

2022 MEDICAID HEDIS® REFERENCE SHEET FOR PROVIDERS

BEHAVIORAL HEALTH HEDIS® MEASURES				
	HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
BEHAVIORAL HEALTH	Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment	13 years and older	<p>Telehealth has been added to the numerator's compliance.</p> <p>For new episodes of alcohol or other drug (AOD) dependence:</p> <ul style="list-style-type: none"> Initiation of AOD Treatment. Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the 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 	<p>Codes to Identify Follow up Visits (must include primary diagnosis of Alcohol and Other Drug Dependence) CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510 Hospice Intervention: 99377, 99378 CPT with POS 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 CPT with POS 02, 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telephone Visit: CPT 98966-98968, 99441-99443 Online Assessment: CPT 98969-98972, 99421-99444, 99458</p>
	Follow-up After Hospitalization for Mental Illness	6 years and older	<p>Telehealth Modifiers added to the numerator's compliance.</p> <p>Members hospitalized for treatment of selected mental health disorders need to have an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days and 30 days of discharge.</p>	<p>Codes to Identify Visits (must be with mental health practitioner) CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90870, 90875, 90876 CPT with POS 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifiers: 95, GT</p>
	Follow-up Care for Children Prescribed ADHD Medication	6-12 years	<p>Telehealth Modifiers added to the numerator's compliance.</p> <p>Children who have been newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication need to have at least three follow-up care visits within a 10-month period.</p> <p>Note: One visit needs to be within 30 days of when the first ADHD medication was dispensed. One visit after the initial 30 days can be a telephone visit with a practitioner.</p>	<p>Codes to Identify Follow-up Visits: CPT: 96150-96154, 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, 99483, 99510 CPT with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 CPT with POS 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Codes to Identify Telephone Visits (only counts for 10 month): 98966-98968, 99441-99443</p>

	BEHAVIORAL HEALTH HEDIS® MEASURES			
	HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
BEHAVIORAL HEALTH	Antidepressant Medication Management	18 years and older	For members diagnosed with major depression and newly treated with antidepressant medication, two rates are reported: <ul style="list-style-type: none"><i>Effective Acute Phase Treatment:</i> Members who remained on an antidepressant medication for at least 84 days (12 weeks).<i>Effective Continuation Phase Treatment:</i> Members who remained on an antidepressant medication for at least 180 days (6 months).	Medication List: Bupropion, Vilazodone, Vortioxetine, Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine, Nefazodone, Trazodone, Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine, Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine, Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Maprotiline, Mirtazapine, Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine
	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	19-64 years	The percentage of members during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Medication List: (Oral and Injectables) Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Amitriptyline-perphenazine, Thiothixene
	Follow-up After Emergency Department Visit for Mental Illness	6 years and older	Telehealth Modifiers added to the numerator’s compliance. The percentage of emergency department (ED) visits with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: Follow-up within 7 days, Follow-up within 30 days.	Codes to Identify Follow-up Visits: (visit with any practitioner and must include principal diagnosis) CPT with POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 22, 33, 49, 50, 71, 72: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015 CPT with POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 57, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876 CPT with POS 52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifiers: 95, GT
	Follow-up After Emergency Department Visit for AOD Abuse or Dependence	13 years and older	Telehealth Modifiers added to the numerator’s compliance. The percentage of emergency department (ED) visits for members with a principal diagnosis of alcohol or other drug (AOD) abuse or Dependence, who had a follow up visit for AOD. Two rates are reported: Follow-up within 7 days, Follow-up within 30 days after visit or discharge	CPT with POS 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16,17,18,19, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 CPT with POS 02 ,52, 53: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 Telehealth Modifiers: 95, GT

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PEDIATRIC HEDIS® MEASURES				
	HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
WELL-VISIT	Well Child Visits 0-30 Months of Life (W30)	0-30 months	Telehealth exclusion removed. Rate 1: Six or more well-child visits* 0 to 15 months. Rate 2: Two additional well-child visits 15 to 30 months. *Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition)	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302 *ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z76.1, Z76.2
	Child and Adolescent Well-Visits (WCV)	3-21 years	Telehealth exclusion removed. One or more well-child visits* with a PCP during the measurement year. *Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition, exercise)	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302 *ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z76.1, Z76.2
	Weight Assessment and Counseling (WCC)	3-17 years	BMI percentile, counseling for nutrition (diet) and counseling for physical activity (sports participation/exercise) during the measurement year. <i>Note: documentation of appetite does not meet criteria</i>	BMI Percentile *ICD-10: Z68.51-Z68.54 Counseling for Nutrition CPT: 97802-97804 *ICD 10: Z71.3 HCPCS: G0270, G0271, G0447 Counseling for Physical Activity HCPCS: G0447 ICD 10: Z71.82, (Z02.5 Only for Sports Physical)
IMMUNIZATIONS / LEAD	Lead Screening (LSC)	0-2 years	At least one lead capillary or venous blood test on or before age 2.	CPT: 83655
	Childhood Immunizations (CIS)	0-2 years	Vaccines need to be administered by age 2: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Hep A, 2-3 Rotavirus and 2 flu vaccines	CPT: DTaP: 90698, 90700, 90723; IPV: 90698, 90713, 90723; MMR: 90704, 90707, 90708, 90710; ICD-10*: B26.0-B26.3, B26.81-B26.85, B26.89, B26.9 HiB: 90644, 90647, 90648, 90698, 90748 Hep B (newborn): ICD-9: 99.55; ICD-10*: 3E0234Z Hep B: 90723, 90740, 90744, 90747, 90748; ICD-10: B16.0-B16.2, B16.9, B17.0, B18.0-B18.1, B19.10-B19.11 PCV: 90670, G0009; VZV 90710, 90716; ICD10: B01.0, B01.11-B01.12, B01.2, B01.81, B01.89, B01.9, B02.0-B02.1, B02.21-B02.24, B02.29-B02.34, B02.39, B02.7-B02.9 Hep A: 90633; Flu: 90655, 90657, 90661, 90662, 90673, 90685; G0008 (HCPCS): RV: 90681 (2 dose) or RV 90680 (3 dose) LAIV: 90660, 90672
	Immunizations for Adolescents (IMA)	11-13 years *HPV 9-13 years	One dose of meningococcal vaccine and one Tdap or one Td on or before the 13 th birthday. At least two HPV vaccinations on or between the 9 th and 13 th birthdays	Meningococcal CPT: 90734 Tdap CPT: 90715 HPV CPT: 90649, 90650, 90651

RESPIRATORY / BP HEDIS® MEASURES				
	HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
RESPIRATORY / BP	Asthma Medication Ratio (AMR)	5-64 years persistent asthmatics	The percentage of members 5–64 years of age who were 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.	Codes to Identify Asthma *ICD-10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 Asthma Controller Medications Antiasthmatic combinations: Dyphylline-guaifenesin, Antibody inhibitor: Omalizumab Inhaled steroid combinations: Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-vilanterol, Formoterol – mometasone Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton Methylxanthines: Theophylline
	Appropriate Testing for Children with Pharyngitis (CWP)	2-18 years	If a child was diagnosed with pharyngitis and dispensed an antibiotic, a Group A strep test should have been performed within 3 days prior to the diagnosis date through the 3 days after the diagnosis date.	Codes to Identify Pharyngitis *ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 Codes to Identify Group A strep tests CPT: 87070, 87071, 87081, 87430,
	Controlling High Blood Pressure (CBP)	18-85 years (hypertensive members)	<ul style="list-style-type: none"> Members 18–59 years of age whose BP was <140/90 mm Hg. Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. Exclusion: Female members with a diagnosis of pregnancy during the measurement year.	Codes to Identify Hypertension *ICD-10: I10 CPT: 99453, 99454, 99457 CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F <i>*with a DX of HTN prior to June 30th</i>
SCREENINGS	Breast Cancer Screening (BCS)	50-74 years	One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Exclusion: Bilateral mastectomy	CPT: 77055-77057, 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206 UB Rev: 0401, 0403
	Cervical Cancer Screening (CCS)	21-64 years	Women who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> Women age 24-64 who had cervical cytology performed every 3 years Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years Exclusion: Hysterectomy with no residual cervix	Codes to Identify Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0476, P3000, P3001, Q0091 UB Rev: 0923 Codes to Identify HPV Tests CPT: 87620-87622, 87624-87625
	Chlamydia Screening (CHL)	16-24 years (women)	At least one Chlamydia test during the measurement year for sexually active women.	CPT: 87110, 87270, 87320, 87490-87492, 87810

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ADULT HEDIS® MEASURES				
	HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
ANNUAL VISIT	Adults' Access to Preventive/Ambulatory Health Services (AAP)	20 years and older	<p>Telehealth Modifiers added to the numerator's compliance.</p> <p>At least one ambulatory or preventive care visit during the measurement year 20 years and older as of December 31st of the measurement year</p>	<p>CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>*ICD 10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9</p> <p>CPT: 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, S0620, S0621</p> <p>Telephone Visit: 98966-98968, 99441-99443</p> <p>Online Assessment: 98969-98972, 99421-99423, 99444, 99458</p>
	Timeliness of Prenatal Care (PPC)	All pregnant women	<p>Timeliness of Prenatal Care: Prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment.</p> <p>Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these:</p> <ul style="list-style-type: none"> • Basic physical obstetrical exam (e.g., auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height); standard prenatal flow sheet may be used • Obstetric panel • Ultrasound of pregnant uterus • Pregnancy-related diagnosis code (For visits to a PCP, a diagnosis of pregnancy must be present) • TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus, and Herpes simplex testing) • Rubella & ABO, Rubella & Rh, or Rubella & ABO/Rh test • Documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/education (for when the practitioner is a PCP) <p><i>* For visits to a PCP, a diagnosis of pregnancy must be present along with any of the above.</i></p>	<p>Prenatal Care Visits</p> <p>CPT: 99201-99205, 99211-99215, 99241-99245, 99483</p> <p>Pregnancy Stand Alone Visit: 99500</p> <p>PCP: Bill a prenatal care visit code with a Pregnancy Diagnosis Code.</p> <p>CMS 1500 Form: Box 14 (LMP/EDD must be present)</p> <p><i>*For criteria that requires a prenatal visit code and a pregnancy-related diagnosis code, codes must be on the same claim.</i></p>
PRENATAL / POSTPARTUM CARE	Postpartum Care (PPC)	All women who delivered a baby	<p>Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 7 and 84 days after delivery.</p> <p>Documentation in the medical record must include a note with the date when the postpartum visit occurred and one of these:</p> <ul style="list-style-type: none"> • Pelvic exam, or • Evaluation of weight, BP, breast and abdomen, or • Notation of "postpartum care", PP check, PP care, six-week check notation, or pre-printed "Postpartum Care" form in which information was documented during the visit. 	<p>Postpartum Visit</p> <p>CPT: 57170, 58300, 59430, 99501</p> <p>HCPCS: 0503F, G0101</p> <p>Codes to Identify Cervical Cytology</p> <p>CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>UB Rev: 0923</p>

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ADULT HEDIS® MEASURES				
	HEDIS MEASURE	AGE	MEASURE DESCRIPTION	BILLING CODES
DIABETES CARE	Comprehensive Diabetes Care (CDC)	18-75 years (diabetics)	All diabetic tests listed below completed during the measurement year.	Codes to Identify Diabetes *ICD-10: E10, E11, E13, O24
	Diabetes HbA1c Test and Control (CDC)	18-75 years (diabetics)	HbA1c test during the measurement year with the most recent test <8%.	CPT: 83036, 83037 CPT II: 3044F (if HbA1c<7%), 3045F (if HbA1c 7.0%-9.0%), 3046F (if HbA1c>9%) 3051F (if HbA1c >=7.0% and <8.0%) 3052F (if HbA1c level >=8.0% =<9.0%)
	Diabetes Retinal Eye Exam (CDC)	18-75 years (diabetics)	Eye exam (retinal or dilated) performed by an optometrist or ophthalmologist in the measurement year, or a negative retinal exam in the year prior.	Codes to Identify Eye Exam (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 HCPCS: S0620, S0621, S3000 Codes to Identify Diabetic Retinal Screening with Eye Care Professional (billed by any provider) CPT II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F HCPCS: S0625 (retinal tele screening)
	Kidney Health Evaluation for Patients With Diabetes (KED)*	18-85 years	Kidney health evaluation, defined by at least one estimated glomerular filtration rate, and at least one urine albumin-creatinine ratio, during the measurement year.	Estimated Glomerular Filtration Rate Lab Test: CPT: 80047, 80048, 80050, 80053, 80069, 82565 Quantitative Urine Albumin Lab Test: CPT: 82043 Urine Creatinine Lab Test: CPT: 82570