

2021-2022 HEDIS and VBP TIP Sheet

Adults' Access to Preventive/Ambulatory Health Services (AAP)

Description

Assesses the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Helpful Hints

- Submit claims timely with appropriate codes that reflect age-appropriate well care or office visit with PCP or specialist
- AAP measure allows for telehealth and in-person visits
- See select sample (not all inclusive) of preventive or office visit CPT codes below

CPT Codes	
99201-99205	Visit for evaluation/management new patient
99211-99215	Visit for evaluation/management established patient
99385	Preventive visit new patient age: 18 to 39 years
99386	Preventive visit new patient age: 40 to 64 years
99395	Preventive visit established patient age: 18 to 39 years
99396	Preventive visit established patient age: 40 to 64 years

Asthma Medication Ratio (AMR)

Description

Assesses the percentage of members 5–64 years of age identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Helpful Hints

- Encourage members to take their controller medication as ordered
- Encourage member to get refill of controller medications
- **Formulary controller medications qualify for 90-day fills**

Asthma Controller Medications (not all inclusive)

Description	Prescription Name (Brand Name)
Inhaled steroid combinations	<ul style="list-style-type: none"> • Fluticasone-salmeterol (Wixela*) • Fluticasone-salmeterol (Airduo*) • Budesonide-formoterol (Symbicort) • Fluticasone-vilanterol (Breo) • Formoterol-mometasone (Dulera)
Inhaled corticosteroids	<ul style="list-style-type: none"> • Beclomethasone (Qvar*) • Fluticasone Furoate (Arnuity Ellipta*) • Flunisolide (Aerospan) • Budesonide (Pulmicort) • Fluticasone Propionate (Flovent HFA*) • Ciclesonide (Alvesco) • Mometasone (Asmanex)
Leukotriene modifiers	<ul style="list-style-type: none"> • Montelukast* • Zafirlukast*
Methylxanthines	<ul style="list-style-type: none"> • Theophylline*

*Formulary preferred products

Asthma Reliever Medication

Description	Prescription Name (Brand Name)
Short-acting, inhaled beta-2 agonists	<ul style="list-style-type: none"> • Albuterol • Levalbuterol



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Breast Cancer Screening (BCS)

Description

Women 52 - 74 years of age as of December 31, 2022, who had at least one mammogram between October 1, 2020 and December 31, 2022.

Helpful Hints

- Diagnostic mammograms are not compliant
- Health plan can assist members in finding the nearest mammography center

Mammogram CPT Codes

77061-77063, 77065-77067

Chlamydia Screening in Women (CHL)

Description

Sexually active females between the ages of 16–24 years old should be tested for chlamydia each year.

Chlamydia Test CPT Codes

87110, 87270, 87320, 87490-87492, 87810

Cervical Cancer Screening (CCS)

Description

Women 21 - 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology (PAP) performed every 3 years
- Women age 30–64 who had cervical cytology (PAP) human papillomavirus (HPV) co-testing; OR had human papillomavirus (HPV) performed every 5 years
- Medical record must include cervical cytology/HPV test date and results

CPT Codes

CPT Codes	
Cervical Cytology	88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175
HPV Test	87624-87625

Helpful Hints

- Member can be excluded if they had a documented total hysterectomy. Below are the ICD-10 diagnosis codes that can be included on the claim as applicable to exclude member
 - ICD-10 Codes for hysterectomy
 - Q51.5 Agenesis and aplasia of cervix
 - Z90.710 Acquired absence of both cervix and uterus
 - Z90.712 Acquired absence of cervix with remaining uterus

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Diabetes Care

- **Blood Pressure Control for Patients with Diabetes (BPD)**
- **Eye Exam for Patients with Diabetes (EED)**
- **Hemoglobin A1c Control for Patients with Diabetes (HBD)**

Description and Helpful Hints

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

- **(HBD) HbA1c Screening and Control (A1c <8)** – Identify and document the most recent date of service and result in measurement year
 - Submit the appropriate CPT II code for A1c results on the claim (see codes below)
 - Remember to reschedule members for repeat A1c prior to end of year if A1c is ≥ 8.0
 - Encourage members to take medications

A1C Result	CPT II Code
A1c <7%	3044F
A1c $\geq 7\%$ and <8%	3051F
A1c $\geq 8\%$ and $\leq 9\%$	3052F
A1c >9%	3046F

- **(EED) Eye Exam** - An eye screening for diabetic retinal disease by an optometrist or ophthalmologist
 - A retinal or dilated eye exam billed by an optometrist or ophthalmologist in the measurement year, OR
 - A retinal or dilated eye exam billed by an optometrist or ophthalmologist with diagnosis of diabetes without complications in year prior to measurement year
 - A retinal or dilated eye exam (without retinopathy) interpreted by optometrist/ophthalmologist; billed by any provider in year prior to measurement year (see CPT II codes below – Also include one of the ICD-10 codes listed below)
 - A retinal or dilated eye exam (with retinopathy) interpreted by optometrist/ophthalmologist; billed by any provider in measurement year (see CPT II codes below – Also include one of the ICD-10 codes listed below)
 - Automated eye exam (CPT 92229) billed by any provider in the measurement year.
 - Bilateral eye enucleation any time during the member’s history through Dec 31 of measurement year
 - Medical record should include date of exam, results, provider name, specialty, and member demographic to include date of birth

Eye Exam/Result Description	CPT or CPT II Code
Imaging of retina; automated analysis & report	CPT 92229
Dilated retinal eye exam with interpretation by optometrist/ophthalmologist with evidence of retinopathy	2022F
Dilated retinal eye exam with interpretation by optometrist/ophthalmologist <u>without</u> evidence of retinopathy	2023F
7 standard field stereoscopic retinal photos with interpretation by an optometrist/ophthalmologist documented and reviewed; with evidence of retinopathy	2024F
7 standard field stereoscopic retinal photos results documented and reviewed; <u>without</u> evidence of retinopathy	2025F
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy	2026F
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; <u>without</u> evidence of retinopathy	2033F

Eye Exam/Diabetes Diagnosis Description	ICD-10 Code
Type 1 diabetes mellitus without complications	E10.9
Type 2 diabetes mellitus without complications	E11.9
Other specified diabetes mellitus without complications	E13.9

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- **(BPD) BP Control** - The last BP taken during the measurement year
 - Blood Pressure Control is <140/90 mm HG
 - Submit the appropriate CPT II codes for systolic/diastolic BP on the claim
 - All guidelines mentioned under CBP also apply for diabetes BP guidelines
 - BPs taken by any digital device and reported by the member and recorded in the members chart are acceptable

Blood Pressure			
Systolic--CPT II Codes		Diastolic—CPT II Codes	
Blood pressure <130 mm Hg	3074F	Blood pressure <80 mm Hg	3078F
Blood pressure 130-139 mm Hg	3075F	Blood pressure 80 – 89 mm Hg	3079F
Blood pressure ≥ 140 mm Hg	3077F	Blood pressure ≥ 90 mm Hg	3080F

Diabetes Care

- **Kidney Health Evaluation for Patients with Diabetes (KED)**

Description

Members 18–85 years of age with diabetes (type 1 and type 2) who received both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) on the same or different dates of service.

- **eGFR; AND**
- **uACR** identified as having both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart; or urine albumin creatinine ratio lab test

Helpful Hints

- This is administrative only measure—submit claims timely with appropriate codes that reflect appropriate testing
- Educate members on how diabetes can affect their kidney health
- Encourage members to take medications as prescribed

Sample of approved CPT Codes (not all inclusive)	
eGFR	80047-80048; 80050; 80053; 80069; 82565
Quantitative Urine Albumin Lab Test	82043
Urine Creatinine Lab Test	82570

Controlling Blood Pressure (CBP)

Description

Assesses members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm HG) during the measurement year. The representative BP is the last BP reading during the measurement year.

Helpful Hints

- BP must be **<140/90**
- Recheck any blood pressure reading ≥140/90 on **day of service and document all BP values taken during the visit**
- If BP is not controlled, schedule member for follow up appt for BP recheck
- Encourage members to refill their medications, and take medication as ordered
- Order 90-day refills for formulary agents
- **Documentation in the medical record of BP readings reported or taken by the member are acceptable**

Systolic--CPT II Codes		Diastolic—CPT II Codes	
Blood pressure <130 mm Hg	3074F	Blood pressure <80 mm Hg	3078F
Blood pressure 130-139 mm Hg	3075F	Blood pressure 80 – 89 mm Hg	3079F
Blood pressure ≥ 140 mm Hg	3077F	Blood pressure ≥ 90 mm Hg	3080F

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Childhood Immunization Status (CIS)

Description

Children who turned 2 years old during the calendar year must have the following on or before their 2nd birthday.

Combo 10 includes the following:

- 4 doses - PCV (Pneumococcal conjugate vaccine)
- 4 doses - DTaP/dt (Diphtheria and tetanus toxoids and acellular)
- 3 doses - IPV (Poliovirus vaccine)
- 3 doses - Hep B (Hepatitis B)
- 3 doses - Hib (Hemophilus influenzae type B conjugate)
- 1 dose - MMR (Measles, mumps, and rubella)
- 1 dose - VZV (Chicken Pox)
- 1 dose - Hep A (Hepatitis A)
- 2 doses - Influenza (if LAIV* was administered, it must have been given on child's 2nd birthday)
- 2 doses - Rotavirus Monovalent (Rotarix - RVI) **OR** 3 doses - Rotavirus Pentavalent (RotaTeq – TIV)

Helpful Hints

- All immunizations must be given on or BEFORE the child's 2nd birthday
- The LAIV nasal flu spray MUST be given **ON** the child's second birthday
- Encourage and offer flu shots during the months of September through May
- If the parent or guardian state the child had a flu shot somewhere else, be sure to document in the medical record the date and injection given
- For the first Hep B injection documentation that states "given at birth" is sufficient documentation
- If child has an anaphylactic reaction due to vaccination, document appropriately the reaction and submit the appropriate CPT code.
- Specify if rotavirus monovalent (Rotarix) or 3 dose rotavirus pentavalent (RotaTeq) was given
- Use the appropriate CVX or CPT codes
- Be sure to send all information to Maryland ImmUNET

Adolescent Immunizations (IMA)

Description

Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and completed the human papillomavirus (HPV) vaccine series **by their 13th birthday**.

- **Combo 1** - Must have one Meningococcal and one Tdap vaccinations.
- **Combo 2** - Must have one Meningococcal, one Tdap and HPV two (2) dose or three (3) dose series

Meningococcal: At least one meningococcal vaccine with a date of service on or between the member's 11th and 13th birthdays.

Tdap: At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays.

HPV: Document all doses of human papillomavirus given between their 9th and 13th birthday.

Helpful Hints

- All immunizations **MUST** be given by the child's 13th birthday.
- Use the appropriate CVX or CPT codes. Be sure to send all information to State ImmUNET

Lead Screening for Children (Maryland Specification)

Description

Members turning one (1) year old in the calendar year must be tested

Helpful Hints

Any member born in 2021 **MUST** be tested in 2022

Testing can begin at 9 months of age.

CPT Code

83655



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Postpartum and Prenatal Care (PPC)

Description

Women who had a live birth(s) between October 8, 2021 and October 7, 2022. For these women, the measure assesses:

- **Timeliness of Prenatal Care:** Deliveries that received a prenatal care visit in the first trimester **OR** within 42 days of enrollment in the organization.
- **Postpartum Care:** Deliveries that had a postpartum visit on or between 7 days and 84 days after delivery

Helpful Hints

- Prenatal visits-OB history/prenatal risk assessment obtained by an RN that is cosigned by OB/GYN or PCP are eligible for prenatal care visit
- Postpartum visit- Stress importance of post-partum visits during prenatal care

Postpartum Care	
CPT II	0503F
CPT	57170, 58300, 59430, 99501

Well Child Visits the first 30 months of life (W30)

Description

All data are collected through admin data/claims only.

- Members who turned 15 months old during the measurement year and had six (6) or more comprehensive well-child visits with a PCP during their first 15 months of life.
- Members who turned 30 months old during the measurement year and had at least two (2) or more comprehensive well-child visits with a PCP between 15 months and 1 day to 30 months of life.

Helpful Hints

- This measure is now administrative ONLY—submit claims timely with appropriate codes that reflect age-appropriate well care service rendered
- Consider sick visits as an opportunity to catch patients up on their annual well care as appropriate
- Visits must be with a primary care practitioner
- PCP does not have to be the practitioner assigned to the child

CPT Codes	
99381	Preventive visit new patient age: <1 year
99382	Preventive visit new patient age: 1 to 4 years
99391	Preventive visit established patient age: <1 year
99392	Preventive visit established patient age: 1 to 4 years

Well Child Visit (WCV)

Description

Members 3-21 years of age who had at least one comprehensive well-visit with a PCP or an OB/GYN practitioner during the measurement year.

Helpful Hints

- This measure is now administrative ONLY—submit claims timely with appropriate codes that reflect age-appropriate well care services rendered.
- Consider sick visits as an opportunity to catch patients up on their annual well care as appropriate
- Visits must be with a primary care practitioner. The PCP does not have to be the practitioner assigned to the child

CPT Codes	
99382	Preventive visit new patient age: 1 to 4 years
99383	Preventive visit new patient age: 5 to 11 years
99384	Preventive visit new patient age: 12 to 17 years
99385	Preventive visit new patient age: 18 to 39 years
99392	Preventive visit established patient age: 1 to 4 years
99393	Preventive visit established patient age: 5 to 11 years
99394	Preventive visit established patient age: 12 to 17 years
99395	Preventive visit established patient age: 18 to 39 years

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Weight Counseling for Children (WCC)

Description

Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and evidence of the following during the measurement year:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Helpful Hints

- Anticipatory guidance regarding weight, diet, nutrition, and physical activity are valid for the WCC measure counseling elements whether rendered during a sick or well visit and includes telehealth.
- Include BMI percentile ICD-10 coding on the claim and document in the health record via growth chart or documented as a percentile for sick or well visits including telehealth. Member reported height and weight can be used to calculate and document BMI percentile.
- Include Nutritional and Physical Activity Counseling ICD-10 coding on the claim and document in the health record.

BMI Percentile Pediatric ICD-10 Coding	Body Mass Index (BMI) Percentile, Pediatric Description
Z68.51	BMI less than 5th percentile for age
Z68.52	BMI 5th percentile to less than 85th percentile for age
Z68.53	BMI 85th percentile to less than 95th percentile for age
Z68.54	BMI greater than or equal to 95th percentile for age

Nutritional Counseling ICD-10 Coding	Nutritional Counseling Description
Z71.3	Dietary counseling and surveillance

Physical Activity Counseling ICD-10 Coding	Physical Activity Description
Z71.82	Exercise counseling
Z02.5	Encounter for examination for participation in sport