



## 2012 Provider Tips for Optimizing HEDIS® Results

HEDIS Measure	Required Documentation	Provider Specialty	Billing Tips*
<b>Adolescent Well Care Visits</b> Age 12 – 21 years	<p>One well child visit with a PCP or OB/GYN during the measurement year.</p> <p><b>All three components of an adolescent well visit must be included:</b></p> <ul style="list-style-type: none"> <li>• Health &amp; Development History (physical &amp; mental)</li> <li>• Physical Examination</li> <li>• Health Educations/Anticipatory Guidance</li> </ul> <p>Sick visits are opportunities to include this information.</p> <p>Visits to school based clinic practitioners whom the organization would consider PCPs may be counted if the documentation that a well exam occurred is available in the medical record or administrative system.</p>	<p>PCP: A physician or non physician (e.g. nurse practitioner) who offers primary care medical services. Licensed practical nurses, registered nurses, &amp; physician assistants are not considered PCP's because they are not licensed to practice independently.</p> <p>Primary Care Physician includes:</p> <ul style="list-style-type: none"> <li>• General or family practice physicians</li> <li>• General internal medicine physicians</li> <li>• General pediatricians</li> <li>• Obstetricians/gynecologists (OB/GYN)</li> <li>• Certified nurse midwives and Nurse Practitioners under the direction of an OB/GYN certified provider or PCP</li> </ul> <p>The PCP does not have to be assigned to the member.</p>	<ul style="list-style-type: none"> <li>• CPT: 99383, 99384, 99385, 99393, 99394, 99395</li> <li>• HCPCS: G0438, G0439</li> <li>• ICD9: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</li> </ul>
<b>Well Child Visit</b> Age 3 – 6 years	<p>One well child visit with a PCP during the measurement year.</p> <p><b>All three components of a well-child visit must be included:</b></p> <ul style="list-style-type: none"> <li>• Health &amp; Development History (physical &amp; mental)</li> <li>• Physical Examination</li> <li>• Health Educations/Anticipatory Guidance</li> </ul> <p>Sick visits are opportunities to include this information.</p> <p>Visits to school based clinic practitioners whom the organization would consider PCPs may be counted if the documentation that a well exam occurred is available in the medical record or administrative system.</p>	<p>PCP: A physician or non physician (e.g. nurse practitioner) who offers primary care medical services. Licensed practical nurses, registered nurses, &amp; physician assistants are not considered PCP's because they are not licensed to practice independently.</p> <p>Primary Care Physician includes:</p> <ul style="list-style-type: none"> <li>• General or family practice physicians</li> <li>• General internal medicine physicians</li> <li>• General pediatricians</li> <li>• Obstetricians/gynecologists (OB/GYN)</li> <li>• Certified nurse midwives and Nurse Practitioners under the direction of an OB/GYN certified provider or PCP</li> </ul> <p>The PCP does not have to be assigned to the member.</p>	<ul style="list-style-type: none"> <li>• CPT: 99382, 99383, 99392, 99393</li> <li>• HCPCS: G0438, G0439</li> <li>• ICD9: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</li> </ul>
<b>Disabled (SSI) Children</b> 0 – 20 years of age who are enrolled for 320 days or more	<p>Children that had at least one ambulatory care visit in an office or other outpatient visit</p> <p><b>All three components of a well-child visit must be included if a well-child visit is being performed:</b></p> <ul style="list-style-type: none"> <li>• Health &amp; Development History (physical &amp; mental)</li> <li>• Physical Examination</li> <li>• Health Educations/Anticipatory Guidance</li> </ul>	No provider requirements specified.	<ul style="list-style-type: none"> <li>• <b>Office or Other Outpatient:</b> CPT: 99201-99205, 99211-99215, 99241-99245; UB Revenue Codes: 051x, 0520-0523, 0526-0529, 0983</li> <li>• <b>Home Visits:</b> CPT: 99341-99345, 99347-99350</li> <li>• <b>Nursing Facility Care:</b> CPT: 99304-99310, 99315, 99316, 99318; UB Revenue Codes: 0524, 0525</li> <li>• <b>Domiciliary/Rest Home:</b> CPT: 99324-99328, 99334-99337</li> <li>• <b>Preventive Medicine:</b> CPT: 99391-99395, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99381-99385</li> <li>• <b>Newborn Care:</b> CPT: 99461</li> <li>• <b>Ophthalmology &amp; Optometry:</b> CPT: 92002, 92004, 92012, 92014</li> <li>• <b>Maryland Specific Codes:</b> T1015, S0621, S0620</li> </ul>
<b>Childhood Immunizations</b> On or before child's 2nd birthday	<p>Complete immunizations on or before the child's second birthday:</p> <ul style="list-style-type: none"> <li>4 – DTaP/DT</li> <li>3 – IPV</li> <li>3 – Hep B</li> <li>3 – Hib</li> <li>4 – PCV</li> <li>1 – MMR</li> <li>1 – VZV</li> </ul> <p>Document all sero positives and illness history of chicken pox, measles, mumps, and rubella.</p> <p>Document the 1st Hep B vaccine given at the hospital when applicable or if unavailable name of hospital where child was born.</p>	No provider requirements specified.	<ul style="list-style-type: none"> <li>• <b>Chicken Pox Disease:</b> ICD9: 052, 053</li> <li>• <b>DTaP:</b> CPT: 90698, 90700, 90721, 90723; ICD9: 99.39</li> <li>• <b>Hep B:</b> CPT: 90723, 90740, 90744, 90747, 90748; HCPCS: G0010; ICD9: V02.61, 070.2, 070.3</li> <li>• <b>HiB:</b> CPT: 90645-90648, 90698, 90721, 90748</li> <li>• <b>IPV:</b> CPT: 90698, 90713, 90723; ICD9: 99.41</li> <li>• <b>Measles:</b> CPT: 90705; ICD9: 055, 99.45</li> <li>• <b>Measles &amp; Rubella:</b> CPT: 90708</li> <li>• <b>MMR:</b> CPT: 90707, 90710; ICD9: 99.48</li> <li>• <b>Mumps:</b> CPT: 90704; ICD9: 072, 99.46</li> <li>• <b>PCV:</b> CPT: 90669, 90670; HCPCS: G0009</li> <li>• <b>Rubella:</b> CPT: 90706; ICD9: 056, 99.47</li> <li>• <b>VZV:</b> CPT: 90710, 90716; ICD9: 052, 053, 070.0, 070.1</li> </ul>
<b>Lead Screening</b> Age 12 – 23 months	<p>Lead blood test for all children between the age 12 – 23 months.</p> <p><b>Exclude target test on child's second birthday.</b></p>	No provider requirements specified.	<ul style="list-style-type: none"> <li>• CPT: 83655</li> <li>• LOINC: 5671-3, 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5674-7, 14807-2</li> </ul>

Please distribute to billing and office personnel as appropriate. Contact your Network Manager at 1-888-895-4998 with any questions.

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(\*) Compliance for this measure includes billing with the appropriate CPT and/or ICD-9 Diagnosis Code

HEDIS Measure	Required Documentation	Provider Specialty	Billing Tips*
<b>Cervical Cancer Screening</b> Women age 21 – 64 years	<p>One screening pap test every three years.</p> <p>Obtain copy of results or record date of test results.</p> <p><b>The following does not qualify:</b></p> <ul style="list-style-type: none"> <li>Lab results that indicate inadequate sample or no cervical cells</li> </ul> <p>Referral to OB/GYN alone does not meet the measure.</p> <p>Biopsies are considered diagnostic and do not meet the measure.</p> <p><b>Document exclusions:</b></p> <ul style="list-style-type: none"> <li>Record “total” or “complete” hysterectomy as applicable</li> </ul>	No provider requirements specified.	<ul style="list-style-type: none"> <li>CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175</li> <li>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</li> <li>ICD9: 91.46</li> <li><b>ICD9 V Codes REMOVED</b></li> <li>LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</li> <li>UB Revenue Code: 0923</li> </ul> <p>Send exclusion documentation to: JHHC Quality Improvement Fax 410-424-4882</p>
<b>Breast Cancer Screening</b> Women age 40 – 69 years	<p>One mammogram breast screening every two years.</p> <p>Obtain a copy of mammogram results or record date of test and result.</p>	No provider requirements specified.	<ul style="list-style-type: none"> <li><b>Mammogram:</b> CPT: 77055-77057; HCPCS: G0202, G0204, G0206; ICD9: 87.36, 87.37; UB Revenue Code: 0401, 0403</li> <li><b>Bilateral Mastectomy:</b> CPT: 19180, 19200, 19220, 19240, 19303-19307 with Modifier 50 or 09950; ICD9: 85.42, 85.44, 85.46, 85.48</li> </ul> <p>Send exclusion documentation to: JHHC Quality Improvement Fax 410-424-4882</p>
<b>Diabetic Eye Exam</b> Members 18 – 75 years of age with diabetes	<p>Optometrist/ophthalmologist exam every 2 years for patients without retinopathy and every year with DM retinopathy.</p> <p>A chart or photograph of retina indicating date when photography performed with evidence that an eye professional reviewed the results.</p> <p><b>or</b></p> <p>Results can be read by a qualified reading center under the direction of a retinal specialist.</p> <p><b>Identify diabetic exclusions:</b> A note indicating any of the following:</p> <ul style="list-style-type: none"> <li>Polycystic ovaries</li> <li>Steroid Induced Diabetes</li> <li>Gestational Diabetes</li> </ul>	Ophthalmologist or Optometrist	<ul style="list-style-type: none"> <li>CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245</li> <li>CPTII: 2022F, 2024F, 2026F, 3072F</li> <li>HCPCS: Preferred Code S0625 S0620, S0621, S3000 (can be submitted by any provider)</li> <li><b>ICD9: V72.0 REMOVED; Procedure Codes:</b> 14.1-14.5, 14.9, 95.02-95.04, 95.11, 95.12, 95.16</li> </ul> <p><b>Exclusion Codes:</b></p> <ul style="list-style-type: none"> <li>Polycystic ovaries: 256.4</li> <li>Steroid Induced: 249, 251.8, 962.0</li> <li>Gestational diabetes: 648.8</li> </ul> <p>Send exclusion documentation to: JHHC Quality Improvement Fax 410-424-4882</p>
<b>Postpartum Visit</b>	<p>A visit that occurs on or between 21 – 56 days after delivery.</p> <p>Components of a postpartum exam visit note:</p> <ul style="list-style-type: none"> <li>Pelvic exam</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>Weight, BP, breast &amp; abdominal evaluation, breast feeding status</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>PP check, or PP Care, or 6 week check notation.</li> </ul>	<ul style="list-style-type: none"> <li>OB/GYN practitioner or midwife</li> <li>Family practitioner or other PCP</li> <li>General or family practice physicians</li> <li>General internal medicine physicians</li> <li>General pediatricians</li> </ul>	<p>Bill appropriate CPT code or bill global delivery code that includes date when the postpartum care was rendered.</p> <ul style="list-style-type: none"> <li>CPT: 57170, 58300, 59430, 88141, 88142, 88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175, 99501</li> <li>CPT II: 0503F</li> <li>HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</li> <li>ICD9: V24.1, V24.2, V25.1, V72.3, V76.2, 89.26, 91.46</li> <li>UB Revenue Code: 0923</li> <li>LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</li> </ul>
<b>Appropriate Medications for Patients with Asthma</b> Age 5 – 64 years	<p>For patients with persistent asthma at least one dispensed controller medication.</p> <p>Review and assess asthma prescriptions every visit.</p>	A practitioner with prescribing privileges, including nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.	<p>Prescribe asthma controlling medication as indicated.</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>Emphysema</li> <li>COPD</li> <li>Cystic fibrosis</li> <li>Acute respiratory failure</li> </ul> <p>Send exclusion documentation to: JHHC Quality Improvement Fax 410-424-4882</p>
<b>Disabled (SSI) Adults</b> Age 21 – 64 years and older	<p>Adults that had at least one ambulatory care visit in an office or other outpatient visit.</p> <p>All three components of a well visit when performed include:</p> <ul style="list-style-type: none"> <li>Health/Development History</li> <li>Physical Examination</li> <li>Anticipatory Guidance</li> </ul>	No provider requirements specified.	<ul style="list-style-type: none"> <li><b>Home Visit:</b> CPT: 99341-99345, 99347-99350</li> <li><b>Domiciliary or Rest Home:</b> CPT: 99324-99328, 99334-99337</li> <li><b>Nursing Facility Care:</b> CPT: 99304-99310, 99315-99316, 99318; UB Revenue Codes: 0524, 0525</li> <li><b>Office or other outpatient:</b> CPT: 99201-99205, 99211-99215, 99241-99245; HCPCS: T1015; UB Revenue Codes: 051x, 0520-0523, 0526-0529, 0982, 0983</li> <li><b>Preventive Medicine:</b> CPT: 99381-99387, 99391-99397</li> <li><b>Ophthalmology &amp; Optometry:</b> CPT: 92002, 92004, 92012, 92014</li> </ul>