



# Quick Reference Guide



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# HEDIS® Quick Reference Guide

Updated to reflect NCQA HEDIS 2018 Technical Specifications

Peach State Health Plan strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS Quick Reference Guide to help you increase your practice's HEDIS scores.

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## WHAT IS HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.

## WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS scores are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS scores to evaluate health insurance companies' efforts to improve the quality of service and care for members.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance or Quality Bonus Funds.

## HOW CAN I IMPROVE MY HEDIS SCORES?

- Submit claims for each and every service rendered
- Make sure that chart documentation reflects all services billed
- Bill for all delivered services, regardless of contract status
- Ensure that all claims are submitted in an accurate and timely manner
- Consider including CPT II codes to provide additional details and reduce medical record requests

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and Treatment (EPSDT)

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## QUESTIONS?

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1-866-874-0633



# ADULT HEALTH



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## ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)

The percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year. Services that count include outpatient evaluation and management (E&M) Visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

### Ambulatory Residential/Nursing Facility E&M Visits

CPT	ICD-10	HCPCS
OUTPATIENT: 99201-99205, 99211-99215 CONSULTATIONS: 99241-99245 NURSING FACILITY, CUSTODIAL CARE: 99341-99345, 99347-99350, 99401-99404 PREVENTIVE MEDICINE: 99381-99387, 99391-99397 COUNSELING: 99401-99404, 99411-99412 OTHER: 99420, 99429	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.9	G0402, G0438, G0439, G0463, T1015

## INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)

Measure evaluates the percentage of adolescent and adult members with a new episode of alcohol or other drug dependence (AOD) who:

- Initiated dependence treatment within 14 days of their diagnosis
- Continued treatment with 2 or more additional services within 30 days of the initiation visit

For the follow up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation and management consultation or counseling service (see codes below).

### Treatment Codes to Be Used with Diagnosis Codes

CPT	HCPCS
Education: 98960-98962, 99078 E&M: 99201-99205, 99211-99215, 99217-99220 Consultation: 99241-99245 Assisted living/Home Care Oversight: 99341-99345, 99347-99350, Preventive Services: 99384-99387, 99394-99397 Counseling: 99401-99404, 99408, 99409, 99411-99412, 99510	G0155, G0176, G0177, G0396, G0397, G0410, G0463, G0409-G0411, G0443, 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, T1015

### Treatment in Office

Use service codes below with the diagnosis code AND a place of service code:

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876	03, 05, 07, 09, 11-15, 20, 22, 33, 49, 50, 52-53, 57, 71-72
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### Treatment in Community Mental Health Center or Psychiatric Facility

Use the service codes below with the diagnosis code and the place of service (POS) code:

CPT	POS
99221-99223, 99231-99233, 99238, 99239, 99251-99255	52 and 53

## MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)

Measure evaluates the percentage of patients who were identified as having persistent asthma and were dispensed appropriate medications which they remained on during the treatment period within the past year. For Medicare members, the age range measured is 18 to 85 and for Medicaid recipients, the age is 5 to 64.

SCORES	DRUG SPECIFICATIONS
<b>Medication Compliance 50%:</b> Members who were covered by one asthma control medication at least 50% of the treatment period	Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Mast cell stabilizers, Methylxanthines
<b>Medication Compliance 75%:</b> Members who were covered by one asthma control medication at least 75% of the treatment period	

CPT	ICD-10	HCPCS
99201-99205, 99211-99220, 99241-99245, 99281-99285, 99341-99345, 99374-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455, 99546	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998	G0402, G0438-G0439, G0463, T1015

### To Improve HEDIS® Scores

- If sample is given document the following: name of sample, date sample was given, and quantity.
- Ensure members who are referred to a specialist for Asthma are keeping appointments.
- Coordinate with the referred provider on receiving a list of current medications prescribed.
- Controller medications include:
  - See above Drug Specifications

## ADULT BMI ASSESSMENT (ABA)

This measure demonstrates the percentage of members ages 18 to 74 who had their BMI documented during any outpatient visit in the past two years. Recommendation is for adults to have BMI assessed at least every 2 years.

- 1) For patients 20 and over: Code the BMI value on the date of service.
- 2) For patients younger than 20, code the BMI percentile value set on the date of service.

Ranges and thresholds do NOT meet criteria; a distinct BMI value or percentile is required.

ICD-10
<b>ICD-10 BMI Value set</b> Z68.1-Z68.45; <b>ICD-10 BMI Percentile Value Set</b> Z68.51-Z85.54

### To Improve HEDIS® Scores

- Document ICD-10 BMI Value set; BMI Percentile Value Set to your claim.
- Discuss, document and offer smoking cessation strategies and efforts at every adult visit (sick and/or well).
- Offer adult annual flu shots during the month of September through May.

## CARE FOR OLDER ADULTS (COA)

Measure evaluates four components:

- 1) At least one functional status assessment per year. Can be a standard assessment tool or notation of either of the following: Activities of Daily Living (ADLs); Instrumental Activities of Daily Living (IADL); or at least three of the following: notation of cognitive status, ambulation status, sensory ability (hearing, vision, and speech), and/or other functional independence.
- 2) Evidence of advance care planning and the date of the discussion or the presence of a plan
- 3) At least annually, a review of the patient's medications by a prescribing practitioner. Includes the presence of a medication list and review of the medications. Transitional care management services also meet criteria.
- 4) At least annually, a pain assessment, either through a standardized pain assessment tool or documentation that pain was assessed.

DESCRIPTION	CPT	CPT CATEGORY II	HCPCS
Advance care planning	99497	1157F, 1158F	S0257
Medication review	90863, 99605, 99606	1160F	—
Medication list	—	1159F	G8427
Transitional care management services	99495, 99496	—	—
Functional status assessment	—	1170F	—
Pain assessment	—	1125F, 1126F	—

## COLORECTAL CANCER SCREENING (COL)

Measure evaluates the percentage of members ages 50-75 who had at least one appropriate screening for Colorectal Cancer in the past year. Appropriate screening is FOBT in 2016, sigmoidoscopy in the last 5 years or colonoscopy in last 10 years. Patients who have a history of colon cancer (Z85.038 or Z85.048) or who have had a total colectomy are exempt from this measure.

### FOBT

CPT	HCPCS
82270, 82274	G0328

### Flexible sigmoidoscopy

CPT	HCPCS
45330-45335, 45337-45342, 45345	G0104

### Colonoscopy

CPT	HCPCS
44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105, G0121



## PHARMACOTHERAPY MANAGEMENT COPD EXACERBATION (PCE)

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 – November 30 of the measurement year and who were dispensed appropriate medications.

Intent is to measure compliance with recommended pharmacotherapy management for those with COPD exacerbations. New diagnosis or exacerbation can be between July of the year prior (2016) through June 30 of the measurement year (2017).

RATES	DESCRIPTION
<b>Systemic Corticosteroid:</b> Dispensed prescription for systemic corticosteroid within 14 days after the episode.	Glucocorticoids
<b>Bronchodilator:</b> Dispensed prescription for a bronchodilator within 30 days after the episode date.	Anticholinergic agents, Beta 2-agonists, Methylxanthines

## USE OF SPIROMETRY TESTING IN THE ASSESSMENT & DIAGNOSIS OF COPD (SPR)

Measure evaluates the percentage of members age 40 and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. Spirometry testing should be completed within 6 months of the new diagnosis or exacerbation.

CPT
94010, 94014-94016, 94060, 94070, 94375, 94620

### To Improve HEDIS® Scores

- Refer members to a specialist if unable to perform test in the office (Allergist or Pulmonologist).
- Ensure results of specialist testing is kept in the member's chart.

## COMPREHENSIVE DIABETES CARE (CDC)

Measure demonstrates the percentage of members ages 18-75 with diabetes (types 1 & 2) who were compliant in the following submeasures:

**HbA1c Test:** is completed at least once per year (includes rapid A1c).

### Indicate results of HbA1c-

- 3044F < 7.0%
- 3045F between 7.0 - 9.0%
- 3046F > 9.0%
- Eye Exam (retinal) performed
- Medical Attention to Nephropathy
- BP Control (<140/90 mm Hg)

CPT	CPT II	HCPCS
83036, 83037	—	—

**Eye Exam:** a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) is completed every year OR a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior. CPT II code 3072F reflects a dilated retinal exam negative for retinopathy. Bilateral eye enucleation anytime during the member's history through December 31 of the measurement year.

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	2022F, 2024F, 2026F, 3072F	S0620, S0621, S0625, S3000
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**Nephropathy Screening Test:** (Urine Protein Test) or evidence of nephropathy is performed at least once per year. This includes diabetics who had one of the following:

- Evidence of stage 4 chronic kidney disease
- Evidence of kidney transplant
- Evidence of treatment for ACE/ARB therapy

81000-81003, 81005, 82042-82044, 84156	3060F-3062F, 3066F, 4010F	—
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## MEDICATION RECONCILIATION POST-DISCHARGE (MRP)

The percentage of discharges from January 1 – December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

CPT	CPT CATEGORY II
99495, 99496	1111F

## ANNUAL MONITORING FOR PATIENTS ON PERISISTENT MEDICATION (MPM)

### ACE Inhibitor/ARB Medications

DESCRIPTION	PRESCRIPTION					
Angiotensin converting enzyme inhibitors	<ul style="list-style-type: none"> <li>■ Benazepril</li> <li>■ Captopril</li> </ul>	<ul style="list-style-type: none"> <li>■ Enalapril</li> <li>■ Fosinopril</li> </ul>	<ul style="list-style-type: none"> <li>■ Lisinopril</li> <li>■ Moexipril</li> </ul>	<ul style="list-style-type: none"> <li>■ Perindopril</li> <li>■ Quinapril</li> </ul>	<ul style="list-style-type: none"> <li>■ Ramipril</li> <li>■ Trandolapril</li> </ul>	
Angiotensin II inhibitors	<ul style="list-style-type: none"> <li>■ Azilsartan</li> <li>■ Candesartan</li> </ul>	<ul style="list-style-type: none"> <li>■ Eprosartan</li> <li>■ Irbesartan</li> </ul>	<ul style="list-style-type: none"> <li>■ Losartan</li> <li>■ Olmesartan</li> </ul>	<ul style="list-style-type: none"> <li>■ Telmisartan</li> <li>■ Valsartan</li> </ul>		
Antihypertensive combinations	<ul style="list-style-type: none"> <li>■ Aliskiren-valsartan</li> <li>■ Amlodipine-benazepril</li> <li>■ Amlodipine-hydrochlorothiazide-valsartan</li> <li>■ Amlodipine-hydrochlorothiazide-olmesartan</li> <li>■ Amlodipine-olmesartan</li> <li>■ Amlodipine-perindopril</li> <li>■ Amlodipine-telmisartan</li> <li>■ Amlodipine-valsartan</li> <li>■ Azilsartan-chlorthalidone</li> <li>■ Benazepril-hydrochlorothiazide</li> <li>■ Candesartan-hydrochlorothiazide</li> <li>■ Captopril-hydrochlorothiazide</li> <li>■ Enalapril-hydrochlorothiazide</li> <li>■ Eprosartan-hydrochlorothiazide</li> <li>■ Fosinopril-hydrochlorothiazide</li> <li>■ Hydrochlorothiazide-irbesartan</li> <li>■ Hydrochlorothiazide-lisinopril</li> <li>■ Hydrochlorothiazide-losartan</li> <li>■ Hydrochlorothiazide-moexipril</li> <li>■ Hydrochlorothiazide-olmesartan</li> <li>■ Hydrochlorothiazide-quinapril</li> <li>■ Hydrochlorothiazide-telmisartan</li> <li>■ Hydrochlorothiazide-valsartan</li> <li>■ Sacubitril-valsartan</li> <li>■ Trandolapril-verapamil</li> </ul>					

DESCRIPTION	CPT
Lab panel	80047, 80048, 80050, 80053, 80069
Serum potassium (K+)	80051, 84132
Serum creatinine (SCr)	82565, 82575
Digoxin level	80162

### PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK (PBH)

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

DESCRIPTION	PRESCRIPTIONS
<b>Non-cardioselective beta-blockers</b>	Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol
<b>Cardioselective beta-blockers</b>	Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol
<b>Antihypertensive combinations</b>	Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

# WOMEN'S HEALTH



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## BREAST CANCER SCREENING (BCS)

Measure evaluates the percentage of women ages 50–74 who had a mammogram\* at least once in the past 27 months. Women who have had a bilateral mastectomy are exempt from this measure. Diagnostic screenings are not compliant.

\*Types and methods of mammograms: (screenings, diagnostic, film, digital or digital breast tomosynthesis).

### To Improve HEDIS® Scores

- Ensure that an order or prescription is given at well women exams for women 50 -74 years old.
- Document unilateral or bilateral mastectomy and date the chart.

## CERVICAL CANCER SCREENING (CCS)

Measure evaluates the percentage of women ages 21–64 who were screened for cervical cancer using either of the following criteria:

- 1) Cervical cytology performed every 3 years for women ages 21–64
- 2) Cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years (must occur within 4 days of each other) for women ages 30–64. \*\*HPV testing in response to a positive cervical cytology test is not compliant.

**Exclusion:** Women who have had a hysterectomy without a residual cervix are exempt from this measure.

### To Improve HEDIS® Scores

- Document hysterectomy, type (total/partial), and date performed in chart.

### Cervical Cytology Codes (ages 21-64):

CPT	HCPCS
88141-88143, 88147, 88148, 88150, 88152- 88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

### Ages 30-64 years old, Code from Cervical Cytology plus one

CPT	HCPCS
87620-87622, 87624, 87625	G0476

### HPV code:

Absence of Cervix

ICD-10
Q51.5, Z90.710, Z90.712

## CHLAMYDIA SCREENING (CHL)

Measure evaluates the percentage of women ages 16 to 24 who are sexually active who had at least one test for Chlamydia during the year. Chlamydia tests can be completed using any method, including a urine test. “Sexually active” is defined as a woman who has had a pregnancy test; testing or diagnosis of any other sexually transmitted disease; is pregnant or has been prescribed birth control.

CPT
87110, 87270, 87320, 87490-87492, 87810

## OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

Measure evaluates the percentage of women age 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 6 months after the fracture.

### Bone Density Tests

CPT	HCPCS	ICD-10	PRESCRIPTION
76977, 77078, 77080-77082, 77085, 77086	G0130	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ3ZZ1, BQ04ZZ1, BRO0ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1	— Biphosphonates: (Alendronate, Risedronate, Ibandronate, Zoledronic acid, Alendronate-cholecalciferol), Other agents: Calcitonin, Denosumab, Raloxifene, Teriparatide

## PRENATAL AND POSTPARTUM CARE (PPC)

The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. If a bundled service code is used, submit the claim for the postpartum service using a code below.

### Any Postpartum Visit:

CPT	ICD-10	HCPCS
57170, 58300, 59430, 99501, 0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	G0101

### Any Cervical Cytology Procedure:

CPT	HCPCS
88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

### To Improve HEDIS® Scores

Ensure the following are obtained:

- Encourage member to attend **all** scheduled prenatal visits.
- Ensure antepartum flow sheet is completed at each visit.

Peach State Health Plan offers member incentives for completion of prenatal and postpartum visits through the Smart Smart for Your Baby Program®.

For more information contact Peach State Health Plan's Case Management Department at 1-800-504-8573.

## FREQUENCY OF ONGOING PRENATAL CARE (FPC)

The percentage of Medicaid deliveries on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits:

- <21 percent of expected visits.
- 21 percent - 40 percent of expected visits.
- 41 percent - 60 percent of expected visits.
- 61 percent - 80 percent of expected visits.
- >81 percent of expected visits.

If a bundled service code is used, submit any prenatal visits as encounters to count

- For OB or PCP provider types, choose to submit **Stand Alone Prenatal Visit** codes
- OB provider types may also submit any **Prenatal Visit** code in conjunction with any code for **Other Prenatal Services**
- PCP provider types can also submit any **Stand Alone Prenatal Visit** code and any code for **Other Prenatal Services** along with a **pregnancy diagnosis**.
- **Other Prenatal Services** (any one listed): Obstetric Panel, Prenatal Ultrasound, Cytomegalovirus and Antibody Levels for Toxoplasma, Rubella, and Herpes Simplex, Rubella antibody and ABO, Rubella and Rh, Rubella and ABO/Rh

### Stand Alone Prenatal Visit Codes

CPT	HCPCS
99500, 0500F, 0501F, 0502F	H1000-H1004

### Prenatal Visit Codes (to Use with Pregnancy Diagnosis or Other Prenatal Services)

99201-99205, 99211-99215, 99241-99245	G0463, T1015
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### To Improve HEDIS® Scores

Ensure the following are obtained:

- Postpartum visits must be 21 - 56 days after delivery and include one of the following:
  - Pelvic exam or
  - Evaluation of weight, BP, breast, and abdomen, or notation of “breast feeding.”
  - Notation of postpartum care
  - Postpartum care, “PP care”, “PP check”, “6 week check.”
  - A preprinted form

Peach State Health Plan offers member incentives for completion of prenatal and postpartum visits through the Smart Smart for Your Baby Program®.

For more information contact Peach State Health Plan’s Case Management Department at 1-800-504-8573.

# PEDIATRIC HEALTH



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**ACCESS TO PRIMARY CARE PRACTITIONERS (AAP)**

Measure evaluates the percent of children ages 12 months–19 years who had an outpatient visit within the year with a Primary Care Physician.

All Plan members **should** have an annual well visit.

*Peach State Health Plan reimburses for annual well visits.*

**FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)**

Measure demonstrates the percent of children ages 6–12 newly prescribed an ADHD medication that had at least three follow-up care visits within a 10 month period, one of which was within 30 days of when the first ADHD medication was dispensed. The intent of the measure is to assess medication impact and side effects and therefore, visits with a counselor does not count. The visit should be with a practitioner with prescribing authority. Two rates:

**Initiation Phase:** one face-to-face outpatient follow-up visit with a prescribing practitioner within 30 days after the date the ADHD medication was newly prescribed.

**Continuation and Maintenance Phase:** The percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

**To Improve HEDIS® Scores**

- Schedule a two week follow-up to check member and ensure return by 30 days.
- Schedule 6 weeks, 3 months and 6 months to ensure child has 2 visits in 9 months.

*Explain the importance of taking medication as prescribed everyday and including weekends.*

**MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)**

Measure evaluates the percentage of members ages 5–85 who were identified as having persistent asthma and were dispensed appropriate medications which they remained on during the treatment period within the past year.

SCORES	DRUG SPECIFICATIONS
<p><b>Medication Compliance 50%:</b> Members who were covered by one asthma control medication at least 50% of the treatment period</p>	<p>Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Mast cell stabilizers, Methylxanthines and Short-acting, inhaled beta-2</p>
<p><b>Medication Compliance 75%:</b> Members who were covered by one asthma control medication at least 75% of the treatment period</p>	<p>agonists</p>

**To Improve HEDIS® Scores**

- If sample is given document the following: name of sample, date sample was given, and quantity.
- Ensure members who are referred to a specialist for Asthma are keeping appointments.
- Coordinate with the referred provider on receiving a list of current medications prescribed.
- Controller medications include:
  - See above Drug Specifications

## ANNUAL DENTAL VISITS (ADV)

Measure evaluates the percentage of members ages 2–20 who had at least one dental exam with a dental practitioner in the measurement year.

It is recommend that members should have the establishment of a dental home and the first dental exam no later than 12 months of age.

### To Improve HEDIS® Scores

- Ensure members are going to the dentist at every well-visit
- Members should see a dentist every 6 months (not annually).

## APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (CWP)

Measure evaluates the percentage of children age 3-18 diagnosed with pharyngitis, between July 1 of the year prior to the measurement year and ends on June 30 of the measurement year who were dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher score represents better performance (i.e., appropriate testing). Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim. Rapid strep tests in the office are acceptable and should be billed.

- **Pharyngitis (ICD-10: J02.9);**
- **Tonsillitis (ICD-10: J03.9); or,**
- **Strep sore throat (ICD-10: J02.0 or J03.0)**

### To Improve HEDIS® Scores

Use **Rapid Strep Test** in office - Peach State Health Plan reimburses providers for this test (**87880**).

- “Prescribe” OTC symptom reliever and call in an antibiotic if positive strep test.

## APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)

Measure evaluates the percentage of children age 3 months – 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim.

- **Common Cold (ICD-10: J00)**
- **URI (ICD-10: J06.9)**

### To Improve HEDIS® Scores

- “Prescribe” OTC symptom relief and encourage call/follow-up if symptoms worsen, when Parents demand antibiotics.
- Don’t dismiss the illness as “only a viral infection.”
- Give parents a realistic time course for resolution.

## EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) QUICK REFERENCE GUIDE

INFANCY AND EARLY CHILDHOOD EPSDT PREVENTIVE MEDICAL VISITS
<p><b>Children should have 11 EPSDT visits before 3 years old*</b></p> <p>Eight (8) visits should be completed within 15 months. Three (3) additional EPSDT preventive medical visits should occur before age 3 years: 3-5 day ■ by 1 month ■ 2 months ■ 4 months ■ 6 months ■ 9 months ■ 12 months ■ 15 months ■ 18 months ■ 24 months ■ 30 months</p>
<p><b>HEDIS® Requirements</b></p> <p>HEDIS® requires at least 6 visits by 15 months. <b>Note:</b> EPSDT preventive medical visits that occur at 15 months and 1 day old, will not count towards HEDIS® scores.</p>
<p><b>Tips</b></p> <ul style="list-style-type: none"> <li>■ If the Provider is compliant with the Bright Futures guideline, they will be compliant with the HEDIS requirements.</li> <li>■ Schedule a visit for members who may need to catch up with the BFG periodicity schedule.</li> <li>■ Document type of anticipatory guidance.</li> <li>■ Refer members to a dentist no later than 12 months.</li> </ul> <p>*According to American Academy of Pediatrics (AAP) 2017 Bright Futures “Recommendations for Pediatric Health Care” Periodicity Schedule.</p>

DEVELOPMENTAL SCREENINGS
<p>A Developmental Screening using a STANDARDIZED DEVELOPMENTAL SCREENING TOOL must be performed at the 9 month, 18 month and 30 month EPSDT preventive medical visits.</p>
<p><b>Acceptable Standardized Tools</b></p> <ul style="list-style-type: none"> <li>■ Ages and Stages Questionnaire (ASQ) – 2 months to 5 years</li> <li>■ Ages and Stages Questionnaire – 3rd Edition (ASQ-3)</li> <li>■ Battelle Developmental Inventory Screening Tool (BDI-ST) Birth to 95 months</li> <li>■ Bayley Infant Neuro-developmental Screen (BINS) – 3 months to 2 years</li> <li>■ Brigance Screens-II – Birth to 90 months</li> <li>■ Child Development Inventory (CDI) - 18 months to 6 years</li> <li>■ Infant Development Inventory – Birth to 18 months</li> <li>■ Parents’ Evaluation of Developmental Status (PEDS) – Birth to 8 years</li> <li>■ Parent’s Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)</li> </ul> <p>To be reimbursed for performing developmental screening using a standardized tool providers must bill CPT Code 96110 with the EP modifier.</p>

## AUTISM SCREENINGS

Autism Screenings are required at the 18 month and 24 month preventive medical visits and/or any time parents raise a concern. The screening should be performed with an autism-specific screening tool.

The Modified Checklist for Autism in Toddlers (MCHAT) is the recommended tool and downloadable at <https://m-chat.org>.

Providers should submit **CPT code 96110** with the **EP** and **UA** modifier.

For catch up visits, the provider should submit **CPT code 96110** and the **EP, UA** and **HA** modifiers.

## CHILDHOOD IMMUNIZATIONS

**Assess the need for immunizations at each EPSDT preventive medical visit. Immunizations, if needed and appropriate, must be given at the time of the visit.**

### HEDIS® Requirements

Children must be fully immunized on or before the 2nd birthday.

**Note:** If the child is 2 years and 1 day old, service(s) will not count towards HEDIS® scores.

### Tips

- If the Provider is compliant with the Bright Futures and ACIP guidelines, they will be in compliance with the HEDIS requirements.
- Consider administering overdue immunizations at sick visits (if medically appropriate).
- Ensure compliance with immunizations before the 24 month EPSDT preventive medical visit.
- Schedule a visit for members who may need to catch up with the BFG periodicity schedule.
- Encourage and offer flu shots during the months of September through May.
- Providers should perform immunization “catch up” visits for members who may need to be current with the ACIP schedule.

Enter immunizations in GRITS registry as required [www.grits.state.ga.us](http://www.grits.state.ga.us)

## BLOOD LEAD LEVEL (BLL) SCREENING TEST

**A BLL screening test must be done at the 12 month AND 24 month EPSDT preventive medical visits.**

### HEDIS® Requirements

Children must have at least one BLL screening test on or before the 2nd birthday.

**Note:** If the child is 2 years and 1 day old, service(s) will not count towards HEDIS® scores.

If a provider performs the BLL screenings as required by Bright Futures, they will be compliant with the HEDIS requirements.

### Tips

- Consider performing past due BLL screening test at sick visit
- Ensure at least one BLL screening test before the 24 month EPSDT preventive medical visit
- Report BLL screening test results <https://sendss.state.ga.us>
- If using a **Certified Lead Analyzer**, submit CPT Code **83655**

A blood lead risk assessment is required at 6, 9 and 18 months and 3 to 6 years per the BFG periodicity schedule. Children between the ages of 36 months and 72 months must receive one Blood Lead Level (BLL) screening test if they have not previously been tested.

## CHILDHOOD AND ADOLESCENT EPSDT PREVENTIVE MEDICAL VISITS

**Children must have an EPSDT preventive medical visit at every age, starting at 3 years old.\***

### HEDIS® Requirements

HEDIS® requires annual visits to be complete before December 31st of each calendar year.

### Tips

- Perform EPSDT preventive medical visits in place of sports/camp physicals, only if the member has not received the annual preventive medical visit.
- Document the type of anticipatory guidance.
- Ensure a dental home is established by age 1 years old; encourage members to see a dentist every 6 months.

\*According to American Academy of Pediatrics (AAP) 2017 Bright Futures “Recommendations for Pediatric Health Care” Periodicity Schedule.

## SCREENING AND TESTING FOR STI/HIV

**STI – Risk Assessment:** At the 11 through 20 year visits.

**Screening:** Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases*.

**HIV – Risk Assessment:** At the 11 through 14 year and 19 through 20 year visits

**Screening:** Adolescents should be screened for HIV according to the USPSTF recommendations once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. (<http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm>)

Documentation of risk assessment, screening or referral to an appropriate provider for this service must be in the medical record.

### HEDIS® Requirements

Sexually active females who are ages 16 - 24 years old must be tested for Chlamydia each year.

**Note:** HEDIS specifications indicate females who are “sexually active” and need Chlamydia screenings based on a history of specific diagnoses and prescriptions.

Make every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

## DEVELOPMENTAL/BEHAVIORAL ASSESSMENT

**Alcohol & Drug Use Assessment and Depression Screenings are required at each EPSDT preventive medical visit beginning at 11 years old.**

### Tips

- The Recommend Alcohol & Drug Use screening tool is the CRAFFT Tool available at <http://www.ceasar-boston.org/CRAFFT/index.php>.
- Depression screenings should be completed using a standardized tool such as the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-P toolkit and at: [http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH\\_ScreeningChart.pdf](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf)

## WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

**All children should have documentation of weight, height and BMI. At the age of 2 the BMI must be plotted on the appropriate growth chart at every EPSDT preventive medical visit.**

### HEDIS® Requirements

**ALL** Children age 3 -17 years old must have documentation of BMI Percentile, Nutritional Counseling and Physical Activity Counseling in the Medical Record at least annually.

### Tips

- BMI, Nutritional Counseling and Physical Activity Counseling can be completed at well and/or sick visit.

BMI Percentile:

- Less than 5th percentile for age: Z68.51
- 5th to less than 85th percentile for age: Z68.52
- 85th to less than 95th percentile for age: Z68.53
- Greater than or equal to 95th percentile for age: Z68.54

Nutritional Counseling: Z71.3 to claim

Physical Activity Counseling: G0447, S9451 to claim

Measurements should be plotted on the appropriate Center for Disease Control and Prevention (CDC) growth chart(s). The BMI number should be plotted on the BMI-For-Age growth charts to obtain a BMI percentile ranking.

## ADOLESCENT IMMUNIZATIONS

**Assess the need for immunizations at each EPSDT preventive medical visit. Immunizations, if needed and appropriate, must be given at the time of the visit.**

### TO IMPROVE HEDIS® SCORES

All male and female adolescents NEED 1 meningococcal, 1 Tdap and completion of HPV Vaccination by their 13th birthday.

**Note:** If the child is 13 years and 1 day old, service(s) will not count towards HEDIS scores.

### Tips

- Overdue immunizations can be administered at sick visits (if medically appropriate).
- Check status of immunizations at 11 year old preventive medical visit (not 12 year old).
- Schedule a visit for immunizations for members who may need to catch up with the ACIP schedule.
- Encourage and explain benefits of HPV immunization to both male and female members.

Enter immunizations in GRITS registry as required [www.grits.state.ga.us](http://www.grits.state.ga.us)

Refer to the American Academy of Pediatrics (AAP) 2017 Bright Futures “Recommendations for Pediatric Health Care” Periodicity Schedule for all EPSDT preventive medical screening components.

HEDIS® 2018 Volume 2 Technical Specifications. The above guidelines are HEDIS® measures and should not take the place of clinical practice guidelines.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). Reimbursement for these services will be in accordance with the terms and conditions of your agreement.






**QUESTIONS?**

Visit our website or contact Provider Services for further assistance.

 [pshp.com](https://pshp.com)

 1-866-874-0633