



# 2020 HEDIS® Measures\*

Central California Alliance for Health

## Quick Reference Guide

### General Measures

Measure	Description	Required Documentation	Coding Tips
<b>All-Cause Readmissions (ACR)</b>  Administrative Measure	Adults ages 21 years or older who had an acute readmission within 30 days of an inpatient stay	Of inpatient readmission encounter within <b>30 days following an inpatient stay</b>	Please <a href="#">Click Here</a> for a list of eligible codes
<b>Ambulatory Care (AMB)</b>  Administrative Measure	Summarizes the use of outpatient and ED encounters for members, all ages	Of outpatient or ED visit, including telehealth	Please <a href="#">Click Here</a> for a list of acceptable codes  Procedures (10000-69999) must be performed within the ED place of service in order to be counted towards compliance
<b>Depression Screening and Follow-Up for Adolescents and Adults (DSF)</b>  <b>Electronic Clinical Data Systems (ECDS) Measure:</b> EHR, HIE/clinical registry, case management registry, and administrative claims.	Members ages 12 years or older, without a diagnosis of bipolar depression or active depression, are <ul style="list-style-type: none"> <li>Screened for clinical depression</li> <li><b>Provided a follow-up care for a positive screen within 30 days</b></li> </ul>	Of age appropriate standardized depression screening (i.e. PHQ-9, GDS-5, or EPDS – not an inclusive list)  <b>If screening is positive:</b> Documentation of related follow-up care <b>within 30 days of positive screening between Jan.1 - Dec. 31 of the measurement year.</b>  See <a href="#">DSF Tip Sheet</a> for a list of qualifying follow-up plans.	Please <a href="#">Click Here</a> for a list of acceptable depression screening codes
<b>Use of Imaging Studies for Low Back Pain (LBP)</b>  Administrative Measure	Adults ages 18-50 with a primary diagnosis of low back pain <b>who did not</b> have an imaging study within 28 days of the diagnosis	Outpatient, ED, Physical Therapy, Telehealth or Osteopathic or Chiropractic manipulation visits with a primary diagnosis of uncomplicated LBP  <b>and</b> Documentation of imaging study with primary diagnosis of LBP	Please <a href="#">Click Here</a> for list of eligible codes

### Adult Prevention & Chronic Condition Measures

Measure	Description	Required Documentation	Coding Tips
<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)</b>  Administrative Measure	Adults ages 18-64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription at initial diagnosis  <b>Paid claim for antibiotics within 7 days will make the member non-compliant for this measure.</b>	Of an ED visit, outpatient visit, observation visit with a diagnosis of acute bronchitis.	<b>ICD-10 codes indicating acute bronchitis:</b> » J20.3 – J20.9

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February 1, 2019

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## Chronic Condition Measures

Measure	Description	Required Documentation	Coding Tips
<b>Asthma Medication Ratio (AMR)</b>  Administrative measure	Members ages 5-64 who have persistent asthma and had a rate of $\geq 0.50$ of controller medications for 2018	Of at least one of the following criteria in 2018 <b>and</b> 2019: <ul style="list-style-type: none"> <li>» At least 1 ED visit with principle diagnosis (DX) of asthma</li> <li>» At least 1 Inpatient visit with principle DX of asthma</li> <li>» At least 4 Outpatient or Observation visits with a DX of asthma <b>AND</b> at least 2 asthma medications dispensing events (only 3 of the 4 visits may be a telehealth visit, telephone visit or online assessment)</li> <li>» At least 4 asthma medication dispensing events</li> </ul>	<b>ICD-10 codes indicating persistent asthma:</b> <ul style="list-style-type: none"> <li>» J45.20 - J45.22</li> <li>» J45.30 - J45.32</li> <li>» J45.40 - J45.42</li> <li>» J45.50 - J45.52</li> <li>» J45.901 - J45.909</li> <li>» J45.990 - J45.998</li> </ul> For a list of asthma controller medications, please <a href="#">Click Here</a> .
<b>Comprehensive Diabetic Care (CDC)</b>  Administrative Measure	Adults ages 18-75 with a diagnosis of diabetes (type 1 and type 2) who had <b>EACH</b> of the following: <ul style="list-style-type: none"> <li>» Hemoglobin A1c test</li> <li>» Hemoglobin A1c control (&lt;8.0%)</li> <li>» Diabetic retinopathy eye exam</li> <li>» Medical attention for nephropathy</li> <li>» BP control</li> </ul>	<b>EACH</b> of the following: <ul style="list-style-type: none"> <li>» Hemoglobin A1c test in 2017 and result (goal is &lt;8.0%)</li> <li>» Diabetic retinal exam in 2017 <b>OR</b> a negative or dilated retinal exam in 2017 <b>OR</b> bilateral eye enucleation prior to 12/31/2018</li> <li>» Urine test for albumin or protein in 2018 or on ACE/ARBs, evidence of CKD stage 4, ESRD, kidney transplant</li> <li>» Most recent BP collected from a PCP's office (goal is &lt;140/90)</li> </ul>	<ul style="list-style-type: none"> <li>» Evidence of at least 2 outpatient, observation, ED, or skilled nursing facility visits with a diagnosis of Diabetes <b>or</b></li> <li>» At least 1 inpatient visit with a diagnosis of diabetes</li> </ul> Please <a href="#">Click Here</a> for list of eligible codes
<b>Annual Monitoring for Patients on Persistent Medications (MPM)</b>  Administrative Measure	Adults ages 18 years or older who receive at least 180 treatment days of ACE/ARBs or Diuretics and <b>at least 1</b> monitoring lab panel during 2018	<ul style="list-style-type: none"> <li>» Lab panel <b>or</b></li> <li>» Serum Creatinine <b>and</b> Serum Potassium</li> </ul>	<b>Lab Panels include:</b> 80047, 80048, 80050, 80053, 80069  <b>Serum Creatinine include:</b> 82565 and 82575  <b>Serum Potassium include:</b> 80051 and 84132

## Women's Measures

Measure	Description	Required Documentation	Coding Tips
<b>Breast Cancer Screening (BCS)</b>  Administrative Measure	Women ages 50-74 who had a mammogram to screen for breast cancer	Of one or more mammograms anytime on or between October 1, 2016 and December 31, 2018	<b>Eligible mammogram CPT codes:</b> <ul style="list-style-type: none"> <li>» 77055-77057</li> <li>» 77061-77067</li> <li>» G0202-G0206</li> </ul>

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Women's Measures (cont'd)

Measure	Description	Required Documentation	Coding Tips
<p><b>Cervical Cancer Screening (CCS)</b></p> <p>Hybrid Measure</p>	<p>Women <b>ages 21-64</b> who had cervical cancer screening by 1 of 2 methods</p>	<p><b>Women ages 21-64:</b></p> <ul style="list-style-type: none"> <li>» Cervical cytology performed 1/1/16 - 12/31/18 with result or finding</li> </ul> <p><b>Women ages 30-64:</b></p> <ul style="list-style-type: none"> <li>» Cervical cytology <b>AND</b> human papillomavirus (HPV) co-testing performed between 1/1/14 &amp; 12/31/18 with results or findings;</li> <li style="text-align: center;"><b>or</b></li> <li>» Cervical cytology performed 1/1/16 - 12/31/18 with result or finding</li> </ul>	<p>Please <a href="#">Click Here</a> for a list of eligible codes</p>
<p><b>Prenatal Care (PPC-Pre)</b></p> <p>(For live births between 11/6/2017 &amp; 11/5/2018)</p> <p>Hybrid Measure</p>	<p>Women who had a prenatal visit within the first trimester (or within <b>42 days of enrollment</b>)</p>	<p>Of dated prenatal visit and <b>one</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Physical exam with <b>one</b> of the following: <ul style="list-style-type: none"> <li>» Auscultation of fetal heart tone</li> <li>» Pelvic exam with obstetric observations</li> <li>» Measurement of fundus height (use of standardized prenatal flow sheet is encouraged)</li> </ul> </li> <li>2. Evidence of prenatal care procedure performed, such as: <ul style="list-style-type: none"> <li>» Screening test in the form of an OB panel, <b>or</b></li> <li>» TORCH antibody panel alone, <b>or</b></li> <li>» A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, <b>or</b></li> <li>» Echography of pregnant uterus</li> </ul> </li> <li>3. LMP &amp; EDD with either of the following: <ul style="list-style-type: none"> <li>» Prenatal risk assessment/ counseling or education</li> <li>» Complete obstetrical history</li> </ul> </li> </ol>	<p>Please <a href="#">Click Here</a> for a list of eligible codes</p>
<p><b>Post-Partum Care (PPC-Post)</b></p> <p>(For live births between 11/6/17 &amp; 11/5/18)</p> <p>Hybrid Measure</p>	<p>Women who had a postpartum visit between <b>21-56 days after delivery</b></p>	<p>Of dated postpartum visit and <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>» Pelvic exam</li> <li>» Evaluation of weight, BP, breasts and abdomen</li> <li>» Notation of postpartum care or preprinted "Postpartum Care" form in which information was documented during the visit</li> </ul>	<p>Please <a href="#">Click Here</a> for list of eligible codes</p>

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## Children/Adolescents Measures

Measure	Description	Required Documentation	Coding Tips
<b>Childhood Immunization Status – Combo 3 (CIS-3)</b>  Hybrid Measure	Children who receive the following Immunizations before their 2nd birthday: <ul style="list-style-type: none"> <li>» 4 DTaP</li> <li>» 3 IPV</li> <li>» 3 Heb B</li> <li>» 3 HiB</li> <li>» 1 VZV</li> <li>» 1 MMR</li> <li>» 4 PCV</li> </ul>	Indicating name of specific antigen or vaccine and date of immunization, <b>or</b> Immunization Record  <b>All PCPs are required to enter vaccines into your local immunization registry. DHCS recommends entering information within 14 days of administering an immunization.</b> This will ensure all historical vaccine doses are entered into the registry for children that have moved out of the area.  <a href="http://cairweb.org/images/docs/BasicGuide.pdf">http://cairweb.org/images/docs/BasicGuide.pdf</a>  <a href="http://www.myhealthyfutures.org/">http://www.myhealthyfutures.org/</a>	<b>Eligible codes include:</b>  <b>CPT codes:</b> 90644-90648; 90744-90670; 90698-90700; 90704-90713; 90716; 90721; 90723; 90734; 90740; 90747; 90748  <b>CHDP codes:</b> 33-40; 45-48; 52; 56; 63-64; 67-70; 73; 74; 82; 83; 88
<b>Children &amp; Adolescent Access to PCP (CAP)</b>  Administrative Measure	Children & adolescents ages 12 months-6 years who had a visit with PCP during 2018; Children ages 7-19 who had a visit with PCP during 2017 or 2018	Of outpatient or preventive care visit with PCP	<b>Eligible codes include:</b> <ul style="list-style-type: none"> <li>» 99201-99215</li> <li>» 99241-99245</li> <li>» 99341-99350</li> <li>» 99381-99397</li> <li>» 99401-99404</li> <li>» 99411-99412</li> <li>» 99429</li> </ul>
<b>Immunizations of Adolescents (IMA)</b>  Hybrid Measure	Have the following immunizations by their 13th birthday: <ul style="list-style-type: none"> <li>» 1 MCV (given 11-13 yrs)</li> <li>» 1 Tdap (given 10-13 yrs)</li> <li>» 2 HPV (given 9-13 yrs)</li> </ul>	Indicating name of specific antigen or vaccine and date of immunization, <b>or</b> Immunization Record  <b>All PCPs are required to enter vaccines into your local immunization registry. DHCS recommends entering information within 14 days of administering an immunization.</b> This will ensure all historical vaccine doses are entered into the registry for children that have moved out of the area.  <a href="http://cairweb.org/images/docs/BasicGuide.pdf">http://cairweb.org/images/docs/BasicGuide.pdf</a>  <a href="http://www.myhealthyfutures.org/">http://www.myhealthyfutures.org/</a>	<b>Eligible codes include:</b>  <b>Meningococcal Vaccine</b> <ul style="list-style-type: none"> <li>» 90644 (MenHibrix)</li> <li>» 90734 (Menactra, Menveo)</li> </ul> <b>Tdap Vaccine</b> <ul style="list-style-type: none"> <li>» 90715 (Adacel, Boostrix)</li> </ul> <b>HPV Vaccine</b> <ul style="list-style-type: none"> <li>» 90649 (Gardasil)</li> <li>» 90650 (Cervarix)</li> <li>» 90651 (Gardasilg)</li> </ul>
<b>Weight Assessment &amp; Counseling for Nutrition and Physical Activity (WCC)</b>  Hybrid Measure	Children and adolescents ages 3-17 who had an outpatient visit with PCP or OB/GYN and who had <b>evidence of counseling for nutrition and counseling for physical activity</b>	Of the following in 2018: <ul style="list-style-type: none"> <li>» Counseling, education, or anticipatory guidance for nutrition (at least one)*</li> <li>» Counseling, education, or anticipatory guidance for physical activity (at least one)*</li> </ul> *Weight or obesity counseling meets the criteria for both nutrition and physical activity indicators	<b>Utilize BMI percentile ICD-10 codes:</b> <ul style="list-style-type: none"> <li>» Z68.51-Z68.54</li> </ul> Please see <a href="#">Click Here</a> for list of eligible codes

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