

Dear Colleague,

As an NCQA-accredited health plan, Molina Healthcare strives to meet Healthcare Effectiveness Data and Information Set (HEDIS®) requirements. HEDIS® is regarded as the industry standard for measuring and comparing health plan performance.

To assist your practice with increasing your HEDIS® rates and to help improve medical record documentation, we have created this booklet for you. This year we have included CPT II codes to help lower the need for requesting records and chart reviews. CPT II codes will help track performance and provide outcome information necessary for HEDIS® reporting.

If you have any questions or would like to request additional copies, please contact Provider Services at (855) 322-4079.

Thank you for your continued efforts to improve the health of our members.

Sincerely,

Martin Portillo, MD

Martin Portillo, MD, FACP

Vice President Medical Affairs & Chief Medical Officer

Molina Healthcare of Ohio



Your Extended Family.

Frequent Questions About HEDIS® Data Collection

What is HEDIS®?

HEDIS® is the acronym for Healthcare Effectiveness Data and Information Set. It is a program administered by The National Committee for Quality Assurance (NCQA) to measure quality across all types of health plans. Health plans use data from submitted claims to obtain the majority of their HEDIS® rates. However, for some measures medical records are necessary to determine if the standards are met.

Who reviews the medical records?

Molina Healthcare of Ohio uses Molina Healthcare professionals to obtain and review the medical records for HEDIS®. You can be assured that each professional who reviews medical records for our members will treat your patients' Protected Health Information (PHI) with total protection and confidentiality.

Does the Health Insurance Portability and Accountability Act (HIPAA) allow health plans to collect and review medical records without a signed member release?

The HIPAA Privacy Rule allows providers to disclose PHI to another covered entity (the health plan, for example) without a signed release in reference to health care operations. Health care operations include activities such as quality assessment and improvement and health plan performance evaluations. HEDIS® scores are an integral part of these activities.

How and where are the medical records reviewed?

Molina Healthcare will notify providers by fax of all records required for review. Most providers choose to provide us with the records by fax or mail. Some providers request that reviews be completed in their offices. If this method is preferred, we will schedule the chart review at a time that is convenient for your office and copy the records on-site.

When will I be asked to provide records for the HEDIS® project?

Medical records are requested for HEDIS® reporting purposes throughout the year. However, the majority of records are requested and reviewed between the beginning of February through the middle of May and between September and November each year.

Is my participation in HEDIS® data collection mandatory?

Yes. Network participants are contractually required to provide medical record information so that we may fulfill our state and federal regulatory and accreditation obligations.

What is my office's responsibility regarding HEDIS® data collection?

You and your office staff are responsible for responding to Molina Healthcare's requests for medical record documentation in a timely manner. If a patient included on the list is not part of your practice, you should notify the HEDIS® staff at the number provided to you immediately.

Who should be responsible for coordinating this process in my office?

Your office manager or another employee you designate should be responsible for sending information by fax or mail, or making records available for on-site reviews. In offices with a medical record department, the office manager or your designee should coordinate with the medical record contact so he or she knows that the request was authorized.

Should I allow a record review for a member who is no longer with Molina Healthcare or a member who is deceased?

Yes. Medical record reviews may require data collection on services obtained over multiple years when the member was receiving benefits from Molina.

Am I required to provide medical records for a member who was seen by a provider who has retired, died or moved?

Yes. HEDIS® data collection includes reviewing medical records as far back as 10 years (including before your patient was a Molina Healthcare member). Archived medical records and data may be required to complete data collection.

What can providers do to ensure accuracy?

The majority of HEDIS® information is collected from claims. However, medical record results are also incorporated into the data. As providers, you can help facilitate the process by:

- Submitting accurate and timely claims for every office visit.
- Always including appropriate chronic and disability diagnoses on all claims for members with chronic illness.
- Documenting chronic disease whenever it is appropriate, including appointments when prescription refills are written for chronic conditions. Molina Healthcare has identified asthma as the most common diagnosis code not reported.
- Being specific on diagnosis coding and always using the most specific appropriate diagnosis code available.
- Documenting all care in the patient's medical record.

What if I still have questions?

For more information, please visit our website at www.MolinaHealthcare.com or call your provider representative or the HEDIS® Program Manager at Molina Healthcare at (888) 562-5442. A representative will be available to assist you from 8 a.m. to 5 p.m. Monday through Friday.

***** Are your Super Bills populated with non-specific diagnosis codes? If so, please share this information with the provider(s) to ensure appropriate diagnosis codes are reported. *****

General HEDIS® Tips to Improve Scores

- **Work with Molina Healthcare.** We are your partners in care and would like to assist you in improving your HEDIS® scores.
- **Use HEDIS® specific billing codes when appropriate.** We have tip reference guides on what codes are needed for HEDIS®.
- **Use HEDIS® Needed Services Lists.** Molina Healthcare sends you these lists to identify patients who have gaps in care. If a patient calls for a sick visit, see if there are other needed services (e.g., well care visits, preventive care services). Keep the needed services list by the receptionist's phone so the appropriate amount of time can be scheduled for all needed services when patients call for a sick visit.
- **Avoid missed opportunities.** Many patients may not return to the office for preventive care, so make every visit count. Schedule follow-up visits before patients leave.
- **Improve office management processes and flow.** Review and evaluate appointment hours, access, scheduling processes, billing and office/patient flow. We can help to streamline processes.
 - Review the next day's schedule at the end of each day.
 - Identify appointments where test results equipment, or specific employees are available for the visit to be productive.
 - Call patients 48 hours before their appointments to remind them about their appointments and anything they will need to bring. Ask them to make a commitment that they will be there. This will reduce no-show rates.

General HEDIS® Tips to Improve Scores

- Use non-physicians for items that can be delegated. Also have them prepare the room for items needed.
 - Consider using an agenda setting tool to elicit patients' key concerns by asking them to prioritize their goals and questions. Molina Healthcare will be providing a sample tool at a future date.
 - Consider using an after visit summary to ensure patients understand what they need to do. This improves the patient's perception that there is good communication with their provider.
- **Take advantage of your EMR.** If you have an EMR, try to build care gap "alerts" within the system.

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HEDIS® TIPS:

Adults' Access to Preventive/Ambulatory Health Services

MEASURE DESCRIPTION

Patients 20 years and older who had an ambulatory or preventive care visit. Three separate percentages are reported for each product line (Commercial, Medicare and Medicaid).

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year
- Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

USING CORRECT BILLING CODES*

Codes to Identify Preventive/Ambulatory Health Services

Description	Codes
Ambulatory Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429
Other Ambulatory Visits	CPT: 92002, 92004, 92012, 92014, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337

HOW TO IMPROVE HEDIS® SCORES

- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide services for an ambulatory or preventive care visit.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- Provide patient reminders and materials to assist in upcoming care visits.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Adult BMI Assessment

MEASURE DESCRIPTION

Adults 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year.

For patients younger than 19 years on the date of service, documentation of BMI percentile also meets criteria:

- BMI percentile documented as a value (e.g., 85th percentile)
- BMI percentile plotted on an age-growth chart

USING CORRECT BILLING CODES*

Codes to Identify BMI	
Description	ICD-9 Code
BMI less than 19, adult	V85.0
BMI between 19-24, adult	V85.1
BMI 25.0-25.9	V85.21
BMI 26.0-26.9	V85.22
BMI 27.0-27.9	V85.23
BMI 28.0-28.9	V85.24
BMI 29.0-29.9	V85.25
BMI 30.0-30.9	V85.30
BMI 31.0-31.9	V85.31
BMI 32.0-32.9	V85.32
BMI 33.0-33.9	V85.33
BMI 34.0-34.9	V85.34
BMI 35.0-35.9	V85.35
BMI 36.0-36.9	V85.36
BMI 37.0-37.9	V85.37
BMI 38.0-38.9	V85.38
BMI 39.0-39.9	V85.39
BMI 40.0-44.9	V85.41
BMI 45.0-49.9	V85.42
BMI 50.0-59.9	V85.43
BMI 60.0-69.9	V85.44
BMI >=70	V85.45

HOW TO IMPROVE HEDIS® SCORES

- Make BMI assessment part of the vital sign assessment at each visit.
- Use correct billing codes (decreases the need for Molina Healthcare to request the medical record).
- Ensure proper documentation for BMI in the medical record with all components (i.e., date, weight, height, and BMI value).
- If on an EMR, update the EMR templates to automatically calculate a BMI.
- Place BMI charts near scales (ask Molina Healthcare for copies).
- If not on an EMR, you can calculate the BMI here: <http://www.cdc.gov/healthyweight/assessing/bmi/>

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*Codes subject to change

HEDIS® TIPS:

Children and Adolescents' Access to Primary Care Practitioners

MEASURE DESCRIPTION

The percentage of patients 12 months to 19 years of age who had a visit with a PCP. Four separate percentages are reported for each product line.

- Children 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year.
- Children 7 to 11 years and adolescents 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

USING CORRECT BILLING CODES*

Codes to Identify Ambulatory or Preventive Care Visits	
Description	Codes
Ambulatory Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429

HOW TO IMPROVE HEDIS® SCORES

- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide an ambulatory or preventive care visit.
- Make sports/day care physicals into ambulatory or preventive care visits by performing the required services and submitting appropriate codes.
- Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

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*Codes subject to change

HEDIS® TIPS: Well-Child Visits First 15 Months of Life

MEASURE DESCRIPTION

Children who turned 15 months old during the measurement year and who had at least six well-child visits prior to turning 15 months.

Well-child visits consists of:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

USING CORRECT BILLING CODES*

Codes to Identify Well-Child Visits

Description	Codes
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

HOW TO IMPROVE HEDIS® SCORES

- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, lead testing and BMI calculations.
- Make day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- The medical record needs to document the date the visit occurred, evidence of mental development history, evidence of physical development history, specific health education/anticipatory guidance addressed, and a physician signature.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

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*Codes subject to change

HEDIS® TIPS: Well-Child Visits 3 – 6 Years

MEASURE DESCRIPTION

Children 3 to 6 years of age who had one or more well-child visits with a PCP during the measurement year.

Well-child visits consists of:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

USING CORRECT BILLING CODES*

Codes to Identify Well-Child Visits

Description	Codes
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

HOW TO IMPROVE HEDIS® SCORES

- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, lead testing and BMI calculations.
- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- The medical record needs to document the date the visit occurred, evidence of mental development history, evidence of physical development history, specific health education/anticipatory guidance addressed, and a physician signature.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- During well-child visits encourage parents to take their child to the dentist. It is important for children 2-21 years of age to receive 2 dental screenings per year.

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*Codes subject to change

HEDIS® TIPS: Adolescent Well-Care Visit

MEASURE DESCRIPTION

Patients 12 to 21 years of age who had one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.

Well-care visit consists of:

- A health and developmental history (physical and mental)
- A physical exam
- Health education/anticipatory guidance

USING CORRECT BILLING CODES*

Codes to Identify Well-Care Visits

Description	Codes
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

HOW TO IMPROVE HEDIS® SCORES

- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-care visit, immunizations, lead testing and BMI calculations.
- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- The medical record needs to document the date the visit occurred, evidence of mental development history, evidence of physical development history, specific health education/anticipatory guidance addressed, and a physician signature.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- During well-care visits encourage parents to take their child to the dentist. It is important for children 2-21 years of age to receive 2 dental screenings per year.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Childhood Immunizations

MEASURE DESCRIPTION

Children 2 years of age who had the following vaccines on or before the second birthday:

- 4 DTaP (diphtheria, tetanus and acellular pertussis)
- 3 IPV (polio)
- 1 MMR (measles, mumps, rubella)
- 3 HiB (H influenza type B)
- 3 Hep B (hepatitis B)
- 1 VZV (chicken pox)
- 4 PCV (pneumococcal conjugate)
- 1 Hep A (hepatitis A)
- 2 or 3 RV (rotavirus)
- 2 Influenza (prior to six months after birth)

USING CORRECT BILLING CODES*

Codes to Identify Childhood Immunizations

Description	CPT Codes
DTaP	90698, 90700, 90721, 90723
IPV	90698, 90713, 90723
MMR	90707, 90710 OR 90708 with 90704 OR 90705 with 90704 with 90706
HiB	90645-90648, 90698, 90721, 90748
Hepatitis B	90723, 90740, 90744, 90747, 90748
VZV	90710, 90716
Pneumococcal conjugate	90669, 90670
Hepatitis A	90633
Rotavirus (two-dose schedule)	90681
Rotavirus (three-dose schedule)	90680
Influenza	90655, 90657, 90661, 90662, 90673, 90685

HOW TO IMPROVE HEDIS® SCORES

- Review a child's immunization record before every visit and administer needed vaccines.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations, (e.g., MMR causes autism, which is now completely disproven).
- Have a system for patient reminders

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Immunizations for Adolescents

MEASURE DESCRIPTION

Children 13 years of age who received the following vaccines **on or before the 13th birthday**:

- One meningococcal vaccine
- One Tdap or one Td vaccine

USING CORRECT BILLING CODES*

Codes to Identify Adolescent Immunizations

Description	Codes
Meningococcal	CPT: 90733, 90734
Tdap	CPT: 90715
Td	CPT: 90714, 90718
Tetanus	CPT: 90703
Diphtheria	CPT: 90719

HOW TO IMPROVE HEDIS® SCORES

- Review missing vaccines with parents.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- Make every office visit count – take advantage of sick visits for catching up on needed vaccines.
- Institute a system for patient reminders.
- Some vaccines will have been given before the patients were Molina Healthcare members. Include these on the members' vaccination record, even if your office did not provide the vaccine.

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*Codes subject to change

HEDIS® TIPS: Lead Screening in Children

MEASURE DESCRIPTION

Children who had one or more capillary or venous lead blood test for lead poisoning **by their second birthday**.

USING CORRECT BILLING CODES*

Codes to Identify Lead Tests

Description	CPT Code
Lead Tests	83655

HOW TO IMPROVE HEDIS® SCORES

- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to perform lead testing.
- Consider a standing order for in office lead testing.
- Educate parents about the dangers of lead poisoning and the importance of testing.
- Provide in-office testing (capillary).
- Make sure to add the test result in documentation.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:

Weight Assessment and Counseling for Nutrition, Physical Activity for Children/Adolescents (All Three Rates)

MEASURE DESCRIPTION

The percentage of children 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN during the calendar year and had evidence of the following:

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

*Reflects BMI assessment rather than BMI value.

USING CORRECT BILLING CODES*

Codes to Identify Outpatient Visit

CPT

99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99395, 99401-99404, 99411, 99412, 99420, 99429

Codes to Identify BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity

Description	Prescription
BMI percentile	ICD-9: V85.51-V85.54
Counseling for nutrition	CPT: 97802-97804 ICD-9: V65.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Counseling for physical activity	ICD-9: V65.41 HCPCS: G0447, S9451

HOW TO IMPROVE HEDIS® SCORES

- Use BMI charts to plot BMI percentiles
- Contact your Provider Services Representative to request educational materials, including a BMI wheel, for your office.
- Preventive Health Guidelines, Clinical Preventive Guidelines, and HEDIS Coding Help Sheets for Adults are provided at www.MolinaHealthcare.com
- Visit the American Academy of Pediatrics at http://brightfutures.aap.org/clinical_practice.html and the Early Periodic Screening, Diagnostic and Treatment (EPDST) Healthchek requirements at www.MolinaHealthcare.com for Healthchek-EPDST screening forms and a complete list of billing guidelines.

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*Codes subject to change

HEDIS® TIPS:

Breast Cancer Screening

MEASURE DESCRIPTION

Women 50 to 74 years of age who had one or more mammograms any time on or between Oct. 1 two years prior to the measurement year and Dec. 31 of the measurement year.

Note: Biopsies, breast ultrasounds and MRIs do not count because HEDIS® does not consider them to be appropriate primary screening methods.

USING CORRECT BILLING CODES*

Codes to Identify Mammogram

Description	Codes
Breast Cancer Screening	CPT: 77055-77057 HCPCS: G0202, G0204, G0206 ICD-9: 87.36, 87.37

Exclusions: Bilateral mastectomy
Unilateral mastectomy with a bilateral modifier
Two unilateral mastectomies 14 or more days apart

HOW TO IMPROVE HEDIS® SCORES

- Educate female patients about the importance of early detection and encourage testing.
- Use needed services list to identify patients in need of mammograms.
- If the patient had a bilateral mastectomy, document this in the medical record and fax Molina Healthcare the chart.
- Schedule a mammogram for patient or send/give patient a referral/script (if needed).
- Have a list of mammogram facilities available to share with the patient (helpful to print on colored paper for easy reference).
- Engage patient in discussion of their fears about mammograms and let women know these tests are less uncomfortable and use less radiation than they did in the past.

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*Codes subject to change

HEDIS® TIPS: Cervical Cancer Screening

MEASURE DESCRIPTION

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

- Aged 21 to 64 years who had a cervical cytology performed every three years.
- Aged 30 to 64 years who had cervical cytology/HPV co-testing performed every five years.

Exclusions: Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix

USING CORRECT BILLING CODES*

Codes to Identify Cervical Cancer Screening

Description	Codes
Cervical Cancer Screening	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HPV Tests: 87620-87622

HOW TO IMPROVE HEDIS® SCORES

- Use needed services lists to identify women who need a screening.
- Use a reminder/recall system (e.g., tickler file).
- Request results of screenings be sent to you if done at OB/GYN visits.
- Document in the medical record if the patient has had a hysterectomy with no residual cervix and fax us the chart. Remember synonyms – “total”, “complete”, “radical.”
- Don't miss opportunities (e.g., completing screenings during regularly-scheduled well woman visits, sick visits, urine pregnancy tests, UTI, and Chlamydia/STI screening).
- Place a notation in the record of when the pap smear was done and if the results by the PCP are acceptable.

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*Codes subject to change

HEDIS® TIPS: Chlamydia Screening

MEASURE DESCRIPTION

Women 16 to 24 years of age who were identified as sexually active and who had at least one chlamydia test during the measurement year.

USING CORRECT BILLING CODES*

Codes to Identify Chlamydia Screening

Description	CPT Code
Chlamydia Screening	87110, 87270, 87320, 87490-87492, 87810

HOW TO IMPROVE HEDIS® SCORES

- Perform chlamydia screening every year on every 16 to 24 year-old female identified as sexually active (use any visit opportunity).
- Add chlamydia screening as a standard lab for women 16 to 24 years old. Use well child exams and well women exams for this purpose.
- Ensure that you have an opportunity to speak with your adolescent female patients without their parents.
- Remember that chlamydia screening can be performed through a urine test. Offer this as an option for your patients.
- Place chlamydia swab next to Pap test or pregnancy detection materials.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Prenatal Care – Timeliness

MEASURE DESCRIPTION

Prenatal care visit in the first trimester or within 42 days of enrollment.

Any visit to an OB/GYN or other PCP with one of these:

- Obstetric panel
- TORCH antibody panel
- Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing)
- Ultrasound of pregnant uterus
- Pregnancy-related diagnosis code
- Documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/education

USING CORRECT BILLING CODES*

Please note that global billing or bundling codes do not provide specific date information to count toward this measure. Please consider not using global billing or bundling codes.

Codes to Identify Prenatal Care Visits	
Description	Codes
Prenatal Care Visits	<p>CPT: 0500F-0502F, 59400**, 59425**, 59426**, 59510**, 59610**, 59618**, 76801, 76805, 76811, 76813, 76815-76821, 76825-76828, 80055, 86644, 86694-86696, 86762, 86777, 86900, 86901, 99201-99205, 99211-99215, 99241-99245</p> <p>HCPCS: H1000-H1004, H1005* ICD-9 Diagnosis: 88.78 640.01, 640.03, 640.81-640.91, 640.93, 641.01-641.31, 641.33, 641.81-641.91, 642.xx, 643.01-.21, 643.23 643.81-643.91, 644.03, 644.13, 644.21, 645.11-645.21, 645.13, 645.23, 646.xx-649.xx, 650, 651.xx-669.xx, 670.02, 671.xx, 672.02, 673.xx-673.xx-676.xx, 678.01-.11, 679.01-679.12, 72-74 ICD9-PCS: V27, V30-37, V39</p>

** These codes are only useful if the claim indicates when prenatal care was initiated.

HOW TO IMPROVE HEDIS® SCORES

- Document physical OB findings; i.e. documentation of fetal heart tones, fundal height, cervical changes.
- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- Have a direct referral process to OB/GYN in place.
- Molina Healthcare has a Motherhood Matters® program to which you can refer patients.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Frequency of Ongoing Prenatal Care

MEASURE DESCRIPTION

The percentage of Medicaid deliveries between Nov. 6 of the year prior to the measurement year and Nov. 5 of the measurement year that had 81 percent or more of expected visits. The percentage is adjusted by the month of pregnancy at the time of enrollment and gestational age.

USING CORRECT BILLING CODES*

Please note that global billing or bundling codes do not provide specific date information to count toward this measure. Please consider not using global billing or bundling codes.

Codes to Identify Prenatal Care Visits	
Description	Codes
Prenatal Care Visits	<p>CPT: 0500F-0502F, 99201-99205, 99211-99215, 99241-99245, 99500</p> <p>HCPCS: G0463, H1000-H1004</p>

HOW TO IMPROVE HEDIS® SCORES

- Document physical OB findings; i.e. documentation of fetal heart tones, fundal height, cervical changes. All documentation for Timeliness of Prenatal Care applies.
- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment with Molina Healthcare.
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a prenatal visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- Have a direct referral process to OB/GYN in place.
- Molina Healthcare has a Motherhood Matters® program to which you can refer patients.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Postpartum Care

MEASURE DESCRIPTION

Postpartum care visit to an OB/GYN practitioner or PCP between 21 and 56 days after delivery.

A postpartum exam visit note must include one of the following:

- Postpartum check, postpartum care, six-week check notation, or pre-printed “Postpartum Care” form in which information was documented during the visit
- Pelvic exam
- Evaluation of weight, BP, breasts and abdomen.
 - » Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.

USING CORRECT BILLING CODES*

Please note that global billing or bundling codes do not provide specific date information to count toward this measure.

Codes to Identify Postpartum Visits

Description	Codes
Postpartum Visit	<p>CPT: 0503F, 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175, 99501</p> <p>ICD-9-CM Diagnosis: V24.1, V24.2, V25.11-V25.13, V72.31, V72.32, V76.2</p>

HOW TO IMPROVE HEDIS® SCORES

- Schedule your patient for a postpartum visit within 21 to 56 days from delivery (please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®).
- Use the postpartum calendar tool from Molina Healthcare to ensure the visit is within the correct time frame.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:

Follow-up Care for Children Prescribed ADHD Medication

MEASURE DESCRIPTION

Patients 6 to 12 years-old, with a new prescription for an ADHD medication who had:

- At least one follow-up visit with practitioner with prescribing authority during the first 30 days.
- At least two follow-up visits within 270 days after the end of the initiation phase.

USING CORRECT BILLING CODES*

Codes to Identify Follow-up Visits

Description	Codes	
Follow-up Visits	<p>CPT: 90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510</p>	
Description	Codes	
Follow-up Visits Other agents	WITH	<p>CPT: 90791, 90792, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90838, 90845, 90847, 90849, 90853</p>
		<p>POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72</p>
		<p>CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>
		<p>POS: 52, 53</p>

HOW TO IMPROVE HEDIS® SCORES

- When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office.
- Schedule two more visits in the nine months after the first 30 days to continue to monitor your patient’s progress.
- Never continue these controlled substances without at least two visits per year to evaluate a child’s progress. If nothing else, you need to monitor the child’s growth to make sure they are on the correct dosage.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Engagement of AOD Treatment, Total

MEASURE DESCRIPTION

The percentage of adolescent and adult members 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

- *Initiation of AOD Treatment.* Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.
- *Engagement of AOD Treatment.* Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

USING CORRECT BILLING CODES*

Codes to Identify Outpatient, Intensive Outpatient and Partial Hospitalization Visits

CPT	HCPCS	UB Revenue
98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99385, 99394-99397, 99401-99404, 99409, 99411, 99412, 99510	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983
CPT	POS	
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	WITH	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53

HOW TO IMPROVE HEDIS® SCORES

- Clinical Practice Guidelines for Adults are provided at:
http://www.molinahealthcare.com/providers/oh/medicaid/resource/Pages/guide_clinical.aspx.
- Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- Provide patient reminders and materials to assist in upcoming care visits.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:

Pharmacotherapy Management of COPD Exacerbation

MEASURE DESCRIPTION

The percentage COPD exacerbations for patients 40 years and older who had an acute inpatient discharge or ED visit and were dispensed:

- a systemic corticosteroid within 14 days of the event
- a bronchodilator within 30 days of the event

USING CORRECT BILLING CODES*

Codes to Identify Visit Type

Description	Codes
AOD Dependence Diagnosis	ICD-9-CM: 291.0-291.5, 291.81, 291.82, 291.89, 291.9, 303.01, 303.02, 303.90, 303.91, 303.92, 304, 305, 535.30, 353.31, 571.1
Acute inpatient	UB Revenue: 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0214, 0219, 0720-0724, 0729, 0987
ED**	CPT: 99281-99285 WITH COPD ICD-9: 493.20-493.22, 496 OR Emphysema ICD-9: 492.0, 492.8 OR Chronic Bronchitis ICD-9: 491.0, 491.1, 491.20-491.22, 491.8, 491.9 UB Revenue: 0450-0452, 0456, 0459, 0981

** Do not include ED visits that result in an inpatient admission.

Systemic Corticosteroids

Description	Prescription	
Glucocorticoids	Betamethasone	Hydrocortisone
	Prednisolone	Triamcinolone
	Dexamethasone	Methylprednisolone
	Prednisone	

Bronchodilators

Description	Prescription	
Anticholinergic agents	Albuterol-ipratropium	Ipratropium
	Acclidinium-bromide	Tiotropium
Beta 2-agonists	Albuterol	Formoterol
	Metaproterenol	Fluticasone-salmeterol
	Arformoterol	Indacaterol
	Pirbuterol	Mometasone-formoterol
	Budesonide-formoterol	Levalbuterol
Methylxanthines	Salmeterol	Fluticasone-vilanterol
	Aminophylline	Dyphylline
	Guaifenesin-theophylline	Dyphylline-guaifenesin
	Theophylline	

HEDIS® TIPS:

Pharmacotherapy Management of COPD Exacerbation

HOW TO IMPROVE HEDIS® SCORES

- Preventive Health Guidelines, Clinical Preventive Guidelines, and HEDIS Coding Help Sheets for Adults are provided at:
http://www.molinahealthcare.com/providers/oh/medicaid/resource/Pages/guide_prevent.aspx
- Visit the National Heart, Lung, & Blood Institute at <http://www.nhlbi.nih.gov/health/public/lung/copd> for information on networks, materials and information, resources, and treatment options on COPD.
- Visit the COPD Foundation at <http://www.copdfoundation.org> for information on programs, testing and diagnosis, management guidelines, research, and resources on COPD.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:

Antidepressant Medication Management

MEASURE DESCRIPTION

The percentage of adults 18 years of age and older who were diagnosed with an episode of major depression:

- *Effective Acute Phase Treatment.* The percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment.* The percentage of patients who remained on an antidepressant medication for at least 180 days (six months).

USING CORRECT BILLING CODES*

Codes to Identify Major Depression

Description	ICD-9 Code
Major depression	296.20-296.25, 296.30-296.35, 298.0, 311

HOW TO IMPROVE HEDIS® SCORES

- Educate your patients on how to take their antidepressant medications including:
 - How antidepressants work, benefits and how long they should be used
 - Expected length of time to be on antidepressant before starting to feel better
 - Importance of continuing to take the medication even if patient begins feeling better (for at least six months)
 - Common side effects, how long the side effects may last and how to manage them
 - What to do if there are questions or concerns

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:**Persistence of Beta-Blocker Treatment After a Heart Attack****MEASURE DESCRIPTION**

The percentage of patients 18 years and older who were hospitalized and discharged with a diagnosis of AMI from July 1 to June 30 and received persistent beta-blocker treatment for six months after discharge.

USING CORRECT BILLING CODES***Codes to Identify Visit Type**

Description	Codes
AMI	ICD-9: 410.x1**

** An organization that does not have fifth-digit specificity must develop a methodology to ensure that only the first eligible episode of an AMI is included in the measure.

Beta-Blocker Medications

Description	Prescription
Noncardioselective beta-blockers	Nadolol Carvedilol Labetalol Propranolol Penbutolol Pindolol Timolol Sotalol
Cardioselective beta-blockers	Acebutolol Atenolol Betaxolol Bisoprolol Metoprolol Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone Hydrochlorothiazide-metoprolol Bendroflumethiazide-nadolol Hydrochlorothiazide-propranolol Bisoprolol-hydrochlorothiazide

HOW TO IMPROVE HEDIS® SCORES

- Preventive Health Guidelines, Clinical Preventive Guidelines, and HEDIS Coding Help Sheets for Adults are provided at: http://www.molinahealthcare.com/providers/oh/medicaid/resource/Pages/guide_prevent.aspx
- Utilize flow sheets to promote better adherence to guidelines when it comes to beta-blocker assessment and treatment after a heart attack at each visit.
- Provide smoking cessation and other interventions to eliminate or control risk factors.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:**Adults with Acute Bronchitis****MEASURE DESCRIPTION**

Adults 18 to 64 years of age diagnosed with acute bronchitis **should not** be dispensed an antibiotic within three days of the visit.

Note: Prescribing antibiotics for acute bronchitis is not indicated unless there is a comorbid diagnosis or a bacterial infection (examples listed on the right).

Only about 10 percent of cases of acute bronchitis are due to a bacterial infection. In most cases antibiotics will not help.

USING CORRECT BILLING CODES***Codes to Identify Acute Bronchitis**

Description	ICD-9 Code
Acute bronchitis	466.0

Comorbid Condition Examples

Description	ICD-9 Code
Chronic bronchitis	491
Emphysema	492
Chronic airway obstruction	496
Chronic obstructive asthma	493.2

Competing Diagnose Examples

Description	ICD-9 Code
Acute sinusitis	461
Otitis media	382, 382.0, 382.00, 382.1-382.4, 382.9
Acute pharyngitis	034.0, 462

HOW TO IMPROVE HEDIS® SCORES

- Educate patients on comfort measures without antibiotics (e.g., extra fluids and rest).
- Discuss realistic expectations for recovery time (e.g., cough can last for four weeks without being “abnormal”).
- For patients insisting an antibiotic:
 - Give a brief explanation
 - Write a prescription for symptom relief instead of an antibiotic
 - Encourage follow-up in three days if symptoms do not get better
- Submit comorbid diagnosis codes if present on claim/encounter (see codes above).
- Submit competing diagnosis codes for bacterial infection if present on claim/encounter (see codes above).

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*Codes subject to change

HEDIS® TIPS: Spirometry Testing in COPD Assessment

MEASURE DESCRIPTION

Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD who received a spirometry testing to confirm the diagnosis in the two years prior to the diagnosis or within six months of the diagnosis.

USING CORRECT BILLING CODES*

Codes to Identify COPD	
Description	ICD-9-CM Diagnosis
Chronic bronchitis	491.0, 491.1, 491.20-491.22, 491.8-491.9
Emphysema	492.0, 492.8
COPD	493.20-493.22, 496
Codes to Identify Spirometry Testing	
Description	CPT Codes
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620

HOW TO IMPROVE HEDIS® SCORES

- Spirometry testing for diagnosing COPD is standard of care.
- Perform spirometry test on patients newly diagnosed with COPD within 180 days to confirm diagnosis of COPD, evaluate severity, and assess current therapy.
- Ensure documentation of spirometry testing.
- Train staff to perform the test on patients.
- Differentiate acute from chronic bronchitis and use correct code so that patient is not inadvertently put into the measure.
- Ensure patients are new cases, not long-standing COPD where the diagnosis has lapsed for a significant period.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Appropriate Medications for People with Asthma

MEASURE DESCRIPTION

The percentage of patients 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication during the measurement year. Patients are in the measure if they met at least one of the following during both the measurement year and the year prior.

- At least one ED visit with asthma as the principal diagnosis.
- At least one acute inpatient claim/encounter, with asthma as the principal diagnosis.
- At least four outpatient asthma visits with asthma as one of the diagnoses and at least two asthma medication dispensing events.
- At least four asthma medication dispensing events.

USING CORRECT BILLING CODES*

Codes to Identify Asthma	
Description	ICD-9 Code
Asthma	493.0-493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92
Asthma Controller Medications	
Description	Prescriptions
Antiasthmatic combinations	Dyphylline-guaifenesin, Guaifenesin-theophylline
Antibody inhibitor	Omalizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone, Triamcinolone
Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton
Mast cell stabilizers	Cromolyn
Methylxanthines	Aminophylline, Dyphylline, Theophylline

HOW TO IMPROVE HEDIS® SCORES

- Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present (e.g., wheezing during viral URI and acute bronchitis is not "asthma").
- Educate patients on use of asthma medications.
- Prescribe a long-term controller medication as well as a short-term "rescue" inhaler.
- Use the needed services list and contact patients who have not filled a controller medication.
- Mail-order delivery is available to patients.
- Molina Healthcare has a breathe with easeSM program to which you can refer your patients.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:

Appropriate Testing for Children with Pharyngitis

MEASURE DESCRIPTION

Children 2 to 18 years of age diagnosed with pharyngitis and dispensed an antibiotic that should have received a Group A strep test.

USING CORRECT BILLING CODES*

Codes to Identify Pharyngitis

Description	ICD-9 Codes
Acute pharyngitis	462
Acute tonsillitis	463
Streptococcal sore throat	034.0

Codes to Identify Strep Test

Description	CPT Codes
Strep Test	87070, 87071, 87081, 87430, 87650-87652, 87880

HOW TO IMPROVE HEDIS® SCORES

- Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics. Submit this test to Molina Healthcare for payment if the State permits, or as a record that you performed the test. Use the codes above.
- Clinical findings alone do not adequately distinguish strep vs. non-strep pharyngitis. Most “red throats” are viral and, therefore, you should never treat empirically, even in children with a long history of strep. Their strep may have become resistant and needs a culture.
- Submit any co-morbid diagnosis codes that apply on claim/encounter.
- If rapid strep test and/or throat culture is negative, educate parents/caregivers that an antibiotic is not necessary for viral infections.
- Additional resources for clinicians and caregivers about pharyngitis can be found here: <http://www.cdc.gov/getsmart/campaign-materials/info-sheets/child-pharyngitis.html#>

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:

Appropriate Treatment for Children with URI

MEASURE DESCRIPTION

Children 3 months to 18 years of age diagnosed with URI **should not** be dispensed an antibiotic within three days of the diagnosis.

Note: Claims/encounters with more than one diagnosis (e.g., competing diagnoses) are excluded from the measure.

USING CORRECT BILLING CODES*

Codes to Identify URI

Description	ICD-9 Codes
Acute nasopharyngitis (common cold)	460
URI	465.0, 465.8, 465.9

Competing Diagnoses Examples

Description	ICD-9 Code
Otitis media	382.00-383.02, 383.1, 383.30-383.33, 383.81, 383.89, 383.9
Acute sinusitis	461.8, 461.9
Chronic sinusitis	473.8, 473.9
Pneumonia	486
Acne	706.0, 706.1

HOW TO IMPROVE HEDIS® SCORES

- Do not prescribe an antibiotic for a URI diagnosis only.
- Submit any co-morbid/competing diagnosis codes that apply (examples listed in the “Codes to Identify Competing Diagnoses” table above).
- Code and bill for all diagnoses based on patient assessment.
- Educate patient on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen (antibiotic can be prescribed if necessary after three days of initial diagnosis).
- You are encouraged to re-submit an encounter if you missed a second diagnosis code and you see a patient on the needed services report published by Molina Healthcare.
- Patient and provider materials on antibiotic resistance and common infections can be found here: <http://www.cdc.gov/getsmart/index.html>

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Comprehensive Diabetes Care

MEASURE DESCRIPTION

Adults 18 to 75 years of age with diabetes (type1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c control (<8.0%)
- HbA1c control (<7%) for a selected population
- HbA1c poor control (>9.0%)
- Eye exam (retinal or dilated) performed
- BP control (<140/90mmHg)
- Nephropathy monitoring

USING CORRECT BILLING CODES*

Description	Code
Codes to Identify Diabetes	ICD-9: 250.x0-250.x3, 357.2, 362.01-362.07, 366.41, 648.00-648.04
Codes to Identify HbA1c Tests	CPT: 83036, 83037 CPT II: 3044F-3046F
Codes to Identify Nephropathy Screening Test	CPT: 82042, 82043, 82044, 84156 CPT II: 3060F, 3061F, 3066F, 4010F
Codes to Identify Eye Exam (must be performed by optometrist or ophthalmologist)	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, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 CPT II: 2022F, 2024F, 2026F, 3072F
Codes to Identify Blood Pressure	CPTII: 3074F, 3075F, 3077F-3080F

HEDIS® TIPS: Comprehensive Diabetes Care

HOW TO IMPROVE HEDIS® SCORES

- Review diabetes services needed at each office visit.
- Order labs prior to patient appointments.
- If point-of-care HbA1c tests are completed in-office, helpful to bill for this. Also, ensure HbA1c result and date documented in the chart.
- Adjust therapy to improve HbA1c and BP levels. Follow up with patients to monitor changes.
- A dilated retinal eye exam, remote imaging, and fundus photography can count as long as the results are read by an eye care professional (optometrist or ophthalmologist).
- Molina Healthcare has a Healthy Living with DiabetesSM program to which you can refer patients.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS: Follow-up After Hospitalization for Mental Illness

MEASURE DESCRIPTION

Patients 6 years of age and older who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 and 30 days of discharge.

USING CORRECT BILLING CODES*

Codes to Identify Follow-up Visits (must be with mental health practitioner)

Description	Codes
Follow-up Visits	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510

Codes to Identify Exclusions

Description	Codes		
Follow-up Visits	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876	WITH	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Other agents	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255		POS: 52, 53

HOW TO IMPROVE HEDIS® SCORES

- Educate inpatient and outpatient providers about the measure and the clinical practice guidelines.
- Try to schedule the follow-up appointment before the patient leaves the hospital. Same-day outpatient visits count.
- Try to use Molina Healthcare of Ohio case managers or care coordinators to set up appointment.
- Visits must be with a mental health provider.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
*Codes subject to change

HEDIS® TIPS:

Controlling High Blood Pressure

MEASURE DESCRIPTION

Patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose last BP of the year was adequately controlled based on the following criteria: 18 to 59 years of age whose BP was <140/90 mmHg 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mmHg 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mmHg.

Note: Patients are included in the measure if prior to June 30 of the measurement year there was a claim/encounter with a diagnosis of hypertension (ICD-9: 401.xx).

USING CORRECT BILLING CODES*

Codes to Identify Hypertension	
Description	ICD-9 Code
Hypertension	401.0, 401.1, 401.9

HOW TO IMPROVE HEDIS® SCORES

- Calibrate the sphygmomanometer annually.
- Select appropriately sized BP cuff.
- If the BP is high at the office visit (140/90 or greater), take it again. HEDIS® allows the lowest systolic and lowest diastolic readings in the same day and oftentimes the second reading is lower.
- Do not round BP values up. If using an automated machine, record exact values.
- Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in three months.
- Molina Healthcare has pharmacists available to address medication issues.
- If more than one blood pressure was taken during visit, then all blood pressure taken on that final date of service needs to be documented.
- The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year.
- Statements such as “rule out HTN,” “possible HTN,” “consistent with HTN,” “white-coat HTN,” and “questionable HTN” are not sufficient to confirm the diagnosis if such statements are the only notations of hypertension in the medical record.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
 *Codes subject to change

HEDIS® TIPS: Low Back Pain

MEASURE DESCRIPTION

Patients 18 to 50 years of age with a new primary diagnosis of low back pain in an outpatient or ED visit who did not have an X-ray, CT, or MRI within 28 days of the primary diagnosis. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

USING CORRECT BILLING CODES*

Codes to Identify Low Back Pain

Description	ICD-9 Codes
Low Back Pain	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

Codes to Identify Exclusions

Description	ICD-9 Codes
Cancer	140.xx-165.xx, 170.xx-176.xx, 179.xx-209.xx, V10.xx
Trauma	800.xx-839.xx, 850.xx-854.xx, 860.xx-869.xx, 905.xx-909.xx, 926.11, 926.12, 929.xx, 952.xx, 958.xx-959.xx
IV Drug Abuse	304.xx-305.xx
Neurologic Impairment	344.60, 729.2

HOW TO IMPROVE HEDIS® SCORES

- Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- Provide patient education on comfort measures (e.g., pain relief), stretching exercises, and activity level.
- Use correct exclusion codes if applicable (e.g., cancer).
- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors, etc.).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

*Codes subject to change

HEDIS® TIPS: Disease Modifying Anti-Rheumatic Drug Therapy (DMARD) for Rheumatoid Arthritis

MEASURE DESCRIPTION

Patients 18 years of age and older who were diagnosed with rheumatoid arthritis (RA) and who were dispensed at least one DMARD prescription during the measurement year.

USING CORRECT BILLING CODES*

Codes to Identify Rheumatoid Arthritis	
Description	ICD-9 Code
Rheumatoid Arthritis	714.0, 714.1, 714.2, 714.81

HOW TO IMPROVE HEDIS® SCORES

- Confirm RA versus osteoarthritis (OA) or joint pain.
- Prescribe DMARDs when diagnosing rheumatoid arthritis in your patients.
- Refer to current American College of Rheumatology standards/guidelines.
- Refer patients to network rheumatologists as appropriate for consultation and/or co-management.
- Audit a sample of charts of members identified as having rheumatoid arthritis to assess accuracy of coding.
- Usual ratio of OA:RA = 9:1
- Aggressive risk adjustment can overstate RA vs. OA.

HEDIS® TIPS:

Care for Older Adults

MEASURE DESCRIPTION

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning (advanced directive, living will, or discussion with date).
- Medication review (need medication review and medication list).
- Functional status assessment (e.g., ADLs or IADLs).
- Pain assessment (e.g., pain inventory, number scale, faces pain scale).

USING CORRECT BILLING CODES*

Codes to Identify Advance Care Planning	
Description	Codes
Advance Care Planning	CPT II: 1157F, 1158F
Codes to Identify Medication Review	
Description	Codes
Medication Review	CPT: 90863, 99605, 99606 CPT II: 1160F
Codes to Identify Medication List	
Description	Codes
Medication List	CPT II: 1159F
Codes to Identify Functional Status Assessment	
Description	Codes
Functional Status Assessment	CPT II: 1170F
Codes to Identify Pain Screening	
Description	Codes
Pain Assessment	CPT II: 1125F, 1126F

HOW TO IMPROVE HEDIS® SCORES

- Use Health Evaluation Program (HEP) form from Molina Healthcare to capture these assessments if patient is eligible.
- Use Medicare Stars checklist tool for reference and to place on top of chart as a reminder to complete.
- Remember that the medication review measure requires that the medications are listed in the chart, plus the review.
- Remember that the pain assessment cannot be for an acute pain event, but must be comprehensive, and involve any acute pain syndrome and also other systems not involved in the current pain event or evaluation of pain OVERALL / GLOBALLY.

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*Codes subject to change

HEDIS® TIPS: Colorectal Cancer Screening

MEASURE DESCRIPTION

Patients 50 to 75 years of age who had one of the following screenings for colorectal cancer screening:

- gFOBT or iFOBT (or FIT) with required number of samples for each test every year
- Flexible sigmoidoscopy every five years
- Colonoscopy every ten years

USING CORRECT BILLING CODES*

Codes to Identify Colorectal Cancer Screening	
Description	Codes
FOBT	CPT: 82270, 82274
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337-45342, 45345 ICD-9: 45.24
Colonoscopy	CPT: 44388-44394, 44397, 45355, 45378-45387, 45391, 45392 ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43
Codes to Identify Exclusions	
Description	Codes
Colorectal Cancer	ICD-9: 153.0-154.3, 197.5, V10.05, V10.06
Total Colectomy	CPT: 44150-44153, 44155-44158, 44210-44212 ICD-9: 45.81-45.83

HOW TO IMPROVE HEDIS® SCORES

- Update patient history annually regarding colorectal cancer screening (test and date must be documented).
- Encourage patients who are resistant to having a colonoscopy to have a stool test that they can complete at home (either gFOBT or iFOBT).
- The iFOBT/FIT has fewer dietary restrictions and samples.
- Use standing orders and empower office staff to distribute FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy.
- Clearly document patients with ileostomies, which imply colon removal (exclusion), and patients with a history of colon cancer (more and more frequent).

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*Codes subject to change

HEDIS® TIPS: Osteoporosis Management for Fractures

MEASURE DESCRIPTION

The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture.

USING CORRECT BILLING CODES*

Codes to Identify Bone Mineral Density Test	
Description	Codes
Bone Mineral Density Test	CPT: 76977, 77078, 77080-77082 HCPCS: G0130 ICD-9: 88.98
Osteoporosis Therapies	
Description	Prescription
Biphosphonates	<ul style="list-style-type: none"> <li style="width: 50%;">• Alendronate <li style="width: 50%;">• Ibandronate <li style="width: 50%;">• Alendronate-cholecalciferol <li style="width: 50%;">• Risedronate <li style="width: 50%;">• Calcium carbonate-risedronate <li style="width: 50%;">• Zoledronic acid
Other agents	<ul style="list-style-type: none"> <li style="width: 50%;">• Calcitonin <li style="width: 50%;">• Raloxifene <li style="width: 50%;">• Denosumab <li style="width: 50%;">• Teriparatide

HOW TO IMPROVE HEDIS® SCORES

- Order a BMD test on all women with a diagnosis of a fracture within six months OR prescribe medication to prevent osteoporosis (e.g., bisphosphonates, estrogens, sex hormone combinations).
- Educate patient on safety and fall prevention.
- Aggressive risk adjustment can overstate osteoporosis by confusing lower Z scores/osteopenia with osteoporosis.

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*Codes subject to change

