2022 HEDIS Tips for Providers

HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
Telehealth **3 types - see next column.** **Be sure to bill the appropriate codes to match the telehealth visit that occurred.**	• **Synchronous telehealth visits–** *Requires real-time interactive audio and video telecommunications*. A measure specification that is silent about telehealth includes synchronous telehealth. This is because telehealth is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code. • **Telephone visits-** A measure will indicate when telephone visits are eligible for use by referencing the Telephone Visits Value Set. • **Asynchronous e-visits–** Sometimes referred to as an e-visit or virtual check-in, is not "real-time" but still *requires two-way interaction between the member and provider.* Online Assessments Value Set.	**Telehealth Modifier:** 95, GT Telehealth POS: 02 **Telephone Visit CPT:** 98966-98968, 99441-99443 **Online Assessment CPT:** 98969-98972, 99421-99423, 99444, 99457 **Online Assessment HCPCS**: G0071, G2010, G2012, G2061-G2063 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
*__Exclusion notes__: The exclusions in the middle column apply to these measures: **ART, BCS, CBP, CDC, PBH, SPC and SPD** if the member was 66 years old by 12/31 of the measurement year.	• If enrolled in an institutional SNP or living in a long-term institution any time during the measurement year OR • If at least one claim for frailty AND specific claims for advanced illness or dispensed dementia medication. • Telephone visits and Asynchronous e-visits count towards these exclusions	*Additional exception for ART, CBP and PBH: Exclude members age 81 and older as of 12/31 of the measurement year that had at least one frailty claim.
AAP—Adults' Access to Preventive/Ambulatory Health Services Adults age 20 years and older who had an ambulatory or preventative care visit during the measurement year. Reporting stratifications: • 20-44 years • 45-64 years • 65 years and older • Total	♦ Outreach patients that have not been seen and set up an appointment. ♦ Schedule preventive care appointments for the patients and report all services provided and utilize appropriate billing codes to ABH-IL ♦ Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar yar. ♦ Consider offering expanded offices hours to increase access to care. ♦ Try keeping a few open appointments slots each day to see patients they day the call. ♦ Make reminder calls to patients who have appointments to decrease no-show rates. **Telephone Visits and Asynchronous e-visits count towards this measure.**	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483 92002, 92004, 92012, 92014, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337 **HCPCS:** G0402, G0438-G0439, G0463, T1015, S0620, S0621 **ICD10CM:** Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0—Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1-Z76.2 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**

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ART— Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis Adults 18 or older who were diagnosed with rheumatoid arthritis and who were dispense at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year.	♦ Educate patients that they need to make at least two follow-up appointments a year after their initial diagnosis, evaluate the effectiveness of their DMARD therapy, and manage potential adverse RA events with an adjusted DMARD treatment. ♦ Refer patients to a rheumatologist to assist with treatment. **Telephone visits and Asynchronous e-visits can pull members into this measure.** *** See exclusion note above**	**HCPCS Codes for some of the DMARD medications:** J0129, J0135, J0717, J1438, J1602, J1745, J3262, J7502, J7515, J7516, J7517, J7518, J9250, J9260, J9310, J9311, J9312, Q5103, Q5104, Q5109 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
BCS - Breast Cancer Screening Women 52-74 years of age with one or more mammograms within the last 2 years (starting at age 50).	♦ Educate women regarding the benefit of early detection of breast cancer through routine mammograms. ♦ Submit the appropriate mastectomy code to exclude women from this measure if it is part of their history. ♦ Have a list of mammogram facilities available to share with patients. ♦ Discuss possible fears the patients may have about mammograms and inform them that currently available testing methods are less uncomfortable and require less radiation. *** See exclusion note above**	**Breast Cancer Screening Codes** **CPT Codes:** 77061-77063, 77066-77067 **HCPCS:** G0202, G0204, G0206 **Exclusions** **Bilateral Mastectomy** **ICD-10 CM:** Z90.13 (history of bilateral mastectomy) *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
CCS - Cervical Cancer Screening Women 21-64 years of age who were screened for cervical cancer using one of these criterial • Women age 21-64 years who had cervical cytology performed within the last 3 years. • Women age 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years. • Woman age 30-64 who had cervical cytology and human papillomavirus (hrHPV) co-testing within the last 5 years.	♦ Women who have had a total hysterectomy with no residual cervix are excluded. This must be documented in patient history or on the problem list. Notation of Pap test located in progress notes MUST include the lab results in order to meet NCQA® requirements. Reflex testing: performing HPV test after determining cytology result, does not count. ♦ Complete Pap test during regularly scheduled sick visits, and well woman visits ♦ Request having results of Pap test sent to you if done at OB/GYN visits ♦ Use correct procedure (CPT) and diagnosis (ICD-10) codes. ♦ Submit claims and encounter data in a timely matter	**Cervical Cytology** **CPT Codes:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **High Risk HPV Lab Test** **CPT Codes:** 87624-87625 **HCPCS:** G0476 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
CHL - Chlamydia Screening in Women Women 16-24 years of age who are identified as sexually active and have at least one Chlamydia test annually.	♦ Educate women about STDs, transmission, and the importance of testing. ♦ Perform routine urine test for Chlamydia, document and submit claims timely. ♦ Place chlamydia swab next to Pap test or pregnancy detection materials.	**CPT Codes: 87110, 87270, 87320, 87490-87492, 87810** *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**

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HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
PPC - Prenatal and Postpartum Care Women who delivered a live baby and received the following care: • Prenatal care during 1st trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan. • Postpartum care between 7 –84 days after delivery.	♦ Educate office staff to schedule first appointment with the provider in the first trimester (asap if late entry to care). ♦ Explain the importance of and encourage attendance for the postpartum visit. ♦ Documentation of a prenatal care visit must be by an OB/GYN, other prenatal care practitioner, or PCP. Visits to a PCP must include a diagnosis of pregnancy. Documentation by a registered nurse alone does not meet compliance for HEDIS. ♦ Have a direct referral process to obstetrician-gynecologist (OB/GYN) in place. ♦ Refer ABH-IL patients to our Maternity Matters Program ♦ Educate patients on the leading causes of postpartum complications and mortality ♦ Schedule patients for a postpartum visit within 7 to 84 days from delivery (Please note that staple removal following a cesarian section does not count as a postpartum visit for HEDIS) **Telephone visits and Asynchronous e-visits count for this measure.**	**Codes to Identify First Prenatal Visit** **Prenatal Stand Alone Visit** **CPT Codes:** 99500 **CPT II Codes:** 0500F, 0501F, 0502F **HCPCS**: H1000-H1004 **Prenatal Bundled Services** **CPT Codes:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005 ***Or one of the following visit codes*** **CPT Codes:** 99201-99205, 99211-99215, 99241-99245, 99483 **HCPCS** T1015, G0463 ***With a code for a pregnancy diagnosis*** Postpartum **CPT Codes** 57170, 58300, 59430, 99501 **CPT II Code:** 0503F **ICD-10 CM Codes:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 **HCPCS:** G0101 **Postpartum Bundled Services** **CPT Codes:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 **Or** Any of the cervical cytology codes listed in the cervical cancer screening measure above. *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
CBP - Controlling High Blood Pressure Members 18-85 years of age with a diagnosis of hypertension (HTN) and have adequately controlled BP (<140/90)	♦ If BP is elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and **retake BP during exam**. ♦ Make sure you use the correct size cuff. ♦ If using a machine, record the actual number, do NOT round up. ♦ BP readings that are member-reported and/or taken with remote digital monitoring devices are now acceptable. ♦ Discuss with our members the importance of taking medications as prescribed, returning to follow up visits, smoking cessation, increase in physical activity and eating a low-sodium diet. ♦ Reach out to patients who cancel or miss appointments and assist them with rescheduling as soon as possible. **Both visits with a hypertension diagnosis may be telehealth.** *** See exclusion note on first page**	**ICD-10 CM Code:** I10 Blood pressure value CPT II codes are now acceptable to meet compliance **Blood Pressure CPT Codes**: **Systolic BP:** **< 130** 3074F, **130-139:** 3075F; **>/= to 140** 3077F **Diastolic BP: 80-89** 3079F; **< 80** 3078F; **>/= 90** 3080F **Optional Exclusions:** End Stage Renal Disease (ESRD) or a kidney transplant on or prior to December 31st of the measurement year or a diagnosis of pregnancy during the measurement year or a nonacute inpatient admission during the year.

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HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
• **BPD – Blood Pressure Control for Patients with Diabetes** • **EED- Eye Exam for patients with Diabetes** • **HBD- Hemoglobin A1c Control for Patients with Diabetes** Members 18-75 years of age with diabetes should have each of the following: • HbA1C testing, • HbA1C control (A1C < 8) • Retinal eye exam (refer for exam) • Blood pressure control (<140/90)	♦ Order screenings annually or more often as needed and educate member on importance of compliance with testing and medications. ♦ Review diabetes services needed at each office visit **HbA1C Test:** ♦ Order labs prior to patient appointments ♦ Adjust therapy to improve HbA1C levels and follow-up with patients to monitor changes. **Eye Exam:** ♦ Refer member to Optometrist or Ophthalmologist for Dilated Retinal Eye Exam annually. Stress why this is important and explain that it is different than an eye exam for glasses or contacts. **BP readings that are member-reported and/or taken with remote digital monitoring devices are now acceptable.** **Two visits with a diabetes diagnosis may be telehealth.** *** See exclusion note on first page**	**HbA1c CPT Codes:** 83036, 83037 **CPT II HbA1c Result Codes** **HbA1c level less than 7.0:** 3044F **HbA1c level greater than 9.0:** 3046F **HbA1c level greater > or = 7 & < 8:** 3051F **HbA1c level greater > or = 8 & < 9:** 3052F **Blood Pressure CPT Codes**: **Systolic BP: < 130** 3074F, **130-139** 3075F; **>/= to 140** 3077F **Diastolic BP: 80-89** 3079F; **< 80** 3078F; **>/= 90** 3080F **Automated Retinal Eye Exam - CPT** 92229 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
KED— Kidney Health Evaluation for Patients with Diabetes Members 18-85 years old with diabetes who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **AND** a urine albumin-creatinine ratio (uACR), during the measurement year.	♦ Educate members regarding diabetes effect on kidneys and the importance of these tests. ♦ Order all the required testing components. Review for completion at each visit. ♦ Submit claims and encounter data in a timely manner. **Two visits with a diabetes diagnosis may be telehealth. Telehealth pulls member into diabetes measure.**	**Estimated Glomerular Filtration Rate Lab Test** **CPT Codes:** 80047-80048, 80050, 80053, 80069, 82565 A uACR test is identified by **both** a Quantitative Urine Albumin Test **AND** a urine creatinine test with service dates four or less days apart. **Quantitative Urine Albumin Test** **CPT Code:** 82043 **Urine Creatinine Lab Test** **CPT Code:** 82570 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
LBP - Use of Imaging Studies for Low Back Pain Adults age 18-50 years old with a primary diagnosis of low back pain, who did **not** have an imaging study (plain x-ray, MRI or CT scan) within 28 days of the diagnosis.	♦ Occasional uncomplicated low back pain in adults often resolves within the first 28 days. Imaging before 28 days is usually unnecessary. ♦ Use complete and accurate value set. ♦ Use correct exclusion codes when necessary. ♦ Submit claims and encounter data in a timely manner. **Telephone visits and Asynchronous e-visits add members to this measure.**	**Exclusions to this measure** **Anytime during member's history:** Dx of HIV, major organ transplant or cancer **3 months prior to dx of low back pain:** trauma **12 months prior to dx of low back pain:** IV drug use, spinal infection or neurological impairment The above includes through 28 days after low back pain dx. **Any time 12 months prior to the dx of low back pain:** 90 consecutive days of corticosteroid treatment.

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PBH - Persistence of Beta-Blocker Treatment After a Heart Attack Members 18 years of age and older who were hospitalized and discharged with a diagnosis of AMI and received persistent beta-blocker treatment for six months after discharge.	♦ Stress the importance of medication compliance and explain why they need to take a beta blocker at follow-up visits. ♦ Advise patient not to stop medication without talking with provider first. ♦ Consider ordering a 90day supply if permitted by member's benefit. ♦ Ask if your patient has a barrier to filling the prescription. ♦ Schedule follow-up appointments and ensure the patient receives prescriptions during their check out process. *** See exclusion note on first page**	**ICD-10 Codes to Identify Exclusions:** **Asthma:** J45.21– J45.52; J45.901-J45.998 **COPD:** J44.0, J44.1, J44.9 **Chronic Respiratory Conditions due to Fumes/Vapors:** J68.4 **Hypotension:** I95.0-I95.3, I95.81, I95.89, I95.9 **Heart Block > 1st degree:** I44.1-I44.7, I45.0-I45.3, I45.6, I49.5 **Unspecified Bradycardia:** R00.1 **Adverse effect of Beta-Adrenoreceptor Antagonists:** T44.7X5A, T44.7X5D, T44.7X5S
SPR -Use of Spirometry Testing in the Assessment and Diagnosis of COPD Members age 40 years or older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry to confirm the diagnosis.	♦ Educate members that are newly diagnosed with COPD or newly active COPD about the importance of spirometry testing. ♦ Testing look back period is 2 years prior to and through 6 months after new diagnosis. ♦ Submit timely claims for spirometry testing performed in your office. ♦ Avoid using COPD diagnosis code when screening to rule out the condition; instead use a diagnosis code that reflects screening for respiratory disorder NEC. **Telephone visits & Asynchronous e-visits acceptable for step 1 event/diagnosis.**	**COPD ICD-10 Codes:** J44.0, J44.1, J44.9 **Chronic Bronchitis ICD-10CM:** J41 .0, J41.1, J41.8, J42 **Emphysema ICD-10 CM Codes:** J43.0- J43.2, J43.8, J43.9 **Screening for Respiratory Disorder NEC:** Z13.83 **Spirometry CPT Codes:** 94010, 94014-94016, 94060, 94070, 94375, 94620, was deleted and replaced with codes 94617-94618 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
CWP - Appropriate Testing for Pharyngitis Members age 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode. This measure used to be for children only and now includes everyone age 3 years and older.	♦ Before prescribing an antibiotic for a diagnosis of pharyngitis, perform a group A strep test. ♦ Document and submit claims for all appropriate diagnoses established at the visit. ♦ Submit claim for in-office rapid strep test. ♦ There are numerous comorbid conditions and competing diagnoses exclusions for this measure. ♦ Use correct procedures codes. ♦ Submit claims and encounter data in a timely manner. **Telephone visits and Asynchronous e-visits count for event/diagnosis.**	**Pharyngitis ICD-10 CM Codes:** J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91 **Group A Strep Tests** **CPT Codes:** 87070, 87071, 87081, 87430, 87650-87652, 87880
URI - Appropriate Treatment for Upper Respiratory Infection Members age 3 months and older with a diagnosis of upper respiratory infection (URI) and that did NOT result in an antibiotic dispensing event. This measure used to be for children only and now includes everyone over age 3 months.	♦ Do not prescribe antibiotics for URI treatment and educate patients that most URIs also known as the common cold, are caused by viruses that do not require such treatment. ♦ Document and submit appropriate diagnosis on claims if more than one diagnosis is appropriate. A competing diagnosis of pharyngitis or other infection on the same date or 3 days after will exclude the member. **Telephone visits and Asynchronous e-visits count for event/diagnosis.**	**ICD-10 CM Codes:** J00, J06.0, J06.9

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CIS/LSC - Childhood Immunization Status and Lead Screening in Children **CIS** Children who received recommended vaccinations prior to second birthday. **LSC** Children who had one or more lead blood tests for lead poisoning by their second birthday.	♦ Educate office staff to schedule appointments **PRIOR** to 2nd birthday. Call families to schedule appointments for those that are behind. ♦ Any vaccines after the age of 2 are considered **late** in HEDIS reporting. ♦ Educate parents/guardians regarding the importance of having their child immunized as well as keeping appointments. ♦ Schedule office visits to coincide with immunization requirements. ♦ Check at each visit for any missing immunizations. ♦ Report all immunizations through your state immunization registry. **Immunizations recommended:** 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus and 2 Influenza vaccines by the second birthday. ♦ Document in the medical record if member has evidence of the disease for which immunization is intended or if a contraindication to the vaccine exists. ♦ Lead screening test should be completed on all children before their second birthday. A lead risk questionnaire does not count - it must be a capillary or venous blood lead test. ♦ Perform LSC regardless of history and living conditions. ♦ Educate parents about the major sources of lead and poisoning prevention. ***Document parental refusal. ***	**Vaccine Codes** **DTaP CPT Codes:** 90698, 90700, 90723 **CVX Codes:** 20, 50, 106, 107, 110, 120 **IPV CPT Codes:** 90698, 90713, 90723 **CVX Codes:** 10, 89, 110, 120 **HiB CPT Codes:** 90644, 90647-90648, 90698, 90748 **CVX Codes:** 17, 46 –51, 120, 148 **HepB CPT Codes:** 90723, 90740, 90744, 90747, 90748 **CVX Codes:** 08, 44, 45, 51, 110 **HCPCS:** G0010 **PCV CPT Codes:** 90670 **CVX Codes:** 133, 152 **HCPCS**: G0009 **VZV CPT Codes:** 90710, 90716 **CVX Codes:** 21, 94 **MMR CPT Codes:** 90707, 90710 **CVX Codes:** 03, 94 **Measles CPT Code:** 90705 **CVX Code:** 05 **Measles/Rubella CPT Code:** 90708 **CVX Code:** 04 **Mumps CPT Code:** 90704 **CVX Code:** 07 **Rubella CPT Code:** 90706 **CVX Code:** 06 **Rotavirus 2 dose CPT Code:** 90681 **CVX Code:** 119 **Rotavirus 3 dose CPT Code:** 90680 **CVX Code:** 116,122 **HepA CPT Code:** 90633 **CVX Code:** 31, 83, 85 **Flu CPT Code:** 90655, 90657, 90661, 90673, 90685 -90689 **CVX Codes:** 88, 140, 141, 150, 153, 155, 158, 161 **HCPCS:** G0008 **Live Attenuated influenza (nasal): only 1 of the 2 doses and only on the child's second birthday** **CPT Code:** 90660, 90672 **CVX Code:** 111, 149 **Lead CPT Code:** 83655 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**

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Well Child Visits: **W30 - Well Child Visits in the First 30 Months of Life** Members 0-30 months of age with 6 comprehensive well child visits. **Minimum of _ well visits required by 30 months old** **WCV - Child and Adolescent Well Care Visits** Members 3 -21 years of age with at least one comprehensive well care visit with a primary care practitioner **or** an OB/GYN practitioner annually. *** Info moved to this column from the middle column to be able to add "tips for success" **Minimum of 1 required annually** Documentation **MUST** include **ALL** the following: • A health history – assessment of member's history of disease or illness and family health history. • A physical development history-assessment of specific age-appropriate physical development milestones. • A mental development history – assessment of specific age-appropriate mental development milestones. • A physical exam. • Health education/anticipatory guidance – guidance given in anticipation of emerging issues that a child/family may face.	**Never miss an opportunity!** **Exam requirements can be performed during a sick visit or a well-child exam.** ♦ Call and/or send letters to advise members and caregivers of the need for a visit. ♦ Explain why the preventive/ambulatory visit is important for assessing growth and development, and for providing immunizations and anticipatory guidance on diet, activity, and safety. ♦ Consider Caregivers' work schedule as a barrier to visits and offer extended evening or weekend hours. ♦ Use gap list to help manage your total population. ♦ Reach out to members who cancel or miss appointments and help them reschedule as soon as possible. ♦ Devote time during each visit to review or catch up on late or missing immunizations. ♦ Document all anticipatory guidance discussions, milestones, and age-appropriate topics. **Telehealth: Synchronous visits count**	**ICD-10 CM Codes:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 **CPT Codes (Used for EPSDT):** 99381—99385, 99391 - 99395, 99461 **HCPCS:** G0438, G0439, S0302 **Telehealth Modifiers:** 95, GT **Documentation that Does NOT count as compliant:** • **For Health History:** notation of allergies or medications or immunization status alone. If all three are documented, it meets health history • **For Physical Development History:** notation of appropriate for age without specific mention of development; notation of well-developed/nourished; tanner stage (except for adolescents—then it meets compliance) • **For Mental Development History:** notation of appropriately responsive for age; neurological exam; notation of well-developed • **For Physical Exam:** vital signs alone; for adolescent visits to an OB/GYN they do not meet compliance if the visit is limited to OB/GYN topics • **For Health Education/Anticipatory Guidance:** information regarding medications or immunizations or their side effects. Handouts given during a visit without evidence of discussion.

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WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Children age 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity **Discussion Examples:** **Nutrition**— discussion of current nutrition behaviors; weight or obesity counseling. Discuss proper food intake, healthy eating habits, eating disorders, and issues such as body image. **Physical Activity**—discussion of current physical activity behaviors, exercise routine, sports activities; sports physical, weight, or obesity counseling. Discuss organized sports or after school programs and records activity such as "ride bike for 30 minutes a day".	♦ Document height, weight, and **BMI percentile** at least annually. (BMI percentile documented as a value {e.g., 85th percentile} or BMI percentile plotted on an age-grow chart). ♦ Document discussion of nutrition and physical activity during at least one office visit annually. ♦ Place BMI percentile charts near scales as a reminder to gather the information. ♦ Along with BMI documentation, provide counseling for nutrition and physical activity to provide medically necessary comprehensive care. ♦ Use appropriate HEDIS measure diagnosis and procedure codes. ♦ Use telehealth services to complete the physical activity and nutrition components. **Telehealth: Synchronous visits count**	**BMI ICD-10 CM Codes:** Z68.51-Z68.54 **Nutrition Counseling CD-10 CM Code:** Z71.3 **CPT Codes:** 97802-97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 **Physical Activity Counseling ICD-10 CM Code:** Z02.5 (Sports physical), Z71.82 (Exercise counseling) **Telehealth Modifiers:** 95, GT *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
IMA - Immunizations in Adolescents Members who turned 13 years of age in the measurement year and received by age 13: **Tdap vaccine -** one dose between the 10th and 13th birthday **Meningococcal Conjugate vaccine -** one dose of meningococcal serogroups A, C,W, Y vaccine between the 11th and 13th birthday **HPV -** either two doses of HPV vaccine between the 9th and 13th birthday with at least 146 days between doses OR three doses with different dates of service between the 9th and 13th birthday.	♦ Educate staff to schedule **PRIOR** to 13th birthday. Give call reminders for series vaccines ♦ Meningococcal recombinant (serogroup B) vaccines Do Not Count. **Be sure your immunization claims, and records are clear about which meningococcal was given!** ♦ Document and submit claims timely with correct code. ♦ HPV rates are now reported for both females and males. ♦ Educate families on the importance of these immunizations. ♦ Register with the state immunization registry. ♦ Review missing vaccines with parents. ♦ Make every office visit count.	**Tdap CPT Code:** 90715 **CVX Code:** 115 **Meningococcal CPT Codes:** 90619, 90734 **CVX Codes:** 108, 114, 136, 147, 167, 203 **HPV CPT Codes:** 90649, 90650, 90651 **CVX Codes:** 62, 118, 137, 165 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**

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HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
ADV—Annual Dental Visit Members 2-20 years of age who had at least one dental visit during the measurement year.	♦ Educate parents/guardians about the importance of brushing from an early age as well as dental visits as early as age 2 ♦ Encourage six-month dental visits. ♦ Establish constant communication with nearby dentists for easy patient referral. ♦ Submit claims and encounter data in a timely manner. **Telephone visits and Asynchronous e-visits count.**	Any claim with a dental practitioner during the measurement year meets compliance.
ADD - Follow-Up Care for Children Prescribed ADHD Medication Children 6-12 years of age, newly prescribed ADHD medication who had at least 3 follow-up visits within a 10-month period, one of which was within 30 days of when the **first** ADHD medication was dispensed. Two rates are reported: **Initiation Phase:** A follow-up visit with a ***practitioner with prescribing*** authority during the 30-day initiation phase **Continuation Phase:** children that remained on the ADHD medication for at least 210 days, and in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	♦ When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office. ♦ Explain to the parent/guardian the importance of follow-up care. ♦ Schedule the initial follow-up for 2-3 weeks after starting the medication. ♦ No refills unless the child has the initial follow-up visit. ♦ After the initial follow-up visit, schedule at least 2 more visits over the next 9 months to check the child's progress. ♦ Encourage parents/caregivers to ask questions about their child's ADHD. ♦ Discuss behavioral therapy, psychotherapy, family therapy, support groups, social skills training and/or parenting skills training in addition to medication therapy. **Telephone visits count for both phases. In addition, Asynchronous visits count for second phase.**	**BH Stand Alone OP Visit Codes** **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H220, M0064, T1015 **UB REV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914 -0917, 0919, 0982, 0983 **Observation Visit CPT Codes:** 99217-99220 **Health & Behavior Assessment/Intervention CPT Codes:** 96150-96159, 96164-96168, 96170– 96171 **Intensive OP encounter/Partial Hospitalization Codes** **HCPCS:** G0410-0411, H0035, H2001, H2012, S0201, S9480, S9484-9485 **UBREV:** 905, 907, 912, 913 **CPT codes that require a POS code:** 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **POS**: 2. 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**

2022 HEDIS Tips for Providers

HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
Antidepressant Medication Management (AMM) Patients 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. **Two rates are reported:** • **Effective Acute Phase:** Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). • **Effective Continuation Phase:** Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	♦ Educate patients that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions. ♦ Stress that they should not stop medication abruptly or without consulting you first for assistance. ♦ Schedule follow up appointments prior to patient leaving your office. ♦ Outreach patients that cancel appointments and have not rescheduled. ♦ Stress the importance of medication compliance even if they feel better. ♦ Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy. ♦ Assess members withing 30 days from the prescription first filled for any side effects and their response of treatment. ♦ Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates. **Telephone visits & Asynchronous e-visits acceptable for event/diagnosis.**	**ICD-10 CM Codes for Major Depression:** F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis Members age 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not results in an antibiotic dispensing event. This measure used to be for adults only and now includes everyone ages 3 months and older.	♦ Treat acute bronchitis primarily with home treatments to relieve symptoms. Antibiotics don't usually help (viral). ♦ Of course, some patients have comorbid conditions and require antibiotics. These patients would be excluded from this measure reporting. A diagnosis of pharyngitis on the same day or in the 3 days after also exclude this member. ♦ Educate patients about overuse of antibiotics and resistance. ♦ If patients insist on an antibiotic, refer the illness as a "chest cold" or viral upper respiratory infection. ♦ Provide handouts explaining that viruses, not bacteria cause cold and flu. **Telephone visits and Asynchronous e-visits count for event/diagnosis.**	**Acute Bronchitis or Bronchiolitis**: **ICD-10 CM Codes:** J20.3-J20.9, J21.0-J21.1, J21.8-J21.9
SSD—Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Patients 18 – 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test annually.	♦ Screen your patients with Schizophrenia or Bipolar Disorder that are taking antipsychotic medications for diabetes every year. ♦ Check at each visit for the completed test and reorder if not done. ♦ Routinely arrange lab appointment when the member is in the office and explain to the patient the importance of completing lab work ordered. ♦ Continue to educate members about possible side effects and the importance of completing appropriate screenings. **Telephone visits and Asynchronous e-visits count.**	**Glucose Test CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1C Test CPT:** 83036, 83037 **CPT II:** 3044F, 3046F, 3051F-3052F

2022 HEDIS Tips for Providers

HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
AMR—Asthma Medication Ratio Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the year. Four age bands and a total rate are reported: • 5–11 years • 12–18 years • 19–50 years • 51-64 years	♦ Perform a thorough review of medications at each visit to ensure medication is being utilized. ♦ Provide medication compliance education. ♦ Report the appropriate diagnosis codes for the member's condition. Include the appropriate codes for diagnosed conditions that may exclude the member from this measure. ♦ Schedule follow-up appointments. ♦ Ensure patients receive prescriptions during the checkout process. ♦ Consider prescribing the control medication in 90-day prescriptions with refills. **Telephone visits and Asynchronous e-visits with asthma diagnosis pull members into measure**	**Asthma ICD-10:** J45.21-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.991, J45.998 **Exclusions to this measure:** **Emphysema ICD-10:** J43.0-J43.2, J43.8-J43.9 **Other Emphysema ICD-10:** J98.2, J98.3 **COPD ICD-10:** J44.0, J44.1, J44.9 **Chronic Respiratory Conditions due to Fumes/ Vapors ICD-10:** J68.4 **Cystic Fibrosis ICD-10:** E84.0, E84.11, E84.19, E84.8, E84.9 **Acute Respiratory Failure ICD-10:** J96.00-J96.02, J96.20-J96.22
PCE - Pharmacotherapy Management of COPD Exacerbation Members age 40 and older who had an acute IP discharge or ED visit with a diagnosis of COPD exacerbation and were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid (or evidence of an active prescription within 14 days of the event. 2. Dispensed a bronchodilator (or evidence of an active prescription) within 30 days of the event.	♦ Schedule follow-up appointments with these members within a few days of their hospital discharge or ED visit. ♦ Medication reconciliation is key. ♦ Member education to include filling the prescriptions, appropriate use, and side effects. ♦ Order medications that are on the member's health plan formulary. ♦ Ask patients if they have a barrier to filling the prescription. Many drug manufacturers have coupons available on their websites.	**Systemic Corticosteroids** **Glucocorticosteroids -** Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone **Bronchodilators** **Anticholinergic Agents -** Aclidinium bromide, Ipratropium, Tiotropium, Umeclidinium **Beta 2-agonists -** Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, Salmeterol **Bronchodilator combinations -** Albuterol-ipratropium, Budesonide-formoterol, Dyphylline-guaifenesin, Fluticasone-furoate-umeclidinium-vilanterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-aclidinium, Formoterol-glycopyrrolate, Formoterol-Mometasone, Indacaterol-glycopyrrolate, Olodaterol-hydrochloride, Olodaterol-tiotropium, Umeclidinium-vilanterol.
APM—Metabolic Monitoring for Children and Adolescents on Antipsychotic Medication Children and adolescents age 1 through 17 years who had 2 or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: • Blood glucose testing • Cholesterol testing • Blood glucose and cholesterol testing	♦ As a PCP, you may not be the prescriber of the antipsychotic, but hopefully you are aware if a patient is taking one. If the BH provider prescribing the antipsychotic has not ordered metabolic screening, please do so. ♦ Stress the importance of completing the testing to the parent/guardian. ♦ Document patient's response to medication. ♦ Monitor glucose and cholesterol levels of children and adolescents on antipsychotic medications. ♦ Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.	**Glucose Test CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1C Test CPT:** 83036, 83037. **CPT II:** 3044F, 3046F, 3051F-3052F **LDL—C Test CPT:** 80061, 83700, 83701, 83704, 83721 **CPT II:** 3048F - 3050F **Cholesterol tests other than LDL CPT:** 82465, 83718, 83722, 84478

2022 HEDIS Tips for Providers

HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
SPC—Statin Therapy for Patients with Cardiovascular Disease Males age 21-75 and females age 40-75 during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and 1. Received Statin Therapy—had at least one high-intensity or moderate-intensity statin medication dispensed during the measurement year 2. Statin Adherence 80% - remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period	♦ Educate patients about the importance of statin therapy, side effects and importance of reporting any side effects to you so their medication can be adjusted/changed if necessary ♦ Advise patients not to stop taking without consulting you. ♦ Identify and resolve patient-specific adherence barriers or concerns. ♦ Communicate that stain use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve cholesterol reduction. ♦ Be aware that medication samples, when given, interfere with pharmacy claims and produce false non-adherence results. ♦ Encourage patients the use of pill boxes or medication organizers. **Exclusions:** ESRD, cirrhosis, myalgia, myopathy, myositis, or rhabdomyolysis. Pregnancy during the measurement year, IVF during the measurement year or year prior, or dispensed a prescription for clomiphene during the measurement year or year prior. *** See exclusion note on first page for additional exclusions Telephone visits & Asynchronous e-visits can pull member into measure.**	**High-intensity statin therapy** Atorvastatin 40-80 mg Rosuvastatin 20-40mg Amlodipine-atorvastatin 40-80 mg Simvastatin 80mg Ezetimibe-simvastatin 80 mg **Moderate-intensity statin therapy** Atorvastatin 10-20 mg Lovastatin 40 mg Amlodipine-atorvastatin 10-20 mg Pravastatin 40-80mg Ezemtimibe-simvastatin 20-40mg Fluvastatin 40 –80mg BID Pitavastatin 2-4 mg Simvastatin 20-40 mg Rosuvastatin 5-10mg
SPD– Statin Therapy for Patients with Diabetes Patients 40-75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and 1. Received Statin Therapy—had at least one statin medication of any intensity dispensed during the measurement year 2. Statin Adherence 80% - remained on a statin medication of any intensity for at least 80% of the treatment period	♦ Review medication list at every visit. ♦ Educate the patient why they are taking the medication, the relation between diabetes and potential effect it can have on the cardiovascular system and the importance of medication compliance ♦ Help patients with diabetes understand that they are more likely to develop heart disease or strike and that Stains can help reduce their chance of developing these conditions. ♦ Discuss potential side effects and ways to treat the side effects of medications. **Exclusions:** During the year prior to the measurement year (MY): MI, CABG, PCI, other revascular procedure during the MY or year prior: Pregnancy, IVF, one Rx for Clomiphene, ESRD, Cirrhosis. During both the MY & year prior: IVD. During the MY: Myalgia, Myositis, Myopathy or Rhabdomyolysis. *** See exclusion note on first page for additional exclusions Telephone visits & Asynchronous e-visits can pull member into measure.**	The high and moderate intensity statins listed above are for this measure as well with one change to the dosage of Pitavastatin on the moderate intensity list. The dosage range is 1 – 4mg The following low-intensity statins also pertain to this measure: **Low-intensity Statins** Simvastatin 5 -10 mg Lovastatin 10 -20 mg Ezemtimibe-simvastatin 10 mg Fluvastatin 20 mg Pravastatin 10-20 mg

2022 HEDIS Tips for Providers

HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
FMC– Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions The percentage of emergency department (ED) visits for patients 18 and older who have high-risk multiple chronic conditions and had a follow-up service within **7 days of** the ED visit	♦ Call members for follow-up after ED visits. (the 7-day follow-up appointment can be the same day as the ED visit) ♦ Consider maintaining regular appointment availability in your schedule for members discharged from the ED or inpatient care. ♦ Provide ongoing education to all your patients to follow-up with their health care providers as soon as possible after an ED visit for any reason. Continuous reinforcement may help establish learned behaviors. ♦ Work with local hospitals to develop a notification process we ED visits occur. ♦ Document follow-up care thoroughly and submit appropriate coding. An ED visit that changes to an IP stay is not included in this measure. To be included in this measure, prior to the ED visit, the patient must have 2 or more of these chronic conditions - during the measurement year or the year prior - identified by 2 OP visits, ED visits or non-acute IP admit or 1 acute IP stay : COPD, Asthma, Alzheimer's disease and related disorders, Chronic kidney disease, Depression, Heart failure, Acute MI, Atrial fibrillation, Stroke and TIA. **Telephone visits and Asynchronous e-visits count for follow-up service.**	**In addition to an Outpatient Visit or BH visit code, the following are compliant codes for a follow-up visit within 7 days:** **Transitional Care Management:** **CPT Code:** 99495, 99496 **Case Management Visit/Encounter:** **CPT code**: 99366 **HCPCS:** T1016, T1017, T2022, T2023 **Complex Case Management Services:** **HCPCS:** G0506 **CPT Code:** 99439, 99487, 99489, 99490, 99491 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**
FUH-Follow-Up After Hospitalization for Mental Illness Patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. 1. A follow-up visit within 7 days after discharge of the patient. 2. A second follow-up visit within 30 days after discharge.	♦ Schedule initial follow-up appointment with these patients within a few days of their hospital discharge (withing 7 and 30 days after discharge). ♦ Schedule the second follow up appointment prior to patient leaving your office ♦ Outreach patients that cancel appointments and have not rescheduled. ♦ Explain to the parent/guardian and/or patient the importance of follow-up care. ♦ Reinforce the treatment plan and evaluate the medication regimen in light of presence/absence of side effects. ♦ Submit claims and encounter data in a timely matter. **Telephone visits acceptable for event/diagnosis**	**BH OutPt Visit with a mental health provider** **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510 **HCPCS:** G1055, G1076, G1077, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2103-H2020, T1015 **Or with a Community Mental Health Center POS:** 53 **Visit setting unspecified CPT:** 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255 **Submitted with one of the following:** **Outpatient POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 **Community Mental Health Center POS:** 53 *** Some codes might not be covered by HFS' Practitioner Fee Schedule but are required to close HEDIS gaps in care.**

2022 HEDIS Tips for Providers

HEDIS Measure Definitions	Tips for Success What You Can Do	Coding
SAA-Adherence to Antipsychotic Medications for Individuals with Schizophrenia Patients 18 years of age and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	♦ Member education to include filling the prescriptions, appropriate use, and side effects ♦ Educate the patient why they are taking the medication ♦ Advise patient not to stop medication without talking with provider first. ♦ Outreach directly to members who were recently prescribed antipsychotics or who have prescription refill that are past due. ♦ Follow up with members to confirm that they are taking their medications ♦ Develop member-driven plans for medication reminders. ♦ Address risk factors and barriers associated with non-adherence, such as negative, such as negative stigmas, homelessness, and substance use. ♦ Include a family member or caregiver in discussions regarding treatment when able.	**Miscellaneous antipsychotic agents (oral):** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone **Phenothiazine antipsychotics (oral):** Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine **Psychotherapeutic combinations (oral):** Amitriptyline-perphenazine **Thioxanthenes (oral):** Thiothixene • **Long-acting injections 14-day supply**: Risperidone (excluding Perseris®) • **Long-acting injections 28-day supply**: Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate • **Long-acting injections 30-day supply**: Risperidone (Perseris®)

Three Opioid Use Measures

HDO—Use of Opioids at High Dosage

The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] >/= 90) for >/= 15 days during the measurement year.

Lower rate indicates better performance.

Exclusions: Members with cancer, sickle cell disease or members receiving palliative care.

Tips for Success:

- ♦ Use the lowest dosage of opioids in the shortest length of time possible.
- ♦ Establish and measure goals for pain and function.
- ♦ Discuss benefits and risks and availability of nonopioid therapies with patients.

COU—Risk of Continued Opioid Use

The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued use. Two rates reported:

- Percentage of members with at least 15 days of prescription opioids in a 30-day period
- Percentage of members with at least 31 days of prescription opioids in a 62-day period

Lower rate indicates better performance.

Exclusions: Members with cancer, sickle cell disease or members receiving palliative care.

Tips for Success:

- ♦ Use the lowest dosage of opioids in the shortest length of time possible.
- ♦ Reference the CDC Guidelines for Prescribing Opioids for Chronic Pain.

UOP—Use of Opioids from Multiple Providers

The proportion of members 18 year and older, receiving prescription opioids for >/= 15 days during the measurement year who received opioids from multiple providers. Three rates reported:

- Multiple Prescribers—4 or more different prescribers during the measurement year
- Multiple Pharmacies—4 or more different pharmacies during the measurement year
- Multiple Prescribers & Multiple Pharmacies—4 or more of each

Lower rate indicates better performance.

Tips for Success:

- ♦ Have coordination of care conversations with other providers involved in care.
- ♦ Discuss risks with members of using multiple prescribers.
- ♦ Educate members regarding the safe use and risks of opioids.
- ♦ Understand community resources and educate staff on what is available.

2022 Telehealth Measures Quick Reference

Measure Abbreviation	Measure Name	Telehealth Criteria			Effect of Billing Telehealth		
		Synchronous	Telephone Visits	Asynchronous e-visits	Adds to Care received	Pulls into Measure	Adds to Exclusions
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis		X	X		X	
AAP	Adults' Access to Preventive/Ambulatory Health Services		X	X	X		
ADD	Follow-up Care for Children Prescribed ADHD Medication		X	X	X		
ADV	Annual Dental Visit	X			X		
AMM	Antidepressant Medication Management		X	X		X	
AMR	Asthma Medication Ratio		X	X		X	
ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis		X	X		X	X
BCS	Breast Cancer Screening		X	X			X
CBP	Controlling High Blood Pressure		X	X	X	X	
CDC	Comprehensive Diabetes Care		X	X	X	X	X
CWP	Appropriate Testing for Pharyngitis		X	X		X	
FMC	Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions		X	X	X	X	

2022 Telehealth Measures Quick Reference

Measure Abbreviation	Measure Name	Telehealth Criteria			Effect of Billing Telehealth		
		Synchronous	Telephone Visits	Asynchronous e-visits	Adds to Care received	Pulls into Measure	Adds to Exclusions
KED	Kidney Health Evaluation for Patients with Diabetes		X	X		X	
LBP	Use of Imaging Studies for Low Back Pain		X	X		X	
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack		X	X			X
PPC	Prenatal and Postpartum Care		X	X	X		
SPC	Statin Therapy for Patients with Cardiovascular Disease		X	X		X	X
SPD	Statin Therapy for Patients with Diabetes		X	X		X	X
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD		X	X		X	
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication		X	X		X	X
URI	Appropriate Treatment for Upper Respiratory Infection		X	X		X	
W30	Well-Child Visits in the First 30 Months of Life	X			X		
WCV	Child and Adolescent Well Care Visits	X			X		
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	X			X		