Documentation in the medical record should include any of the following:

- Name of vaccine and date given
- Immunization card/certificate from an authorized healthcare provider or agency
- Notation of the illness in place of the immunization, if applicable
- Rotavirus must indicate “two dose” or “three dose” schedules.

Coding for the Vaccines:

DTaP Administered: CPT: 90698; 90700; 90723; **CVX:** 20, 50, 106, 107; 110, 120, 146.

IPV Administered: CPT: 90698; 90713; 90723; **CVX:** 10, 89, 110, 120, 146.

MMR Administered: CPT: 90707; 90710; **CVX:** 03

Measles Administered: CPT: 90705; **CVX:** 05

Measles/Rubella Administered: CPT: 90708 **CVX:** 04

Mumps Administered: CPT: 90704; **CVX:** 07

Rubella Administered: CPT: 90706; **CVX:** 06

HiB Administered: CPT: 90644; 90645; 90648; 90698; 90721; 90748;

CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148, 146

Hepatitis B Administered: CPT: 90723; 90740; 90744; 90747; 90748;

HCPCS: G0010; **CVX:** 08, 44, 45, 51, 110, 146

Newborn Hepatitis B Administered: ICD-10 PCS: 3E0234Z

VZV Administered: CPT: 90710; 90716 **CVX:** 21: 94

PCV Administered: CPT: 90670 **HCPCS:** G0009, **CVX:** 133, 152

Hepatitis A Vaccine Administered: CPT: 90633; **CVX:** 31, 83, 85

-Codes continue next page-

Rotavirus Vaccine (2-Dose Schedule) Administered: 90681; **CVX:** 119 **Rotavirus Vaccine (3-Dose Schedule) Administered:** 90680; **CVX:** 116, 122

Influenza Vaccine Administered Value Set: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689; **CVX:** 88, 135, 140, 141, 150, 153, 155, 158, 161, **HCPCS:** G0008

Coding for the Illness:

Hepatitis B Illness: ICD-10: B16.0; B16.1; B16.2; B16.9; B17.0; B18.0; B18.1; B19.10; B19.11; Z22.51

Mumps Illness: ICD-10: B26.0; B26.1; B26.2; B26.3; B26.81; B26.82; B26.83; B26.84; B26.85; B26.89; B26.9

Measles Illness: ICD-10: B05.0; B05.1; B05.2; B05.3; B05.4; B05.81; B05.89; B05.9

Rubella Illness: ICD-10: B06.00; B06.01; B06.02; B06.09; B06.81; B06.82; B06.89; B06.9

Varicella-Zoster Illness: ICD-10: B01.0; B01.11; B01.12; B01.2; B01.81; B01.89; B01.9; B02.0; B02.1; B02.21; B02.22; B02.23; B02.24; B02.29; B02.30; B02.31; B02.32; B02.33; B02.34; B02.39; B02.7; B02.8; B02.9

Hepatitis A: ICD-10: B15.0, B15.9

Tips for Success:

- Review immunizations at every visit, including sick visits.
- Schedule the next recommended immunizations at the current visit.
- Use American Academy of Pediatric handouts for recommended vaccine schedule.
- VFC coding: Don't forget to use the SL modifier for billing vaccines received through VFC so that you can receive the \$9 administration fee.
- If immunization status is unknown, check the California Immunization Registry (CAIR).
More information is at <https://www.cdc.gov/vaccinesafety/vaccines/index.html>.
- Please document all vaccines administered to the CAIR.

HEDIS Measure COL – Colorectal Screening

The percentage of **ages 45–75** had appropriate screening for colorectal cancer.

Any of the following meet criteria:

- **Fecal occult blood test (FOBT)** – during the measurement year (2024).
- **Flexible sigmoidoscopy** – during the measurement year or the 4 years prior to the measurement year. (2020–2024)
- **Colonoscopy** – during the measurement year or the 9 years prior to the measurement year. (2015–2024)
- **CT colonography** – during the measurement year or the 4 years prior to the measurement year. (2020–2024)
- **FIT-DNA test** – during the measurement year or the 2 years prior to the measurement year (2022–2024).

Coding:

History of Flexible Sigmoidoscopy: SNOMED: 841000119107

History of Colonoscopy Value Set: SNOMED: 851000119109

Exclusions: Either of the following any time during the member's history through December 31 of the measurement year.

Colorectal Cancer Value Set:

HCPCS: G0213; G0214; G2015; G0231

ICD-10: C18.0; C18.1; C18.2; C18.3; C18.4; C18.5; C18.6; C18.7; C18.8; C18.9

C19; C20; C21.2; C21.8; C78.5; Z85.038; Z85.048

ICD-9: 153.0; 153.1; 153.2; 153.3; 153.4; 153.5; 153.6; 153.7; 153.8; 153.9; 154.0; 154.1. 197.5; V10.05; V10.06

SNOMED: 93683002; 93761005; 93771007; 93820609; 93980002; 93984006; 94006002; 94072004; 94105002; 94179005; 94260004; 94271003; 94328005; 94509004; 94513006. 1259437007

1259403004, 1259404005, 1259405006, 1259406007, 1259407003, 1259432001, 1259436003

Total Colectomy (Total Colectomy Value Set; History of Total Colectomy Value Set)

Total Colectomy Value Set:

CPT: 44150; 44151; 44152; 44153; 44155; 44156; 44157; 44158; 44210; 44211; 44212

History of Total Colectomy: SNOMED: 119771000119101

HEDIS Measure IMA – Immunization for Adolescents

The percentage of adolescents 13 years of age who had the following vaccines by their 13th birthday in 2024:

- One dose of meningococcal vaccine on or between the 11th and 13th birthday
- One dose of Tdap (tetanus, diphtheria toxoids, and acellular pertussis vaccine) on or between the 10th and 13th birthday
- Two doses of HPV vaccines (human papillomavirus) on or between the 9th and 13th birthdays, at least 146 days apart

Documentation:

Documentation in the medical record should include:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized healthcare provider or agency, including the specific dates and types of immunizations administered.

Coding:

Meningococcal Vaccine Immunization: CPT: 90734, 90733 **CVX:** 108; 114; 136; 147; 167; 32

Tdap Vaccine Administered: CPT: 90715 **CVX:** 115

Tdap Vaccine Administered: CPT: 90715 **CVX:** 115

HPV Vaccine Administered: CPT: 90649; 90650; 90651 **CVX:** 62; 118; 137; 165

Tips for Success:

- If immunization status is unknown, check the California Immunization Registry (CAIR) at cairweb.org.
 - Check immunization status any time the member is in the office, regardless of the reason for the visit.
 - VFC coding: Don't forget to use the SL modifier for billing vaccines received through VFC so that you can receive the \$9 administration fee.
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HEDIS Measure LSC – Lead Screening in Children

Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their 2nd birthday in **2024**.

The HEDIS requirement is for one screening before the age of 2. However, please follow the DHCS APL – 20.016, where providers are instructed to conduct capillary or venous test at 12 months and 24 months. Children who have not previously been screened should be tested at 36–72 months.

Documentation:

Documentation in the medical record should include:

- A note indicating the date the test was performed
- The result or finding

Coding:

CPT: 83655

LOINIC: 10368-9; 10912-4; 14807-2; 17052-2; 25459-9; 27129-6; 32325-3; 5671-3; 5674-7; 77307-7

SNOMED: 8655006; 35833009

The new lower blood lead reference value is 3.5 µg/dL.

Tips for Success:

- Educate parents about the major sources of lead and poisoning preventions.
 - Identify children at greater risk and screen beginning at 6 months.
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HEDIS Measure PPC – Prenatal and Postpartum

The percentage of deliveries of live births on or between October 8, 2023, and October 7, 2024, who had the following:

- A prenatal visit in the first trimester (280–176 days prior to delivery)
- A postpartum visit on or between 7 to 84 days after delivery

Documentation:

Documentation in the medical record should include:

- **Prenatal:** A basic physical obstetrical exam that includes fetal heart tones or a pelvic exam or measurement of fundus or evidence of an OB panel, TORCH antibody panel, rubella titer with Rh incompatibility, or ultrasound or documentation of LMP or EDD in conjunction with either a prenatal risk assessment/counseling/education or complete obstetrical history
- **Postpartum:** A pelvic exam or evaluation of weight, BP, breasts, and abdomen (“breastfeeding” OK) or notation of postpartum care including “PP care, PP check,” etc.

Coding:

Prenatal Standalone: CPT: 9950; 0500F (initial); 0501F (flow sheet); 0502F (subsequent visit); HCPCS: H1000; H1001; H1002; H1003; H1004 **LOCAL:** Z1032 (initial); Z1034 (follow-up)

Prenatal Visit That Needs Dx of Pregnancy: CPT: 99201; 99202; 99203; 99204; 99205; 99211; 99212; 99213; 99214; 99215; 99241 99242; 99243; 99244; 99245; 99483 **HCPCS:** G0463; T1015

Diagnosis of Pregnancy: Z34. 90 (supervision of normal pregnancy, unspecified)

Postpartum: CPT: 57170; 58300; 59430; 99501; 0503F; **HCPCS:** G0101; ICD10: Z01.411; Z01.419; Z01.42; Z30.430; Z39.1; Z39.2 or **Cervical Cytology:** CPT: 88141; 88142; 88143; 88147; 88148; 88150; 88152; 88153; 88154; 88164; 88165; 88166; 88167; 88174; 88175; HCPCS: G0123; G0124; G0141; G0143; G0144; G0145; G0147; G0148; P3000; P3001; Q0091; **LOINC:** 10524-7; 18500-9; 19762-4; 19764-0; 19765-7; 19766-5; 19774-9; 33717-0; 47527-7; 47528-5; **LOCAL:** Z1038

Telehealth Modifier: 95; GT; POS 02

Tips for Success:

- Turn a positive pregnancy test into a prenatal visit by documenting the **LMP** and obstetrical history, then include diagnosis of pregnancy and prenatal visit coding on the claim.
 - **Telehealth is now included and will close gaps in care.**
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HEDIS Measure TFC – Topical Fluoride for Children

Description: The percentage of members ages 1–4 who received at least 2 fluoride varnish applications during the measurement year on different dates of service.

- Updated the age criteria in the Rules for Allowable Adjustments of HEDIS to allow organizations to expand the age range.

Application of Fluoride Varnish Value Set:

CPT: 99188

CDT: D1206

HEDIS Measure W30 – Well-Child Visits in the First 30 Months of Life

The percentage of member 0–15 months who receive 6 well-child visits during their first 15 months of life. The percentage of members 15–30 months will receive 2 visits prior to turning 30 months.

Administrative Only:

This is an administrative measure, meaning the information is gathered from claims and no documentation in the medical record is required.

Coding Well-Care:

CPT: 99381; 99382; 99383; 99384; 99385; 99391; 99392; 99393; 99394; 99395; 99461.

HCPCS: G0438; G0439

ICD-10: Z00.00; Z00.01; Z00.110; Z00.111; Z00.121; Z00.129; Z00.1, Z00.5; Z00.8; Z02.0; Z02.1; Z02.2; Z02.3; Z02.4; Z02.5; Z02.6; Z02.71; Z02.82; Z76.1; Z76.2

Telehealth Modifier: 95, GT, POS 02

Tips for Success:

- Turn a sick visit or immunization visit into an annual well visit by including the above documentation.
 - Health education/anticipatory guidance can include information on dealing with temper tantrums, oral hygiene, getting exercise, etc. Get more information at www.brightfutures.org.
 - Telehealth is included and will close gaps in care.
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HEDIS Measure WCV – Well-Child Visits for Ages 3-21

The percentage of members ages 3–21 who had one or more well-child visits during 2024.

Administrative Only:

This is an administrative measure, meaning the information is gathered from claims and no documentation in the medical record is required.

Coding Well-Care:

CPT: 99381; 99382; 99383; 99384; 99385; 99391; 99392; 99393; 99394; 99395; 99461

HCPCS: G0438; G0439, S0610, S0612, S0613

ICD-10: Z00.00; Z00.01; Z00.110; Z00.111; Z00.121; Z00.129; Z00.1, Z00.5; Z00.8; Z02.0; Z02.1; Z02.2; Z02.3; Z02.4; Z02.5; Z02.6; Z02.71; Z02.82; Z76.1; Z76.2, Z01.411, Z01.419

Telehealth Modifier: 95, GT, POS 02

Tips for Success:

- Turn a sick visit or immunization visit into an annual well visit by including the above documentation.
 - Health education/anticipatory guidance can include information on dealing with temper tantrums, oral hygiene, getting exercise, etc. Get more information at www.brightfutures.org.
 - Telehealth is included and will close gaps in care.
-

HEDIS Measure WCC – BMI Weight Assessment

The percentage of members ages 3–17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during 2024:

- BMI *Percentile documented

Documentation:

Documentation in the medical record should include:

- BMI percentile documented in visit notes or BMI percentile plotted on an age-growth chart.

Coding:

- **BMI percentile: ICD-10:** Z68.51
- 0 to 4th percentile: Z68.52
- 5th to 84th percentile: Z68.53
- 85th to 94th percentile: Z68.54
- 95th and above percentile:

Tips for Success:

- Telehealth is now included and will close gaps.
- Member-collected biometrics values are allowed if the information is collected by a primary care practitioner.

HEDIS Measure FUA – Follow-Up After Emergency Department Visit for Substance Use

The percentage of emergency department (ED) visits among members 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported:

The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

- **Denominator:** Eligible population
- **Numerator:** A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit. Any of the following meet criteria for a follow-up visit.

Administrative Only:

This is an administrative measure, meaning the information is gathered from claims and no documentation in the medical record is required.

Coding:

Visit Setting Unspecified: CPT: 90791; 90792; 90832; 90833; 90834; 90836; 90837; 90838; 90839; 90840; 90845; 90847; 90849; 90853; 90875; 90876; 99221; 99222; 99223; 99231; 99232; 99233; 99238; 99239; 99251; 99253; 99254; 99255.

Outpatient POS Value Set: 03; 05; 07; 09; 11; 12; 13; 14; 15; 16; 17; 18; 19; 20; 22; 33; 49; 50; 71; 72

AOD Abuse and Dependence Value Set: ICD-10: F10.10; F10.120; F10.121; F10.129; F10.130; F10.131; F10.132; F10.139; F10.14; F10.150; F10.151; F10.159; F10.180; F10.181; F10.182

Tips for Success:

- Reach out to patients as soon as you are notified of their ED visit to schedule a follow-up appointment.
- Evaluate your office procedure when a patient calls to cancel an appointment. Consider implementing a workflow that encourages staff to outreach to patients who cancel appointments and to reschedule as soon as possible.

HEDIS Measure FUM – Follow-Up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits for members age 6 and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness.

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)

- **Denominator:** Eligible population
- **Numerator:** 30 days follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit.

Administrative Only:

This is an administrative measure, meaning the information is gathered from claims and no documentation in the medical record is required.

Coding:

Visit Setting Unspecified Value Set:

CPT: 90791; 90792; 90832; 90833; 90834; 90836; 90837; 90838; 90839; 90840; 90845; 90847; 90849; 90853; 90875; 90876; 99221; 99222; 99223; 99231; 99232; 99233; 99238; 99239; 99251; 99252; 99253; 99254; 99255

Outpatient POS Value Set: 03; 05; 07; 09; 11; 12; 13; 14; 15; 16; 17; 18; 19; 20; 22; 33; 49; 50; 71;72

BH Outpatient Value Set:

CPT: 98960; 98961; 98962; 99078; 99201; 99202; 99203; 99204; 99205; 99211; 99212; 99213; 99214; 99215; 99241; 99242; 99243; 99244; 99245; 99341; 99342; 99343; 99344; 99345; 99347; 99348; 99349; 99350; 99381; 99382; 99383; 99384; 99385; 99386; 99387; 99391; 99392; 99393; 99394; 99395; 99396; 99397; 99401; 99402; 99403; 99404; 99411; 99412; 99483; 99492; 99493; 99494; 99510.

HCPCS: G0155; G0176; G0177; G0409; G0463; G0512; H0002; H004; H0031; H0034; H0036; H0037; H0039; H0040; H2000; H2010; H2011; G2013; H2014; H2015; H2016; G2017; H2018; H2019; H2020; T1015

SNOMED: 77406008; 84251009; 185463005; 185464004; 185465003; 281036007; 391223001; 391224007; 391225008; 391233009; 391237005; 391239008; 391242002; 391257009; 391260002; 391261003; 439740005; 3391000175108; 444971000124105.

UBREV: 0510; 0513; 0515; 0516; 0517; 0519; 0520; 0521; 0522; 0523; 0526; 0528; 0529; 0900; 0902; 0903; 0904; 0911; 0914; 0915; 0916; 0917; 0919; 0982; 0983.

E-Visit – Virtual Check-In Online Assessment Value Set:

CPT: 99217; 99218; 99219; 99220

Telephone Visit Value Set:

CPT: 98966; 98967; 9968; 99441; 99442; 99443.

SNOMED: 185317003; 314849005; 386472008; 386473003; 401267002.

Mental Health Diagnosis Value Set:

ICD-10: F03.90; F03.91 F20.0; F20.1; F20.2; F20.3; F20.5; F20.81; F20.89; F20.9; F21; F22; F23; F24; F25.0; F25.1; F25.8; F25.9; F28; F29; F30.10; F30.11; F30.12; F30.13; F30.2; F30.3; F30.4; F30.8; F30.9; F31.0; F31.10; F31.11; F31.12; F31.13; F31.2; F31.30; F31.31; F31.32; F31.4; F31.5; F31.60; F31.61; F31.62; F31.63; F31.64; F31.70; F31.71;

Telehealth POS Value: 02

Observation Value Set: CPT: 99217; 99218; 99219; 99220

An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set) with a principal diagnosis of intentional self-harm (Intentional Self-Harm Value Set), with any diagnosis of a mental health disorder (Mental Health Diagnosis Value Set).

-Codes continue next page-

Intentional Self-Harm Value Set: ICD-10-CM:**T14.91XA:** Suicide attempt by initial encounter**T14.91XD:** Suicide attempt subsequent encounter**T14.91XS:** Suicide attempt sequela**Tips for Success:**

- Ensure your patient understands the local community support resources and what to do in an event of a crisis.
 - Timely follow-up care after an emergency department (ED) visit for mental illness or intentional self-harm may **reduce ED visits**, prevent hospital admissions, and improve health outcomes.
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HEDIS Measure That Will Not Be Shown on Your Scorecard**Asthma Control:**

Asthma Medication Ratio – The percentage of members **ages 5–64** who were identified with persistent asthma and had a ratio of controller medications to total asthma medication of .05 or greater during 2024 (meaning members refill their controller medications at least half as much as the refills for their rescue inhalers and controllers combined).

Asthma: ICD-10: J45 .21–J45 .22, J45 .30–J45 .32, J45 .40–J45 .42, J45 .50–J45 .52, J45 .901, J45 .902, J45 .909, J45 .991, J45 .998

ED visit: CPT: 99281–99285

Acute Inpatient Visit: CPT: 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 99291

Outpatient Visit: CPT: 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483.

HCPCS: G0402, G0438, G0439, G0463, T1015

Observation Visit: CPT: 99217–99220

Phone Visit: CPT: 98966–98968, 99441–99443

Online Assessments (e-visits or virtual check-ins): CPT: 98969–98972, 99421–99423, 99444, 99457;

HCPCS: G0071, G2010, G2012, G2061–G2063

Outpatient Telehealth Visit: POS 02; Modifier 95, GT 28

Exclusion: Patients who had no asthma controller or reliever medications dispensed or have any of the following diagnoses:

Emphysema: ICD-10: J43.0, J43.1, J43.2, J43.8, J43.9

Other emphysema: ICD-10: J98 .2–J98.3

Chronic Respiratory Conditions Due to Fumes/Vapors: ICD-10: J68.4

Cystic Fibrosis: ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9

Acute Respiratory Failure: ICD-10: J96.00–J96.02, J96.20–J96.22

Best Practice:

- Ensure patients are accurately diagnosed with persistent asthma.
 - Educate patients about the difference between controller and reliever medications.
 - Ensure that asthma medication, especially controller medication, is being dispensed to the patient in accordance with the proper medication schedule or need.
 - Create an asthma action plan. Train patients on inhaler techniques and ensure use of asthma spacers and peak flow meters. Assess asthma symptoms and the patient's asthma action plan at every visit to determine if medication adjustment or medication adherence reinforcement is needed.
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Asthma Controller Medications:

- **Antiasthmatic Combinations:** Dyphylline-guaifenesin
- **Antibody Inhibitors:** Omalizumab
- **Anti-interleukin-4:** Dupilumab, Anti-interleukin-5: Benralizumab, Mepolizumab, and Reslizumab
- **Inhaled Steroid Combinations:** Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, and Formoterol-mometasone
- **Inhaled Corticosteroids:** Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, and Mometasone
- **Leukotriene Modifiers:** Montelukast, Zafirlukast, and Zileuton, Methylxanthines, Theophylline
- **Asthma Reliever Medications:** Short-acting, inhaled beta-2 agonists: Albuterol, Levalbuterol