

HEDIS[®] Quick Reference Guide

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Well-Child Visits in the First 15 months of Life : <i>Percentage of members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a primary care provider during their first 15 months of life.</i>	
ICD9-CM Diagnosis	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
CPT Codes	99381, 99382, 99391, 99392, 99432, 99461

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life : <i>Percentage of members who were three, four, five, or six years of age who received one or more well-child visits with a primary care provider during the measurement year.</i>	
ICD9-CM Diagnosis	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
CPT Codes	99382, 99383, 99392, 99393

Adolescent Well-Care Visits: <i>Percentage of members 12 – 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.</i>	
ICD9-CM Diagnosis	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
CPT Codes	99383-99385, 99393-99395

Appropriate Testing for Children With Pharyngitis: <i>Percentage of children 2 – 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</i>	
CPT Codes	87070, 87071, 87081, 87430, 87650-87652, 87880

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: <i>Percentage of members 2 - 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.</i>			
<i>*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</i>			
Measure	CPT Codes	HCPCS	ICD-9 CM Diagnosis
Outpatient Visits	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456		V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
BMI Percentile			V85.5
Counseling for nutrition	97802-97804	G0270-G0271, S9449, S9452, S9470	V65.3
Counseling for physical activity		S9451	V65.41

Lead Screening in Children: <i>Percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.</i>	
CPT Codes	83655

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Childhood Immunizations by their 2nd Birthday:

Percentage of children two years of age who had four DTaP, three IPV, one MMR, two H influenza type B, three hepatitis B, one chickenpox vaccine (VZV), four pneumococcal conjugate, two hepatitis A, two or three rotavirus, and two influenza vaccines by their second birthday.

Measure	CPT Code	HPCS	ICD9-CM Diagnosis*
DTaP	90698, 90700, 90721, 90723		
IPV	90698, 90713, 90723		
MMR	90707, 90710		
Measles and rubella	90708		
Measles	90705		055
Mumps	90704		072
Rubella	90706		056
Hib	90645-90648, 90698, 90721, 90748		
Hepatitis B**	90723, 90740, 90744, 90747, 90748	G0010	070.2, 070.3, V02.61
VZV	90710, 90716		052, 053
Pneumococcal conjugate	90669, 90670	G0009	
Hepatitis A	90633		070.0, 070.1
Rotavirus (2 doses schedule)	90681		
Rotavirus (3 doses schedule)	90680		
Influenza	90655, 90657, 90661, 90662	G0008	

*ICD9-CM Diagnosis Codes indicate evidence of disease

**The two-dose hepatitis B antigen Recombivax is recommended for children between 11 and 14 years of age only and is not included in this table.

Immunizations for Adolescents:

Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

Measure	CPT Code
Meningococcal	90733, 90734
Tdap	90715
Td	90714, 90718
Tetanus	90703
Diphtheria	90719

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Chlamydia Screening in Women: <i>Percentage of women 15 – 24 years of age who were identified as sexually active and who had a least one test for Chlamydia during the measurement year.</i>	
CPT Codes	87110, 87270, 87320, 87490, 87491, 87492, 87810

Use of Appropriate Medications for People with Asthma: <i>Percentage of members 5 - 50 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.</i>		
FDA-Approved Asthma Medications		Prescriptions
Description		
Antibody inhibitor	• Omalizumab (Xolair [®])	
Inhaled steroid combinations	• budesonide-formoterol (Symbicort [®])	• fluticasone-salmeterol (Advair Diskus, Advair HFA [®])
Inhaled corticosteroids	• beclomethasone (Qvar [®]) • budesonide (Pulmicort Flexhaler [®])	• fluticasone CFC free (Flovent Diskus [®] , Flovent HFA [®]) • mometasone (Asmanex [®])
Leukotriene modifiers	• montelukast (Singulair [®])	
Mast cell stabilizers	• cromolyn (Intal [®])	
Methylxanthines	• aminophylline	• theophylline (Uniphyll [®])

Prenatal Care <i>Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment.</i>	
Any visit to a family practitioner or other PCP with a pregnancy related ICD-9-CM Diagnosis code AND one of the following: <ul style="list-style-type: none"> ▪ Obstetric panel ▪ TORCH antibody panel • Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing) • Ultrasound of the pregnant uterus 	
When using a visit to a family practitioner or other PCP, it is necessary to determine that prenatal care was rendered and that the member was not merely diagnosed as pregnant and referred to another practitioner for prenatal care.	

Administrative		
<i>The member must meet criteria in Part A and (Part B or Part C).</i>		
Part A: Any CPT or UB revenue code with any ICD-9-CM Diagnosis code: (CPT with ICD-9-CM) or (UB with ICD-9-CM). The ICD-9-CM Diagnosis code must be on the same claim as the CPT or UB revenue code. Alternatively, an HCPCS code does not require a diagnosis code.	CPT Codes	99201-99205, 99211-99215, 99241-99245
Part B: Any one code.	CPT Codes	76801, 76805, 76811, 76813, 76815-76818, 80055
	ICD-9-CM Diagnosis	640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28
Part C: One of the following.	TORCH	A code for each of the four infections must be present for this component
	Cytomegalovirus	
	CPT Codes	86644

Postpartum Care <i>The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</i>	
CPT Codes	57170, 58300, 59430, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175
HCPCS	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
ICD-9-CM Diagnosis	V24.1, V24.2, V25.1, V72.3, V76.2
CPT II Codes	0503F

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Comprehensive Diabetes Care (CDC):

The percentage of members 18 – 75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- HbA1c control (<7.0%) for a Selected Population*
- Eye exam (retinal) performed by an eye care provider
- LDL-C screening
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy
- BP control (<130/80 mm Hg)
- BP control (<140/90 mm Hg)

*Additional exclusion criteria are required for this indicator. This indicator is only reported for the commercial and Medicaid product lines.

Measure	CPT Code	CPT II Codes	HCPCS	Dx
Hemoglobin A1c Testing				
Hemoglobin A1c (HbA1c) testing	83036, 83037	3044F (<7.0%), 3045F (7.0–9.0%) 3046F (>9.0%)		
HbA1c control (<7.0%) for a Selected Population		3044F (<7.0%)		
HbA1c control (<8.0%)		3044F (<8.0%)		
HbA1c poor control (>9.0%)		3046F (>9.0%)		
LDL- Screening				
LDL-C screening	80061, 83700, 83701, 83704, 83721	3048F (<100 mg/dL), 3049F (100-129 mg/dL), 3050F (≥130 mg/dL)		
LDL-C control (<100 mg/dL)		3048F (<100 mg/dL)		
Medical attention for nephropathy				
Nephropathy screening test	82042, 82043, 82044, 84156	3060F, 3061F		
Urine microalbumin test	81000-81003, 81005	3062F		
Evidence of treatment for nephropathy	36145, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	3066F	G0257, G0314-G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339	Dx: 250.4, 403, 404, 405.01, 405.11, 405.91, 580-588, 753.0, 753.1, 791.0, V42.0, V45.1, V56 POS: 65
ACE inhibitor/ARB therapy		4009F		

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Reimbursements of these codes may be different based on your contractual fee schedule.

Comprehensive Diabetes Care (CDC): <i>The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:</i> <ul style="list-style-type: none"> ▪ Hemoglobin A1c (HbA1c) testing ▪ HbA1c poor control (>9.0%) ▪ HbA1c control (<8.0%) ▪ HbA1c control (<7.0%) for a Selected Population* ▪ Eye exam (retinal) performed by an eye care provider ▪ LDL-C screening ▪ LDL-C control (<100 mg/dL) ▪ Medical attention for nephropathy ▪ BP control (<130/80 mm Hg) ▪ BP control (<140/90 mm Hg) <p><i>*Additional exclusion criteria are required for this indicator. This indicator is only reported for the commercial and Medicaid product lines.</i></p>			
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ACE Inhibitors/ARBs			
Drug Class	Drug Name		
Angiotensin converting enzyme inhibitors	<ul style="list-style-type: none"> • benazepril (Lotensin[®]) • captopril (Capoten[®]) 	<ul style="list-style-type: none"> • enalapril (Vasotec[®]) 	<ul style="list-style-type: none"> • lisinopril (Zestril[®])
Angiotensin II inhibitors	<ul style="list-style-type: none"> • losartan (Cozaar[®]) 	<ul style="list-style-type: none"> • olmesartan (Benicar[®]) 	<ul style="list-style-type: none"> • telmisartan (Micardis[®])
Antihypertensive combinations	<ul style="list-style-type: none"> • benazepril-hydrochlorothiazide (Lotensin HCT[®]) • captopril-hydrochlorothiazide (Capozide[®]) • enalapril-hydrochlorothiazide (Vaseretic[®]) 	<ul style="list-style-type: none"> • hydrochlorothiazide (Microzide[®]) • hydrochlorothiazide-lisinopril (Zestoretic[®], Prinzide[®]) • hydrochlorothiazide-losartan (Hyzaar[®]) 	<ul style="list-style-type: none"> • hydrochlorothiazide-telmisartan (Micardis HCT[®]) • hydrochlorothiazide-olmesartan (Benicar HCT[®])

BP Control		
Description	CPT Category II	
	Systolic	Diastolic
Numerator compliant (BP <130/80 mm Hg)	3074F (<130 mm Hg)	3078F (<80 mm Hg)
Not numerator compliant (BP ≥130/80 mm Hg)	3075F (130-139 mm Hg), 3077F (≥140 mm Hg)	3079F (80-89 mm Hg), 3080F (≥90 mm Hg)
Numerator compliant (BP <140/90 mm Hg)	3074F (<130 mm Hg), 3075F (130-139 mm Hg)	3078F (<80 mm Hg), 3079F (80-89 mm Hg)
Not numerator compliant (BP ≥140/90 mm Hg)	3077F (≥140 mm Hg)	3080F (≥90 mm Hg)

Cervical Cancer Screening: <i>Percentage of women 21 – 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year.</i>	
CPT Codes	88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175
HCPCS	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
ICD-9 CM Diagnosis	V72.32, V76.2
Exclusion Criteria <i>Women who had a total hysterectomy with no residual cervix are excluded.</i>	
ICD-9 CM Diagnosis	618.5, V67.01, V76.47, V88.01, V88.03

Use of Spirometry testing in COPD: <i>Percentage of adults 40 and older newly diagnosed or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.</i>	
CPT Codes	94010, 94014-94016, 94060, 94070, 94375, 94620

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Medication Reconciliation Post-Discharge:

Percentage of discharges from January 1 to December 1 of the measurement year for members 65 years of age and older for whom medications were reconciled on or within 30 days of discharge.

CPT II Codes	1111F
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Osteoporosis Management in Women who had a fracture:

The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

CPT Codes	76070, 76071, 76075-76078, 76977, 77078-77083, 78350, 78351
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HCPSC	G0130
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ICD-9-CM Diagnosis	V82.81
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FDA-Approved Osteoporosis Therapies

Description	Prescription	JCode
Biphosphonates	<ul style="list-style-type: none"> alendronate (Fosamax[®]) alendronate-cholecalciferol (Fosamax plus D) 	J3488
Miscellaneous hormones	<ul style="list-style-type: none"> calcitonin (Miacalcin[®]) raloxifene (Evista[®]) teriparatide (Forteo[®]) 	

Colorectal Cancer Screening:

Percentage of members 50 – 75 years of age who had appropriate screening for colorectal cancer.

Fecal Occult Blood Test (FOBT) during the measurement year.	CPT Codes	82270, 82274
	HCPSC	G0328, G0394
	ICD-9-CM Diagnosis	V76.51

Exclusion Criteria

Members with a diagnosis of colorectal cancer or total colectomy are excluded.

Colorectal Cancer	ICD-9-CM Diagnosis	153.0, 154.0, 154.1, 197.5, V10.05
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Care for Older Adults:

Percentage of adults 65 years and older who had each of the following during the measurement year;

- Advance care planning
- Medication review
- Functional status assessment
- Pain screening

Measure	CPT Codes	CPT II Codes	HCPSC
Advance care planning		1157F, 1158F	S0257
Medication review with medication list	90862, 99605, 99606	1159F, 1160F	G8427*, G8428*
Functional status assessment		1170F	
Pain screening		0521F, 1125F, 1126F	

*The HCPSC codes meet criteria for both medication review and medication list.

Cholesterol Management for Patients with Cardiovascular Conditions:

Percentage of members 18 - 75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 - November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year.

- LDL-C screening
- LDL-C control (<100 mg/dl)

LDL-C screening	CPT Codes	80061, 83700, 83701, 83704, 83721
	CPT II Codes	3048F, 3049F, 3050F
LDL-C control (<100 mg/dL)	CPT II Codes	3048F

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Adult BMI Assessment:			
<i>Percentage of members 18 - 74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior the measurement year.</i>			
Measure	CPT Codes	HCPCS	ICD-9 CM Diagnosis
Outpatient Visits	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	G0344, G0402	V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
BMI		G8417- G8420	V85.0-V85.5