

2023 HEDIS Quality Measures – Adult and Pediatric



HEDIS MEASURE	WEIGHT	DESCRIPTION/ PROCESS FOR GAP CLOSURE	GUIDANCE	CODING/RELEVANT TIMEFRAMES
<p>Adolescent Immunizations: Meningococcal (ACYW) (IMA)</p>	<p>1</p>	<p>Female and Male Adolescents 13 years old who had one dose of meningococcal vaccine by their 13th birthday.</p> <p>Meningococcal vaccine (serogroup A, C, W, Y) should be administered between the patient's 11th and 13th birthdays.</p> <ul style="list-style-type: none"> Anaphylaxis due to vaccine will now count as numerator compliant 	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>Timeframe: January 1, 2023 – December 31, 2023</p> <p>CPT for Meningococcal (ACYW): 90619, 90733, 90734</p> <p>Claims-based</p>

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Adolescent Immunizations: HPV (IMA)	2	<p>Female and Male Adolescents 13 years old who have had:</p> <ul style="list-style-type: none"> At least two HPV vaccines with different dates of service on or between the patient's 9th and 13th birthdays. (There must be at least 146 days between the first and second dose of the HPV vaccine) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> At least three HPV vaccines with different dates of service on or between the patient's 9th and 13th birthdays <p>Anaphylaxis due to vaccine will now count as numerator compliant</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>Timeframe: January 1, 2023 – December 31, 2023</p> <p>CPT for HPV: 90649, 90650, 90651</p> <p>Claims-based</p>
Adolescent Immunizations: Tdap (IMA)	1	<p>Female and Male Adolescents 13 years old one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday. Tdap vaccine should be administered between the patient's 10th and 13th birthdays.</p> <p>Anaphylaxis due to vaccine will now count as numerator compliant</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>Timeframe: January 1, 2023 – December 31, 2023</p> <p>CPT for Tdap: 90715</p> <p>Claims-based</p>

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<p>Breast Cancer Screening (BCS-E)</p>	<p>1</p>	<p>Women 52 to 74 years old who had at least one screening mammogram from October 1, 2021, through December 31, 2023.</p> <p>All types of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis (3D screenings)).</p> <p>Breast MRI's, ultrasounds, or biopsies DO NOT count towards this measure.</p> <p>Telehealth Changes:</p> <ul style="list-style-type: none"> Advanced illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins Included in Palliative Care, mandatory exclusion Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion* 	<ul style="list-style-type: none"> Medical record review for all retrospective BCS, exclusions, or secondary members The mammogram report must be included If patient has a history of a single or bilateral mastectomy, medical record documentation must be submitted as evidence Submit medical records for review using the Quality Compliance Form 	<p>Timeframe: October 1, 2021 – December 31, 2023</p> <p>Mammogram CPT: 77061, 77062, 77063, 77065, 77066, 77067</p> <p>Exclusion:</p> <ul style="list-style-type: none"> Bilateral Mastectomy any time during the patient's history through December 31, 2023. Two Unilateral Mastectomies by December 31, 2023. (Service dates must be at least 14 days apart) <p>Bilateral mastectomy ICD10 (history of): Z90.13</p> <p>CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307</p> <p>Claims-based</p>

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<p>Childhood Immunization Status (CIS)</p> <p>DTaP</p>	1	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Child must receive at least 4 DTaP vaccinations, with different dates of service on or before their 2nd birthday.</p> <p>Anaphylaxis and Encephalitis due to the DPT vaccine will now count as numerator compliant</p> <p>*NOTE: Evidence that the vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>CPT for DTaP: 90697, 90698, 90700, 90721, 90723</p> <p>Claims-based</p>
<p>Childhood Immunization Status (CIS)</p> <p>IPV</p>	1	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Child must receive at least 3 IPV vaccinations, with different dates of service on or before their 2nd birthday.</p> <p>Anaphylaxis due to the IPV vaccine will now count as numerator compliant</p> <p>*NOTE: Evidence that the vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>CPT for IPV: 90697, 90698, 90713, 90723</p> <p>SNOMED for Anaphylaxis: 471321000124106</p> <p>Claims-based</p>

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<p>Childhood Immunization Status (CIS)</p> <p>MMR</p>	<p>1</p>	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Any of the following meet criteria: Child must receive at least 1 MMR vaccination, on or between the 1st and 2nd birthday.</p> <p>History of measles illness, History of mumps illness and/or History of rubella illness on or before the child's 2nd birthday.</p> <p>Anaphylaxis due to the MMR vaccine will now count as numerator compliant</p> <p>Single antigen vaccines are no longer used for the MMR.</p> <p>*NOTE: Evidence that the combination vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>CPT for MMR: 90707, 90710</p> <p>Diagnosis of mumps: B260, B261; B262, B263, B2681, B2682, B2683, B2684, B2685, B2689, B269</p> <p>Diagnosis of measles: B050, B051, B052, B053, B054, B0581, B0589, B059</p> <p>Diagnosis of Rubella: B0600, B0601, B0602, B0609, B0681, B0682, B0689, B069</p> <p>SNOMED for Anaphylaxis: 471331000124109</p> <p>Claims-based</p>
<p>Childhood Immunization Status (CIS)</p> <p>HiB</p>	<p>1</p>	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Child must receive at least 3 HiB vaccinations, with different dates of service on or before their 2nd birthday.</p> <p>Anaphylaxis due to the HiB vaccine will now count as numerator compliant</p> <p>*NOTE: Evidence that the vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>CPT for HiB: 90644, 90645, 90646, 90647, 90648, 90697, 90698, 90721, 90748</p> <p>SNOMED for Anaphylaxis: 433621000124101</p> <p>Claims-based</p>

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Childhood Immunization Status (CIS) Hepatitis B	1	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Child must receive at least 3 hepatitis B vaccinations with different dates of service on or before their 2nd birthday OR history of hepatitis illness.</p> <p>Anaphylaxis due to the Hep B vaccine will now count as numerator compliant</p> <p>*NOTE: Evidence that the antigen or combination vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>CPT for Hepatitis B vaccine: 90697, 90723, 90740, 90744, 90747, 90748, G0010</p> <p>Diagnosis of Hepatitis B: B160, B161, B162, B169, B170, B180, B181, B1910, B1911, Z2251</p> <p>SNOMED for Anaphylaxis:428321000124101</p> <p>Claims-based</p>
Childhood Immunization Status (CIS) VZV	1	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Child must receive at least 1 VZV vaccination, with a date of service on or between their 1st and 2nd birthdays.</p> <p style="text-align: center;">OR</p> <p>History of varicella zoster (chicken pox) on or before their 2nd birthday.</p> <p>Anaphylaxis due to the VZV vaccine will now count as numerator compliant</p> <p>*NOTE: Evidence that the vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>CPT for VZV: 90710, 90716</p> <p>Diagnosis of varicella zoster (chicken pox): B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9</p> <p>SNOMED for Anaphylaxis: 471341000124104</p> <p>Claims-based</p>

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Childhood Immunization Status (CIS) Pneumococcal conjugate	1	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Child must receive at least 4 pneumococcal conjugate vaccinations, with different dates of service on or before their 2nd birthday.</p> <p>Anaphylaxis due to the vaccine will now count as numerator compliant</p> <p>*NOTE: Evidence that the vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>Pneumococcal conjugate: 90670, G0009</p> <p>SNOMED for Anaphylaxis: 471141000124102</p> <p>Claims-based</p>
Childhood Immunization Status (CIS) Hepatitis A	2	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Child must receive at least 1 hepatitis A vaccination, with a date of service on or between their 1st and 2nd birthdays.</p> <p style="text-align: center;">OR</p> <p>History of hepatitis A on or before their 2nd birthday.</p> <p>Anaphylaxis due to the Hep A vaccine will now count as numerator compliant</p> <p>*NOTE: Evidence that the vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>Hepatitis A vaccine: 90633</p> <p>Diagnosis of Hepatitis A: B150, B159</p> <p>SNOMED for Anaphylaxis: 471311000124103</p> <p>Claims-based</p>

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<p>Childhood Immunization Status (CIS)</p> <p>Rotavirus</p>	<p>1</p>	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Any of the following on or before their child's 2nd birthday:</p> <ul style="list-style-type: none"> • At least 2 doses of the 2-dose rotavirus vaccine on different dates of service • At least 3 doses of the 3-dose rotavirus vaccine on different dates of service • At least 1 dose of the 2-dose rotavirus vaccine and at least 2 doses of the 3-dose rotavirus vaccine, all on different dates of service <p>Anaphylaxis due to vaccine will now count as numerator compliant</p> <p>*NOTE: Evidence that vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> • All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>Rotavirus: 90681, 90680</p> <p>SNOMED for Anaphylaxis: 428331000124103</p> <p>Claims-based</p>
<p>Childhood Immunization Status (CIS)</p> <p>Influenza</p>	<p>2</p>	<p>Children who turn 2 years old during the measurement year. Birth year = 2021.</p> <p>Child must receive at least two influenza vaccinations, with different dates of service on or before their 2nd birthday.</p> <p>Anaphylaxis due to vaccine will now count as numerator compliant</p> <p><i>Live attenuated influenza vaccine (LAIV) (nasal spray) is now acceptable. Must be given on the date of the child's 2nd birthday.</i></p> <p>*NOTE: Evidence that vaccine was administered must be documented in the medical record.</p>	<ul style="list-style-type: none"> • All immunizations administered to a patient should be entered in NYSIIS at the time of vaccination 	<p>Influenza: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689, G0008</p> <p>Influenza LAIV: 90660, 90672</p> <p>SNOMED for Anaphylaxis: 471361000124100</p> <p>Claims-based</p>

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<p>Child/Adolescent Assessment: (WCC)</p> <p>BMI Screening</p> <ul style="list-style-type: none"> ○ 3 -11 years old ○ 12-17 years old <p>Counseling for Nutrition</p> <ul style="list-style-type: none"> ○ 3 -11 years old ○ 12-17 years old 	<p>1</p>	<p>Patients 3 to 17 years old who had a visit with a PCP or OB-GYN and who had evidence of the following being completed during the calendar year 2023:</p> <ul style="list-style-type: none"> • BMI percentile (must include height, weight) • Counseling for nutrition. • Counseling for physical activity. <p>Documentation must include a note indicating the date and at least one of the following:</p> <p><u>BMI Percentile:</u></p> <ul style="list-style-type: none"> • Height, weight, and BMI percentile <p><u>Counseling for Nutrition:</u></p> <ul style="list-style-type: none"> • Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors) • Checklist indicating nutrition was addressed • Counseling or referral for nutrition education • Member received educational materials on nutrition during a face-to-face visit • Anticipatory guidance for nutrition • Weight or obesity counseling <p>Telehealth Changes:</p> <ul style="list-style-type: none"> • Member-reported biometric values (BMI, height, and weight) are acceptable. Documentation must include a date of service. • Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the BMI Percentile indicator, Counseling for Nutrition indicator, and Counseling for physical activity indicator. <ul style="list-style-type: none"> • Pregnancy is a required exclusion for all indicators 	<ul style="list-style-type: none"> • If utilizing an electronic health record (EHR), make sure your BMI percentile indicator is turned on 	<p>Timeframe: January 1, 2023 – December 31, 2023</p> <p>BMI Percentile: ICD10: Z68.51, Z68.52, Z68.53, Z68.54</p> <p>Nutrition Counseling: CPT 97802, 97803, 97804 HCPCS G0270, G0271, G0447, S9449, S9452, S9470 ICD10: Z71.3</p> <p>Claims-based</p>

<p>Colorectal Cancer Screening (COL)</p>	<p>1</p>	<p>The percentage of patients 45 to 75 years old who had an appropriate screening for colorectal cancer:</p> <ul style="list-style-type: none"> • Colonoscopy in the past 10 years • Flexible sigmoidoscopy in the past 5 years • Fecal occult blood test (iFOBT or gFOBT) during the measurement year 2023 • CT Colonography test in the past 5 years • Stool DNA (SDNA) with FIT test (ColoGuard) in the past 3 years <p>*NOTE: Digital Rectal Exams do not count as an FOBT screening.</p> <p>Telehealth Changes:</p> <ul style="list-style-type: none"> • Member-reported colorectal cancer screening is acceptable - medical record documentation must include the date of the test, test results and provider who performed the test • Advanced illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins • Included in Palliative Care, mandatory exclusion • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion* 	<ul style="list-style-type: none"> • Medical record review for all retrospective colorectal cancer screening, exclusion, or secondary members • Colorectal screening documentation must include the procedure report • If patient has a history of colon cancer or total colectomy, medical record documentation must be submitted as evidence • Submit medical records for review using the Quality Compliance Form 	<p>Timeframe:</p> <p>Colonoscopy- 1/1/2014-12/31/2023</p> <p>Flexible sigmoidoscopy- 1/1/2019-12/31/2023</p> <p>Fecal Occult Blood Test- 1/1/2023-12/31/2023</p> <p>CT Colonography - 1/1/2019-12/31/2023</p> <p>Stool DNA with FIT test - 1/1/2021-12/31/2023</p> <p>CPT for Colonoscopy: 44405-44408, 45355, 45378-45393, 45398 HCPCS for Colonoscopy: G0105, G0121</p> <p>CPT for Flexible Sigmoidoscopy: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS for Flexible Sigmoidoscopy: G0104</p> <p>CPT for FOBT: 82270, 82274 HCPCS for FOBT: G0328</p> <p>CPT for CT Colonography: 74261-74263</p> <p>CPT for FIT-DNA: 81528 HCPCS for FIT-DNA: G0464</p> <p>Required Exclusions: Diagnosis of Colorectal Cancer or a Total Colectomy any time during the patient's history through 12/31/2023.</p> <p>For History of Colorectal Cancer: ICD10: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048</p> <p>HCPCS: G0213, G0214, G0215, G0231</p> <p>For Total Colectomy: CPT: 44150, 44151, 44152, 44153, 44155, 44156, 44157, 44158, 44210, 44211, 44212</p>
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Controlling Blood Pressure (<140/90) (CBP)	2	<p>The percentage of patients 18 to 85 years old who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during 2023.</p> <p>BP must be reported after the 2nd diagnosis of HTN</p> <p>*NOTE: Looking for the patient's most recent BP (systolic and diastolic) in 2023.</p> <p>BP taken during an acute inpatient stay, ED visit, or on the same day of a procedure that requires a change in diet or medication do not count.</p> <p>Telehealth Changes:</p> <ul style="list-style-type: none"> • Member must have two identified diagnoses of HTN in the first six months of the measurement year and the year prior to the measurement year • The diagnosis of HTN can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins - visit type need not be the same for the two visits • BP readings are acceptable via telephone visits, e-visits, and/or virtual check-ins. Documentation must include a date of service. • Member-reported BP readings are acceptable. Documentation must include a date of service. • BP readings can be taken from any digital device • Blood pressure readings taken by a manual BP cuff are NOT acceptable • Advanced illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins • Included in Palliative Care, mandatory exclusion • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion* • E/M codes or place of service codes are NO longer required to bill a BP reading with CPT II codes. 		<p>Timeframe: January 1, 2023 – December 31, 2023</p> <p>BP CPT II Codes: 3074F- systolic <130 3075F- systolic 130-139 3078F- diastolic <80 3079F- diastolic 80-89</p> <p>Required Exclusions: (Must be coded in claims) Members with evidence of:</p> <ul style="list-style-type: none"> • End-stage renal disease (ESRD) (stage V) • Dialysis • Nephrectomy • Kidney transplant • Pregnancy Diagnosis <p>on or prior to December 31, 2023</p> <p><i>CBP is also included in Pay for Outcomes Program</i></p> <p>Claims-based</p>

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Hemoglobin A1c Control for Patients with Diabetes (HBD)	2	<p>Percentage of patients 18 to 75 years old with diabetes (type 1 and type 2) who:</p> <ul style="list-style-type: none"> Had their Hemoglobin A1c (HbA1c) testing completed, and results were communicated to the patient during 2023. <p>*NOTE: Looking for the patient's most recent Hemoglobin A1c test and result in 2023.</p> <p>Telehealth Changes:</p> <ul style="list-style-type: none"> Member-reported HbA1c results are acceptable - medical record documentation must include the date of the test and test results Advanced illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins Included in Palliative Care, mandatory exclusion Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion* 		<p>Timeframe: January 1, 2023 – December 31, 2023</p> <p>CPT II Result codes: 3044F- HbA1c < 7.0% 3051F- HbA1c ≥ 7.0% and <8.0% 3052F- HbA1c ≥ 8.0% and ≤ 9.0% 3046F- HbA1c > 9.0%</p> <p>Required Exclusions: (Must be coded in claims) Members with evidence of:</p> <ul style="list-style-type: none"> Polycystic Ovarian Syndrome Gestational Diabetes Steroid-Induced Diabetes <p>on or prior to December 31, 2023</p> <p>Hemoglobin A1c Control (HbA1c < 9.0%) is also included in Pay for Outcomes Program</p> <p>Claims-based</p>

HEDIS MEASURE	WEIGHT	DESCRIPTION/ PROCESS FOR GAP CLOSURE	GUIDANCE	CODING/RELEVANT TIMEFRAMES
<p>Eye Exam for Patients with Diabetes (EED)</p>	<p>1</p>	<p>Percentage of patients 18 to 75 years old with diabetes (type 1 or type 2) who had:</p> <ul style="list-style-type: none"> At least one eye screening (retinal or dilated) either negative or positive for retinopathy by an eye care professional during 2023 <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> A negative retinal exam (no evidence of retinopathy) during 2022 <p>Telehealth Changes</p> <ul style="list-style-type: none"> Eye exam results can be interpreted by artificial intelligence (software program that uses algorithm to analyze images of the eye taken with a retina camera) Advanced illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins Included in Palliative Care, mandatory exclusion Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion* 	<ul style="list-style-type: none"> Medical record review for all retrospective eye exams performed in 2022 Documentation must include the date of eye exam, if retina was examined or dilated, result (positive or negative retinopathy) and signed by Eye Specialist Submit medical records for review using the Quality Compliance Form 	<p>Timeframe: January 1, 2021 – December 31, 2023</p> <p>ICD10: include appropriate Diabetes Mellitus code on eye exam claim (see below)</p> <p>CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225 – 92228, 92229, 92230, 92235, 92240, 92250, 92260, 99203 – 99205, 99214, 99215, 99242 – 99245</p> <p>CPT II: 2023F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F</p> <p>HCPCS: S0620, S0621, S3000</p> <p>Note: Claim must include ICD10 diagnosis code E10.9, E11.9 or E13.9 in conjunction with an appropriate CPT II code to reflect negative retinal exam (no evidence of retinopathy) during 2022.</p> <p>Required Exclusions: (Must be coded in claims) Members with evidence of:</p> <ul style="list-style-type: none"> Polycystic Ovarian Syndrome Gestational Diabetes Steroid-Induced Diabetes <p>on or prior to December 31, 2023</p>

HEDIS MEASURE	WEIGHT	DESCRIPTION/ PROCESS FOR GAP CLOSURE	GUIDANCE	CODING/RELEVANT TIMEFRAMES
<p>Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)</p>	<p>1</p>	<p>The percentage of emergency department (ED) visits for Medicare patients 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.</p> <p>Chronic Conditions include:</p> <ul style="list-style-type: none"> • COPD and Asthma • Alzheimer’s disease and related disorders • Chronic Kidney Disease • Depression • Heart Failure • Acute MI • A-Fib • Stroke and TIA <p>Follow-up visits include</p> <ul style="list-style-type: none"> • Outpatient, telehealth. or telephone visit • E-visit or virtual check-in • Transitional care management services; case management visits; complex care management services • Outpatient or telehealth behavioral health visit • Intensive outpatient encounter or partial hospitalization; community mental health center visit; observation visit 		<p>Timeframe: January 1, 2023 – December 24, 2023</p> <p>BH Outpatient: CPT 98960 – 98962; 99078</p> <p>Outpatient visits CPT: 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 9939199397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483; 99492 – 99494; 99510</p> <p>Outpatient visits HCPCS: G0155; G0176; G0177; G0409; G0463; G0512; H002; H004; H0031; H0034; H0036; H0037; H0039; H0040; H200; H2010; H2011; H2013 - H2020; T1015</p> <p>Telephone visit: 98966-98968, 99441-99443</p> <p>Transition of care management: 99496, 99495</p> <p>Case Management encounter CPT: 99366 HCPCS: T1016; T1017; T2022; T2023</p> <p>Complex Care Management CPT: 99439; 99487; 99489; 99490; 99491. HCPCS: G0506</p> <p>Claims-based</p>

HEDIS MEASURE	WEIGHT	DESCRIPTION/ PROCESS FOR GAP CLOSURE	GUIDANCE	CODING/RELEVANT TIMEFRAMES
<p>Medication Reconciliation Post-Discharge (MRP)</p> <p>(Included in the Transitions of Care (TRC) measure)</p>	<p>2</p>	<p>The percentage of Medicare patients 18 years and older who were <u>discharged from an acute, non-acute inpatient including skilled/subacute rehabilitation OR observation stay</u> from January 1, 2023, to December 1, 2023, and had their medications reconciled by a prescribing practitioner, Physician’s Assistant, Registered Nurse (RN) or a clinical pharmacist on the date of discharge through 30 days after discharge (31 total days).</p> <p>For the medical record documentation to be compliant, the outpatient medical records must include <u>current medication list and must be related to the follow up from the inpatient admission</u>. The <u>inpatient admission must be referenced</u> in the medical record documentation.</p> <p>Telehealth Changes:</p> <ul style="list-style-type: none"> • Medication reconciliation can be performed telephonically or in the office • Medication reconciliation does not require the member to be present 	<ul style="list-style-type: none"> • HEDIS technical specifications for documentation are very stringent; if a CPT II code is billed, medical record documentation will not have to be reviewed by the clinical team. 	<p>Timeframe: January 1, 2023 – December 1, 2023</p> <p>CPT II: 1111F</p> <p>CPT: 99483, 99495, 99496</p> <p><i>MRP is also included in Pay for Outcomes Program</i></p> <p>Claims-based</p>

HEDIS MEASURE	WEIGHT	DESCRIPTION/ PROCESS FOR GAP CLOSURE	GUIDANCE	CODING/RELEVANT TIMEFRAMES						
Statin Therapy for Patients with Diabetes: Statin Therapy (SPD)	1	<p>The percentage of patients 40 to 75 years old with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one statin medication of any intensity during 2023.</p> <p>Telehealth Changes:</p> <ul style="list-style-type: none"> • The diagnosis of diabetes mellitus (type I or type II) can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins - visit type need not be the same for the two visits • The diagnosis of ischemic vascular disease (IVD) can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins for identification of exclusions - visit type need not be the same for the two visits • Advanced illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins • Included in Palliative Care, mandatory exclusion • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion* 		<p>Timeframe: January 1, 2023 – December 31, 2023</p> <p>Medication list:</p> <table border="1" data-bbox="1472 310 2007 902"> <tbody> <tr> <td data-bbox="1472 310 1677 464">High Intensity Statin</td> <td data-bbox="1677 310 2007 464">Atorvastatin 40-80 mg Amlodipine-atorvastatin 40 Rosuvastatin 20-40 mg Simvastatin 80 mg Ezetimibe-simvastatin 80 r</td> </tr> <tr> <td data-bbox="1472 464 1677 748">Moderate Intensity Statin</td> <td data-bbox="1677 464 2007 748">Atorvastatin 10-20 mg Amlodipine-atorvastatin 10 Rosuvastatin 5-10 mg Simvastatin 20-40 mg Ezetimibe-simvastatin 20-4 Pravastatin 40-80 mg Lovastatin 40 mg Fluvastatin 40-80 mg Pitavastatin 2–4 mg</td> </tr> <tr> <td data-bbox="1472 748 1677 902">Low Intensity Statin</td> <td data-bbox="1677 748 2007 902">Ezetimibe-simvastatin 10 r Fluvastatin 20 mg Lovastatin 10-20 mg Pravastatin 10–20 mg Simvastatin 5-10 mg</td> </tr> </tbody> </table> <p>Claims-based</p>	High Intensity Statin	Atorvastatin 40-80 mg Amlodipine-atorvastatin 40 Rosuvastatin 20-40 mg Simvastatin 80 mg Ezetimibe-simvastatin 80 r	Moderate Intensity Statin	Atorvastatin 10-20 mg Amlodipine-atorvastatin 10 Rosuvastatin 5-10 mg Simvastatin 20-40 mg Ezetimibe-simvastatin 20-4 Pravastatin 40-80 mg Lovastatin 40 mg Fluvastatin 40-80 mg Pitavastatin 2–4 mg	Low Intensity Statin	Ezetimibe-simvastatin 10 r Fluvastatin 20 mg Lovastatin 10-20 mg Pravastatin 10–20 mg Simvastatin 5-10 mg
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HEDIS MEASURE	WEIGHT	DESCRIPTION/ PROCESS FOR GAP CLOSURE	GUIDANCE	CODING/RELEVANT TIMEFRAMES
<p>Transitions of Care: Patient Engagement After Inpatient Discharge Total (TRC)</p>	<p>1</p>	<p>The percentage of discharges for Medicare patients 18 and older who had documentation of patient engagement provided within 30 days after discharge.</p> <p>Documentation in the medical record must include evidence of patient engagement within 30 days after discharge.</p> <p>Any of the following meet criteria:</p> <ul style="list-style-type: none"> • An outpatient visit, including office visits and home visits • A telephone visit • A synchronous telehealth visit where real-time interaction occurred between the member and provider • real-time interaction occurred between the member and provider using audio and video communication • An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not real-time, occurred between the member and provider) <p>Note: If the member is unable to communicate with the provider, interaction between the member's caregiver and the provider meets criteria.</p>		<p>Timeframe: January 1, 2023 – December 1, 2023</p> <p>CPT: Telehealth: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Outpatient: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, G0402, G0438, G0439, G0463, T1015</p> <p>Transitional Care: 99495, 99496</p> <p>Claims-based</p>

HEDIS MEASURE	WEIGHT	DESCRIPTION/ PROCESS FOR GAP CLOSURE	GUIDANCE	CODING/RELEVANT TIMEFRAMES
<p>Required Exclusions:</p> <ol style="list-style-type: none"> 1.) Death – Members who died anytime during 2023. 2.) Hospice – Members enrolled in hospice care (any setting) are excluded from the eligible population for all measures. 3.) Palliative Care – Members receiving palliative care assessments, treatment, and/or interventions during 2023. <ol style="list-style-type: none"> A. Measures included are: BCS, COL, HBD, CBP, and SPD 4.) Advanced Illness and Frailty- Members 66 and older as of December 31, 2023, with frailty and advanced illness. <ol style="list-style-type: none"> A. Measures included are: <u>BCS, COL, CBP, EED, OMW, and SPD</u>. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> a. At least one claim/encounter for frailty during 2023. b. Two claims/encounters for an advanced illness during 2022 and/or 2023. (The same advanced illness diagnosis can be used; however, it must be billed on two (2) different dates of service). c. If a member is 81 or older and is included in the CBP or OMW measures, only 1 diagnosis for frailty is needed for exclusion. d. Exclusion can only be captured administratively via claim submission. For further information on the Advanced Illness and Frailty Exclusion, contact your practice account manager. 				
<p>For Medical Record Review – Beginning July 1, 2023, use AXWAY SFTP or the Quality Compliance form on the Provider Resource Center (PRC) site and fax to 1-888-778-8221.</p> <p>Retrospective Measure- a measure that has a time period prior to 2023. BCS, EED and COL are examples of measures that would have retrospective services rendered. Proof of service would be provided to Highmark Blue Cross Blue Shield of Western New York via a medical record review.</p> <p>Secondary payer- member has another insurance plan that is primary and receives your patients' claims for services. Since we do not get the claim, the gap in care is not closed. Proof of service would be provided to Highmark Blue Cross Blue Shield of Western New York via a medical record review.</p> <p>**This would include members who receive any type of care from the Veterans Administration (VA).</p>				