



Measure	Requirement	Coding Assistance
<p>A1C Hemoglobin A1C Testing and Control</p> <p>Members 18 - 75 years of age with type I or type II diabetes who had an HbA1C screen (must be < 9) during the measurement year.</p>	<p>Test Needed: HbA1C required at least one time in the measurement year and most recent test results must be < 9.0%.</p> <p>Excludes: Members with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to the measurement year.</p>	<p>CPT® Code(s): 83036, 83037 CPT® II Code(s): 3044F, 3045F, 3046F</p> <p><i>When coding a Hemoglobin A1C Test, it is required to include the CPT® II Code with the results of the test. If codes 3045F or 3046F are used, that portion of the medical record that documents those results must be submitted.</i></p>
<p>ABA Adult Body Mass Assessment</p> <p>Members 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.</p>	<p>Younger than 20: Documentation in the medical record must indicate the height, weight and BMI percentile, and be dated during the measurement year or year prior to the measurement year. <i>The height and weight and BMI percentile must be from the same data source.</i></p> <p>20 Years or Older: Documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year. The weight and BMI value must be from the same source.</p> <p>Excludes: Female members with a diagnosis of pregnancy.</p>	<p>To Identify BMI: ICD-10-CM Code(s): BMI: Z68.1 - Z68.45 BMI Percentile: Z68.51 - Z68.54</p>
<p>ART Rheumatoid Arthritis</p> <p>Members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).</p>	<p>Two ways to identify members who received a DMARD during the measurement year:</p> <ul style="list-style-type: none"> • Claim/Encounter Data • Pharmacy Data <p>Excludes: Members with a diagnosis of HIV or female members with a diagnosis of pregnancy.</p>	<p>To Identify Rheumatoid Arthritis: ICD-10-CM: M05.00 - M05.9: Rheumatoid arthritis with rheumatoid factor M06.00-M06.89: Other rheumatoid arthritis M06.9: Rheumatoid arthritis, unspecified</p>
<p>BCS Breast Cancer Screening</p> <p>Female members 52 - 74 years of age as of December 31st who had a mammogram to screen for breast cancer.</p>	<p>Age 52 - 74: Mammogram is required two years prior to the measurement year through December 31st of the measurement year.</p> <p>Excludes: Patients with a bilateral mastectomy, unilateral mastectomy w/bilateral modifier or two unilateral mastectomies with service dates 14 days or more apart.</p>	<p>Mammography Codes: CPT® Code(s): 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067 HCPCS Code(s): G0202, G0204, G0206 Exclusion Codes: CPT® Code(s): 19180, 19200, 19220, 19240, 19303-19307 ICD-10-CM Code(s): Z90.11, Z90.12, Z90.13 ICD-10-PCS: 0HTUOZZ, 0HTTOZZ, 0HTVOZZ Bilateral modifier codes: 50 and 09950</p>
<p>COL Colon Cancer Screening</p> <p>Members 50 - 75 who had an appropriate screening for colorectal cancer.</p>	<p>Age 50 - 75: One of five screenings accepted:</p> <ul style="list-style-type: none"> • FOBT Performed during the measurement year • FIT-DNA: Performed during the measurement year or the two years prior • Flexible Sigmoidoscopy: Performed during the measurement year or the four years prior • CT Colonography: Performed during the measurement year or the four years prior • Colonoscopy: Performed during the measurement year or the nine years prior <p>Excludes: Colorectal Cancer and Total Colectomy</p>	<p>FOBT, FIT: CPT® Code(s): 82270, 82274, 81528 HCPCS: G0328, G0464 Flexible Sigmoidoscopy: CPT® Code(s): 45330-45335, 45337-45342, 45345-45347, 45349, 45350 HCPCS: G0104 CT Colonography: CPT® Code(s): 74261-74263 Colonoscopy: CPT® Code(s): 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 HCPCS: G0105, G0121</p>

For additional information or for training and support, contact Arkansas Health & Wellness, Quality Improvement HEDIS Team at QI_AR_HEDIS@Centene.com



Measure	Requirement	Coding Assistance
<p>EYE</p> <p>Diabetic Retinal Eye Exam</p> <p>Members 18 - 75 years of age with Type I or II diabetes who had a retinal eye exam during the measurement year.</p>	<p>Age 18 - 75: Dilated or retinal eye exam must be completed by an Eye Care Professional in the measurement year; or , a negative dilated or retinal exam report completed by an Eye Care Professional in the year prior to the measurement year.</p> <p>Excludes: Members with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior; or members with a diagnoses of eye enucleation.</p> <p>If submitted by a PCP, the following CPT® codes must be accompanied by a CPT®II code to meet the HEDIS specifications indicating the services were performed by a qualified vision provider.</p>	<p>CPT® Code(s): 67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 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</p> <p>CPT®II Code(s): 2022F, 2024F, 2026F or 3072F (negative for retinopathy).</p> <p>HCPCS Code(s): S0620, S0621, S3000</p>
<p>MRP</p> <p>Medication Reconciliation Post-Discharge</p> <p>Members 18 years of age and older who were discharged and their medications were reconciled the date of discharge through 30 days after discharge (31 days total).</p>	<p>Age 18+: Documentation of medication reconciliation on the date of discharge through 30 days after discharge.</p> <p>A list of medications in the medical record. The medication list may include medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.</p>	<p>To Identify Medication Reconciliation and List:</p> <p>CPT® Code(s): 99483, 99495, 99496</p> <p>CPT®II Code(s): 1111F</p>
<p>NEP</p> <p>Diabetic Nephropathy</p> <p>Members 18 - 75 years of age with Type I or II diabetes who had a kidney function test during the measurement year.</p>	<p>Age 18 - 75: Order a urinalysis with macroalbumin or microalbumin to be performed during the measurement year; or prescribe an ACE/ARB during the measurement year.</p> <p><i>*document the date and values in medical record. Most recent lab value during the year will be the representative value.</i></p>	<p>Kidney Function Test:</p> <p>CPT® Code(s): 81000-81003, 81005, 82042, 82043, 82044, 84156</p> <p>CPT®II Code(s): 3060F, 3061F, 3062F, 3066F, 4010F</p> <p><i>*Prescription for ACE/ARB during measure year will satisfy measure.</i></p>
<p>OMW</p> <p>Osteoporosis Management in Women</p> <p>Female members 67-85 who suffered a fracture and who had either a bone mineral density test (BMD) or prescription for a drug to treat osteoporosis within the last six months.</p>	<p>Age 67 - 85: Order a Bone Mineral Density Test (BMD) within six months of a fracture.</p> <p>Exclusions: BMD test within 24 months prior to IESD*, Osteoporosis Therapy or Dispensed Prescription Medication within 12 months prior to IESD.</p> <p>*IESD (Index Episode Start Date): the earliest date of service for any encounter during the Intake Period with a diagnosis of fracture.</p>	<p>BMD Test:</p> <p>CPT® Code(s): 76977, 77078, 77080, 77081, 77082, 77085, 77086</p> <p>HCPCS Code(s): G0730, J0630, J0897, J1740, J3110, J3489</p> <p><i>*Prescription for Osteoporosis Medications will also satisfy measure within 6 months of the IESD.</i></p>
<p>SPC</p> <p>Statin Therapy for Patients with Cardiovascular Disease</p> <p>Members who are male 21 - 75 years of age and females 40 - 75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the criteria.</p>	<p>Male members age 21 - 75 and females age 40 - 75 who were identified as having ASCVD and met the following criteria:</p> <p>1. Received Statin Therapy: Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</p> <p>2. Statin Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</p>	<p>Received Statin Therapy: A Prescription for a High and Moderate-Intensity Statin will satisfy measure.</p> <p>Statin Adherence 80%: Remaining on a High and Moderate-Intensity statin for 80% of the treatment period will satisfy this measure.</p> <p>Exclusions: Pregnancy, In vitro fertilization, ESRD, Cirrhosis, myalgia, myositis, myopathy or rhabdomyolysis.</p>

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