



MEMORIAL HEALTH NETWORK

HEDIS TIP SHEETS

COMMERCIAL PAYERS

Breast Cancer Screening

What is this metric about?

This measure looks at the percentage of **women 50-74 years** of age who had a **mammogram** to screen for breast cancer during the measurement period (**October 1 two years prior to measurement year through December 31 of measurement year**).

Are any patients excluded from this measure?

- Bilateral mastectomy
- Enrollment in hospice
- Members living in long-term institutional settings

Important considerations for this measure:

- ❖ A history of breast cancer does **not** exclude a patient from this measure, unless they underwent a subsequent bilateral mastectomy
- ❖ A breast ultrasound alone does not meet criteria for satisfying this measure.
- ❖ **Patient refusal does not exclude patient from the measure.**

What are the coding requirements for this measure?

Patient must have had one or more mammography study performed at any time during the measurement period as stated above.

Procedure	CPT Codes	HCPCS Codes	ICD-10 CM
Mammography	77055-77057 77061-77063 77065-77067	G0202 G0204 G0206	
History of bilateral mastectomy			Z90.13
Hospice intervention	99377-99378	G08182	

How can providers improve their score on this metric?

- ▶ Review care gap reports and outreach to eligible patients.
- ▶ Document any exclusion criteria completely and utilize proper coding.
- ▶ Discuss importance of breast cancer screening with patients.

Cervical Cancer Screening

What is this metric about?

This measure looks at the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women ages **21-64** who had cervical cytology performed every 3 years
... **OR** ...
- Women ages **30-64** who had cervical cytology **and** human papillomavirus (HPV) co-testing performed every 5 years

Are any patients excluded from this measure?

- Patients who have undergone a hysterectomy with no residual cervix (*Documentation may state “complete,” “total,” or “radical” abdominal or vaginal hysterectomy*)
- Patients with cervical agenesis or acquired absence of cervix
- Patients in hospice or utilizing hospice services

Important considerations for this measure:

- ❖ Hysterectomy alone does not meet exclusion criteria because it is not sufficient documentation that the cervix was removed.
- ❖ **Patient refusal does not exclude patient from the measure.**

Which screening procedures satisfy this measure?

- Women ages 30-64 must be screened according to *one of the following* procedures:
 - Cervical cytology performed every 3 years (measurement year through 2 years prior to measurement year) ... **OR** ...
 - Cervical cytology and HPV co-testing performed simultaneously every 5 years (measurement year through 4 years prior to measurement year)
- Women ages 21-29 must have a cervical cytology performed every 3 years (measurement year through 2 years prior to measurement year)
 → **Biopsies are not valid because they are diagnostic and therapeutic; they are not appropriate for primary cervical cancer screening.**

What codes should providers use to document compliance with this metric?

Any of the following codes should be used for documenting screening or exclusions as applicable:

Procedure	CPT Code	HCPCS Code	ICD-10 CM
Cervical cytology lab test	88150, 88141-43, 88147-48, 88152-4, 88164-7, 88174-5	G0123-4, G0141, G0143-5, G0147-8, P3000-1, Q0091	
HPV lab test	87620-2, 87624-5	G0476	
Absence of cervix diagnosis			Q51.5, Z90.710, Z90.712
Hysterectomy with no residual cervix	51925, 56308, 57540, 57545, 57550, 58150, 58152, 58200, 58210, 58240, 58260, 58267, 58270, 58275, 58280, 58285, 58548, 58550, 58575, 58951, 58956, 59135, 57555-6, 58262-3, 58290-4, 58552-4, 58570-3, 58953-4		

Chlamydia Screening in Women

What is this metric about?

This measure looks at the percentage of sexually active women 16-24 years of age who had at least one screening test for chlamydia during the measurement year. Screening can be done either by urine test or vaginal swab. Two methods identify sexually active women: pharmacy data and medical claims/encounter data.

Why is this important?

Chlamydia is the most commonly reported sexually transmitted bacterial infection in the United States, and it occurs most often among adolescent and young adult females. Chlamydia infection may be asymptomatic and result in delayed medical care and treatment. If untreated, chlamydia infections can lead to irreversible complications such as pelvic inflammatory disease and infertility.

Are there exclusions for this measure?

- Members who receive a pregnancy test during the measurement year and either a prescription for isotretinoin **OR** an X-ray on the date of the pregnancy test or the six (6) days after the pregnancy test are excluded
- A claim for an oral contraceptive will result in the member being included in this measure, even if the oral contraceptive is being utilized for non-contraceptive purposes (such as acne or polycystic ovarian syndrome).

How can I improve performance with this measure?

- Review care gap reports and attribution lists to facilitate outreach for wellness visits and screenings.
- Integrate screening reminders into the EHR.
- Ensure proper coding is submitted with claims.

Description	CPT Codes
Chlamydia screening tests	87110 – Culture of chlamydia, any source 87491 – Chlamydia single test (urine or vaginal swab) 87801 – Multiple organism test (includes chlamydia)

Tips for provider when speaking with the patient:

- ✧ Focus on screening as a tool to prevent infections and lifelong complications.
- ✧ For insured patients, screening is covered at little to no cost.
- ✧ Screening is easy and non-invasive (urine test); a pelvic exam is not necessary for screening.
- ✧ Chlamydia is cured with antibiotic treatment.

Colorectal Cancer Screening

What is this metric about?

This measure looks at the percentage of enrolled **patients 45-75 years of age** who have had appropriate screening for colorectal cancer.

Are any patients excluded from this measure?

- Patients in hospice or utilizing hospice services
- Patients who have undergone a total colectomy
- Patients living in long-term institutional settings

→ **Patient refusal does not exclude patient from the measure.**

Which screening procedures satisfy this measure?

Screening procedures that satisfy this measure are summarized below.

Screening Procedure	Date of Procedure	HCPSC Codes	CPT Codes
Fecal occult blood test	Measurement year	G0328	82270, 82274
Flexible sigmoidoscopy	Measurement year through 4 years prior to measurement year	G0104	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350
Colonoscopy	Measurement year through 9 years prior to measurement year	G0105 G0121	44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398
CT Colonography	Measurement year through 4 years prior to measurement year		74261, 74262, 74263
FIT-DNA Stool Test (Cologuard)	Measurement year through 2 years prior to measurement year	G0464	81528

How can providers improve their performance on this metric?

- ✧ Integrate screening reminders into EHRs
- ✧ Review care gap reports and outreach to eligible patients.
- ✧ Educate patients regarding benefits of screening (early detection).
- ✧ Discuss available options with patient, including less invasive options (FOBT, Cologuard).
- ✧ Offer assistance with scheduling screening procedures (colonoscopy, etc.)

Comprehensive Diabetes Care – Hemoglobin A1c

What is this metric about?

This measure looks at the percentage of enrolled members 18-75 years of age with type 1 or type 2 diabetes who had each of the following during the measurement year:

- Hemoglobin A1c (HbA1c) test
- HbA1c control (<8.0%)

How can I ensure compliance with this measure?

HbA1c test:

- Order **at least one** HbA1c test for diabetic patients during the measurement year
- Determine compliance using the **most recent HbA1c test** performed during the measurement year

HbA1c control (< 8.0%):

- Patient is **not** compliant with this measure if the result for the most recent HbA1c test is 8.0% or above, **or** if no HbA1c test was obtained during the measurement year.
- Patient is not compliant with this measure if the most recent HbA1c value is 8.0% or above, **even if** the value of an earlier test was below 8.0%.

CPT II Code	Hemoglobin A1c (HbA1c) Level
3044F	Less than 7.0
3051F	≥ 7.0 and < 8.0
3052F	≥ 8.0 and ≤ 9.0
3046F	Greater than 9.0

How can providers improve their score on this metric?

- ▶ Review care gap reports and outreach to diabetic patients to ensure they have received the appropriate screening and follow-up.
- ▶ Ensure proper CPT II coding when submitting claims. A description of applicable CPT II codes is provided in the table above.
- ▶ Consider referring brittle diabetic patients to Memorial's Care Management program, especially if they have been recently hospitalized or seen in the emergency department.

Comprehensive Diabetes Care – Eye Exam

What is this metric about?

This measure looks at the percentage of enrolled members 18-75 years of age with type 1 or type 2 diabetes who had a comprehensive eye exam to screen/monitor for **diabetic retinal disease**, including:

- A retinal or dilated eye exam in the current measurement year, **OR**
- A negative retinal or dilated eye exam (negative for retinopathy) in the year **prior to** measurement year

Eye exam must be done by an eye care professional (optometrist or ophthalmologist)

How can I improve performance with this measure?

- Refer patient to eye care professional for appropriate screening exam.
- Ensure proper billing codes are submitted by eye care professional (see table below).

Date of Eye Exam	ICD-10 Code	CPT Code	CPTII Code
Current measurement year	Z13.5	92250 or 92227 or 92228 <i>Must be submitted via claims by an eye care professional (optometrist or ophthalmologist); **If submitted by PCP then must also apply a CPTII code as shown in the adjacent column →</i>	2022F, 2024F, 2026F (2023F and 2025F are current year codes to be used for when the member is without evidence of retinopathy. Thus, they meet numerator compliance for current year and the following year)
Current measurement year	NA	92229 <i>To be used only for eye exams read by a system that provides an artificial intelligence (AI) interpretation of results</i>	NA
Year prior to measurement year <i>Only if eye exam was negative for retinopathy</i>	NA	NA	3072F (must use date of service in the current year)

How can providers improve their score on this metric?

- ✧ Review chart notes to find evidence of retinal eye exam or statement from patient that they have completed within the year or year prior.
- ✧ Obtain documentation of retinal exam from eye care provider if patient advises they have completed an eye exam.
- ✧ Prepare standing referral to eye care professional; assist patient in making appointment if needed.
- ✧ Educate patient regarding importance of eye exam, especially with diabetes.
- ✧ Be proactive. Evaluate practice processes for opportunities to close care gaps each time the patient is seen (such as flags/notes in EHR).

Controlling High Blood Pressure

What is this metric about?

This measure looks at the percentage of enrolled members **18-85 years of age** with a diagnosis of hypertension reported on an outpatient claim and whose blood pressure is adequately controlled. Blood pressure control is defined as having the most recent blood pressure **BELOW 140/90 mmHg** during the measurement year.

Are any patients excluded from this measure?

- Patients in receiving palliative care or hospice services
- Patients with a diagnosis of frailty and advanced illness are excluded as well as those with dementia.
- Females with a diagnosis of pregnancy during the measurement year.
- Patients with a history of end-stage renal disease (ESRD), dialysis, nephrectomy, or renal transplant

How is this measure reported?

Compliance with this measure is tracked administratively via CPT-Category II coding as shown below.

CPT-CAT II Code	Most recent SYSTOLIC blood pressure
3074F	< 130 mm Hg
3075F	130 – 139 mm Hg
3077F	≥ 140 mm Hg
CPT-CAT II Code	Most recent DIASTOLIC blood pressure
3078F	< 80 mm Hg
3079F	80 – 89 mm Hg
3080F	≥ 90 mm Hg

How can providers improve their performance on this metric?

- ✧ As performance is tracked administratively, proper coding submission is essential. Supplemental documentation (chart notes, progress notes, etc.) are **not** acceptable for meeting this measure per NCQA.
- ✧ In addition to in-person office visits, blood pressure readings may be obtained during a telehealth or virtual care visit.
- ✧ If the initial BP reading is high, consider retaking the BP later in the visit and document the lowest reading.
- ✧ Please note that **the most recent BP obtained during the measurement year** is the one that counts towards measure performance!
- ✧ Counsel patients to take their blood pressure medication as prescribed and to **not skip doses** or discontinue unless advised to do so by their provider.
- ✧

Child & Adolescent Well-Care Visits Ages 3 to 21

What is this metric about?

This measure looks at the percentage of enrolled members 3-21 years of age who had at least one comprehensive Well Care Visit during the measurement year. The Well Care Visit must occur with a PCP or OB/GYN.

What codes should providers use to document compliance with this metric?

This visit MUST be captured administratively via proper billing codes. One of the following CPT or ICD-10 codes must be used:

Code	Description	ICD-10-CM
99382 New patient	Early childhood (age 1 – 4 years)	Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam without abnormal findings
99392 Established		
99383 New patient	Late childhood (age 5 – 11 years)	
99393 Established		
99384 New patient	Adolescent (age 12 – 17 years)	
99394 Established		
99385 New patient	18 years or older	Z00.00 General adult medical exam without abnormal findings
99395 Established		Z00.01 General adult medical exam with abnormal findings

What are the requirements for documenting the Well Care Visit?

Documentation in the patient's medical record must include evidence of all of the following:

- Health history
- Both a physical and mental developmental history
- Physical exam
- Health education / Anticipatory guidance

How can providers improve their score on this metric?

- ▶ Review care gap reports and attribution lists and outreach to the member or his/her parent/ guardian as appropriate to schedule their Well Care Visit.
- ▶ Integrate screening reminders into the EHR.
- ▶ Conduct or schedule Well Care Visits when patients present themselves for illness or other events such as school physicals, accidental injuries, or sick visits.

Well Child Exams in the First 30 Months of Life

What is this metric about?

There are two age stratifications for this measure:

- **Children who turn 15 months in measurement year:** Must have 6 or more well visits before the child's 15-month birthday.
- **Children who turn 30 months in measurement year:** Must have 2 or more well visits between 15-30 months of age.

What codes should providers use to document compliance with this metric?

This visit **MUST** be captured administratively via proper billing codes. One of the CPT or ICD-10 codes shown below must be used. **All visits must occur before the child's 15 or 30 month birthday.**

Code	Description	ICD-10-CM
99381 New patient 99391 Established	Infant (< 1 year old)	Z00.110 Health supervision for newborn under 8 days old Z00.111 Health supervision for newborn to 28 days old Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam without abnormal findings
99382 New patient 99392 Established	Early childhood (age 1 – 4 years)	Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam without abnormal findings

What are the requirements for documenting the Well Care Visit?

Documentation in the patient's medical record must include evidence of all of the following:

- Health history
- Both a physical and mental developmental history
- Physical exam
- Health education / Anticipatory guidance

How can providers improve their score on this metric?

- ▶ Review care gap reports and attribution lists at least quarterly and outreach to the member's parent/guardian to schedule their Well Care Visit. Integrate
- ▶ Integrate screening reminders into the EHR.
- ▶ Conduct or schedule Well Care Visits when patients present themselves for illness, or other events, such as school physicals, accidental injuries, or sick visits.
- ▶ Offer evening hours to improve patient access.