HEDIS CHEAT SHEET 2017

Adult BMI Assessment:
Measure and record height, weight, and BMI at every office visit for all patients 18-74. Use diagnosis codes Z68.1-Z68.45 for adults at least once a year. Patients 18-21 must also have BMI percentile documented. For ages 18-21 BMI Percentile use pediatric codes Z68.51-Z68.54. Do NOT use Z68 without decimal point.

Weight Assessment, Counseling for Nutrition and Physical Activity: 3 parts documented yearly for ages 3-17.
Height, weight, and BMI percentile (use Z68.51-Z68.54), Nutrition Counseling (Z71.3) and Physical Activity Counseling (no code available, must document) and document discussion or use of handouts. (Keep it simple-you can state in progress note that 5-2-1-0 handout given and that counts as counseling for both nutritional and physical activity)

All immunizations: Use Z23 and ensure nurse drops code(s) as applicable.

Childhood Immunizations:
Code for all immunizations given and input previous immunizations into the chart or EHR as well as CAIR. Document if 2 or 3 dose Rotavirus given. (Rememeber: IZs must be given prior to the 2nd birthday)

1. DTP (90698 or 90700)
2. HIB (90648)
3. Pneumo (90670)
4. Rotavirus (90681 x 2)

Immunizations for Adolescents:
Adolescents, by their thirteenth birthday, must have at least the following: 1 dose of meningococcal vaccine (90734, given between ages 11-13), 1 dose of Tdap (90715, given between ages 10-13) and 3 doses of HPV (90649, 90650, 90651, given between ages 9-13). (Must have all IZs before 13th birthday)

Colorectal Cancer Screening:
Colonoscopy documented in notes within the last 10 years or flex sig (45330) within the last 5 years, yearly guaiac FOBT (gFOBT) (82270) or yearly Fe cal Immunoclinical Occult Blood Test (FIT or iFOBT) (82274) for patients age 50-75. Note digital rectal exams/FOBT performed in an office setting do not count. To exclude patients with history of colon cancer, use code Z85.038 or more specific code such as C18.4 for malignant neoplasm of transverse colon or 0DTE0ZZ for total colectomy. (If patients refuse colonoscopy, offer FOBT or FIT at the time of the visit)

Comprehensive Diabetes Care: 4 parts to be documented yearly.
Diabetic patients (type 1 and type 2) age 18-75 with documentation of Hgb A1C testing and result, Blood Pressure <140/90, dilated eye exam or retinal screening (92250) (or negative retinal screen the year prior) and medical attention for nephropathy (includes any of the following: microalbumin testing, evidence of macroalbuminuria, nephrology visit, evidence of ACEI or ARB therapy, or CKD stage 4, ESRD or kidney transplant diagnosis). To exclude patients with gestational diabetes use code O24.419. Negative retinal screening (3072F) can be performed by any provider type (PCP, optometrist, ophthalmologist). HgBA1c poorly controlled: >9%; HgBA1c controlled: <8%. VCHCP obtains data from Quest and Cerner which is used for the Diabetes Disease Management Program. For patients with BP >140/90, consider rechecking at the time of the visit. (Remember patients can receive retinopathy through an ophthalmology office or at the following clinics: Magnolia, Las Islas and Sierra Vista)

Breast Cancer Screening:
Document screening mammogram done every 2 years in age group 50-74. To exclude patients with bilateral mastectomy, use code Z90.13. Does not include diagnostic screenings. (VCHCP patients will receive a postcard for screening if due and will not require a MD order if done at a contracted radiology facility)

Cervical Cancer Screening:
Document pap done every 3 years in age group 21-64 or every 5 years in age group 30-64 if HPV co-testing also done. To exclude patients s/p hysterectomy not requiring pap, use code Z90.710. (Remember to do Chlamydia screening at time of pap in age group 16-24, see next)

Chlamydia Screening in Women:
Documented yearly in sexually active woman in age group 16-24. (Remember that this is to be done even though patients may not come in for annual exams)

Appropriate testing for Children with Pharyngitis:
For children age 3-18, diagnosed with pharyngitis and dispensed an antibiotic after receiving a group A strep test. If coding for acute pharyngitis J02.9, acute tonsillitis J03.90 or strep pharyngitis J02.0, order group A strep test and treat appropriately with judicious use of antibiotics

Note: Listed codes are examples acceptable for HEDIS

5/15/2017
Appropriate Treatment for Children with URI:
For children age 3 months-18 years, if prescribing antibiotics, use appropriate code denoting presumed bacterial etiology. (Codes for cold or URI presume a viral etiology-Do not use)

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis:
For adults age 18-64, if prescribing antibiotics, use appropriate code denoting presumed bacterial etiology. (Codes for acute bronchitis presume a viral etiology-Do not use)

Use of Spirometry Testing in Assessment and Diagnosis of COPD:
Patients with a new diagnosis of COPD, age 40 and older, are assessed for appropriate spirometry testing ordered within a year of diagnosis to confirm the diagnosis. For routine spirometry, use code 94010 for limited pre- and post-bronchodilator spirometry. (With the CATCH grant awarded to VCMC, the pulmonary department has geared up to offer more availability for spirometry testing. This test does not require prior authorization from VCHCP)

Prenatal and Postpartum Care:
Patients who received a prenatal care visit during the first trimester and a postpartum visit between 21 and 56 days of delivery. (2 week postpartum check does not count for HEDIS). Use code Z39.2 for post-partum exam. (Code or document pelvic exam or progress note stating postpartum or 6 week check or document eval of weight, BP, breasts, and abdomen)

Medication Management for People with Asthma:
Patients age 5-85 with persistent asthma with documentation of appropriately prescribed controller medication, and remained on medication throughout treatment period. (J45.40, J45.50, J45.30, J45.40, J45.909) Diagnosis of Persistent Asthma (1 required):
At least 1 ER visit with a principle diagnosis of asthma; at least one acute inpatient encounter with a principal diagnosis of asthma; at least 4 outpatient visits with any diagnosis of asthma associated with at least 2 asthma medication dispensing events; or at least 4 asthma medication dispensing events

Medical Assistance with Smoking and Tobacco Use Cessation: 3 parts yearly
Use code Z72.0 to document smoking disorder. 1) Advise smokers and tobacco users to quit, 2) discuss cessation medications and, 2) cessation strategies. Z71.6, 99406, 99407. Can document use of handouts for simplicity. 5As trained nurses and MAs can do this.

Flu Shots for Adults and Over the Age of 65:
Yearly for everyone over 18 years. (Note: For VCMC PRIME METRICS PROJECT, this measure is for patients 6 months and older)

Antidepressant Medication Management: 2 parts
Patients prescribed medication for a diagnosis of Major Depression require documentation of follow up and continued medication use at 12 weeks (acute phase) and at 6 months (continuation phase)

Follow up Care for Children Prescribed ADHD Medications: 2 parts
Patients ages 6-12 prescribed medication for a new diagnosis of ADHD require documentation of a follow up visit within 30 days of starting medications (initiation phase). If they remain on medication for at least 7 months, 2 additional follow up visits are required (continuation phase).

Controlling High Blood Pressure:
Patients 18-85 years of age who had a diagnosis of hypertension (HTN) should have their BP adequately controlled as follows-18-59 years of age: <140-90; 60-85 years of age without a diagnosis of diabetes: <150/90; 60-85 years of age with a diagnosis of diabetes: <140/90. Measure and record BP at each visit. If BP is high (>139/89), recheck at the end of the visit. GOAL <140/90 (NOTE: Systolic BP of 140 and diastolic BP of 90 is a miss. Must be below 140/90.) If no diagnosis of HTN but blood pressure is >140/90 on more than 1 visit, refer for follow up and document recommendations of lifestyle modifications.

Use of Imaging Studies for Low Back Pain: Patients with a primary diagnosis of low back pain should not have an imaging study within 28 days of the diagnosis unless clinically appropriate. Clinically appropriate criteria include diagnosis of cancer, recent trauma, IV drug abuse, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids, or neurologic impairment, which are to be coded according! Statin Therapy for Patients with Diabetes: Patients 40-75 years old with diabetes who do not have atherosclerotic cardiovascular disease should receive at least 1 statin medication of any intensity, and remain on a statin medication of any intensity for at least 80% of the treatment period.