

2014 Provider Tips for Optimizing HEDIS® Results

HEDIS Measure	Required Documentation	Provider Specialty	Billing Tips*
Adolescent Well Care Visit Members age 12–21 years <i>Applies to:</i> Priority Partners	One Well Child Visit with a PCP or OB/GYN during the measurement year. All three components of an Adolescent Well Care Visit must be included: <ul style="list-style-type: none"> Health and Development History (physical and mental) Physical Examination Health Education/Anticipatory Guidance 	Primary Care Physician (PCP): A physician or non-physician (e.g. nurse practitioner) who offers primary care medical services. <ul style="list-style-type: none"> General or family practice physician General internal medicine physician General pediatrician Obstetrician/gynecologist (OB/GYN) Certified nurse midwife, nurse practitioner, and physician assistant under the direction of an OB/GYN certified provider 	<ul style="list-style-type: none"> CPT: 99381–99385, 99391–99395, 99461 HCPCS: G0438, G0439 ICD-9: V20.2, V20.3, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 The codes do not have to be primary codes. The codes are deemed meeting the measure's assessment components. Well visits can be done in conjunction with sick visits as long as they are billed with the appropriate modifier and can be performed anytime in the measurement/calendar year. Priority Partners does not have frequency or date limit restrictions on well visits.
Childhood Immunizations Immunizations must occur on or before child's 2nd birthday <i>Applies to:</i> Priority Partners	Combo 3 Complete immunizations on or before child's 2nd birthday: <ul style="list-style-type: none"> 4 doses – DTaP/DT 3 doses – IPV 3 doses – Hep B 3 doses – Hib 4 doses – PCV 1 dose – MMR 1 dose – VZV Document all seropositives and illness history of chicken pox, measles, mumps, and rubella. Document the first Hep B vaccine given at the hospital or at birth when applicable, or—if unavailable—name of hospital where child was born.	No provider requirements specified.	Immunizations: <ul style="list-style-type: none"> DTaP: CPT: 90698, 90700, 90721, 90723; ICD-9: 99.39 Hep B: CPT: 90723, 90740, 90744, 90747, 90748; HCPCS: G0010; ICD-9: 070.2, 070.3, V02.61 Hib: CPT: 90645–90648, 90681, 90698, 90721, 90748; HCPCS: G0010 IPV: CPT: 90698, 90713, 90723; ICD-9: 99.41 Measles: CPT: 90705; ICD-9: Procedure 99.45 Mumps: CPT: 90704; ICD-9: Procedure 99.46 PCV: CPT: 90669, 90670, 90681; HCPCS: G0009 Rubella: CPT: 90706; ICD-9: Procedure 99.47 VZV: CPT: 90710, 90716 History of Disease: <ul style="list-style-type: none"> Chicken Pox Disease: ICD-9: 052, 053 Measles: ICD-9: Diagnosis 055 MMR: ICD-9: 99.48 Mumps: ICD-9: Diagnosis 072 Rubella: ICD-9: Diagnosis 056 VZV: ICD-9: Diagnosis 052, 053
Immunizations for Adolescents Members age 13 years during the measurement year <i>Applies to:</i> Priority Partners	Complete Immunizations: <ul style="list-style-type: none"> 1 dose – Meningococcal Conjugate or Meningococcal Polysaccharide Vaccine on or between the member's 11th and 13th birthdays 1 dose – Tetanus, Diphtheria Toxoids Vaccine (Td) on or between the member's 10th and 13th birthdays Document a note indicating the name of the specific antigen and the date of the immunization, OR Document a certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.	No provider requirements specified.	Immunizations: <ul style="list-style-type: none"> Diphtheria: CPT: 90719; ICD-9: 99.36 Meningococcal: CPT: 90733, 90734 Td: CPT: 90714, 90718 Tdap: CPT: 90715; ICD-9: 99.39 Tetanus: CPT: 90703; ICD-9: 99.38
Lead Screening Members age 12–23 months during the measurement year <i>Applies to:</i> Priority Partners	For all children turning 1 year old in 2014 (born in 2013), a Lead Blood test must be completed between 1/1/2014–12/31/2014. A lead test done in 2013 will also be accepted.	No provider requirements specified.	<ul style="list-style-type: none"> CPT: 83655 The Department of Health and Mental Hygiene only reports lead tests that have been submitted with the above CPT code. Medical Record Review cannot be completed for this measure.
Disabled (SSI) Children Members age 0–20 years as of December 31 st of the measurement year who have been enrolled for 320 days or more <i>Applies to:</i> Priority Partners	Children that have had at least one ambulatory care visit in an office or other outpatient visit. <ul style="list-style-type: none"> Documentation via claims This is a DHMH custom measure and reporting is captured by billing and encounter codes only All three components of a Well Child Visit must be included if a Well Child Visit is being performed: <ul style="list-style-type: none"> Health and Development History (physical and mental) Physical Examination Health Education/Anticipatory Guidance 	No provider requirements specified.	<ul style="list-style-type: none"> Domiciliary/Rest Home: CPT: 99324–99328, 99334–99337 Home Visits: CPT: 99341–99345, 99347–99350 Maryland Specific Codes: T1015, S0620, S0621 Newborn Care: CPT: 99461 Nursing Facility Care: CPT: 99304–99310, 99315, 99316, 99318; UB Revenue Codes: 0524, 0525 Office or Other Outpatient: CPT: 99201–99205, 99211–99215, 99241–99245; UB Revenue Codes: 051x, 0520–0524, 0526–0529, 0982, 0983 Ophthalmology & Optometry: CPT: 92002, 92004, 92012, 92014 Preventive Medicine: CPT: 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99420, 99429 Be aware that children ages 3–6 and adolescents 12–21 are also counted in Well Child and Adolescent Well Care measures. Codes should reflect appropriate Well Child or AWC Visits. Preferred Codes: Preventive Medicine CPT codes Exclusions: Measure does not include mental health or chemical dependency services. Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.
Well Child Visit Members age 3–6 years <i>Applies to:</i> Priority Partners	One Well Child Visit with a PCP during the measurement year. All three components of a Well Child Visit must be included: <ul style="list-style-type: none"> Health and Development History (physical and mental) Physical Examination Health Education/Anticipatory Guidance 	Primary Care Physician (PCP): A physician or non-physician (e.g. nurse practitioner) who offers primary care medical services. <ul style="list-style-type: none"> General or family practice physician General internal medicine physician General pediatrician Obstetrician/gynecologist (OB/GYN) Certified nurse midwife, nurse practitioner, and physician assistant under the direction of an OB/GYN certified provider 	<ul style="list-style-type: none"> CPT: 99382, 99383, 99392, 99393 HCPCS: G0438, G0439 ICD-9: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 The codes do not have to be primary codes. The codes are deemed meeting the measure's assessment components. Well visits can be done in conjunction with sick visits as long as they are billed with the appropriate modifier and can be performed anytime in the measurement/calendar year. Priority Partners does not have frequency or date limit restrictions on well visits.
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC) Members age 3–17 years <i>Applies to:</i> EHP USFHP	Documentation of an outpatient visit with evidence of the following during the measurement year: <ul style="list-style-type: none"> BMI percentile BMI percentile plotted on age-growth chart For members who are younger than 16 years of age on the date of service, only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria. A BMI value is not acceptable for this age range. For adolescents 16–17 years on the date of service, documentation of: <ul style="list-style-type: none"> BMI value expressed as kg/m2 is acceptable Counseling for nutrition Counseling for physical activity 	<ul style="list-style-type: none"> PCP OB/GYN 	<ul style="list-style-type: none"> BMI Percentile: ICD-9: V85.50–V85.53 Counseling for Nutrition: CPT: 97802–97804; ICD-9: V65.3; HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 Outpatient Visits: CPT: 99381–99385, 99391–99395, 99461; UB Revenue Codes: 051x, 0520–0523, 0526–0529, 0982, 0983 Exclusions: Members with diagnosis of pregnancy during the measurement year or year prior. Pregnancy: ICD-9: 630–679, V22, V23, V28 Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.
Controlling High BP Members age 18–85 years <i>Applies to:</i> EHP Priority Partners USFHP	Documentation of the most recent BP reading during the measurement year after the diagnosis of hypertension was made. Documentation of diagnosis with hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. If initial BP is high, physician or staff must document a subsequent BP during that visit.	No provider requirements specified.	This measure is Medical Record Review Only. Diagnosis and documented BP must come from the same medical practitioner. Exclusions: <ul style="list-style-type: none"> Members with evident ESRD Members with diagnosis of pregnancy during the measurement year Members who had an admission to a non-acute inpatient setting during the measurement year Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.
Diabetic Eye Exam Members age 18–75 years with diabetes <i>Applies to:</i> EHP Priority Partners USFHP	Optometrist/ophthalmologist exam every two years for patients without retinopathy and every year with diabetic retinopathy. At a minimum, documentation in the medical record must include one of the following: <ul style="list-style-type: none"> A letter prepared by an optometrist, ophthalmologist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed, 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. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist. Documentation of a negative retinal or dilated exam by an eye care professional in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings for a dilated or retinal eye exam performed by an eye care professional meets criteria). 	<ul style="list-style-type: none"> Ophthalmologist Optometrist 	<ul style="list-style-type: none"> CPT: 67028, 67030, 67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213, 99215, 99242–99245 CPTII: 2022F, 2024F, 2026F, *3072F *3072F can only be used if the claim/encounter was during the measurement year because it indicates the member had no evidence of retinopathy in the prior year HCPCS: S0620, S0621, *S0625, S3000 *S0625 indicates a retinal imaging, interpretation, and report Exclusions: <ul style="list-style-type: none"> Gestational Diabetes: 648.8 Polycystic Ovaries: 256.4 Steroid Induced: 249, 251.8, 962.0 Members may be incorrectly identified as diabetic through ER claims. If this is the case with your member, send in a copy of the member's problem list or progress note to validate "not a diabetic." Please note that if another claim is received by the health plan with a diagnosis of diabetes the member will be placed back in the denominator for this measure. Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.

HEDIS Tip Sheet - KEY

Children	Both	Adults
Adolescent Well Care Visit	Controlling High Blood Pressure	Adult BMI Assessment
Childhood Immunizations	Diabetic Eye Exam	Breast Cancer Screening
Immunizations for Adolescents	Diabetic HbA1c Testing	Cervical Cancer Screening
Lead Screening	Diabetic LDL-C Screening	Chlamydia Screening
Disabled (SSI) Children	Diabetic Nephropathy Monitoring	Colorectal Cancer Screening
Well Child Visit	7-Day Follow-up After Hospitalization	Disabled (SSI) Adults
Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)	Medication Management for People with Asthma	
	Postpartum Visit	

Please distribute to billing and office personnel as appropriate. Contact your Network Manager at 1-888-895-4998 with any questions.

(*Compliance for some measures includes billing with the appropriate CPT and/or ICD-9 Diagnosis Code.

Coding is in accordance with HEDIS® 2014 Guidelines & Specifications.

Revised: November 2013

2014 Provider Tips for Optimizing HEDIS® Results (continued)

HEDIS Measure	Required Documentation	Provider Specialty	Billing Tips*																		
Diabetic HbA1c Testing Members age 18–75 years with diabetes <i>Applies to:</i> EHP Priority Partners USFHP	At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.	No provider requirements specified.	<ul style="list-style-type: none"> • CPT: 83036, 83037 • CPT II: 3044F, 3045F, 3046F (<i>HbA1c 3045F = Level 7.0–9.0; HbA1c 3044F = Level <7.0</i>) • LOINC: 4548-4, 4549-2, 17856-6, 59261-8, 62388-4, 71875-9 <p>Exclusions: Members that are not diabetic per current PCP documentation, OR members with a diagnosis of polycystic ovaries, gestational diabetes, or steroid induced diabetes. Please note that if another claim is received by the health plan with a diagnosis of diabetes the member will be placed back in the denominator for this measure.</p> <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>																		
Diabetic LDL-C Screening Members age 18–75 years with diabetes <i>Applies to:</i> EHP USFHP	Documentation of an LDL-C performed during the measurement year. Documentation must include a note indicating date when test was performed, as well as the result.	No provider requirements specified.	<ul style="list-style-type: none"> • CPT: 80061, 83700, 83701, 83704, 83721 • CPT II: 3048F, 3049F, 3050F (<i>3048F = LDL <100</i>) • LOINC: 2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2 <p>Exclusions:</p> <ul style="list-style-type: none"> • Gestational Diabetes: 648.8 • Polycystic Ovaries: 256.4 • Steroid Induced: 249, 251.8, 962.0 <p>Members may be incorrectly identified as diabetic through ER claims. If this is the case with your member, send in a copy of the member's problem list or progress note to validate "not a diabetic." Please note that if another claim is received by the health plan with a diagnosis of diabetes the member will be placed back in the denominator for this measure.</p> <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>																		
Diabetic Nephropathy Monitoring Members age 18–75 years with diabetes <i>Applies to:</i> EHP USFHP	Documentation of a nephropathy screening test or evidence of nephropathy during the measurement year.	No provider requirements specified.	<ul style="list-style-type: none"> • ACE inhibitor/ARB: CPT II: 4009F • Evidence of Treatment of Nephropathy: Codes available upon request • Nephropathy Screening Test: CPT: 82042, 82043, 82044, 84156; CPT II: 3060F, 3061F • Urine Macroalbumin Test: CPT: 81000–81003, 81005; CPT II: 3066F; LOINC: 5804-0, 20454-5, 50561-0, 53525-2, 57735-3 • List of ace inhibitors/QARBs available upon request <p>Members may be incorrectly identified as diabetic through ER claims. If this is the case with your member, send in a copy of the member's problem list or progress note to validate "not a diabetic." Please note that if another claim is received by the health plan with a diagnosis of diabetes the member will be placed back in the denominator for this measure.</p> <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>																		
7-Day Follow-up After Hospitalization Members age 6 and older <i>Applies to:</i> EHP USFHP	Documentation of an outpatient visit with a mental health practitioner within 7 days after discharge with a selective mental health disorder. Only facility claim identify a discharge.	Mental Health Practitioner: <ul style="list-style-type: none"> • Psychiatry • Psychology • LCSW • Psychiatric Registered Nurse • Master's-prepared therapist (American Association for Marriage and Family Therapy) 	<ul style="list-style-type: none"> • Mental Health Diagnosis: ICD-9: 295–299, 300.3, 300.4, 301, 308, 309, 311–314 <p>Follow-up visits identified with the following CPT/HCPCS/POS codes must be with a mental health practitioner:</p> <ul style="list-style-type: none"> • CPT: 90791, 90792, 90801, 90802, 90804–90819, 90821–90829, 90832–90840, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99383–99387, 99393–99397, 99401–99404, 99411, 99412, 99510 • HCPCS: G0155, G0176, G0177, G0409–G0411, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, M0064, S0201, S9480, S9484, S9485; WITH POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72 <p>The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes:</p> <ul style="list-style-type: none"> • UB Revenue Codes: 0513, 0900–0905, 0907, 0911–0917, 0919 <p>Visits identified by the following revenue codes must be with a mental health practitioner or in conjunction with one of the following diagnosis codes:</p> <ul style="list-style-type: none"> • UB Revenue Codes: 0510, 0515–0517, 0519–0523, 0526–0529, 0982, 0983 • Mental Health Diagnosis: ICD-9: 295–299, 300.3, 300.4, 301, 308, 309, 311–314 																		
Medication Management for People with Asthma Members age 5–64 years <i>Applies to:</i> EHP Priority Partners USFHP	Members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: <ol style="list-style-type: none"> 1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period. 	No provider requirements specified.	<table border="1"> <thead> <tr> <th>Controller Medications:</th> <th>Preferred Asthma Therapy Medications:</th> </tr> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Antiasthmatic</td> <td>dyphylline-guaifenesin, guaifenesin-theophylline</td> </tr> <tr> <td>Antibody inhibitor</td> <td>omalizumab</td> </tr> <tr> <td>Inhaled corticosteroids</td> <td>beclomethasone, flunisolide, mometasone</td> </tr> <tr> <td>Inhaled steroid</td> <td>budesonide-formoterol, fluticasone-salmeterol</td> </tr> <tr> <td>Leukotriene modifiers</td> <td>montelukast, zafirlukast</td> </tr> <tr> <td>Mast cell stabilizers</td> <td>cromolyn, nedocromil</td> </tr> <tr> <td>Methylxanthines</td> <td>aminophylline, oxtriphylline, dyphylline, theophylline</td> </tr> </tbody> </table> <p>Exclusions: Emphysema, COPD, Chronic respiratory conditions due to fumes/vapors, cystic fibrosis, acute respiratory failure, and members who have had no asthma controller medications dispensed during measurement year.</p> <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>	Controller Medications:	Preferred Asthma Therapy Medications:	Description	Prescriptions	Antiasthmatic	dyphylline-guaifenesin, guaifenesin-theophylline	Antibody inhibitor	omalizumab	Inhaled corticosteroids	beclomethasone, flunisolide, mometasone	Inhaled steroid	budesonide-formoterol, fluticasone-salmeterol	Leukotriene modifiers	montelukast, zafirlukast	Mast cell stabilizers	cromolyn, nedocromil	Methylxanthines	aminophylline, oxtriphylline, dyphylline, theophylline
Controller Medications:	Preferred Asthma Therapy Medications:																				
Description	Prescriptions																				
Antiasthmatic	dyphylline-guaifenesin, guaifenesin-theophylline																				
Antibody inhibitor	omalizumab																				
Inhaled corticosteroids	beclomethasone, flunisolide, mometasone																				
Inhaled steroid	budesonide-formoterol, fluticasone-salmeterol																				
Leukotriene modifiers	montelukast, zafirlukast																				
Mast cell stabilizers	cromolyn, nedocromil																				
Methylxanthines	aminophylline, oxtriphylline, dyphylline, theophylline																				
Postpartum Visit Women who had a live delivery between November 6 th of the year prior to the measurement year and November 5 th of the measurement year. <i>Applies to:</i> Priority Partners	A visit that occurs on or between 21–56 days after delivery. Components of a postpartum exam visit note: <ul style="list-style-type: none"> • Pelvic exam • or • Weight, BP, breast and abdominal evaluation, breast feeding status • or • PP check, PP Care, six-week check notation, or pre-printed "Postpartum Care" form in which information was documented during the visit 	<ul style="list-style-type: none"> • OB/GYN or midwife • Family practitioner or other PCP • General pediatrician <p>Include visits with physician assistants, nurse practitioners, midwives, and registered nurse if a physician co-signature is present if required by state law.</p>	<ul style="list-style-type: none"> • CPT: 57170, 58300, 59430, 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175, 99501 • CPT II: 0503F • HCPCS: G0101, G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091 • ICD-9: Diagnosis: V24.1, V24.2, V25.1, V25.11, V25.12, V25.13, V72.3, V72.31, V72.32, V76.2; Procedure: 89.26, 91.46 • UB Revenue Codes: 0923 • Qualifying LOINC codes available upon request 																		
Adult BMI Assessment Members age 18–74 years <i>Applies to:</i> EHP Priority Partners USFHP	Documentation in the medical record must indicate the weight and BMI value dated during the measurement year or year prior to the measurement year. Members younger than 19 years: <ul style="list-style-type: none"> • BMI percentile documented as a value (e.g., 85th percentile) • BMI percentile plotted on an age-growth chart 	No provider requirements specified.	<ul style="list-style-type: none"> • ICD-9: V85.0–V85.5 <p>Exclusions: Members with diagnosis of pregnancy during the measurement year or year prior.</p> <ul style="list-style-type: none"> • Pregnancy: ICD-9: 630-679, V22, V23, V28 <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>																		
Breast Cancer Screening Women age 52–74 years <i>Applies to:</i> EHP Priority Partners USFHP	One or more mammograms any time on or between October 1 st two years prior to the measurement year and December 31 st of the measurement year. Obtain a copy of mammogram results or record date of test and result. This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast screening.	No provider requirements specified.	<ul style="list-style-type: none"> • Mammogram: CPT: 77055–77057; HCPCS: G0202, G0204, G0206; ICD-9: 87.36, 87.37; UB Revenue Codes: 0401, 0403 <p>Exclusions:</p> <ul style="list-style-type: none"> • Bilateral Mastectomy: ICD-9: 85.42, 85.44, 85.46, 85.48 • Unilateral Mastectomy: CPT: 19180, 19200, 19220, 19240, 19303–19307 with Modifier LT-Left Side or RT-Right Side; ICD-9: 85.41, 85.43, 85.45, 85.47 <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>																		
Cervical Cancer Screening Women age 24–64 years (two-year look-back includes Paps given at age 21) <i>Applies to:</i> EHP Priority Partners USFHP	The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> • Women age 21–64 who had cervical cytology performed every 3 years • Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years <p>The following does not qualify:</p> <ul style="list-style-type: none"> • Lab results that indicate inadequate sample or no cervical cells <p>Referral to OB/GYN alone does not meet the measure. Biopsies are considered diagnostic and do not meet the measure.</p>	No provider requirements specified.	<ul style="list-style-type: none"> • CPT: 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175 • HCPCS: G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091 • LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 • UB Revenue Codes: 0923 • HPV Test: CPT: 87620-87622; LOINC: 21440-3, 30167-1, 38372-9, 49896-4, 59420-0 <p>Preferred Code for Exclusion: Acquired absence of both cervix and uterus: ICD-9: V88.01; additional codes available upon request</p> <p>Exclusions: Documentation of Total Hysterectomy. Partial Hysterectomy can only be used if Absence of Cervix is documented.</p> <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>																		
Chlamydia Screening Women age 16–24 years <i>Applies to:</i> EHP USFHP	Documentation of at least one chlamydia test during the measurement year.	No provider requirements specified.	<ul style="list-style-type: none"> • CPT: 87110, 87270, 87320, 87490–87492, 87810 • Qualifying LOINC codes available upon request <p>Exclusions: Members who had a pregnancy test during the measurement year followed within seven days (inclusive) by either a prescription for isotretinoin (Accutane) or xray. Pregnancy test alone does not apply.</p> <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>																		
Colorectal Cancer Screening Members age 51-75 years <i>Applies to:</i> EHP USFHP	One or more screenings for colorectal cancer. Appropriate screenings are defined by one of the following: <ul style="list-style-type: none"> • FOBT during the measurement year • Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year • Colonoscopy during the measurement year or the nine years prior to the measurement year 	No provider requirements specified.	<ul style="list-style-type: none"> • Colonoscopy: CPT: 44388–44394, 44397, 45355, 45378–45387, 45391, 45392; HCPCS: G0105, G0121; ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43 • Flexible Sigmoidoscopy: CPT: 45330–45335, 45337–45342, 45345; HCPCS: G0104; ICD-9: 45.24 • FOBT: CPT: 82270, 82274; HCPCS: G0328; LOINC: 2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2 <p>Exclusions: Members with a diagnosis of colorectal cancer or total colectomy.</p> <p>Send exclusion documentation to JHHC QI via confidential fax to: 410-762-5941.</p>																		
Disabled (SSI) Adults Members age 21–64 years and older who have been enrolled for 320 days or more <i>Applies to:</i> Priority Partners	Members 21-64 years of age as of December 31 st of the measurement year. Adults that have had at least one ambulatory care visit in an office or other outpatient visit. <ul style="list-style-type: none"> • Documentation via claims only • This is a DHMH custom measure and reporting is captured by billing and encounter codes only 	No provider requirements specified.	<ul style="list-style-type: none"> • Domiciliary/Rest Home: CPT: 99324–99328, 99334–99337 • Home Visit: CPT: 99341–99345, 99347–99350 • Nursing Facility Care: CPT: 99304–99310, 99315–99316, 99318 • Office or Other Outpatient: CPT: 99201–99205, 99211–99215, 99241–99245, UB Revenue Codes: 051x, 0510–0517, 0519–0529, 0520–0523, 0526–0529, 0982, 0983 • Ophthalmology & Optometry: CPT: 92002, 92004, 92012, 92014 • Additional UB Revenue codes available upon request • Preventive Medicine: CPT: 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99420, 99429, 99461 <p>Preferred Codes: Preventive Medicine CPT codes</p> <p>Exclusions: Measure does not include mental health or chemical dependency services.</p>																		