HEDIS Provider Pocket Guide

MOLINA® HEALTHCARE

Your Extended Family.

Welcome

Welcome to Molina's Healthcare Effectiveness Data and Information Set (HEDIS®) provider manual. Developed by the National Committee for Quality Assurance (NCQA), HEDIS® is a widely used set of performance measures in the managed care industry, and an essential tool in ensuring that our members are getting the best healthcare possible. Thus it's vitally important that our providers understand the HEDIS® specifications and guidelines.

Our mission is to provide quality health services to financially vulnerable families and individuals covered by government programs, and we want to do everything we can to make this process as easy as possible. This manual is intended to be an easy-to-follow guide that covers the HEDIS® measures applicable to Medi-Cal and Medicare.

We understand that HEDIS® specifications can be complex, so we have designed this manual to clearly define Molina's criteria for meeting HEDIS® guidelines. We welcome your feedback and look forward to supporting all your efforts to provide quality healthcare to our members.

How to Use This Manual

This manual is comprised of two sections:

- General Introduction provides useful information and how to submit HEDIS® data to Molina. We hope to provide you with as much information as possible to understand Molina's guidelines on providing quality healthcare.
- HEDIS® Measure Guide section includes the description of each HEDIS® measure, the correct billing codes and tips to help you improve your HEDIS® scores. The measures are grouped by age, gender and/or disease specific HEDIS® measures.

General HEDIS® Information

What is HEDIS®

HEDIS® rates are the most widely used set of health care performance measures on important preventive and clinical services. As a result, HEDIS® is the ultimate measurable tool to evaluate provider's performance and quality of care.

Molina Healthcare of California participates in HEDIS®as part of our State quality reporting and accreditation for NCQA. Molina follows each HEDIS® measure's specific criteria and data collection processes.

HEDIS® Data Collection

Molina collects HEDIS® data and reports the findings annually.

HEDIS® data collection begins with Claim and Encounter data on a sampled population of members who meet the HEDIS® requirements. Consequently, if the Claims and Encounter data do not contain appropriate, accurate and timely information to show evidence of preventive and clinical services, Molina reviews the member's medical records to determine if recommended services were provided at the right time and right place.

Submitting accurate and timely Claims/Encounters and performing the necessary services will help reduce the number of charts we need to request from you for HEDIS®

How to Submit HEDIS® Data to Molina

1. Provide recommended, appropriate, and timely preventive health and clinical services to our members (your patients).
2. Document the services and maintain comprehensive medical records on your patients.

3. Accurately and properly code the diagnosis, office visits and services.
4. Make sure that all elements in the Claim and Encounter submission, including PM160, are complete and accurate.
5. Submit timely Claim and Encounter data.

The "HEDIS Measure Guide" section of this manual contains the appropriate CPT and diagnosis codes needed to bill for a particular measure

Encounters Reporting Information

The collection of Encounter data is vital to Molina Healthcare and provides the Plan with information regarding all services provided to our members. Encounter data provides:

- Information on the utilization of services
- Information for use in HEDIS studies
- Information that fulfills state reporting requirements

Guidelines to Submit Encounter Data

- Reporting of services must be done on per member, per visit basis.
- Reporting of all services rendered by date must be submitted to Molina Healthcare.
- Encounter data must reflect all the same data elements required under a fee-for-service program.

- All encounter data reporting is subject to, and must be in full compliance with, the HIPAA and any other regulatory reporting requirements.

If you are contracted with an IPA and/or Medical Group, please follow your IPA / Medical Group's Encounter data submission guidelines

PM-160

The California Department of Health Care Services (DHCS) requires that all Medi-Cal members, who are 20 years and 11 months and under, receive periodic health screening exams according to the AAP Periodicity Table screening guidelines. All Wellness (CHDP) exams for Molina Healthcare Medi-Cal members must be documented on the PM 160 Information Form (PM 160) only. The PM 160 form is used for Medi-Cal members enrolled in a managed care plan.

Submit claims to Molina Healthcare and affiliated IPA/Medical Group with the appropriate documentation

Reduce the undue burden on your office by using the CA State immunization registries and preferred Molina contracted service providers, such as March Vision for eye exams, Quest Diagnostics for labs, and Radnet, Inc for radiology.

We encourage you to use our Provider Self-Service Web Portal system at www.molinahealthcare.com.

Providers/Practitioners registered on our Provider Self-Service Web Portal can submit professional claims online.

Medical Record Chart Collection for HEDIS®

Providers are requested to submit specific documentation by mail or fax for review. Molina's contracted vendor is authorized to perform a medical record retrieval process. The medical record information is then copied or scanned from your office to complete the HEDIS® data collection.

What about HIPAA?

According to the Health Insurance Portability and Accountability Act (HIPAA), health care providers may disclose Protected Health Information (PHI) to health plans for several specified types of activities, including quality improvement and accreditation; HEDIS falls under both activities.

Also, providers are permitted to disclose information to health plans for these specified purposes without authorization from the member, when both the provider and the health plan have, or have had, a relationship with the member.

Contact Information

HEDIS & Quality Improvement Information	
HEDIS	Message Line (800) 526-8196, Extension 129578 Member Outreach: (800) 526-8196, Extension 127062 E-mail: MHCHEDISDepartment@ MolinaHealthcare.com Fax Line: (562) 499 – 6159
Quality Improvement	Message Line: (800) 526-8196, Extension 126137

Provider Services & Member Services Information	
Provider Services	(888) 665-4621
Member Services (Medi-Cal)	(888) 665-4621 TTY/TDD: (800) 479-3310 or dial 711 for California Relay Services
Member Services (Medicare)	(800) 665-0898 TTY/TDD: dial 711 for California Relay Services
24-Hour Nurse Advice Line	English: (888) 275-8750 TTY: (866) 735-2929 Spanish: (866) 648-3537 TTY: (866) 833-4703

Claim & Encounter Submission Information Please use the P.O. Boxes provided below for timely submission of your Claims, PM 160s and Encounter data if you are not able to submit electronic data	
Fee-For-Service Claims	Medi-Cal & Healthy Families P.O. Box 22702 Long Beach, CA 90801 Medicare P.O Box 22811 Long Beach, CA 90801
Encounter Submission	Medi-Cal & Healthy Families P.O. Box 22807 Long Beach, CA 90801 Medicare P.O Box 22802 Long Beach, CA 90801
PM160 & Healthy Families Wellness Forms	Attn: CHDP Department P.O. Box 16027 Mailstop “HFW” Long Beach, CA 90801

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 that Molina Healthcare provides 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 preventative care, so make sure every visit counts. Schedule follow-up visits before the patients leave your office.

Improve office management processes and flow. Review and evaluate appointment hours, access, and 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 so that each visit is productive.
- Call patients 48 hours before their appointments to remind them about their appointment and anything they will need to bring. Ask them to make a commitment that they will be there. This will reduce no-show rates.
- 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 patient's 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.

HEDIS® Measure Guide
Children and Adolescent Measures

Well-Child Visits First 15 Months of Life (W15)

Childhood Immunizations (CIS)

Lead Screening in Children (LSC)

Well-Child Visits 3 – 6 Years (W34)

Weight Assessment and Counseling (WCC)

Adolescent Well-Care Visit (AWC)

Immunizations for Adolescents (IMA)

Human Papillomavirus Vaccine for Female Adolescents (HPV)

Appropriate Testing for Children with Pharyngitis (CWP)

Appropriate Treatment for Children with URI (URI)

Well-Child Visits First 15 Months of Life (W15)

Measure Description

Children who turned 15 months old during the measurement year and who had at least 6 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, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

How to Improve HEDIS® Scores

- Make every office visit count.
- 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.
- 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.

Childhood Immunizations (CIS)

Measure Description

Children 2 years of age who had the following vaccines on or before their 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)

Using Correct Billing Codes

Codes to Identify Well-Child Visits

Description	Codes
DTaP	90698, 90700, 90721, 90723
IPV	90698, 90713, 90723
MMR	90707, 90710
Measles and rubella	90708
Measles	90705
Mumps	90704
Rubella	90706

Description	Codes
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

How to Improve HEDIS® Scores

- Use the State immunization registry.
- 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 (now completely disproven).
- Have a system for patient reminders.
- Refer to the Recommended Immunization Schedule at www.MolinaHealthcare.com

Lead Screening in Children (LSC)

Measure Description

Children 2 years of age 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

- Make every visit count.
- 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).
- Bill in-office testing where permitted by the State fee schedule and Molina policy.

Well-Child Visits 3 – 6 Years (W34)

Measure Description

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

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, V20.3, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Well-child visits consists of:

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

How to Improve HEDIS® Scores

- Make every office visit count.
- 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.
- 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.

Weight Assessment and Counseling (WCC)

Measure Description

Children 3-17 years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of the following during the measurement year.

- BMI percentile documentation or BMI plotted on age appropriate growth chart (height, weight and BMI must be documented)
- Counseling for nutrition
- Counseling for physical activity

*For adolescents 16-17 years on the date of service, documentation of a BMI value expressed as kg/m^2 is acceptable.

Using Correct Billing Codes

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

Description	Codes
BMI Percentile	**ICD-9:** V85.5
Counseling for Nutrition	**CPT:** 97802-97804 **ICD-9:** V65.3 **HCPCS:** G0270, G0271, S9449, S9452, S9470
Counseling for Physical Activity	**ICD-9:** V65.41 **HCPCS:** S9451

How to Improve HEDIS® Scores

- Use appropriate HEDIS codes to avoid medical record review.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits and sports physicals) to capture BMI, counsel on nutrition and physical activity.
- Place BMI charts near scales.
- When documenting **BMI,** include:
    - Height, weight and BMI percentile.
- When **counseling for nutrition,** document:
    - Current nutrition behaviors (e.g. appetite or meal patterns, eating and dieting habits).
- When **counseling for physical activity,** document:
    - Physical activity counseling (e.g. child rides tricycle in yard).
    - Current physical activity behaviors (e.g. exercise routine, participation in sports activities and exams).
    - While “cleared for sports” does not count, a sports physical does count.
- Documentation of Weight and Obesity counseling will meet compliance for Nutrition and Physical activity.

Adolescent Well-Care Visit (AWC)

Measure Description

Patients 12-21 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, V20.3, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

How to Improve HEDIS® Scores

- Make every office visit count.
- 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.
- 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.

Immunizations for Adolescents (IMA)

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 **ICD-9:** 99.39
Td	**CPT:** 90714, 90718
Tetanus	**CPT:** 90703 **ICD-9:** 99.38
Diphtheria	**CPT:** 90719 **ICD-9:** 99.36

How to Improve HEDIS® Scores

- Use the State immunization registry.
- 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 prior to the visit in order to identify overdue immunizations.
- Make every office visit count- take advantage of sick visits to catch-up on needed vaccines.
- Institute a system for patient reminders.
- Assure vaccinations administered to patients prior to becoming Molina members are included on the members vaccination record, even if your office did not administer the vaccine.
- Refer to the Recommended Immunization Schedule at www.MolinaHealthcare.com

Human Papillomavirus for Female Adolescents (HPV)

Measure Description

Female adolescents 13 years of age who had three doses of human papillomavirus (HPV) vaccine by the 13th birthday.

Using Correct Billing Codes

Codes to Identify HPV vaccine

DESCRIPTION	CODES
HPV	**CPT:** 90649, 90650

How to Improve HEDIS® Scores

- Use the State immunization registry.
- 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 prior to the visit in order to identify overdue immunizations.
- Make every office visit count- take advantage of sick visits to catch-up on needed vaccines.
- Institute a system for patient reminders.
- Assure vaccinations administered to patients prior to becoming Molina members are included on the members vaccination record, even if your office did not administer the vaccine.
- Inform parent that the HPV vaccine requires 3 doses and is a cancer prevention.
- Additional information available on the Center for Disease Control and Prevention website (CDC), “Tips and Time-savers for Talking with Parents About HPV Vaccine.”
- Refer to the Recommended Immunization Schedule at www.MolinaHealthcare.com

Appropriate Testing for Children with Pharyngitis (CWP)

Measure Description

Children 2-18 years of age diagnosed with pharyngitis and dispensed an antibiotic 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 parents/caregivers about pharyngitis can be found here: http://www.aware.md/HealthCareProfessionals/ClinicalResources.aspx

Appropriate Treatment for Children with URI (URI)

Measure Description

Children 2-18 years of age diagnosed with URI should not be dispensed an antibiotic within 3 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

Codes to Identify Competing Diagnoses

Description	ICD-9 Code
Otitis media	382
Acute sinusitis	461
Acute pharyngitis	034.0, 462
Acute tonsillitis	463
Chronic sinusitis	473
Pneumonia	418-486
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 3 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 educational materials on antibiotic resistance and common infections can be found here: http://www.aware.md/PatientsAndConsumers/EdMaterials.aspx

HEDIS® Measure Guide
Adult Measures

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

Adult BMI Assessment (ABA)

Spirometry Testing in COPD Assessment (SPR)

Low back Pain (LBP)

Disease Modifying Anti-Rheumatic Drug Therapy (DMARD) for

Rheumatoid Arthritis (ART)

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

Measure Description

Patients 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Using Correct Billing Codes

Codes to Identify Preventive/Ambulatory Health Services

Description	Codes
Office or other outpatient service	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99347 -99350
Preventive medicine	**CPT:** 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429 **HCPCS:** G0402, G0438, G0439
General medical examination	**ICD-9 Diagnosis:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

How to Improve HEDIS® Scores

- Use appropriate billing codes as described above.
- Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- Contact patients on the needed services list who have not had a preventive or ambulatory health visit.
- Look into offering expanded office hours to increase access to care.
- Make reminder calls to patients who have appointments to decrease no-show rates.

Adult BMI Assessment (ABA)

Measure Description

Adults 18–74 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

ICD-9 Code	Description
V85.0	BMI less than 19, adult
V85.1	BMI between 19-24, adult
V85.21-V85.25	BMI between 25-29, adult
V85.30-V85.39	BMI between 30-39.9, adult
V85.41-V85.45	BMI 40 and over, adult
V85.51	BMI, pediatric, <5th percentile for age
V85.52	BMI, pediatric, 5th percentile to <85th percentile for age
V85.53	BMI, pediatric, 85th percentile to <95th percentile for age
V85.54	BMI, pediatric, ≥ 95th percentile for age

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 us 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 for copies).
- If not on an EMR, you can calculate the BMI here: http://www.cdc.gov/healthyweight/assessing/bmi/

Spirometry Testing in COPD Assessment (SPR)

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 2 years prior to the diagnosis or within 6 months of the diagnosis.

Using Correct Billing Codes

Codes to Identify COPD

Description	ICD-9-CM Diagnosis
Chronic bronchitis	491
Emphysema	492
COPD	493.2, 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.

Low Back Pain (LBP)

Measure Description

Patients 18-50 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, 724.7, 738.5, 739.3, 739.4, 846, 847.2

Codes to Identify Exclusions

Description	ICD-9 Codes
Cancer	140-209, 230-239, V10
Trauma	800-839, 850-854, 860-869, 905-909, 926.11, 926.12, 929, 952, 958-959
IV Drug Abuse	304.0-304.2, 304.4, 305.4-305.7

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.).

Disease Modifying Anti-Rheumatic Drug Therapy (DMARD) for Rheumatoid Arthritis (ART)

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

HEDIS® Measure Guide
Older Adult Measures

Care for Older Adults (COA)

Colorectal Cancer Screening (COL)

Glaucoma Screening (GSO)

Care for Older Adults (COA)

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 (ADLs or IADLs)
- Pain Assessment (e.g., pain inventory, number scale, face pain scale).

Using Correct Billing Codes

Codes to Identify Advance Care Planning

Description	Codes
Advance Care Planning	**CPT II:** 1157F, 1158F **HCPCS:** S0257

Codes to Identify Medication Review

Description	Codes
Medication Review	**CPT:** 90862, 90863, 99605, 99606 **CPT II:** 1160F

Codes to Identify Pain Assessment

Description	Codes
Pain assessment	**CPT II:** 1125F, 1126F

Codes to Identify Functional Status Assessment

Description	Codes
Functional Status Assessment	**CPT II:** 1170F

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 with the review.
- Remember that the pain screening cannot be for an acute pain event and must be comprehensive. Involve any acute pain syndrome, but also other systems not involved in the current pain event or evaluation of pain OVERALL / GLOBALLY.

Colorectal Cancer Screening (COL)

Measure Description

Patients 50-75 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, or
- Flexible sigmoidoscopy every 5 years, or
- Colonoscopy every 10 years

Using Correct Billing Codes

Codes to Identify Colorectal Cancer Screening

Description	Codes
FOBT	**CPT:** 82270, 82274 **HCPCS:** G0328
Flexible Sigmoidoscopy	**CPT**: 45330-45335, 45337-45342, 45345 **HCPCS:** G0104 **ICD-9:** 45.24
Colonoscopy	**CPT:** 44388-44394, 44397, 45355, 45378-45387, 45391, 45392 **HCPCS:** G0105, G0121 **ICD-9:** 45.22, 45.23, 45.25, 45.42, 45.43

Codes to Identify Exclusions

Description	Codes
Colorectal Cancer	**HCPCS:** G0213-G0215, G0231 **ICD-9-CM:** 153, 154.0, 154.1, 197.5, V10.05
Total Colectomy	**CPT:** 44150-44153, 44155-44158, 44210-44212 I**CD-9:** 45.8

How to Improve HEDIS® Scores

- Update patient history annually regarding colorectal cancer screening (test done and a date).
- 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 implies colon removal (exclusion), and patients with a history of colon cancer (more and more frequent).

Glaucoma Screening (GSO)

Measure Description

Patients 65 years and older who had one or more eye exams for glaucoma by an ophthalmologist or optometrist during the measurement year or the year prior.

Using Correct Billing Codes

Codes to Identify Glaucoma Screening*

Description	Codes
Glaucoma Screening	**CPT:** 92002, 92004, 92012, 92014, 92081-92083, 92100, 92120, 92130, 92140, 99202-99205, 99213-99215, 99242-99245 **HCPCS:** G0117, G0118, S0620, S0621

* Screening must be performed by optometrist or ophthalmologist

How to Improve HEDIS® Scores

- Encourage patients to see eye care professional.
- Refer patients to eye care professionals for glaucoma screening.
- Help patients make an appointment directly with the eye care provider.
- Ensure capture of exclusion codes (e.g., glaucoma diagnosis and glaucoma suspect).
- Remember glaucoma screening does not require a full exam.

HEDIS® Measure Guide
Diagnosis Specific Measures

Medication Management for People with Asthma (MMA)

Comprehensive Diabetes Care (CDC)

Controlling High Blood Pressure (CBP)

Cholesterol Management for Patients with Cardiac Disease (CMC)

Medication Management for People with Asthma (MMA)

Measure Description

The percentage of patients 5–64 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 4 outpatient asthma visits with asthma as one of the diagnoses and at least 2 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, 493.1, 493.8, 493.9

Asthma Controller Medications

Description	Prescriptions
Antiasthmatic combinations	Dyphylline-guaifenesin, Guaifenesin-theophylline, Potassium iodide-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, Nedocromil
Methylxanthines	Aminophylline, Dyphylline, Oxtriphylline, 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. Ex: 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 an Asthma Disease Management Program that you can refer your patients to.

Comprehensive Diabetes Care (CDC)

Measure Description

Adults 18-75 years of age with diabetes

(type1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c control (<8.0%)
- LDL-C screening
- LDL-C control (<100mg/dl)
- 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, 357.2, 362.0, 366.41, 648.0
Codes to Identify HbA1c Tests	**CPT:** 83036, 83037
Codes to Identify LDL Tests	**CPT:** 80061, 83700, 83701, 83704, 83721
Codes to Identify Nephropathy Screening Test	**CPT:** 82042, 82043, 82044, 84156

Description	Code
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

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, it is helpful to bill for this. Also, ensure HbA1c result and date are documented in the chart.
- For LDLs, if patient is not fasting, order a direct LDL. Some lab order forms have conditional orders – if fasting, LDL-C; if not fasting, direct LDL. Choose "direct LDL" if a patient is not fasting because you may not get a second chance.
- Adjust therapy to improve HbA1c, LDL, and BP levels; follow-up with patients to monitor changes.
- A digital 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 has a Diabetes Disease Management Program that you can refer patients to.

Controlling High Blood Pressure (CBP)

Measure Description

Patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year (the most recent BP is used).

Note: Patients are included in the measure if there was a claim/encounter with a diagnosis of hypertension prior to June 30 of the measurement year.

Using Correct Billing Codes

Codes to Identify Hypertension

Description	ICD-9 Code
Hypertension	401.xx

How to Improve HEDIS® Scores

- Calibrate the sphygmomanometer annually.
- Use an appropriately sized cuff.
- If the BP is high at the office visit (140/90 or greater), take it again; often times the second reading is lower. HEDIS allows us to use the lowest systolic and diastolic readings taken the same day.
- 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 3 months.
- Current guidelines recommend two BP drugs be started on the first visit, if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.
- Molina has pharmacists available to address medication issues.

Cholesterol Management for Patients with Cardiac Disease (CMC)

Measure Description

Patients 18-75 years of age who were discharged for AMI, CABG, or PCI or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year or year prior who had each of the following:

- LDL-C screening test
- LDL-C control (<100mg/dL)

Using Correct Billing Codes

Codes to Identify LDL-C Screening

Description	Codes
LDL-C Screening	**CPT:** 80061, 83700, 83701, 83704, 83721 **CPT II:** 3048F, 3049F, 3050F

How to Improve HEDIS® Scores

- Implement standing orders for an LDL for all patients with a cardiovascular diagnosis (if allowed by the State).
- Order lab tests at the beginning of the year.
- Order labs prior to patient appointment (send lab slip).
- For LDLs, if patient is not fasting, order a direct LDL. Some lab order forms have conditional orders – if fasting, LDL-C; if not fasting, direct LDL. Choose this option because you may not get a second chance.
- Repeat lab tests for patients who are not at goal and adjust medication if necessary.
- Educate patient on lifestyle changes.
- Molina Healthcare has a Heart Healthy Living Program that you can refer patients to.

HEDIS® Measure Guide
Female Specific Measures

Chlamydia Screening (CHL)

Cervical Cancer Screening (CCS)

Prenatal Care- Timeliness (PPC-Pre)

Postpartum Care (PPC-Post)

Breast Cancer Screening (BCS)

Osteoporosis Management for Fractures (OMW)

Chlamydia Screening (CHL)

Measure Description

Women 16-24 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 16-24 year old female identified as sexually active (use any visit opportunity).
- Add Chlamydia screening as a standard lab for women 16-24 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 her parent.
- 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.

Cervical Cancer Screening (CCS)

Measure Description

- Women 21-64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year or the 2 years prior.
- Women 30-64 years of age who received one or more Pap tests and HPV co-testing to screen for cervical cancer during the measurement year or the 4 years prior.

Exclusions: Women who had a hysterectomy with no residual cervix.

*Female Adolescents ages 16-20 years are not recommended to have a cervical cancer screening. Exceptions are history of cervical cancer, HIV, and Immunodeficiency

Using Correct Billing Codes

Codes to Identify Cervical Cancer Screening

Description	Code
Cervical Cancer Screening	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175, 87620-87622 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **UB Revenue:** 0923

How to Improve HEDIS® Scores

- Use needed services lists to identify women who need a Pap test.
- Use a reminder/recall system (e.g., tickler file).
- Request results of Pap tests 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 Pap tests during regularly-scheduled well woman visits, sick visits, urine pregnancy tests, UTI, and Chlamydia/STI screening).

Prenatal Care – Timeliness (PPC-Pre)

Measure Description

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

Any visit to an OB/GYN, midwife, FP 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 towards this measure. Please consider not using global billing or bundling codes.

Codes to Identify Prenatal Care Visits

Description	Codes
Prenatal Care Visits	**CPT:** 59400*, 59425*, 59426*, 59510*, 59610*, 59618*, 76801, 76805, 76811, 76813, 76815-76821, 76825-76828, 80055, 86644, 86694, 86695, 86696, 86762, 86777, 86900, 86901, 99201-99205, 99211-99215, 99241-99245, 99500 **CPT II:** 0500F, 0501F, 0502F **HCPCS:** H1000-H1004, H1005* ICD-9 Diagnosis: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28 **ICD-9 Procedure:** 88.78

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

How to Improve HEDIS® Scores

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask front office staff to prioritize scheduling new pregnant patients to ensure prompt and timely appointments in their first trimester or within 42 days of enrollment.
- Have a direct referral process to OB/GYN in place.
- Molina has a Motherhood Matters program that you can refer patients to.
- Upon confirmation of a positive pregnancy test, complete and submit Molina's Pregnancy Notification Form.

Postpartum Care (PPC-Post)

Measure Description

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

A postpartum exam visit note should include:

- Pelvic exam, or
- Weight, BP, breast and abdominal evaluation, breastfeeding status incompatibility (ABO/Rh blood typing), or
- PP check, PP care, six-week check notation, or pre-printed “Postpartum Care” form in which information was documented during the visit

Using Correct Billing Codes

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

Codes to Identify Postpartum Visits

Description	Codes
Postpartum Visit	**CPT:** 57170, 58300, 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175, 99501 **CPT II:** 0503F HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **ICD-9-CM Diagnosis:** V24.1, V24.2, V25.1, V72.3, V76.2 **ICD-9-CM Procedure:** 89.26, **UB Rev:** 0923

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 to ensure the visit is within the correct time frames.

Breast Cancer Screening (BCS)

Measure Description

Women 50-74 years of age who had one or more mammograms during the measurement year or the year prior to the measurement year.

Exclusions: Bilateral mastectomy

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 **UB Revenue:** 0401, 0403

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 the chart to Molina Healthcare.
- 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.

Osteoporosis Management for Fractures (OMW)

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, 77078-77083, 78350, 78351 **HCPCS:** G0130 **ICD-9:** 88.98

Osteoporosis Therapies

Description	Prescription
Biphosphonates	• Alendronate • Alendronate-cholecalciferol • Calcium carbonate-risedronate • Ibandronate • Risedronate • Zoledronic acid
Estrogens	• Conjugated estrogens • Conjugated estrogens synthetic • Esterified estrogens • Estradiol • Estradiol acetate • Estradiol cypionate • Estradiol valerate • Estropipate
Other agents	• Calcitonin • Denosumab • Raloxifene • Teriparatide

Description	Prescription
Sex hormone combinations	• Conjugated estrogens—medroxy-progesterone • Estradiol-levonorgestrel • Estradiol-norgestimate • Estradiol-norethindrone • Ethinyl estradiol-norethindrone

How to Improve HEDIS® Scores

- Order a BMD test on all women with a diagnosis of a fracture within 6 months OR prescribe medication to prevent osteoporosis (e.g., bisphosphonates, estrogens, sex hormone combinations).
- Educate patient on safety and fall prevention.

HEDIS® Measure Guide
Behavioral Health Measures

Antidepressant Medication Management (AMM)

Follow-up Care for Children
Prescribed ADHD Medication (ADD)

Follow-up after Hospitalization
for Mental Illness (FUH)

Antidepressant Medication Management (AMM)

Measure Description

The percentage of adults 18 years of age and older who were diagnosed with a new episode of major depression and were treated with antidepressant medication; the following two rates are reported:

- Effective Acute Phase Treatment: the percentage of newly diagnosed and treated patients who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: the percentage of newly diagnosed and treated patients who remained on an antidepressant medication for at least 180 days (6 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 feeling better
    - Importance of continuing to take the medication even if they begin feeling better (for at least 6 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

Follow-up Care for Children Prescribed ADHD Medication (ADD)

Measure Description

Patients 6-12 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. One of these visits may be a telephone call.

Using Correct Billing Codes

Codes to Identify Follow-up Visits

Description	Codes
Follow-up Visits	**CPT:** 90791, 90792, 90804-90815, 90832-90834, 90836-90840, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510 **HCPCS:** G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485 **UB Revenue:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983

Description	Codes		
Follow-up Visits	**CPT:** 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	*With*	**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	*With*	**POS:** 52, 53

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 9 months after the first 30 days to continue to monitor your patient's progress.

- Use a phone visit for one of the visits after the first 30 days. This may help you and your patients if getting to an office visit is difficult. (codes: 98966-98968, 99441-99443)
- NEVER continue these controlled substances without at least 2 visits per year (1 telephonic) 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.

Follow-up After Hospitalization for Mental Illness (FUH)

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:** 90791, 90792, 90804-90815, 90832-90834, 90836-90840, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510 **HCPCS:** G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485

Codes to Identify Exclusions

Description	Codes		
Follow-up Visits	**CPT:** 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876	With	**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With	**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 Plan case managers or care coordinators to set up appointment.
- Ensure accurate discharge dates and document not just appointments scheduled, but appointments kept. Visits must be with a mental health practitioner.

HEDIS® QUIZ

1. **How many well child visits does a child turning 15 months in the measurement year need to receive to meet the compliance of the measure?**
   a. 3
   b. 4
   c. 5
   d. 6
   e. 7

2. **Can a well child visit be performed on the same day as a sick visit?**
   a. Yes
   b. No

3. **What are the four services that are needed to get the additional diabetic bonus exam?**
   a. LDL Screening, HbA1c screening, HbA1c good control, Diabetic Foot Exam
   b. LDL Screening, HbA1c screening, Diabetic Eye Exam, Nephropathy Screening
   c. HbA1c Screening, Diabetic Eye Exam, Nephropathy Screening, Diabetic Foot Exam
   d. HbA1C Screening, HbA1C good control, Nephropathy Screening, Diabetic Foot Exam

4. **What is the preferred method of sending HEDIS information to Molina?**
   a. Claims
   b. Supplemental Data
   c. EMR Extract
   d. Registry Data

5. **How many Pneumococcal Conjugate immunizations does a child need to be compliant with the Combination 3 Childhood Immunization measure?**
   a. 1
   b. 2
   c. 3
   d. 4
   e. 5

6. **On what date does the child have to have a lead test before to be compliant with the Lead measure?**
   a. Before 1st Birthday
   b. Before 2nd birthday
   c. Before 3rd Birthday
   d. Before December 31st of the measurement year
   e. Before turn 15 months

7. Which Diabetic measure has additional exclusions than the general diabetic exclusions?

a. HbA1C Screening
b. Controlled HbA1C less than 7.0%
c. LDL-C Screening
d. Controlled LDL-C<100
e. Controlled Blood Pressure

8. What is the timeframe where a postpartum visit has to take place?

a. 1 – 7 Days after delivery
b. 7 – 21 Days after delivery
c. 21 – 56 days after delivery
d. 56 – 72 days after delivery
e. 90 – 120 days after delivery

9. When does the first prenatal visit have to occur?

a. 1st trimester or within 90 days of enrollment into Molina
b. 1st trimester or within 42 days of enrollment into Molina
c. 2nd trimester or within 90 days of enrollment into Molina
d. 2nd trimester or within 42 days of enrollment into Molina
e. 3rd trimester or within 90 days of enrollment into Molina

10. What are the 4 components for the Medicare Care for Older Adults measure?

a. Advanced Care Planning, Medication Review, Diabetes Testing, Colorectal Cancer Screening
b. Advanced Care Planning, Functional Status Assessment, Diabetes Testing, Pain Screening
c. Advanced Care Planning, Medication Review, Functional Status Assessment, Pain Screening
d. Advanced Care Planning, Medication Review, Diabetes Testing, Pain Screening
e. Medication Review, Diabetes Testing, Pain Screening, Colorectal Cancer Screening

Answers:
1) d; 2) a; 3) b; 4) a; 5) d; 6) b; 7) b; 8) c; 9) b; 10) c

Your Extended Family.

39191CA0214