2017 HEDIS® at a Glance

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HEDIS Operations - Quality Performance Management

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L.A. Care HEALTH PLAN®

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Welcome to 2017 HEDIS-At-A-Glance

L.A. Care Health Plan (L.A. Care) is an National Committee for Quality Assurance (NCQA) accredited health plan. HEDIS® is the gold standard for measuring quality health care performance, and is part of the NCQA accreditation process. HEDIS-At-A-Glance is a reference guide designed to help your practice provide the best quality care, in alignment with the HEDIS® standards. This document is merely a tool and provides a general summary on some limited HEDIS® Program requirements. This document should not be used as legal advice or expert advice or comprehensive summary of the HEDIS® Program. Please refer to ncqa.org for HEDIS® Program measures and guidelines as well as relevant statutes.

The information provided in this document is for 2017 HEDIS® period and is current at the time this document was created. NCQA HEDIS® Program requirements, applicable laws, and L.A. Care's policy change from time to time, and information and documents requested from you may also change to comply with these requirements

L.A. Care is not affiliated with NCQA or its HEDIS® Program and does not receive any financial remuneration from it.

2017 HEDIS-At-A-Glance highlights 31 priority HEDIS® measures that can potentially have significant impact on Auto-assignment and Medicare Star Program. Additionally, if you participate in and qualify for Physician Pay-for-Performance Program, the information contained in this reference guide may help you maximize the incentives you receive as part of L.A. Care's Physician Pay-for-Performance Program for Medi-Cal and L.A. Care Covered members.

L.A. Care Health Plan collects data for HEDIS® reporting annually from January to May. The Reporting Year (RY) details the performance rates from the previous year or, the Measurement Year (MY). For example, HEDIS® 2017 (RY) reports data collected from services rendered from January 1, 2016 to December 31, 2016 (MY).

For HEDIS related inquiries, please contact HEDISOps@lacare.org. *Note: All emails containing member PHI MUST be securely encrypted.*

Pay for Performance: Look for this symbol $ for Measurement Year 2016 measures that are included in the L.A. Care's pay-for-performance programs.

For more details contact incentive_ops@lacare.org. *Note: All emails containing member PHI MUST be securely encrypted.*

★ Medicare Star Program

2017 Medicare Star Ratings

One of the Centers for Medicare & Medicaid Services' (CMS) most important strategic goals is to improve the quality of care and general health status for Medicare beneficiaries. The information provided in this document is for 2017 period and is current at the time this document was created, CMS requirements, applicable laws, and L.A. Care's policy change from time to time, and for additional information, please refer to the CMS website for a description of the CMS requirements for the Medicare Star ratings.

CMS publishes the Part C and D Star Ratings each year to: measure quality in Medicare Advantage (MA) and Prescription Drug Plans (PDPs or Part D plans), assist beneficiaries in finding the best plan for them, and determine MA Quality Bonus Payments. Moreover, the ratings support the efforts of CMS to improve the level of accountability for the care provided by physicians, hospitals, and other providers. CMS continues to see increases in the number of Medicare beneficiaries in high-performing Medicare Advantage (MA) plans. Star Ratings are driving improvements in Medicare quality. The information included in this Fact Sheet is evidence of such improvement and is based on the 2017 Star Ratings published on Medicare Plan Finder (MPF) on October 8, 2016.

Background

Medicare Advantage with prescription drug coverage (MA-PD) contracts are rated on up to 44 unique quality and performance measures; MA-only contracts (without prescription drug coverage) are rated on up to 32 measures; and stand-alone PDP contracts are rated on up to 15 measures. Each year, CMS conducts a comprehensive review of the measures that make up the Star Ratings, considering the reliability of the measures, clinical recommendations, feedback received from stakeholders, and data issues. All measures transitioned from the Star Ratings are included in the display measure available from this page http://go.cms.gov/partcanddstarratings. Changes to existing measures are summarized in Attachment A.

- The Star Ratings measures span five broad categories:
- Outcomes
- Intermediate Outcomes
- Patient Experience
- Access
- Process

For the 2017 Star Ratings, outcomes and intermediate outcomes continue to be weighted three times as much as process measures, and patient experience and access measures are weighted 1.5 times as much as process measures. CMS assigns a weight of 1 to all new measures. The Part C and D quality improvement measures receive a weight of 5 to further reward contracts for the strides they made to improve the care provided to Medicare enrollees. CMS continues to lower the overall Star Rating for contracts with serious compliance issues, defined as the imposition of enrollment or marketing sanctions.

L.A. Care's Improvement Initiatives

L.A. Care is actively pursuing interventions to improve its star rating. Most importantly L.A. Care recognizes the need to better support the valuable and necessary care you provide to our members. We have developed incentive programs to support your efforts. As an example we introduced a provider incentive for CMC members who receive an annual exam. Additionally we have developed provider incentives for targeted measures. L.A. Care has developed a cross-departmental team that can prioritize key star measures. The team is creating and implementing a strategic plan to increase star measures performance.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Adults 18-64 years of age who had an outpatient or ED visit with a diagnosis of acute bronchitis, and were not dispensed an antibiotic prescription in 2016.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from a claim/encounter with a date of service for any outpatient or ED visit with an acute bronchitis diagnosis and no new or refill prescription for an antibiotic medication in 2016.

Q: How to improve score for this HEDIS measure?

A: Use of complete and accurate Value Set Codes. Timely submission of claims and encounter data

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
Acute Bronchitis	J20.0-J20.9

CPT codes	
ED	99281-99285
Observation	99217-99220
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS codes	
Outpatient	G0402, G0438-G0439, G0463, T1015

Exclusion codes
Refer to HIV Value Set, Malignant Neoplasms Value Set, Emphysema Value Set, COPD Value Set, Cystic Fibrosis Value Set, Comorbid Conditions Value Set, Pharyngitis Value Set, Competing Diagnosis Value Set

★ Medicare Star Program

Adult BMI Assessment (ABA)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2015 or 2016.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include: a **note** indicating an outpatient visit, **date** visit occurred, and evidence of the following:

For members 20 years and older, medical record must indicate:

- ☑ Weight
- ☑ BMI Value

For members younger than 20 years old, medical record must indicate:

- ☑ Height
- ☑ Weight
- ☑ BMI Percentile *(Documented as a value (e.g., 85th percentile) or plotted on an age-growth chart)*

Q: What type of medical record is acceptable?

A: One or more of the following: (visit completed in **2015** or **2016**)

- ☑ PM 160/CHDP
- ☑ Progress notes/Office visit notes
- ☑ Complete Physical Examination Form
- ☑ Dated BMI growth chart/log and weight

Note: *Ranges and thresholds do not meet criteria for this indicator.*

Adult BMI Assessment (ABA)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure presence of all components in the medical record documentation

Exclusion (optional): A diagnosis of pregnancy in 2015 or 2016

★ Medicare Star Program

Adult BMI Assessment (ABA)

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SAMPLE CODES

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ICD-10 codes	
BMI	Z68.1, Z68.20-Z68.39, Z68.41-Z68.45
BMI Percentile	Z68.51-Z68.54

CPT codes	
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS codes	
Outpatient	G0402, G0438-G0439, G0463, T1015

Exclusion codes
Refer to Pregnancy Value Set

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Children 6-12 years newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- ☑ *Initiation Phase.* Children with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit during the 30-day Initiation Phase.
- ☑ *Continuation and Maintenance (C&M) Phase.* Members who (a) remained on ADHD medication for at least 210 days (7 months) and (b) had at least two follow-up visits within 270 days (9 months) after the Initiation Phase ended.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

L.A. Care HEALTH PLAN®

Q: What type of document is acceptable?

A: Evidence from a claim/encounter

1. Children in the specified age range who were dispensed an ADHD medication

Description	Prescription		
CNS stimulants	• Amphetamine-dextroamphetamine • Dexmethylphenidate	• Dextroamphetamine • Lisdexamfetamine	• Methylphenidate • Methamphetamine
Alpha-2 receptor agonists	• Clonidine	• Guanfacine	
Miscellaneous ADHD medications	• Atomoxetine		

2. Member follow-up visit with a practitioner with prescribing authority, within 30 days of ADHD medication dispensing
    a. Of these members, in the following 9 months, who received at least 2 additional follow-up visits with any practitioner

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Schedule 30-day follow-up for all children who are dispensed ADHD medication to assess how medication is working

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

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ICD-10 codes
N/A

CPT codes	
ADD Stand Alone Visits	96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510
ADD Visits Group 1	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
ADD Visits Group 2	99221-99223, 99231-99233, 99238, 99239, 99251-99255
Telephone Visits	98966-98968, 99441-99443

HCPCS codes	
ADD Stand Alone Visits	G0155, G0176, G0177, G0409- G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

Exclusion codes
Refer to Chemical Dependency Value Set, Mental Health Diagnosis Value Set, Narcolepsy Value Set, Acute Inpatient Value Set

Antidepressant Medication Management (AMM)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Adults 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.

- ☑ Effective Acute Phase Treatment. Members who remained on an antidepressant medication for at least 84 days (12 weeks)
- ☑ Effective Continuation phase Treatment. Members who remained on an antidepressant medication for at least 180 days (6 months)

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Antidepressant Medication Management (AMM)

L.A. Care HEALTH PLAN®

Q: What type of document is acceptable?

A: Evidence from a claim/encounter

1. Diagnosis of major depression and date of the earliest dispensing event for an antidepressant medication

Description	Prescription		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine	
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine		• Fluoxetine-olanzapine
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine	
SSRI antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine	• Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Desipramine • Doxepin (>6 mg) • Imipramine	• Nortriptyline • Protriptyline • Trimipramine

2. Calendar days covered with prescriptions within the specified 180-day (6-month) measurement interval based on pharmacy claims

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Follow Practice Guidelines for the Treatment of Patients with Major Depressive Disorders
- ☑ Treat members with diagnosis of major depression for at least six months
- ☑ Utilize the PHQ-9 assessment tool in management of depression
- ☑ Educate members that it might take up to 4 weeks for therapeutic effect and of possible medication side effects

Antidepressant Medication Management (AMM)

L.A. Care HEALTH PLAN®

SAMPLE CODES

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http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
Major Depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9

CPT codes	
AMM Stand Alone Visits	98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99510
AMM Visits	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255
ED	99281-99285

HCPCS codes	
AMM Stand Alone Visits	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

Exclusion codes
Refer to Major Depression Value Set

★ Medicare Star Program

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Adults 18 years and older with a diagnosis of rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) in 2016.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What documentation is needed in the medical record?

A: Evidence from claim/encounter/pharmacy data

- A date of service for any outpatient visit or a non-acute inpatient discharge with a diagnosis of rheumatoid arthritis, and a prescription for DMARD in 2016

DMARDs:

Description	Prescription		
5-Aminosalicylates	• Sulfasalazine		
Alkylating agents	• Cyclophosphamide		
Aminoquinolines	• Hydroxychloroquine		
Anti-rheumatics	• Auranofin • Gold sodium thiomalate	• Leflunomide • Methotrexate	• Penicillamine
Immunomodulators	• Abatacept • Adalimumab • Anakinra • Certolizumab	• Certolizumab pegol • Etanercept • Golimumab • Infliximab	• Rituximab • Tocilizumab

★ Medicare Star Program

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

L.A. Care HEALTH PLAN®

Q: What documentation is needed in the medical record?

Description	Prescription
Immunosuppressive agents	• Azathioprine • Cyclosporine • Mycophenolate
Janus kinase (JAK) inhibitor	• Tofacitinib
Tetracyclines	• Minocycline

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Evidence of a diagnosis of HIV or pregnancy - *documentation will assist in excluding members from the HEDIS sample.*

★ Medicare Star Program

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

L.A. Care HEALTH PLAN®

SAMPLE CODES

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ICD-10 codes
Refer to Rheumatoid Arthritis Value Set

CPT codes	
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015
DMARD	J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310

Exclusion codes
Refer to HIV Value Set, HIV Type 2 Value Set, Pregnancy Value Set

Adolescent Well-Care Visits (AWC)

L.A. Care HEALTH PLAN

Q: Which members are included in the sample?

A: Members 12-21 years of age who had at least one comprehensive well-care visit with a Primary Care Practitioner or an OB/GYN practitioner in **2016**.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include a note indicating a visit with a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of all of the following:

- ☑ *A health/interval history*
- ☑ *A physical developmental history*
- ☑ *A mental developmental history*
- ☑ *A physical exam*
- ☑ *Health education/anticipatory guidance*

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
Weight	Interval history	Developing appropriately for age	Making good grades at school	Safety (seat belt)
Height	Active problems	Does not smoke or drink alcohol	Has good circle of friends	Nutrition (vitamins, frequency of eating, snacks, ideal weight)
Chest	Past medical history	Participates in team sports at school	Transitioning to high school well	Fitness and the importance of exercise
Heart	Surgical history	Discussions about P.E. at school	Seems detached from family/friends	Oral health (dental visits, eating habits, need for orthodontics
Lungs	Family history	Discussions on menstrual cycle	Sleeps more than usual	Sexuality (safe sex, birth control)
Tanner Stages	Social history in addition to any of the above	Has problems gaining weight	Seems depressed all the time	Substance abuse

Adolescent Well-Care Visits (AWC)

L.A. Care HEALTH PLAN®

Q: What type of medical record is acceptable?

A:

- ☑ *PM 160/CHDP*
- ☑ *Progress notes/Office visit notes with dated growth chart*
- ☑ *Complete Physical Examination Form*
- ☑ *Anticipatory Guidance/Developmental Milestone Form*

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use every office visit (including sick visits and sports physicals) to provide a well-care visit and immunizations
- ☑ Use standardized templates for AWC in EHRs
- ☑ Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups (http://www.lacare.org/sites/default/files/LA1401_0815.pdf)
- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation of all components in the medical record for each visit where preventative services are rendered /addressed

Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Adolescent Well-Care Visits (AWC)

SAMPLE CODES

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ICD-10 codes	
Well-Care	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129,Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

CPT codes	
Well-Care	99381-99385, 99391-99395, 99461

HCPCS codes	
Well-Care	G0438, G0439

Exclusion codes
N/A

★ Medicare Star Program

Breast Cancer Screening (BCS)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Women 50 to 74 years of age who had one or more mammograms to screen for breast cancer any time on or between **10/1/2014 - 12/31/2016.**

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from claim/encounter

- Screening Mammography between 10/1/2014 - 12/31/2016

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Note that mammograms do not need prior authorization and share list of nearby contracted imaging/mammography centers with member
- ☑ Educate female members about the importance of early detection, address common barriers/fears, and encourage testing
- ☑ Proper coding or documentation of mastectomy either bilateral or unilateral – *to assist in excluding member from the HEDIS sample. See below for exclusion criteria*

Exclusions for Breast Cancer Screening: (*Use designated Value Set Code for each*)

Any of the following meet criteria for bilateral mastectomy:

- Bilateral Mastectomy
- Unilateral Mastectomy with a bilateral modifier

Continued on next page.

Breast Cancer Screening (BCS)

Continued from previous page.

Q: How to improve score for this HEDIS measure?

- Two unilateral mastectomies with service dates 14 days or more apart
- Unilateral mastectomy with right-side modifier with same date of service
- Unilateral mastectomy with left-side modifier with same date of service

Note: Biopsies, breast ultrasounds, MRIs and tomosynthesis (3D mammography) are not appropriate methods for breast cancer screening.

Breast Cancer Screening (BCS)

L.A. Care HEALTH PLAN

SAMPLE CODES

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ICD-10 codes
N/A

CPT codes	
Mammography	77055-77057

HCPCS codes	
Mammography	G0202

Exclusion codes
Refer to Bilateral Mastectomy Value Set, Unilateral Mastectomy Value Set, Absence of Left Breast Value Set, Absence of Right Breast Value Set, History of Bilateral Mastectomy, Left Modifier Value Set, Right Modifier Value Set, Bilateral Modifier Value Set

Controlling High Blood Pressure (CBP)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled in 2016 based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Must include both of the following:

1. Notation of hypertension (HTN, High BP, Elevated BP, Hypertensive vascular disease, Hyperpiesis, Hyperpiesia, Borderline HTN, Intermittent HTN, History of HTN) anytime on or before **June 30, 2016, *and***
2. Notation of the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record in **2016.** (The BP reading must occur after the date when the diagnosis of HTN was confirmed.)

Q: What type of medical record is acceptable?

A: Notation of hypertension (HTN) in one or more of the following:

- ☑ Health maintenance form
- ☑ Encounter form
- ☑ Hospital H&P or discharge summary
- ☑ Problem list
- ☑ Progress notes (*BP reading*)
- ☑ SOAP note (*BP reading*)

Controlling High Blood Pressure (CBP)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Submit any documentation with ESRD, Pregnancy, Kidney transplant or non-acute inpatient admission - *documentation will assist in excluding members from the HEDIS sample*

★ Medicare Star Program

Controlling High Blood Pressure (CBP)

L.A. Care HEALTH PLAN®

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ICD-10 codes	
Essential Hypertension	I10
Diabetes	Refer to Diabetes Value Set

CPT codes	
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420 , 99429, 99455, 99456
Observation	99217-99220
ED	99281-99285

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015

Exclusion codes
Refer to ESRD Value Set, ESRD Obsolete Value Set, Kidney Transplant Value Set, Pregnancy Value Set, Inpatient Stay Value Set, Non-Acute Inpatient Stay Value Set

Cervical Cancer Screening (CCS)

L.A. Care HEALTH PLAN

Q: What documentation is needed in the medical record?

A:

- ☑ Women 21-64 years of age, and
- ☑ Had a Pap smear (cervical cytology) in **2014, 2015, or 2016**

Or

- ☑ Women 30-64 years of age, and
- ☑ Had cervical cytology/human papillomavirus (HPV) co-testing on the same date of service in **2012, 2013, 2014, 2015, or 2016**

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation must include both of the following criteria:

- ☑ a note indicating the date test was performed, ***and***
- ☑ the result or finding

Q: What type of medical record is acceptable?

A: Acceptable document:

- ☑ Cervical cytology report / HPV report
- ☑ Chronic Problem List with documentation of Pap smear with or without HPV, including date and result
- ☑ Any documentation of history of hysterectomy with no residual cervix
- ☑ Progress note or consultation - notation of date and result of Pap smear
- ☑ Documentation of a "vaginal pap smear" in conjunction with documentation of hysterectomy
- ☑ Documentation of hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening

Cervical Cancer Screening (CCS)

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Request results of screenings be sent to you if done at OB/GYN visit
- ☑ Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix - *documentation will assist in excluding member from the HEDIS sample*

Cervical Cancer Screening (CCS)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes
N/A

CPT codes	
Cervical Cytology	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
HPV Tests	87620-87622, 87624, 87625

HCPCS codes	
Cervical Cytology	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests	G0476

Exclusion codes
Refer to Absence of Cervix Value Set

Comprehensive Diabetes Care (CDC)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 18-75 years of age with diabetes (Type 1 & 2) who had ***each*** of the following:

- ☑ Hemoglobin A1c (HbA1c) testing in 2016
- ☑ HbA1c Control (<8.0%)
- ☑ HbA1c Poor Control (>9.0%)
- ☑ Retinal eye exam in 2015 or 2016
- ☑ Medical attention for nephropathy in 2016
- ☑ Blood pressure (BP) control (<140/90 mmHg) in 2016

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: **Hemoglobin A1c (HbA1c) Testing and Control in 2016**

- Date of the most recent HbA1c test and the result
- Glycohemoglobin, glycated hemoglobin, and glycosylated hemoglobin are acceptable HbA1c tests

Medical Attention for Nephropathy in 2016

- Urine microalbumin test with the date performed, and result/finding
- Evidence of nephropathy (e.g., renal transplant, ESRD, visit to nephrologist)
- Any urine protein testing or monitoring in 2016 (positive or negative result)
- Evidence of ACE inhibitor/ARB therapy

Blood Pressure (BP) Control (<140/90 mmHg)

- The most recent BP reading during an outpatient visit or a nonacute inpatient encounter in 2016 (use the lowest systolic and lowest diastolic BP on the same date of service)

Comprehensive Diabetes Care (CDC)

L.A. Care HEALTH PLAN®

Q: What documentation is needed in the medical record?

Retinal Eye Exam

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in 2016
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2015
- A note or letter from an ophthalmologist, optometrist, PCP or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional, the date when the procedure was performed and the results
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results

Note: Notation limited to a statement that indicates "diabetes without complications" does not meet criteria.

Q: What type of document is acceptable?

A:

- ☑ Progress notes
- ☑ Health Maintenance Log
- ☑ Lab reports
- ☑ Eye exam report from eye care professional (optometrist or ophthalmologist)
- ☑ Nephrology consult report
- ☑ Medication list
- ☑ Blood Pressure Log from the medical record

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes.
- ☑ Timely submission of claims and encounter data
- ☑ Review diabetes services needed at each office visit
- ☑ HbA1c control – schedule regular follow-up with patients to monitor changes and adjust therapies as needed.
- ☑ BP control – measure and document BP at each office visit and if elevated (>140/90), measure BP again at end of the visit.

Comprehensive Diabetes Care (CDC)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

☑ Ensure proper documentation in medical record. For example:

- Coding is for *diabetic* retinal eye exam vs. general retinal eye exam
- Date, time, and result of each BP taken

Note: Members who did not have a diagnosis of diabetes, in any setting and who had a diagnosis of gestational diabetes and steroid-induced diabetes, in any setting in 2015-2016 can be excluded from the HEDIS sample.

Comprehensive Diabetes Care (CDC)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
Diabetes Diagnosis	Refer to Diabetes Value Set

CPT codes	
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228,92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260
Urine Protein Tests	81000-81003, 81005, 82042-82044, 84156
HbA1c Tests	83036, 83037

CPT II codes	
BP Testing	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Diabetic Retinal Screening with Eye Care Professional	2022F, 2024F, 2026F
Diabetic Retinal Screening Negative	3072F

Medicare Star Program

Comprehensive Diabetes Care (CDC)

L.A. Care HEALTH PLAN®

CPT II codes	
Urine Protein Tests	3060F, 3061F, 3062F
HbA1c	3044F, 3045F, 3046F
Nephropathy Treatment	3066F, 4010F

HCPCS codes
Diabetic Retinal Screening: S0620, S0621, S3000

Exclusion codes
Refer to Diabetes Exclusion Value Set

Chlamydia Screening in Women (CHL)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in **2016**.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation in the medical record is acceptable?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from claim and encounter data.

- One chlamydia test in **2016**

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ For all those on birth control pills, make chlamydia screening a standard lab
- ☑ Remember that chlamydia screening can be performed through a simple urine test offer this as an option for your members
- ☑ Proper coding or documentation will assist in excluding members from the HEDIS sample
- ☑ Exclude members based on a pregnancy test alone ***and*** who meet either of the following:
  - A pregnancy test in 2016 ***and*** a prescription for isotretinoin (Retinoid) on the date of pregnancy test or the 6 days after the pregnancy test
  - A pregnancy test in 2016 ***and*** an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test

Chlamydia Screening in Women (CHL)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes
Refer to Pregnancy Value Set
Refer to Sexual Activity Value Set

CPT codes	
Chlamydia Tests	87110, 87270, 87320, 87490-87492, 87810
Pregnancy Tests	81025, 84702, 84703
Sexual Activity	Refer to Sexual Activity Value Set

HCPCS codes	
Sexual Activity	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, H1000, H1001, H1003-H1005, P3000, P3001, Q0091, S0199, S4981, S8055

Exclusion codes
Refer to Pregnancy Test Exclusion Value Set, Diagnostic Radiology Value Set

Childhood Immunization Status (CIS)

L.A. Care HEALTH PLAN

Q: Which members are included in the sample?

A: Children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines **by their second birthday**.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation must include <u>any</u> of the following:

*Specific for**: MMR, HepB, VZV, and HepA***

- ☑ Evidence of the antigen or combination vaccine (include specific dates)
- ☑ Documented history of the illness
- ☑ A seropositive test result

*Specific for: **DTaP, HiB, IPV, PCV, rotavirus, and influenza***

- ☑ Evidence of the antigen or combination vaccine (include specific dates)

<u>OR</u>

- ☑ Notation indicating contraindication for a specific vaccine:
  (Use designated Value Set Codes for each)

Any Particular Vaccine	• Anaphylactic reaction to the vaccine or its components
DTaP	• Encephalopathy ***with*** a vaccine adverse-effect code
MMR, VZV, and Influenza	• Immunodeficiency • HIV • Anaphylactic reaction to neomycin • Lymphoreticular cancer, Multiple Myeloma, or Leukemia
Rotavirus	• Severe combined immunodeficiency • History of intussusception

Childhood Immunization Status (CIS)

L.A. Care HEALTH PLAN

Q: What documentation is needed in the medical record?

OR

☑ Notation indicating contraindication for a specific vaccine:
(Use designated Value Set for each)

IPV	Anaphylactic reaction to streptomycin, polymyxin B or neomycin
Hepatitis B	Anaphylactic reaction to common baker's yeast

Q: What type of medical record is acceptable?

A: One or more of the following:

- ☑ Certificate of immunization including specific dates and types of vaccines
- ☑ Hospital record with notation of HepB
- ☑ Immunization Record and Health History Form
- ☑ Health Maintenance Form
- ☑ Lab report for seropositive test
- ☑ Print out of LINK/CAIR registry
- ☑ Progress/office notes with notations of vaccines given
- ☑ Medical History Form

Q: How to improve score for this HEDIS measure?

A:

- ☑ Upload immunizations on to California Immunizations Registry (http://cairweb.org)
- ☑ Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups (http://www.lacare.org/sites/default/files/LA1401_0815.pdf)
- ☑ Educate parents about the importance of timely vaccinations and share the immunization schedule
- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation of dates and types of immunizations, test results, history of illness, or contraindication for a specific vaccine.

Childhood Immunization Status (CIS)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 PC code	
Newborn Hepatitis B	3E0234Z

CPT codes	
DTap Vaccine	90698, 90700, 90721, 90723
Haemophilus Influenzae Type B (HiB) Vaccine	90644-90648, 90698, 90721, 90748
Hepatitis A Vaccine	90633
Hepatitis B Vaccine	90723, 90740, 90744, 90747, 90748
Inactivated Polio Vaccine (IPV)	90698, 90713, 90723
Influenza Vaccine	90655, 90657, 90661, 90662, 90673, 90685
Measles Vaccine	90705
Measles, Mumps and Rubella Vaccine	90707, 90710
Measles/Rubella Vaccine	90708
Mumps Vaccine	90704
Pneumococcal Conjugate Vaccine	90669, 90670
Rotavirus Vaccine (2 dose)	90681
Rotavirus Vaccine (3 dose)	90680
Rubella Vaccine	90706
Varicella Zoster Vaccine	90710, 90716

Childhood Immunization Status (CIS)

L.A. Care HEALTH PLAN®

HCPCS codes	
Influenza	G0008
Pneumococcal	G0009
Hepatitis B Vaccine	G0010

Exclusion codes

Refer to Anaphylactic Reaction Due to Vaccination Value Set, Encephalopathy Due to Vaccination Value Set, Vaccine Causing Adverse Effect Value Set, Disorders of the Immune System Value Set, HIV Value Set, and Malignant Neoplasm of Lymphatic Tissue Value Set, Severe Combined Immunodeficiency Value Set, Intussusception Value Set.

Care for Older Adults (COA)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Adults 66 years and older who had ***each*** of the following in **2016**:

- ☑ Advance care planning
- ☑ Medication review
- ☑ Functional status assessment
- ☑ Pain assessment

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A:

- ☑ **Advanced Care Planning** – evidence must include either the presence of advanced care plan in the medical record ***or*** documentation of advance care planning discussion with the provider and the date when it was discussed
- ☑ **Evidence of Medication Review** – must include medication list in the medical record, and evidence of a medication review and the date when it was performed ***or*** notation that the member is not taking any medication and the date when it was noted
- ☑ **Evidence of Functional Status Assessment** – documentation must include evidence of functional status assessment ***and*** the date when it was performed
- ☑ **Evidence of Pain Assessment** – documentation must include evidence of a pain assessment (may include positive or negative findings for pain) and the date when it was performed

L.A. Care HEALTH PLAN®

Q: What type of medical record is acceptable?

A:

Advanced Care Planning:

- ☑ Advance Directives
- ☑ Actionable medical orders
- ☑ Copy of Living Wills, Medical Power of Attorney
- ☑ Copy of documentation of surrogate decision maker
- ☑ Notation of advance care planning discussion with a provider in 2016
- ☑ Evidence of oral statements noted in the medical record in 2016

Medication Review:

- ☑ Current medication list in 2016
- ☑ Notation of medication review in 2016
- ☑ Date and notation that the member is not taking any medication in 2016

Functional Status Assessment:

- ☑ Progress notes, IHSS forms, HRA forms, AWE form
- ☑ Notation that Activities of Daily Living (ADL) were assessed or that at least 5 of the following were assessed: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking
- ☑ Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least 4 of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances
- ☑ Result of assessment using a standardized functional status assessment tool
- ☑ Notation of cognitive status, ambulation status, sensory ability (hearing, vision and speech) and, other functional independence (e.g., exercise)

Care for Older Adults (COA)

L.A. Care HEALTH PLAN®

Q: What type of medical record is acceptable?

A: Pain Assessment:

- ☑ Progress notes – notation of a pain assessment (which may include positive or negative findings for pain)
- ☑ Result of assessment using a standardized pain assessment tool
- ☑ Numeric rating scales (verbal or written)
- ☑ Pain Thermometer
- ☑ Pictorial Pain Scales
- ☑ Visual Analogue Scale
- ☑ Brief Pain Inventory
- ☑ Chronic Pain Grade
- ☑ PROMIS Pain Intensity Scale
- ☑ Pain Assessment in Advanced Dementia (PAINAD) Scale

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure complete and appropriate documentation in medical record
- ☑ Timely submission of AWE Forms that are complete and accurate

Care for Older Adults (COA)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 Codes
N/A

CPT Codes	
Advance Care Planning	99497
Medication Review	90863, 99605, 99606
TCM 14 day	99495
TCM 7 day	99496

CPT II Codes	
Pain Assessment	1125F, 1126F
Advance Care Planning	1157F, 1158F
Medication List	1159F
Medication Review	1160F
Functional Status Assessment	1170F

Care for Older Adults (COA)

L.A. Care HEALTH PLAN®

HCPCS codes	
Medication List	G8427
Advance Care Planning	S0257

Exclusions codes
N/A

★ Medicare Star Program

Colorectal Cancer Screening (COL)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 50-75 years of age who had one or more appropriate screenings for colorectal cancer.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include a note indicating the **date** the colorectal cancer screening was performed. Appropriate screenings are defined by **any** of the following:

- ☑ Fecal Occult Blood Test in **2016**; guaiac (gFOBT) or immunochemical (FIT)
- ☑ Flexible sigmoidoscopy performed in **2012**, **2013**, **2014**, **2015** or **2016**
- ☑ Colonoscopy in **2016** *or* ***within 9 years prior to 2016***
- ☑ CT colonography performed in **2012**, **2013**, **2014**, **2015** or **2016**
- ☑ FIT-DNA Test in **2014**, **2015** or **2016**

Q: What type of medical record is acceptable?

A: One or more of the following:

- ☑ Health Maintenance Form
- ☑ Progress notes/Office visits notes
- ☑ Problem List
- ☑ Laboratory/Pathology Reports
- ☑ Pathology report that indicates the type of screening (e.g., colonoscopy or flexible sigmoidoscopy)
- ☑ Pathology report without indicating the type of screening but has evidence that the scope advanced beyond the splenic flexure or sigmoid colon
- ☑ Medical History Forms
- ☑ X-ray Reports
- ☑ GI Consults/ Reports/ Flowcharts
- ☑ Complete Physical Examination Form

Note: Do not count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.

★ Medicare Star Program

Colorectal Cancer Screening (COL)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Prior to each visit for members 50 years and older, review chart to determine if COL screening has been completed, if not, discuss options with member, as colonoscopy every 10 years and stool testing done yearly are shown to have similar effectiveness in identifying colon cancer
- ☑ Request a supply of stool screening test kits from your contracted lab(s) to have on hand to share with members when at office visits
- ☑ If a member reports having had a colonoscopy, request that the member share a copy of the results/report or provide contact information of the rendering provider so that office staff can call to request the member's colonoscopy results/report. Remember to attach this information to the member's medical record for documentation purposes.
- ☑ Timely submission of claims and encounter data
- ☑ Ensure presence of all components in the medical record documentation
- ☑ *Exclude members with diagnosis of colorectal cancer or total colectomy*

(Use designated Value Set Codes for each colorectal cancer screening)

Colorectal Cancer Screening (COL)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

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ICD-10 codes
N/A

CPT codes	
FOBT	82270, 82274
Flexible Sigmoidoscopy	45330
Colonoscopy	45378

HCPCS codes	
FOBT	G0328
Flexible Sigmoidoscopy	G0104
Colonoscopy	G0105, G0121
Colorectal Cancer (PET scan)	G0213-G0215, G0231

Exclusion codes
Refer to Colorectal Cancer Value Set, Total Colectomy Value Set

Appropriate Testing for Children with Pharyngitis (CWP)

L.A. Care HEALTH PLAN

Q: Which members are included in the sample?

A: Children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode (**7/1/2015 - 6/30/2016**) during any outpatient or ED visit.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes.

Antibiotic Medications:

Description	Prescription		
Aminopenicillins	• Amoxicillin	• Ampicillin	
Beta lactamase inhibitors	• Amoxicillin-clavulanate		
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin	
Folate antagonist	• Trimethoprim		
Lincomycin derivatives	• Clindamycin		
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate	
Miscellaneous antibiotics	• Erythromycin-sulfisoxazole		
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium	
Penicillinase-resistant penicillins	Dicloxacillin		
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin	
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime	
Sulfonamides	• Sulfamethoxazole-trimethopin		
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline	
Third generation cephalosporins	• Tetracycline Cefdinir • Tetracycline Cefixime	• Cefpodoxime • Ceftibuten	• Cefditoren • Ceftriaxone

Appropriate Testing for Children with Pharyngitis (CWP)

L.A. Care HEALTH PLAN

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence of claims/encounter data:

- ☑ Date of service for an outpatient or ED visit with a diagnosis of pharyngitis
- ☑ Throat culture lab report
- ☑ Date and result of strep test with a diagnosis of pharyngitis
- ☑ Antibiotic prescription for the episode

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record

Appropriate Testing for Children with Pharyngitis (CWP)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

CPT codes	
Group A Strep Tests	87070, 87071, 87081, 87430, 87650-87652, 87880
ED	99281-99285
Observation	99217-99220
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015

Exclusion codes
Refer to Inpatient Stay Value Set

Frequency of Ongoing Prenatal Care (FPC)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Women who delivered between ***November 6, 2015 and November 5, 2016*** and had the following number of expected prenatal visits during the first, second, and third trimesters.

- < 21 percent of expected visits
- 21 percent – 40 percent of expected visits
- 41 percent – 60 percent expected visits
- 61 percent – 80 percent of expected visits
- ≥ 81 percent of expected visits

Expected Number of Prenatal Care Visits for a Given Gestational Age and Month Member Enrolled in the Organization

Month of Pregnancy Member Enrolled in the Organization*									
Gestational Age in Weeks	0-1st month	2nd month	3rd month	4th month	5th month	6th month	7th month	8th month	9th month
28	6	5	4	3	1	1	—	—	—
29	6	5	4	3	1	1	—	—	—
30	7	6	5	4	2	1	1	—	—
31	7	6	5	4	2	1	1	—	—
32	8	7	6	5	3	2	1	—	—
33	8	7	6	5	3	2	1	—	—
34	9	8	7	6	4	3	2	1	—
35	9	8	7	6	4	3	2	1	—
36	10	9	8	7	5	4	3	1	—
37	11	10	9	8	6	5	4	2	—
38	12	11	10	9	7	6	5	3	—
39	13	12	11	10	8	7	6	4	1
40	14	13	12	11	9	8	7	5	1
41	15	14	13	12	10	9	8	6	2
42	16	15	14	13	11	10	9	7	3
43	17	16	15	14	12	11	10	8	4

Note: Dashes indicate that no visits are expected.

Frequency of Ongoing Prenatal Care (FPC)

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A:

- ☑ ACOG form
- ☑ Progress notes with basic physical OB exam that includes auscultation for fetal heart tone or pelvic exam with OB observations or measurement of fundus height
- ☑ Lab report – OB panel (includes all labs within the panel), TORCH antibody panel, a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing**,** linked with **an** office visit
- ☑ Echography of a pregnant uterus / Pelvic ultrasound**,** linked with an office visit
- ☑ Documentation of EDD in conjunction with either prenatal risk assessment and counseling /education or complete OB history

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes.
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Deliveries **NOT** resulting in a Live Birth – *proper coding or documentation will assist in excluding members from the HEDIS sample*

Frequency of Ongoing Prenatal Care (FPC)

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 Pregnancy codes
Refer to Pregnancy Diagnosis Value Set

CPT Delivery codes
59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

PRENATAL CARE CODES

CPT Laboratory codes	
Obstetric Panel	80055
ABO	86900
Cytomegalovirus Antibody	86644
Herpes Simplex Antibody	86694, 86695, 86696
Rh	86901
Rubella Antibody	86762
Toxoplasma Antibody	86777, 86778

CPT Prenatal Ultrasound codes
76801, 76805, 76811, 76813, 76815-76821, 76825-76828

Frequency of Ongoing Prenatal Care (FPC)

L.A. Care HEALTH PLAN®

CPT Stand Alone Prenatal Visit code
99500

CPT Prenatal Visit codes
99201-99205, 99211-99215, 99241-99245

CPT II Stand Alone Prenatal Visit codes
0500F, 0501F, 0502F

CPT Prenatal Bundled Service codes
59400, 59425, 59426, 59510, 59610, 59618

HCPCS codes	
Prenatal Visits	G0463, T1015
Stand Alone Prenatal Visits	H1000-H1004

Exclusion codes
Refer to Non-live Births Value Set

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Adolescent and adult members (13 years and older) in 2016 with a new episode of **alcohol or other drug (AOD)** dependence who received the following:

- ☑ Initiation of AOD Treatment. Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis
- ☑ Engagement of AOD Treatment. Members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What documentation is needed in the medical record?

A: Evidence from a claim/encounter

1. New diagnosis of alcohol or other drug (AOD) dependence and date
2. Initiation of member treatment within 14 days of the AOD diagnosis
    a. Of these members who initiated treatment, evidence of two or more additional services (inpatient admissions, outpatient visits, intensive outpatient encounters or partial hospitalizations with any AOD diagnosis) within 30 days of the initiation treatment
        i. Note that multiple engagement visits may occur on the same day, but they must be with different providers in order to count

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Consider screening all members at office visits using a substance abuse screening tool
- ☑ Perform SBIRT for members who answer positive for alcohol on the SHA or whom you suspect have an alcohol problem
- ☑ Once a member is identified with AOD diagnosis, initiate brief intervention or refer for treatment within 14 days. Then complete at least two brief interventions within 30 days of diagnosis
- ☑ When referring members out to substance abuse providers, ensure an appointments is made within 14 days of diagnosis

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes
Refer to AOD Dependence Value Set, AOD Procedures Value Set, Detoxification Value Set

CPT codes	
ED	99281-99285
IET Stand Alone Visits	98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510
IET Visits Group 1	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
IET Visits Group 2	99221-99223, 99231-99233, 99238, 99239, 99251-99255

HCPCS codes	
IET Stand Alone Visits	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015
Detoxification	H0008-H0014

Exclusion codes
Refer to AOD Dependence Value Set

Immunizations for Adolescents (IMA)

L.A. Care HEALTH PLAN

Q: Which members are included in the sample?

A: Adolescents who had one dose of meningococcal conjugate vaccine (MCV), one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and three doses of the human papillomavirus (HPV) vaccines **by their 13th birthday**.

- ☑ Combo 1 - (Meningococcal, Tdap)
- ☑ Combo 2 - (Meningococcal, Tdap, HPV)

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Must include <u>any</u> of the following:

- ☑ A note indicating the name of specific antigen and the date of the immunization
- ☑ A certificate of immunization that includes specific dates and types of immunizations administered
- ☑ Anaphylactic reaction to the vaccine or its components any time on or before the member's 13th birthday
- ☑ Anaphylactic reaction to the vaccine or its components with a date of service prior to October 1, 2011

Meningococcal vaccine – given between member's 11th and 13th birthday

Tdap vaccine – given between member's 10th and 13th birthday

HPV vaccine – 3 doses given between member's 9th and 13th birthday

Q: What type of medical record is acceptable?

A: One or more of the following:

- ☑ Certificate of immunization including specific dates and types of vaccines
- ☑ Immunization Record and health History Form
- ☑ Health Maintenance Form/Report
- ☑ Print out of LINK/CAIR registry
- ☑ Progress note/Office visit – with notations of vaccines given
- ☑ Notation of anaphylactic reaction to serum or vaccination

Immunizations for Adolescents (IMA)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

- ☑ Upload immunizations on to California Immunizations Registry (http://cairweb.org)
- ☑ Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups (http://www.lacare.org/sites/default/files/LA1401_0815.pdf)
- ☑ Use every office visit (including sick visits) to provide immunizations and well-child visits
- ☑ Educate parents about the importance of timely vaccinations and share the immunization schedule
- ☑ Use EHR alerts to notify staff of immunizations
- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter forms
- ☑ Ensure proper documentation of dates and types of immunizations, or contraindication for a specific vaccine

Immunizations for Adolescents (IMA)

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes
N/A

CPT codes	
Meningococcal Vaccine	90644, 90734
Tdap Vaccine	90715
HPV Vaccine	90649-90651

HCPCS codes
N/A

Exclusion codes
Refer to Anaphylactic Reaction Due To Vaccination Value Set, Anaphylactic Reaction Due To Serum Value Set

Use of Imaging Studies for Low Back Pain (LBP)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 18-50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from claim/encounter

- Imaging study with diagnosis of low back pain on the IESD or in the 28 days following the IESD.
  Index Episode Start Date (IESD): The earliest date of service for an outpatient or ED encounter during the Intake Period (January 1, 2016 – December 3, 2016) with a principal diagnosis of low back pain.

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Proper coding or documentation of any of the following diagnoses for which imaging is clinically appropriate – *to assist in excluding members from the HEDIS sample. See below for exclusion criteria.*

Exclusions : (*Use designated Value Set for each*)

Any of the following meet criteria:

- Cancer
- Recent Trauma
- Intravenous drug abuse
- Neurologic impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Use of Imaging Studies for Low Back Pain (LBP)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes
Refer to Uncomplicated Low Back Pain Value Set

CPT codes	
ED	99281-99285
Imaging Study	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
Observation	99217-99220
Osteopathic and Chiropractic Manipulative Treatment	98925-98929, 98940-98942
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS *codes*	
Outpatient	G0402, G0438, G0439, G0463, T1015

Exclusion codes
Refer to Uncomplicated Low Back Pain Value Set, Malignant Neoplasms Value Set, Other Neoplasms Value Set, History of Malignant Neoplasm Value Set, Trauma Value Set, IV Drug Abuse Value Set, Neurologic Impairment Value Set, HIV Value Set, Spinal Infection Value Set, Organ Transplant Other Than Kidney Value Set, Kidney Transplant Value Set

Lead Screening in Children (LSC)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning **by their second birthday**.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation must include both of the following:

- ☑ A note indicating the date the test was performed
- ☑ The result or finding

Q: What type of document is acceptable?

A:

- ☑ Laboratory Report
- ☑ Chronic Problem List
- ☑ Health Maintenance Form
- ☑ Progress note with notation of the date and the result of lead screening

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record

Lead Screening in Children (LSC)

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

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ICD-10 codes
N/A

CPT codes	
Lead Test	83655

HCPCS codes
N/A

Exclusion codes
N/A

Medication Management for People With Asthma (MMA)

L.A. Care HEALTH PLAN

Q: Which members are included in the sample?

A: Members 5–85 years of age, who were identified as having persistent asthma and who were dispensed appropriate medications that they remained on during the treatment period in 2016. Two rates are reported:

1. Members who remained on an asthma controller medication for at least 50% of their treatment period
2. Members who remained on an asthma controller medication for at least 75% of their treatment period

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from 2016 claims/encounter:

1. Compliant with asthma controller medication for at least 50% of treatment period
2. Compliant with asthma controller medication for at least 75% of treatment period

Asthma Controller Medications

Description	Prescriptions		
Antiasthmatic combinations	• Dyphylline-guaifenesin	• Guaifenesin-theophylline	
Antibody inhibitor	• Omalizumab		
Inhaled steroid combinations	• Budesonide-formoterol	• Fluticasone-salmeterol	• Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Budesonide	• Ciclesonide • Flunisolide	• Fluticasone CFC free • Mometasone
Leukotriene modifiers	• Montelukast	• Zafirlukast	• Zileuton
Mast cell stabilizers	• Cromolyn		
Methylxanthines	• Aminophylline	• Dyphylline	• Theophylline

Medication Management for People With Asthma (MMA)

L.A. Care HEALTH PLAN

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Proper coding or documentation – *to assist in excluding members from the HEDIS sample*
  See below for exclusion criteria

Required Exclusions:

- Members who had any of the following diagnoses (documented) any time during the member's history through 12/31/2016:
  - Emphysema
  - Other Emphysema
  - COPD
  - Obstructive Chronic Bronchitis
  - Chronic Respiratory Conditions Due to Fumes/Vapors
  - Cystic Fibrosis
  - Acute Respiratory Failure
- Members who had no asthma controller medications dispensed in 2016

Medication Management for People With Asthma (MMA)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
Asthma	J45.20, J45.21, J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

CPT codes	
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
Acute Inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291
ED	99281-99285
Observation	99217-99220

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015

Exclusion codes
Refer to Acute Respiratory Failure Value Set, Chronic Respiratory Conditions Due To Fumes/Vapors Value Set, COPD Value Set, Cystic Fibrosis Value Set, Emphysema Value Set, Other Emphysema Value Set, Obstructive Chronic Bronchitis Value Set

Annual Monitoring for Patients on Persistent Medications (MPM)

L.A. Care HEALTH PLAN

Q: Which members are included in the sample?

A: Members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent [angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)], digoxin, diuretics in **2016**, and at least one therapeutic monitoring event for the therapeutic agent in **2016**.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from claim/encounter for **each** of the following rates in **2016**:

Rate 1: Annual Monitoring for Members on ACE Inhibitors or ARBs

- ☑ A lab panel test, **or**
- ☑ A serum potassium test **and** a serum creatinine test

Rate 2: Annual Monitoring for Members on Digoxin

- ☑ A lab panel test **and** a serum digoxin test, **or**
- ☑ A serum potassium test **and** a serum creatinine test **and** a serum digoxin test

Rate 3: Annual Monitoring for Members on Diuretics

- ☑ A lab panel test, **or**
- ☑ A serum potassium test **and** a serum creatinine test

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Exclude members who had an inpatient (acute or non-acute) claim/encounter in 2016

Annual Monitoring for Patients on Persistent Medications (MPM)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes
N/A

CPT codes	
Digoxin Level	80162
Lab Panel	80047, 80048, 80050, 80053, 80069
Serum Creatinine	82565, 82575
Serum Potassium	80051, 84132

HCPCS codes
N/A

Exclusion CPT codes
Refer to Acute Inpatient Value Set, Nonacute Inpatient Value Set

Medication Reconciliation Post-Discharge (MRP)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 18 years and older who had an acute or non-acute inpatient discharge **on or between 01/01/2016 and 12/01/2016**, and for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meets criteria:

- ☑ Documentation that the provider reconciled the current and discharge medications
- ☑ Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications)
- ☑ Documentation of the member's current medications with a notation that the discharge medications were reviewed
- ☑ Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service
- ☑ Evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review
- ☑ Documentation in the discharge summary that the discharge medications were reconciled with the current medication. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
- ☑ Notation that no medications were prescribed or ordered upon discharge

Q: What type of medical record is acceptable?

A:

- ☑ A medication list in a discharge summary that is present in the outpatient chart
- ☑ Hospital Discharge Summary
- ☑ Progress notes with the member's current medication list and a notation of reconciliation of discharge medications with the current medications

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation of medication reconciliation and the date when it was performed

Medication Reconciliation Post-Discharge (MRP)

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

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ICD-10 codes
N/A

CPT codes	
Medication Reconciliation	99495, 99496

CPT II codes	
Medication Reconciliation	1111F

HCPCS codes
N/A

Exclusion codes
N/A

★ Medicare Star Program

Osteoporosis Management in Women Who Had a Fracture (OMW)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Women 67-85 years of age who suffered a fracture (7/1/2015 - 6/30/2016), and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: None. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence of claims/encounter data

- ☑ BMD (bone mineral density) test, in any setting, on the IESD or in the 180-day (6 month) period after the IESD. If IESD was an inpatient, a BMD test during inpatient stay.
- ☑ Osteoporosis therapy on the IESD or in the 180-day (6 month) period after IESD. If the IESD was an inpatient, long-acting osteoporosis therapy during the inpatient stay.
- ☑ A dispensed prescription to treat osteoporosis on the IESD or in the 180-day (6 month) period after IESD
- ☑ A dispensed prescription to treat osteoporosis
- ☑ Fracture
- ☑ Visit type

Osteoporosis Therapies:

Description	Prescription	
Biphosphonates	• Alendronate • Alendronate-cholecalciferol • Ibandronate	• Risedronate • Zoledronic acid
Other agents	• Calcitonin • Denosumab	• Raloxifene • Teriparatide

★ Medicare Star Program

Osteoporosis Management in Women Who Had a Fracture (OMW)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ ***Required Exclusions:***
  - Members who had a BMD test during the 730 days (24 months) prior to IESD*
  - Members who had a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to IESD*
  - Member who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to IESD*
  - *IESD: Index Episode Start Date [The earliest date of service for any encounter during the Intake Period (7/1/15 – 6/30/16) with a diagnosis of fracture]

Note: ***Fractures of finger, toe, face and skull are not included.***

★ Medicare Star Program

Osteoporosis Management in Women Who Had a Fracture (OMW)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

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ICD-10 codes
Refer to Fractures Value Set

CPT codes	
Bone Mineral Density Tests	76977, 77078, 77080, 77081, 77082, 77085
Fractures	Refer to Fractures Value Set
Observation	99217-99220
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
ED	99281-99285

HCPCS codes	
Bone Mineral Density Test	G0130
Fractures	S2360
Long-Acting Osteoporosis Medications	J0897, J1740, J3487-J3489, Q2051

Osteoporosis Management in Women Who Had a Fracture (OMW)

L.A. Care HEALTH PLAN®

HCPCS codes	
Osteoporosis Medications	J0630, J0897, J1740, J3110, J3487-J3489, Q2051,
Outpatient	G0402, G0438, G0439, G0463, T1015

Exclusion codes
Refer to Bone Mineral Density Tests Value Set, Osteoporosis Medications Value Set

Pharmacotherapy Management of COPD Exacerbation (PCE)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 40 years of age and older with COPD exacerbations who had an acute inpatient discharge or ED visit on or between January 1, 2016 – November 30, 2016, and who were dispensed a systemic corticosteroid and/or a bronchodilator.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from claim/encounter

1. Dispensed prescription for systemic corticosteroid on or 14 days after the Episode Date

Systemic Corticosteroids				
Description	**Prescription**			
Glucocorticoids	• Betamethasone • Dexamethasone	• Hydrocortisone • Methylprednisolone	• Prednisolone • Prednisone	• Triamcinolone

2. Dispensed prescription for a bronchodilator on or 30 days after the Episode Date

Bronchodilators			
Description	**Prescription**		
Anticholinergic agents	• Albuterol-ipratropium • Aclidinium-bromide	Anticholinergic agents	• Albuterol-ipratropium • Aclidinium-bromide
Beta 2-agonists	• Albuterol • Arformoterol • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol	Beta 2-agonists	• Albuterol • Arformoterol • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol
Methylxanthines	• Aminophylline • Dyphylline-guaifenesin	Methylxanthines	

Pharmacotherapy Management of COPD Exacerbation (PCE)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data

Pharmacotherapy Management of COPD Exacerbation (PCE)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	J44.0, J44.1, J44.9

CPT codes	
ED	99281-99285

HCPCS codes
N/A

Exclusion codes
Refer to Inpatient Stay Value Set Codes

Prenatal and Postpartum Care (PPC)

L.A. Care HEALTH PLAN

Q: Which members are included in the sample?

A:

- ☑ Women who delivered (EDD) between November 6, 2015 and November 5, 2016, ***and***
- ☑ Had a prenatal care visit in the 1st trimester, on date of enrollment, or within 42 days of enrollment in the health plan, ***and***
- ☑ Had a postpartum visit on or between 21 and 56 days after delivery

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is acceptable?

Prenatal Care Visit
(First Trimester, on date of enrollment, or within 42 days of enrollment)

- ☑ ACOG
- ☑ Progress notes with basic physical OB exam that includes auscultation for fetal heart tone or pelvic exam with OB observations or measurement of fundus height
- ☑ Lab report – OB panel (must include all labs within the panel), TORCH antibody panel with an office visit
- ☑ Echography of a pregnant uterus/Pelvic ultrasound with an office visit
- ☑ Documentation of LMP or EDD in conjunction with either: prenatal risk assessment and counseling /education or complete OB history.

Post-partum Visit
(21-56 days after delivery)

Progress note with documentation of:

- ☑ Pelvic exam
- ☑ Evaluation of weight, BP, breasts and abdomen
- ☑ Any documentation of: Post-Partum Care, PP care, PP check, 6-week check, or a preprinted "postpartum
- ☑ Pap smear within post-partum timeframe

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ May use EDD to identify the first trimester for Timeliness of Prenatal Care and use the date of delivery for the Postpartum rate
- ☑ Documentation of deliveries **NOT** resulting in a Live Birth – *proper coding or documentation will assist in excluding members from the HEDIS sample*

Prenatal and Postpartum Care (PPC)

L.A. Care HEALTH PLAN

SAMPLE CODES

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ICD-10 Pregnancy codes
Refer to Pregnancy Diagnosis Value Set

CPT Delivery codes
59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

PRENATAL CARE

CPT Laboratory codes	
Obstetric Panel	80055
ABO	86900
Cytomegalovirus Antibody	86644
Herpes Simplex Antibody	86694, 86695, 86696
Rh	86901
Rubella Antibody	86762
Toxoplasma Antibody	86777, 86778

CPT Prenatal Ultrasound codes
76801, 76805, 76811, 76813, 76815-76821, 76825-76828

Prenatal and Postpartum Care (PPC)

L.A. Care HEALTH PLAN

CPT Stand Alone Prenatal Visit code
99500

CPT Prenatal Visit codes
99201-99205, 99211-99215, 99241-99245

CPT II Stand Alone Prenatal Visit codes
0500F, 0501F, 0502F

CPT Prenatal Bundled Service codes
59400, 59425, 59426, 59510, 59610, 59618

HCPCS Prenatal codes	
Prenatal Visits	G0463, T1015
Stand Alone Prenatal Visits	H1000-H1004

POSTPARTUM CARE

ICD-10 Postpartum Visit codes
Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Prenatal and Postpartum Care (PPC)

L.A. Care HEALTH PLAN

CPT Postpartum Visit codes

57170, 58300, 59430, 99501

CPT II Postpartum Visit codes

0503F

CPT Postpartum Bundled Service codes

59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

HCPCS Postpartum codes

Postpartum Visits	G0101
Cervical Cytology	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

Exclusion ICD-10CM codes

Refer to Non-live Births Value Set

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

L.A. Care HEALTH PLAN®

Q: Which members are included in the SAMPLE?

A: Members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: *None*. This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

Q: What type of document is acceptable?

A: Evidence from claim/encounter

- At least one spirometry test confirming diagnosis of Chronic Obstructive Pulmonary Disease (COPD) during the 730 days (2 years) prior to the IESD through 180 days (6 months) after the IESD.
  Index Episode Start Date (IESD): The earliest date of service for an eligible visit (outpatient, ED, or acute inpatient) encounter during the Intake Period (July 1, 2015 - June 30, 2016) with any diagnosis of COPD.

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	J44.0, J44.1, J44.9

CPT codes	
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620
ED	99281-99285
Observation	99217-99220
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

L.A. Care HEALTH PLAN®

Exclusion codes

Refer to Outpatient Value Set, Observation Value Set, ED Value Set, COPD Value Set, Emphysema Value Set, Chronic Bronchitis Value Set, Inpatient Stay Value Set, Nonacute Inpatient Stay Value Set

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Children 3 months -18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription in **2016.**

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What type of document is acceptable?

A: Evidence from a claim/encounter with a date of service for any outpatient or ED visit with **only** a URI diagnosis and no new or refill prescription for an antibiotic medication in 2016.

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation in medical record
- ☑ Exclude claims/encounters with more than one diagnosis code and ED visits or observation visits that result in an inpatient stay

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
URI	J00, J06.0, J06.9

CPT codes	
ED	99281-99285
Observation	99217-99220
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015

Exclusion codes
Refer to Pharyngitis Value Set, Competing Diagnosis Value Set, Inpatient Stay Value Set

Well-Child Visits in the First 15 Months of Life (W15)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members who turned 15 months old in **2016** and who had 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a primary care practitioner during their first 15 months of life.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include a **note** indicating a visit with a primary care practitioner, the **date** when the well-child visit occurred and evidence of **all** of the following:

- ☑ A health/interval history
- ☑ A physical developmental history
- ☑ A mental developmental history
- ☑ A physical exam
- ☑ Health education/anticipatory guidance

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
Weight	Interval history	Developing appropriately for age	Coos and babbles at parents	Safety (car seats, laying baby on back for sleep, child-proofing home, etc.)
Height	Active problems	Turns face to side when placed on stomach	Pleasurable response to familiar, enjoyable situations (bottle, bath, faces, etc.)	Nutrition (vitamins, ideal weight)
Head circumference	Past medical history	Follows parents with eyes	Cries more than normal	Independence (baby's decreased interest in breast as he/she grows older)
Chest	Surgical history	Sits unsupported for 10 minutes	Shows fear of strangers	Family (changing roles, sibling interaction, etc.)
Heart	Family history	Responds appropriately to variations in sound	Quiets down when picked up	Discussions on how to recognize an ill baby
Lungs	Social history with above	Walks alone with one hand held	Looks for toy fallen out of sight	Discussions about socialization (i.e. play groups) and play

Well-Child Visits in the First 15 Months of Life (W15)

L.A. Care HEALTH PLAN®

Q: What type of medical record is acceptable?

A:

- ☑ PM 160/CHDP
- ☑ Progress notes/Office visit notes with dated growth chart
- ☑ Complete Physical Examination Form
- ☑ Anticipatory Guidance/Developmental Milestone Form

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation of ALL components in the medical record for each visit where preventative services are rendered/addressed

Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Well-Child Visits in the First 15 Months of Life (W15)

L.A. Care HEALTH PLAN®

SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

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ICD-10 codes	
Well-Care	Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.2, Z02.71, Z02.79, Z02.81, Z02.82, Z02.89, Z02.9

CPT codes	
Well-Care	99381, 99391, 99382, 99392

HCPCS codes	
Well-Care	G0438, G0439

Exclusion codes
N/A

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

L.A. Care HEALTH PLAN

Q: Which members are included in the sample?

A: Members 3-6 years of age who had one or more well-child visits with a primary care practitioner in **2016**.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include a **note** indicating a visit with a primary care practitioner, the **date** when the well-child visit occurred and evidence of **all** of the following:

- ☑ A health/interval history
- ☑ A physical developmental history
- ☑ A mental developmental history
- ☑ A physical exam
- ☑ Health education/anticipatory guidance

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
Weight	Interval history	Developing appropriately for age	Making good grades in school	Safety (car seats, swimming lessons, seat belts, helmets, knee and elbow pads, strangers, etc.)
Height	Active problems	Can skip	Understands and responds to commands	Nutrition (vitamins, frequency of eating, snacks, ideal weight)
Chest	Past medical history	Hops on one foot	Learning alphabet and numbers	Discussion on fitness and the importance of exercise
Heart	Surgical history	Runs and climbs well	Competent with fork and spoon	Oral health (Dental visits, eating habits, need for orthodontics, etc.)
Lungs	Family history	Rides a tricycle	Very imaginative play	Mental Health (confidence, self-esteem, etc.)
Tanner Stage	Social history with above	Stands on one foot for 3-5 seconds	Knows own sex	Preparing for school

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

L.A. Care HEALTH PLAN®

Q: What type of medical record is acceptable?

A:

- ☑ PM 160/CHDP
- ☑ Progress notes/Office visit notes with dated growth chart
- ☑ Complete Physical Examination Form
- ☑ Anticipatory Guidance/Developmental Milestone Form

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use every office visit (including sick visits) to provide a well-child visit and immunizations
- ☑ Use standardized templates for W34 in EHRs
- ☑ Use W34 self-inking stamps for paper charts that capture all 5 components of the visit (order via email to quality@lacare.org *Note: All emails containing member PHI MUST be securely encrypted.*)
- ☑ Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups (http://www.lacare.org/sites/default/files/LA1401_0815.pdf)
- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation of all components in the medical record for each visit where preventative services are rendered/addressed

Note: Services specific to the assessment or treatment of an acute chronic condition do not count toward the measure.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

L.A. Care HEALTH PLAN®

SAMPLE CODES

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http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
Well-Care	Z00.121, Z00.129, Z00.8, Z02.2, Z02.71, Z02.79, Z02.81, Z02.82, Z02.89, Z02.9

CPT codes	
Well-Care	99381-99385, 99391-99395, 99461

HCPCS codes	
Well-Care	G0438, G0439

Exclusion codes
N/A

Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)

L.A. Care HEALTH PLAN®

Q: Which members are included in the sample?

A: Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile with height and weight documentation, counseling for nutrition, and counseling for physical activity in **2016**.

Q: What codes are used?

A: Please reference attached sample codes and Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation in the medical record must include a note indicating the **date** of the office visit and evidence of the following:

- ☑ BMI percentile ***or*** BMI percentile plotted on age-growth chart
- ☑ Height and weight
- ☑ Counseling for nutrition or referral for nutrition education
- ☑ Counseling for physical activity or referral for physical activity

Q: What type of medical record is acceptable?

A: One or more of the following:

- ☑ PM 160/CHDP
- ☑ Progress notes/Office visits notes
- ☑ Anticipatory Guidance Form
- ☑ Staying Healthy Assessment Form
- ☑ Complete Physical Examination Form
- ☑ Dated growth chart/log
- ☑ Nutrition and Physical Activity Assessment Form
- ☑ What Does Your Child Eat Form

Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)

L.A. Care HEALTH PLAN®

Q: How to improve score for this HEDIS measure?

A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure presence of all components in the medical record documentation

Exclusion (optional): A diagnosis of pregnancy in 2016.

Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward the "Counseling for nutrition" and "Counseling for physical activity" indicators.

Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)

L.A. Care HEALTH PLAN®

SAMPLE CODES

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http://www.lacare.org/providers/provider-resources/hedis-resources

ICD-10 codes	
BMI Percentile	Z68.51-Z68.54
Nutrition Counseling	Z71.3
Physical Activity Counseling	Z02.5

CPT codes	
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
Nutrition Counseling	97802-97804

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015
Nutrition Counseling	G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling	G0447, S9451

Exclusion codes
Refer to Pregnancy Value Set