PCP HEDIS QUICK REFERENCE GUIDE
For Primary Care Providers

HEDIS Measure	Measure Requirements	*Recommended Services
Adult BMI Assessment (ABA) *Hybrid Measure*	Patients 18 to 74 years old have a documented weight and calculated BMI in 2015 or 2016	**BMI** Z68.1, Z68.20- Z68.45
Breast Cancer Screening (BCS)	Female patients 50-74 years old have a mammogram to screen for breast cancer every 2 ¼ years, 10/1/2014 – 12/31/2016. **Exclusion:** Bilateral mastectomy any time during the patient's history through 12/31/2016	**Mastectomy** Z90.11 (Right) Z90.12 (Left) Z90.13 (Bilateral)
Colorectal Cancer Screening (COL) *Hybrid Measure*	Patients age 50-75 have a recommend screening for colorectal cancer in the appropriate timeframe • Fecal Occult Blood Test (FOBT) in 2016 - annually • Flexible Sigmoidoscopy between 2012-2016 - every 5 years • Colonoscopy between 2007-2016 – every ten years **Not acceptable:** digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE. **Exclusion:** Colorectal cancer or total colectomy any time during the patient's history through 12/31/2016	**Fecal Occult Blood Test** CPT: 82270, 82274 HCPCS: G0328 **Exclusion Colon Cancer** C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD on or between 7/1/2015 through 6/30/2016 Receive appropriate spirometry testing to confirm the diagnosis, 2 years prior to the COPD diagnosis through 6 months after the diagnosis	**Spirometry** 94010, 94104-94016, 94060, 94070, 94375, 94620
Pharmacotherapy Management of COPD Exacerbation (PCE)	Patients age 40 & older with a COPD exacerbation (as indicated by an acute inpatient discharge or ED encounter with a principal diagnosis of COPD) are dispensed appropriate medications • Corticosteroid within 14 days of discharge/ED visit • Bronchodilator within 30 days of discharge/ED visit	**Systemic Corticosteroids** Glucocorticoids **Bronchodilators** Anticholinergic agents Beta 2-agonists Methylxanthines

**These services/codes can be used for gap closure/exclusion but the list is not exhaustive. A coding manual should be referenced for more details.*

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*NEW **Medication Management for People with Asthma (MMA)**	Patients age 18-85 with persistent asthma are dispensed appropriate medications that they remained on during the treatment period Treatment period - The period of time beginning on the earliest prescription dispensing date through 12/31/2016	**Asthma Medications** Antiasthmatic combinations Antibody inhibitor Inhaled steroid combinations Inhaled corticosteroids Leukotriene modifiers Mast cell stabilizers Methylxanthines Short-acting, inhaled beta-2 agonists
Controlling High Blood Pressure (CBP) **Medical Record Review only*	Patients with at least one outpatient visit with a diagnosis of hypertension from 1/1/2016 to 6/30/2016 have their blood pressure controlled during 2016 • Documentation of HTN in the medical record anytime during the patient's history on or before 6/30/2016 ***and*** • Most recent BP in 2016 after the diagnosis date is less than **140/90** mmHg	There is no administrative code that meets the requirement. The health plan will request the medical chart and the medical chart must contain documentation of the hypertension diagnosis from either • An undated problem list • Visit note on or before 6/30/2016 The Blood Pressure reading must come from a visit note after the diagnosis visit.
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)	Patients 18 and older who were hospitalized with a diagnosis of a MI and discharged from 7/1/2015 to 6/30/2016 receive persistent beta-blocker for at least 6 months post hospital discharge	**Beta-Blocker Medications** Noncardioselective beta-blockers Cardioselective beta-blockers Antihypertensive combinations
Statin Therapy for Patients with Cardiovascular Disease (SPC)	Patient males 21–75 & females 40–75 years of age identified as having clinical atherosclerotic cardiovascular disease (ASCVD) in 2014 or 2015 • Received Statin Therapy at least one statin of high or moderate intensity during 2016 • Statin Adherence remained on statin medication for at least 80% of the treatment period. Treatment period begins when statin prescribed till 12/31/2016.	**Statin Medications** High-intensity statin therapy Moderate-intensity statin therapy
Comprehensive Diabetes Care (CDC) HbA1c Test/Result ***Hybrid Measure***	Patients 18-75 years of age identified with diabetes (type I or II) in 2015 or 2016 • Have a result of ≤ 9.0% for their the most recent **Hemoglobin A1c** (HbA1c) test 2016	**HgbA1c Test** 83036, 83067 **HgbA1c Result** 3044F: < 7/0% 3045F :7.0% - 9.0%: 3046F: > 9.0%
Comprehensive Diabetes Care (CDC) BP Reading ***Hybrid Measure***	Patients 18-75 years of age identified with diabetes (type I or II) in 2015 or 2016 • Have a reading of <140/90 mm Hg for their most recent **Blood Pressure** reading in 2016	**Systolic** 3074F: < 130 mm Hg 3075F: 130 mm Hg - 139 mm Hg 3077F: ≥ 140 mm Hg **Diastolic** 3078F: < 80 mm Hg 3079F: 80 mm Hg - 89 mm Hg 3080F: ≥ 90

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Comprehensive Diabetes Care (CDC) Eye Exam *Hybrid Measure*	Patients 18-75 years of age identified with diabetes (type I or II) in 2015 or 2016 • Have a **retinal or dilated eye exam** by an optometrist or ophthalmologist in 2016 (any result) • Have a diabetic eye exam by an optometrist or ophthalmologist in **2015** that is **negative for retinopathy** An eye exam can be report by a PCP when there is documentation in the medical chart that an eye exam was performed/ reviewed by an eye care professional	**Retinal or dilated eye exam reported by a PCP** 3072F: No evidence of retinopathy in 2015 2022F: Dilated retinal eye exam in 2016 2024F: Seven standard field stereoscopic photos with interpretation in 2016 2026F: Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results in 2016
Comprehensive Diabetes Care (CDC) Nephropathy Management *Hybrid Measure*	Patients 18-75 years of age identified with diabetes (type I or II) in 2015 or 2016 receive one of the following **medical attention for nephropathy** in 2015 • Urine Protein Test • Nephropathy Treatment • ACE/ARB dispensed • CKD Stage 4, ESRD, Kidney Transplant	**Urine Protein Tests** 81000 - 81003, 81005, 82042 - 82044, 84156, 3060F – 3062F **Nephropathy Treatment** 3066F: Documentation of treatment for nephropathy (e.g. Dialysis, ESRD, CRF, ARF, or renal insufficiency) 4010F: ACE/ARP therapy prescribed or currently being taken
Statin Therapy for Patients with Diabetes (SPD)	Patients age 40-75 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and who • Received at least one statin medication during 2016 • Remained on statin therapy for at least 80% of the treatment period. Treatment period begins when statin prescribed through 12/31/2016	High-intensity statin therapy Moderate-intensity statin therapy Low-intensity statin therapy
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Patients 18 and older who diagnosed with rheumatoid arthritis in 2016 • Dispensed at least one prescription for a disease-modifying anti-rheumatic drug (DMARD) by claim or by pharmacy data	**DMARD** 5-Aminosalicylates Alkylating agents Aminoquinolines Anti-rheumatics Immunomodulators Immunosuppressive agents Janus kinase (JAK) inhibitor Tetracyclines **DMARD Medical claim** J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310
Osteoporosis Management in Women Who Had a Fracture (OMW)	Women age 67-85 who had a fracture on or between 7/1/2015 and 6/30/2016 • Have a Bone Mineral Density (BMD) test within 6 months of fracture date • Receive Osteoporosis medication within 6 months of fracture date **Exclusion:** • Had (BMD) test during the 730 days (24 months) prior to the fracture • Received Osteoporosis medication during the 365 days (12 months) prior to the fracture	**Bone Mineral Density Test** HCPCS: G0130 CPT: 76977, 77078, 77080-77082 , 77085 **Osteoporosis Therapies** Biphosphonates Other Agents: Calcitonin, Denosumab, Raloxifene, Teriparatide **Osteoporosis Therapies Medical Claim** J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051

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Annual Monitoring for Patients on Persistent Medications (MPM)	Patients 18 and older taking ACE/ARB medications, digoxin, or diuretics, receive annual therapeutic monitoring. Any of the following during 2016 meet criteria: • ACE/ARB – Lab panel test – Serum potassium test AND serum creatinine test • Digoxin – Lab panel test AND serum digoxin – Serum potassium test AND serum creatinine test AND serum digoxin test • Diuretics – Lab panel test – Serum potassium AND serum creatinine test	**Lab Panel** 80047, 80048, 80050, 80053, 80069 **Serum Potassium** 80051, 84132 **Serum Creatinine** 82565, 82575 **Digoxin** 80162 The tests do not need to occur on the same service date, only within 2016.
*NEW **Medication Reconciliation Post-Discharge (MRP)**	Discharges from 1/1/2015 –12/1/2015 for patients 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge Discharge medications reconciled with the current medication list **in outpatient medical record.** Only documentation in the outpatient chart meets the intent of the measure, but an **outpatient visit is not required** Medication reconciliation conducted by a **prescribing practitioner, clinical pharmacist or registered nurse**	**Reporting Code** 1111F: Discharge medication reconciled with the current medication list in an outpatient medical record (can be submitted even if an office visit did not occur within the 30 days of discharge) **Transitional Care Management Services** 99495: Communication within 2 business days of discharge; by phone, email, or in person and a face-to-face visit **within 14 days of discharge.** 99496: Communication within 2 business days of discharge; by phone, email, or in person and a face-to-face visit **within 7 days of discharge**
Potentially Harmful Drug-Disease Interactions (DDE) ***lower rate is better***	To prevent patients 65 and older with history of falls, dementia, and chronic kidney disease in 2015 or 2016 from taking medications that may increase the risk for complications • History of falls: Anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines, or tricyclic antidepressants • Dementia: Antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H_2 Receptor Antagonists, nonbenzodiazepine hypnotics or anticholinergic agents • Chronic kidney disease: Cox-2 Selective NSAIDS or nonaspirin NSAIDS	

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Use of High-Risk Medication in the Elderly (DAE) *lower rate is better*	To decrease the number of patients 66 and older who receive high-risk medications in 2016, 2 different criteria: • At least one high-risk medication • At least two different high-risk medications	<u>High-Risk Medications</u> Anticholinergics (excludes TCAs), first-generation antihistamines Anticholinergics (excludes TCAs), anti-Parkinson agents Antithrombotics Cardiovascular, alpha agonists, central Cardiovascular, other (Disopyramide, Nifedipine, immediate release) Central nervous system, tertiary TCAs Central nervous system, barbiturates Central nervous system, vasodilators Central nervous system, other Endocrine system, estrogens with or without progestins; include only oral and topical patch products Endocrine system, sulfonylureas, long-duration Endocrine system, other Gastrointestinal system, other Pain medications, skeletal muscle relaxants Pain medications, other (Indomethacin, Ketorolac-includes parenteral, Meperidine, Pentazocine) <u>High-Risk Medications With Days Supply Criteria >90 days</u> Anti-infectives, other (Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate) Nonbenzodiazepine hypnotics (Eszopiclone, Zaleplon, Zolpidem) Nitrofurantoin Prescription Days Supply Criteria <u>High-Risk Medications With Average Daily Dose Criteria</u> Reserpine >0.1 mg/day Digoxin >0.125 mg/day Doxepin >6 mg/day
Non-Recommended PSA-Based Screening in Older Men (PSA) *lower rate is better*	To perform PSA-based testing for men 70 years and older only when it is clinically appropriate. • Prostate cancer diagnosis anytime in the patient's history. • Dysplasia of the prostate in 2015 or 2016. • A PSA test in 2015 where the laboratory data indicate an elevated result (>4.0ng/mL).	<u>Prostate Cancer</u> C61, D07.5, D40.0, Z15.03, Z85.46 <u>Prostate Dysplasia</u> - N42.3
Antidepressant Medication Management (AMM)	Patients 18 years of age and older who were treated with antidepressant medication on or between 5/1/2015 and 3/30/2016, had a diagnosis of major depression and who remained on antidepressant medication treatment. • Remain on an antidepressant medication for at least 84 days (12 weeks) • Remain on an antidepressant medication for at least 180 days (6 months)	<u>Antidepressant Medications</u> • Miscellaneous antidepressants (Bupropion, Vilazodone, Vortioxetine) • Monoamine oxidase inhibitors • Phenylpiperazine antidepressants • Psychotherapeutic combinations • SNRI antidepressants • SSRI antidepressants • Tetracyclic antidepressants • Tricyclic antidepressants