**2016 HEDIS®
Healthcare Effectiveness Data and Information Set**

*Measures collected with medical record review.  Red= new/addition to measures  Blue= Medicare only

### Prevention and Screening

<table>
<thead>
<tr>
<th>Measure</th>
<th>Screening, test or care needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-recommended PSA-Based Screening in Older Men</strong>&lt;br&gt;Men age 70 and older</td>
<td>• Screened unnecessarily for prostate cancer</td>
</tr>
</tbody>
</table>

**Exclusion:**<br>• Prostate cancer diagnosis<br>• Dysplasia of the prostate<br>• A PSA test during the year prior to the measurement year (2014) where laboratory data indicate an elevated result.

| *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*<br>Members 3-17 years of age, who had an outpatient visit with a PCP or OB/GYN and had evidence of the following documented: | BMI Percentile documentation must include date of the BMI and:<br>• **BMI percentile** (may be plotted on age-growth chart)<br>

**Weight and height must be taken during the measurement year (2015).**

Counseling for Nutrition documentation must include a note indicating the date and evidence of at least one of the following:<br>• Engagement in discussion of current nutrition behaviors<br>• Checklist indicating nutrition was addressed<br>• Counseling or referral for nutrition education<br>• Member received educational materials on nutrition<br>• Anticipatory guidance for nutrition<br>• Weight or obesity counseling

**ICD-9 Codes:**<br>BMI percentile: V85.51-V85.54

Counseling for nutrition : V65.3

Counseling for physical activity: V65.41

**CPT Codes**<br>Counseling for nutrition: 97802-97804

Documentation of meeting Developmental Milestones only does not meet HEDIS® criteria for Physical Activity Counseling.

**Services specific to an acute or chronic condition do not count toward the counseling indicators for either nutrition or physical activity.**
<table>
<thead>
<tr>
<th>Measure</th>
<th>Screening, test or care needed</th>
</tr>
</thead>
</table>
| *Childhood Immunization                                                 | • 4 DTaP (do not count any before 42 days of age)  
• 3 IPV (do not count any before 42 days of age)  
• 1 MMR  
• 3 HiB (do not count any before 42 days of age)  
• 3 Hepatitis B  
• 1 VZV, positive serology, or documented chicken pox disease before 2\textsuperscript{nd} birthday  
• 4 pneumococcal conjugate  
• 1 Hepatitis A  
• 2 or 3 Rotavirus vaccine (Dosage depends on the vaccine administered) (do not count any before 42 days of age)  
• 2 Influenza with different dates of service (do not count any vaccine given prior to 6 months after birth) |
| Children who turn 2 years old during the measurement year (2015).       | Documentation of “immunizations are up-to-date” is not acceptable.  
Documentation of an immunization received “at delivery” or “in the hospital” may be counted.  
Exclusion: Contraindication for a specific vaccine (e.g., anaphylactic reaction to the vaccine or its components) |
| Vaccines must be completed on or before the 2\textsuperscript{nd} birthday |                                                                                                                                                                                                                           |
| CPT Code: 83655                                                        |                                                                                                                                                                                                                           |
| *Lead Screening in Children (Medicaid only)                            | • At least one capillary or venous lead test by their 2\textsuperscript{nd} birthday.  
Documentation in the record must include both of the following:  
• Date the test was performed  
• The result or finding |
| Children who turn 2 years old during the measurement year (2015).       |                                                                                                                                                                                                                           |
| CPT Code: 83655                                                        |                                                                                                                                                                                                                           |
| *Immunizations for Adolescents                                          | • 1 dose Meningococcal (between the 11\textsuperscript{th} and 13\textsuperscript{th} birthdays) and  
• 1 tetanus, diphtheria toxoids and acellular pertussis (Tdap) or  
• 1 diphtheria toxoids (Td)  
(between the 10\textsuperscript{th} and 13\textsuperscript{th} birthdays) |
| Children who turn 13 years old during the measurement year (2015).      | Documentation of “immunizations are up-to-date” is not acceptable.  
Exclusion: Contraindication for a specific vaccine (e.g., anaphylactic reaction to the vaccine or its components) |
| Vaccines must be completed by the 13\textsuperscript{th} Birthday       |                                                                                                                                                                                                                           |
| CPT Codes: Meningococcal: 90733, 90734                                 |                                                                                                                                                                                                                           |
| Tdap: 90715; Td:90714, 90718; Tetanus: 90703; Diphtheria: 90719         |                                                                                                                                                                                                                           |
| *Human Papillomavirus Vaccine for Female Adolescents (HPV)             | • 3 doses of the HPV vaccine (between the 9\textsuperscript{th} and 13\textsuperscript{th} birthdays).  
NOTE: Vaccines must be completed by the 13\textsuperscript{th} Birthday |
| Children who turn 13 years old during the measurement year (2015).      |                                                                                                                                                                                                                           |
| CPT Codes: 90649-90651                                                  |                                                                                                                                                                                                                           |

Updated 08/25/2015
<table>
<thead>
<tr>
<th>Measure</th>
<th>Screening, test or care needed</th>
</tr>
</thead>
</table>
| **Non-Recommended Cervical Cancer Screening** | • Screened unnecessarily for cervical cancer  
  **Note:** A lower rate indicates better performance                                                                                                                                                                                                                                             |
| Adolescent females ages 16-20                |                                                                                                                                                                                                                                                                                                                                                           |
| **Cervical Cancer Screening**                | • A PAP test (cervical cytology) during the measurement year (2015) or prior two years (2013, 2014) for women ages 21-64  
  • Cervical cytology/human papillomavirus (HPV) co-testing during the measurement year (2015) or prior four years (2011-2014) for women ages 30-64.  
  **Exclusion:** Hysterectomy with no residual cervix.  
  Documentation of “complete”, “total” or “radical” abdominal or vaginal hysterectomy meets the criteria.  
  Documentation of “hysterectomy” alone does not meet the criteria.                                                                                                                                                                                                                       |
| Women ages 21-64                              |                                                                                                                                                                                                                                                                                                                                                           |
| **Codes to identify Cervical Cancer Screening** | Cervical cytology:  
  **CPT:** 88141-88143; 88147-88148; 88150; 88152-88154; 88164-88167; 88174-88175  
  HPV tests:  
  **CPT:** 87620-87622                                                                                                                                                                                                                                                                              |
| **Breast Cancer Screening**                  | • A mammogram on or between October 1, 2013 -December 31, 2015.  
  **Exclusion:** Bilateral Mastectomy                                                                                                                                                                                                                                                                                                                     |
| Women ages 50-74                              |                                                                                                                                                                                                                                                                                                                                                           |
| **Codes to identify Breast Cancer Screening** | **CPT:** 77055-77057  
  **ICD-9:** 87.36; 87.37                                                                                                                                                                                                                                                                                                                                   |
| **Colorectal Cancer Screening**              | **One** or more of the following screenings:  
  • Colonoscopy in past 10 years (2006-2015)  
  • Flexible sigmoidoscopy in past 5 years (2011-2015)  
  • Fecal occult blood test (FOBT) annually (2015)  
  **Exclusion:** Diagnosis of colorectal cancer or total colectomy.                                                                                                                                                                                                                             |
| Adults ages 50-75                             |                                                                                                                                                                                                                                                                                                                                                           |
| **Codes to identify Colorectal Cancer Screening** | **FOBT:**  
  **CPT:** 82270; 82274  
  **Flexible Sigmoidoscopy:**  
  **CPT:** 45330-45335; 45337-45342; 45345; 45.24  
  **Colonoscopy:**  
  **CPT:** 44388-44394; 44397; 45355; 45378-45387; 45391; 45392  
  **ICD-9:** 45.22; 45.23; 45.25; 45.42; 45.43                                                                                                                                                                                                                                                   |
| **Chlamydia Screening**                      | • At least one test for Chlamydia during the measurement year (2015).                                                                                                                                                                                                                                                                                     |
| Females ages 16-24 and identified as sexually active (by claims or pharmacy data) |                                                                                                                                                                                                                                                                                                                                                           |
| **CPT Codes to identify Chlamydia Screening** | 87110; 87270; 87320; 87490- 87492; 87810                                                                                                                                                                                                                                                                                                                   |

Updated 08/25/2015
### Measure | Screening, test or care needed
--- | ---
**Adult BMI Assessment**
The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year (2015) or the year prior to the measurement year (2014).

**ICD-9 Codes:** V85.21-V85.25; V85.30-V85.39; V85.41-V85.45; V85.51-V85.54

For members ages 21 and older, documentation in the medical record must include:
- Date of the BMI
- Weight
- BMI value

For members ages 18-20yo, documentation of BMI percentile will also meet criteria:
- BMI documented as a percentile (e.g., 75th percentile)
- BMI percentile plotted on an age-growth chart.

**Exclusion:** Members with a diagnosis of pregnancy in 2014 or 2015 may be excluded from this measure.

### Respiratory Conditions

#### Appropriate Testing of Children with Pharyngitis
Children ages 2-18 years

**Codes to Identify Pharyngitis:**

**ICD-9:** 462; 463; 034.0

- Diagnosis of pharyngitis,
- Prescribed an antibiotic, and
- Received a group A streptococcus (strep) test in the 7 day period from 3 days prior to, through 3 days after, the prescription date.

#### Appropriate Treatment of Children with Upper Respiratory Infections
Children ages 3 mos-18 yrs

**Codes to identify URI:**

**ICD-9:** 460; 465.0; 465.8; 465.9

- Diagnosis of Upper Respiratory Infection (URI), and
- Not prescribed an antibiotic within 3 days of URI diagnosis.

#### Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
Adults ages 18-64

**Codes to identify Bronchitis:**

**ICD-9:** 466.0; 490

- Diagnosis of acute bronchitis, and
- Not dispensed an antibiotic prescription within 3 days of diagnosis.

**Exclusion:** members with a diagnosis of any of the following comorbid conditions:
- Emphysema; COPD; Cystic Fibrosis; HIV; Malignant neoplasm

#### Use of Spirometry Testing in the Assessment and Diagnosis of COPD
Adults age 40 and older

**Codes for Spirometry Testing:**

**CPT:** 94010; 94014-94016; 94060; 94070; 94375; 94620

- New diagnosis of, (in 2015) or newly active, COPD and
- Spirometry testing to confirm diagnosis.

Updated 08/25/2015
<table>
<thead>
<tr>
<th>Measure</th>
<th>Screening, test or care needed</th>
</tr>
</thead>
</table>
| **Pharmacotherapy Management of COPD Exacerbation** | Members discharged from an acute inpatient admission or an ED encounter with a primary diagnosis of COPD who were dispensed **both**:  
- A systemic corticosteroid within 14 days of the event  
- A bronchodilator within 30 days of the event |
| **Medication Management for People with Asthma** |  
- Identified as having persistent asthma and  
- Dispensed appropriate medication that they remained on during the treatment period.  
Two rates are reported:  
1. Members remaining on asthma controller medication for at least **50% of their treatment period**.  
2. Members remaining on asthma controller medication for at least **75% of their treatment period**. |
| **Cardiovascular** |  
- Identified as having clinical atherosclerotic cardiovascular disease (ASCVD) **and** met the following criteria:  
  
Two rates are reported:  
1. **Received Statin Therapy**: Members who were dispensed at least one **high or moderate-intensity** statin medication during the measurement year (2015).  
2. **Statin Adherence 80%**: Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period (from prescription date through end of year). |
| **Statin Therapy for Patients with Cardiovascular Disease** |  
- Identified as having clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:  
  
Two rates are reported:  
1. **Received Statin Therapy**: Members who were dispensed at least one **high or moderate-intensity** statin medication during the measurement year (2015).  
2. **Statin Adherence 80%**: Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period (from prescription date through end of year). |
| **Statin Therapy for Patients with Diabetes** |  
- Identified as having diabetes and **do not have** clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:  
  
Two rates are reported:  
1. **Received Statin Therapy**: Members who were dispensed at least one statin medication of any intensity during the measurement year (2015).  
2. **Statin Adherence 80%**: Members who remained on a statin medication of any intensity for at least 80% of the treatment period (from prescription date through end of year). |
<table>
<thead>
<tr>
<th>Measure</th>
<th>Screening, test or care needed</th>
</tr>
</thead>
</table>
| *Controlling High Blood Pressure            | • Diagnosis of hypertension prior to June 30, 2015.  
• Most recent blood pressure reading in the medical record for 2014.  

Adequate control is defined as:  
– Ages 18-59: <140/90  
– Ages 60-85 with a diagnosis of diabetes: <140/90  
– Ages 60-85 without a diagnosis of diabetes: <150/90  
• If multiple readings are recorded on a single date, the lowest systolic and lowest diastolic BP on that date will be used as the representative BP.  
• Member reported BP readings may not be used for HEDIS purposes.  

Exclusions: Evidence of any of the following during 2015:  
– End Stage Renal Disease (ESRD), kidney transplant or dialysis  
– Pregnancy  
– Non-acute inpatient admission |
| Adults ages 18-85                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Codes to identify HTN:                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ICD-9: 401.0; 401.1; 401.9                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Persistence of Beta-Blocker Treatment After Heart Attack | • Hospitalized and discharged between July 1, 2014 and June 30, 2015 with a diagnosis of AMI  
• Persistent treatment with beta-blockers for six months after discharge.  

A list of Beta-Blocker Medications included in the HEDIS® criteria for this measure is available on request from the QI department at 757-252-8400.  

Exclusions:  
– Asthma  
– COPD  
– Obstructive chronic bronchitis  
– Chronic respiratory conditions due to fumes/vapors  
– Hypotension, Heart Block > 1 degree, or Sinus Bradycardia  
– Intolerance or allergy to Beta-Blockers |
| Adults age 18 and older                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Code to identify AMI:                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ICD-9: 410.01; 410.11; 410.21; 410.31; 410.41; 410.51; 410.61; 410.71; 410.81; 410.91 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Diabetes                                    | 1. HbA1c testing (most recent date and result from 2015)  
– HbA1c < 8.0 % = control  
– HbA1c > 9.0 % = poor control  

2. Retinal eye exam (most recent date and result from 2014 or 2015)  

3. Medical attention for nephropathy (one of the following during 2015):  
– Nephropathy screening or monitoring test  
– ACE/ARB therapy  
– Evidence of nephropathy (ESRD, CKD, kidney transplant)  

4. Blood pressure (most recent date and result from 2015)  
– BP of < 140/90 = control  

Exclusions: Members without a diagnosis of diabetes, but with either:  
– Gestational diabetes (during 2014 or 2015) or  
– Steroid-induced diabetes (during 2014 or 2015) |
| *Comprehensive Diabetes Care                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Adults ages 18-75 with diabetes (type 1 or type 2) | }
## Musculoskeletal

<table>
<thead>
<tr>
<th>Measure</th>
<th>Screening, test or care needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Osteoporosis Management in Women who had a Fracture</strong></td>
<td></td>
</tr>
<tr>
<td>Women ages 67-85</td>
<td></td>
</tr>
<tr>
<td><strong>CPT Codes to identify BMD test:</strong></td>
<td></td>
</tr>
<tr>
<td>76977; 77078; 77080-77082; 77085</td>
<td></td>
</tr>
<tr>
<td><strong>HCPCS codes for osteoporosis meds:</strong></td>
<td></td>
</tr>
<tr>
<td>J0630; J0897; J1740; J3110; J3487; J3488; J3489</td>
<td></td>
</tr>
<tr>
<td>• Suffered a fracture and had <strong>either:</strong></td>
<td></td>
</tr>
<tr>
<td>− A bone mineral density (BMD) test or</td>
<td></td>
</tr>
<tr>
<td>− A prescription for a drug to treat osteoporosis</td>
<td></td>
</tr>
<tr>
<td><strong>in the six months after the fracture</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</strong></td>
<td></td>
</tr>
<tr>
<td>Adults age 18 and older</td>
<td></td>
</tr>
<tr>
<td><strong>ICD-9 Codes to identify Rheumatoid Arthritis:</strong></td>
<td></td>
</tr>
<tr>
<td>714.0; 714.1; 714.2; 714.81</td>
<td></td>
</tr>
<tr>
<td>• Diagnoses of rheumatoid arthritis and</td>
<td></td>
</tr>
<tr>
<td>• Received at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).</td>
<td></td>
</tr>
<tr>
<td><strong>Exclusions:</strong> Diagnosis during 2015 of:</td>
<td></td>
</tr>
<tr>
<td>− HIV</td>
<td></td>
</tr>
<tr>
<td>− Pregnancy</td>
<td></td>
</tr>
<tr>
<td><strong>Use of Imaging Studies for Low Back Pain</strong></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18- 50</td>
<td></td>
</tr>
<tr>
<td><strong>ICD-9 Codes to identify Low Back Pain:</strong></td>
<td></td>
</tr>
<tr>
<td>721.3; 722.10; 722.32; 722.52; 722.93; 724.02; 724.03; 724.2; 724.3; 724.5; 724.6; 724.70; 724.71; 724.79; 738.5; 739.3; 739.4; 846.0-846.3; 846.8-846.9; 847.2</td>
<td></td>
</tr>
<tr>
<td>• Primary diagnosis of low back pain who</td>
<td></td>
</tr>
<tr>
<td>• <strong>did not</strong> have an imaging study (x-ray, MRI, CT) within 28 days of the diagnosis.</td>
<td></td>
</tr>
<tr>
<td>− A <strong>higher score</strong> indicates <strong>appropriate treatment</strong> of low back pain</td>
<td></td>
</tr>
<tr>
<td><strong>Exclusions:</strong> An imaging study in the presence of low back pain is considered clinically indicated in patients with a diagnosis of:</td>
<td></td>
</tr>
<tr>
<td>− Cancer</td>
<td></td>
</tr>
<tr>
<td>− Recent trauma</td>
<td></td>
</tr>
<tr>
<td>− IV drug abuse</td>
<td></td>
</tr>
<tr>
<td>− Neurological impairment</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults</strong></td>
<td></td>
</tr>
<tr>
<td>Members ages 12 and older</td>
<td></td>
</tr>
<tr>
<td><strong>ICD-9 Codes to identify Major Depression and Dysthymia:</strong></td>
<td></td>
</tr>
<tr>
<td>296.20-296.26; 296.30-296.36; 300.4</td>
<td></td>
</tr>
<tr>
<td><strong>CPT Codes to identify Depression Encounters:</strong></td>
<td></td>
</tr>
<tr>
<td>90791; 90792; 90832; 90834; 90837; 98960-98962; 99078; 99201-99205; 99211-99215; 99217-99220; 99241-99245; 99341-99345; 99347-99350; 99381-99387; 99391-99397; 99401-99404; 99411-99412; 99510</td>
<td></td>
</tr>
<tr>
<td><strong>LOINC Codes to identify PHQ administered:</strong></td>
<td></td>
</tr>
<tr>
<td>44249-1; 44257-4; 44261-6; 54635-8</td>
<td></td>
</tr>
<tr>
<td>• Diagnosis of major depression or dysthymia</td>
<td></td>
</tr>
<tr>
<td>• Have a PHQ-9 or PHQ-A tool administered at least once during a four-month period</td>
<td></td>
</tr>
<tr>
<td><strong>Two rates are reported:</strong></td>
<td></td>
</tr>
<tr>
<td>1. <strong>Inclusion in ECDS Rate:</strong> The percentage of members 12 and older with a diagnosis of major depression or dysthymia, who are included in an electronic clinical data system (ECDS).</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Utilization of PHQ-9 Rate:</strong> The percentage of PHQ utilization. Members with a diagnosis of major depression or dysthymia who are covered by an ECDS and, if they had an outpatient encounter, have either a PHQ-9 or PHQ-A score present in their record.</td>
<td></td>
</tr>
<tr>
<td><strong>Exclusions:</strong> Bipolar disorder; Personality disorder; Psychotic disorder, Autism spectrum disorder</td>
<td></td>
</tr>
</tbody>
</table>

*Updated 08/25/2015*
<table>
<thead>
<tr>
<th>Measure</th>
<th>Screening, test or care needed</th>
</tr>
</thead>
</table>
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents | • On 2 or more concurrent antipsychotic medications for 90 days or more during the measurement year (2015)  
  - A lower rate indicates better performance for this measure. |
| Children/Adolescents ages 1-17                                        |                                                                                                                                                                                                                                                                                                                                                               |
| Metabolic Monitoring for Children and Adolescents on antipsychotics   | • At least 2 antipsychotic prescriptions (same or different medications) on different dates during the measurement year (2015)  
  • Blood glucose or HbA1c test during the measurement year (2015)  
  • LDL-C or cholesterol test during the measurement year (2015) |
| Children/Adolescents ages 1-17                                        |                                                                                                                                                                                                                                                                                                                                                               |
| CPT Codes to identify cholesterol tests other than LDL: 82465; 83718; 84478 |                                                                                                                                                                                                                                                                                                                                                               |
| Antidepressant Medication Management                                   | • Were treated with antidepressant medication  
  • Had a diagnosis of major depression and  
  • Remained on antidepressant medication treatment.  
  Two rates are reported:  
  1. Effective acute phase: remained on an antidepressant medication for at least 84 days (12 weeks)  
  2. Effective continuation phase: remained on an antidepressant medication for at least 180 days (6 months) |
| Adults age 18 and older                                                |                                                                                                                                                                                                                                                                                                                                                               |
| ICD-9 Codes to identify Major Depression: 296.20-296.25; 296.30-296.35; 298.0, 311 |                                                                                                                                                                                                                                                                                                                                                               |
| Follow-up Care for Children Prescribed ADHD Medication                | • An initial prescription for ADHD medication  
  • Remained on the medication  
  • Had appropriate follow up care visits  
  Two rates are reported:  
  1. Initiation Phase:  
     - one follow-up visit with a prescribing practitioner within 30 days  
  2. Continuation and Maintenance Phase:  
     - remained on the medication for at least 210 days and  
     - had two additional visits with a practitioner within 270 days (9 months after the Initiation Phase ended). |
| Ages 6-12 years                                                       |                                                                                                                                                                                                                                                                                                                                                               |
| Follow-up After Hospitalization for Mental Illness                    | • Discharged from an inpatient mental health admission and  
  • One follow-up outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner.  
  Two rates are reported:  
  1. Follow-up visit within 7 days of discharge  
  2. Follow-up visit within 30 days of discharge |
| Ages 6 and over                                                       |                                                                                                                                                                                                                                                                                                                                                               |
| ICD-9 Codes to identify Mental Health Diagnosis: 295-299; 300.3; 300.4; 301; 308; 309; 311-314 |                                                                                                                                                                                                                                                                                                                                                               |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia | • Diagnosis of Schizophrenia  
  • Dispensed an antipsychotic medication and  
  • Remained on the medication for at least 80% of their treatment period (days between the earliest prescription fill in 2015 and the end of the year)                                                                                     |
| Adults ages 19-64                                                     |                                                                                                                                                                                                                                                                                                                                                               |

**Updated 08/25/2015**
### Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications

Adults ages 18-64

**ICD-9 Codes to identify diagnosis:**

- **Bipolar:** 296.00-296.06; 296.10-296.16; 296.40-296.46; 296.50-296.56; 296.60-296.66; 296.7
- **Schizophrenia:** 295.00-295.05; 295.10-295.15; 295.20-295.25; 295.30-295.35; 295.40-295.45; 295.50-295.55; 295.60-295.66; 295.70-295.75; 295.80-295.85; 295.90-295.95

**CPT Codes to Identify Diabetes Screening:**

- Glucose tests: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
- HbA1c tests: 83036, 83037

### Diabetes Monitoring for People with Diabetes and Schizophrenia

Adults ages 18-64

- Diagnoses of Schizophrenia and Diabetes
- HbA1c test during the measurement year (2015) and LDL-C test (direct or calculated) during the measurement year (2015)

### Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Adults ages 18-64

- Diagnoses of Cardiovascular Disease and Schizophrenia
- LDL-C test (direct or calculated) during the measurement year (2015)

**CPT Codes to Identify LDL-C Screening:** 80061; 83700; 83701; 83704; 83721

### Medication Management

#### Potentially Harmful Drug-Disease Interactions in the Elderly

Adults age 67 and older

Three rates are reported:

1. A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRI's, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants

2. Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 Receptor Antagonists, nonbenzodiazepine hypnotics of anticholinergic agents.

3. Chronic kidney disease and a prescription for Cox-2 Selective NSAIDs or nonaspirin NSAIDs

#### Use of High-Risk Medications in the Elderly

Adults age 66 and older

Two rates are reported:

1. Members who received at least one high-risk medication
2. Members who received at least two different high-risk medications

For both rates, a lower rate represents better performance.
### Measure

**Annual Monitoring for Patients on Persistent Medications**

Adults age 18 and older

- At least 180 days of ambulatory medication therapy during the measurement year (2015) who
- Received the following lab test monitoring during 2015:

<table>
<thead>
<tr>
<th>Medications</th>
<th>Annual monitoring lab tests</th>
<th>CPT Codes to identify</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE / ARBs</td>
<td>A serum potassium test and a serum creatinine test (or a panel containing them)</td>
<td>80051, 84132 82565, 82575 80047, 80048, 80050, 80053, 80069</td>
</tr>
<tr>
<td>Diuretics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dioxin</td>
<td>A Digoxin level test and a lab panel test OR A Digoxin level test and both a serum potassium test and a serum creatinine test</td>
<td>80162 80047, 80048, 80050, 80053, 80069 80162 80051, 84132 82565, 82575</td>
</tr>
</tbody>
</table>

### Access/Availability of Care

#### Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Ages 1-17 years

- A new prescription (4 month negative medication history) for an antipsychotic medication
- Documentation of psychosocial care as a first-line treatment

**Codes to identify psychosocial care:**

<table>
<thead>
<tr>
<th>CPT:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>90832-90834; 90836-90840; 90845-90847; 90849; 90853; 90875-90876; 90880</td>
<td></td>
</tr>
</tbody>
</table>

**Exclusions:**

- At least one acute inpatient encounter, or at least 2 visits in an outpatient, intensive outpatient or partial hospitalization setting with
- A diagnosis of *schizophrenia, bipolar disorder or other psychotic disorder* during the measurement year (2015)

#### Adult Access to Preventive/Ambulatory Care

Adults age 20 and over

- An ambulatory or preventive care visit
- in the measurement year (2015) for Medicaid and Medicare members
- in the measurement year or the two years prior (2013-2015) for Commercial members

#### Children and Adolescents' Access to PCPs

Age 12 months to 19 years

- An ambulatory or preventive care visit
  - in the measurement year (2015) for ages 12 months to 6 years
  - in the measurement year or the two years prior (2013-2015) for ages 7 to 19 years

#### *Prenatal/Postpartum Care*

Pregnant Women who delivered a live infant between November 6, 2014 and November 5, 2015

- **Prenatal visit within first trimester** (or within 42 days of enrollment)
- **Postpartum visit between 21 and 56 days** after delivery

*Updated 08/25/2015*
### Measure: Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment

Age 13 and older

**Codes to identify AOD visits:** 98960-98962; 99078; 99201-99205; 99211-99215; 99217-99220; 99241-99245; 99341-99345; 99347-99350; 99384-99387; 99394-99397; 99401-99404; 99408-99409; 99411-99412; 99510

- A new episode (60 days negative diagnosis history) of alcohol or other drug dependence
- **Initiate treatment within 14 days** of the diagnosis (through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization)
- Receive at least 2 AOD services within 30 days of treatment initiation

### Use of Services

**Well-child Exams**

- Ages 0-15 months (turned 15 months during 2015)

**Codes to Identify Well-Child Visits**

**CPT:** 99381-99385, 99391-99395, 99461

**ICD-9:** V20.2; V20.31; V20.32; V70.0; V70.3; V70.5; V70.6; V70.8; V70.9

- 6 well-care visits (at least 2 weeks apart) with a PCP.

**Each visit** must show evidence of **all** of the following:

- Health and development history (physical and mental)
- Physical exam
- Health education/anticipatory guidance

**Well-child Exams**

- Ages 3-6 years

**Codes to Identify Well-Child Visits 3-6**

**CPT:** 99381-99385, 99391-99395, 99461

**ICD-9:** V20.2; V20.31; V20.32; V70.0; V70.3; V70.5; V70.6; V70.8; V70.9

- At least one well-care visit with a PCP during the measurement year (2015).

**Adolescent Well-Care Visit**

- Ages 12-21 years

**Codes to Identify Adolescent Well-Care Visits**

**CPT:** 99381-99385, 99391-99395, 99461

**ICD-9:** V20.2; V20.31; V20.32; V70.0; V70.3; V70.5; V70.6; V70.8; V70.9

- At least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year (2015).

**Measures Collected through CAHPS Health Plan Survey**

**Aspirin Use and Discussion**

- **Women** ages 56-79
- **Men** ages 46-79

1. **Aspirin Use:** percentage of members who are currently taking aspirin.
2. **Discussing Aspirin Risks and Benefits:** percentage of members who discussed the risks and benefits of using aspirin with a doctor or other health provider.

**Flu Vaccinations for Adults** (ages 18-65)

**Flu Vaccinations for Older Adults** (ages 65+)

- Received an influenza vaccination after July 1, 2015.

Updated 08/25/2015
<table>
<thead>
<tr>
<th>Measure</th>
<th>Screening, test or care needed</th>
</tr>
</thead>
</table>
| Medical Assistance with Smoking Cessation                              | • Advising Smokers and Tobacco Users to Quit  
• Discussing Cessation Medications  
• Discussing Cessation Strategies                                                             |
| Current Smoker/Tobacco user age 18 and older                           |                                                                                             |
| Pneumococcal Vaccination Status for Older Adults                       | • Have ever received a pneumococcal vaccine.                                                |
| Adults ages 65 and older                                              |                                                                                             |
| Measures Collected through Medicare Health Outcomes Survey (HOS)      |                                                                                             |
| Fall Risk Management                                                   |                                                                                             |
| Adults ages 65 and older                                              | 1. Discussing Fall Risk  
• Balance or walking problems or a fall in the past 12 months  
• Seen by a practitioner in the past 12 months  
• Discussed falls or problems with balance or walking with current practitioner |
|                                                                      | 2. Managing Fall Risk  
• Had a fall or problems with balance or walking in the past 12 months  
• Seen by a practitioner in the past 12 months  
• Received fall risk intervention from their current practitioner |
| Management of Urinary Incontinence in Older Adults                    | 1. Discussing Urinary Incontinence  
• Reported having urine leakage in the past 6 months  
• Discussed their urinary leakage problem with a health care provider |
| Adults ages 65 and older                                              | 2. Discussing Treatment of Urinary Incontinence  
• Reported having urine leakage in the past 6 months  
• Discussed treatment options for their current urine leakage problem |
|                                                                      | 3. Impact of Urinary Incontinence  
• Reported having urine leakage in the past 6 months  
• Reported that urine leakage made them change their daily activities or interfered with their sleep a lot. |
| Osteoporosis Testing in Older Women                                   | • Reported ever having received a bone density test to check for osteoporosis                 |
| Adults ages 65-85                                                     |                                                                                             |
| Physical Activity in Older Adults                                     | 1. Discussing Physical Activity  
• Had a doctor’s visit in the past 12 months  
• Spoke with a doctor or other health provider about their level of exercise or physical activity |
| Adults ages 65 and older                                              | 2. Advising Physical Activity  
• Had a doctor’s visit in the past 12 months  
• Received advice to start, increase or maintain their level of exercise or physical activity |

For more information regarding HEDIS® 2016, please contact Quality Improvement Dept. at 757-252-8400.

Updated 08/25/2015