

# HEDIS PROGRAM PROVIDER QUICK REFERENCE GUIDE

## PROVIDER SERVICES INQUIRIES

Monday - Friday  
8:00 a.m. - 5:00 p.m.

- Claims Inquiries
- Demographic Changes (Address/Phone/Tax ID)
- EFT/ERA Requests
- Provider Education/In-Service

**MEDICAID/CHIP**  
713.295.2295

**MARKETPLACE**  
713.295.6704

**HMO D-SNP**  
713.295.5007

**EMAIL**  
ProviderWebInquiries@CommunityHealthChoice.org

This is to be used as a **HEDIS quick reference guide** and is not an all-inclusive list of ICD-10 codes. Please refer to your ICD-10 codebook for the complete list.

### HEDIS/P4Q MEASURE

### MEASURE DESCRIPTION

### BILLING TIPS

#### Prenatal Care (PPC)



A visit that occurs in the first trimester of the pregnancy, on or before the enrollment start date or within 42 days of enrollment in the health plan.

1. Documentation of LMP or EDD in conjunction with either of the following:
  - a. Prenatal risk assessment and counseling/education; or
  - b. Complete obstetrical history

**Documentation must include one of the following:**

1. OB exam with fetal heart tones or pelvic exam with obstetric observations or fundus height.
2. Evidence of prenatal care procedures such as:
 

a. Obstetric panel or	d. Ultrasound of a pregnant uterus
b. TORCH antibody panel or	
c. Rubella antibody test/titer with Rh-incompatibility (ABO/Rh) blood typing or	

A visit to a Provider with one of the following:

**CPT:** 99201-99205, 99211-99215, 99241-99245, 99483, 99500

**HCPCS:** G0463, T1015, H1000-H1005

**ICD-10:** O09.00-O9A.519, Z03.71-Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36-Z36.5, Z36.81-Z36.9

#### Postpartum Care (PPC)



A visit that occurs on or between 7 to 84 days after delivery

**Components of a postpartum visit include:**

1. Pelvic exam or
2. Documentation of weight, blood pressure, breast and abdominal evaluation, and breast feeding status or
3. Notation of postpartum check, postpartum care or six-week check or
4. Perineal or Cesarean incision/wound check or
5. Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders or
6. Glucose screening for women with gestational diabetes or
7. Documentation of infant care/breastfeeding, sleep/fatigue, birth spacing, family planning, resumption of intercourse or resumption of physical activity and attainment of healthy weight.

**CPT:** 57170, 58300, 59430, 88141-88154, 88164-88167, 88174-88175, 99501

**HCPCS:** Q0091, G0101

**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

#### Hemoglobin A1c (HbA1c) Testing (CDC Sub-measure)



The percentage of Members 18-75 years of age with diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) testing during the measurement year.

Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result/finding. A lower rate indicates better performance for this indicator. Count notation of the following:

- |              |                           |                            |
|--------------|---------------------------|----------------------------|
| a. A1c or    | d. Hemoglobin A1c or      | g. Glycated hemoglobin or  |
| b. HbA1c or  | e. Glycohemoglobin A1c or | h. Glycosylated hemoglobin |
| c. HgbA1c or | f. Glycohemoglobin or     |                            |

**CPT:** 83036, 83037

#### Controlling High Blood Pressure (CBP)



The percentage of Members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Members must have at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. Services that occur over both years count.

The most recent BP reading during the measurement year on or after the second diagnosis of hypertension must be less than 140/90 to be compliant for this measure.

**ICD-10:** I10

**CPT-CAT-II:** 3074F, 3075F, 3078F, 3079F

## HEDIS/P4Q MEASURE

## MEASURE DESCRIPTION

## BILLING TIPS

### Adolescent Well-Care Visits (AWC)



The percentage of Members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

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

1. Health history
2. Physical developmental history
3. Mental developmental history
4. Physical exam
5. Health education/anticipatory guidance

**CPT:** 99384, 99385, 99394, 99395  
**HCPCS:** G0438, G0439  
**ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0-Z02.6, Z02.82, Z76.2

### Appropriate Treatment for Upper Respiratory Infection (URI)



The percentage of episodes for Members 3 months of age and older who were given a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing episode.

**ICD-10:** J00 Acute nasopharyngitis, J06.0 Acute laryngopharyngitis, J06.9 Acute upper respiratory infection, unspecified

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



The percentage of Members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life.

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

1. Health history
2. Physical developmental history
3. Mental developmental history
4. Physical exam
5. Health education/anticipatory guidance

**CPT:** 99381, 99382, 99391, 99392  
**HCPCS:** G0438, G0439  
**ICD-10:** Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.82, Z76.1, Z76.2

### Counseling for Nutrition for Children/Adolescents (WCC Sub-measure)



The percentage of Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.

Documentation in the medical record must include a note indicating the date and at least one of the following:

- a. Discussion of current nutrition behaviors (e.g. eating habits, dieting behaviors) or
- b. Checklist indicating nutrition was addressed or
- c. Counseling or referral for nutrition education or
- d. Member received educational material on nutrition during face-to-face visit or
- e. Anticipatory guidance for nutrition or
- f. Weight or obesity counseling or
- g. Referral to WIC nutrition program

**CPT:** 97802-97804  
**HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470  
**ICD-10:** Z71.3

### Immunizations for Adolescents (IMA)



The percentage of adolescents 13 years of age who had one-dose meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13<sup>th</sup> birthday.

The measure calculates a rate for each vaccine and two combination rates.

1. Meningococcal Immunization: At least one with date of service on/between 11<sup>th</sup> and 13<sup>th</sup> birthday
2. Tdap Immunization: At least one with date of service on/ between 10<sup>th</sup> and 13<sup>th</sup> birthday
3. HPV Immunization:
  - a. At least two with dates of service 146 days apart on/ between 9<sup>th</sup> and 13<sup>th</sup> birthday, or
  - b. At least three with different dates of service on/between 9<sup>th</sup> and 13<sup>th</sup> birthday
4. Combination 1: Compliance for both the meningococcal and Tdap indicators
5. Combination 2: Compliance for all three indicators (meningococcal, Tdap, and HPV)

#### **Meningococcal Immunization**

**CPT:** 90734  
**CVX:** 108, 114, 136, 147, 167

#### **Tdap Immunization**

**CPT:** 90715  
**CVX:** 115

#### **HPV Immunization**

**CPT:** 90649-90651  
**CVX:** 62, 118, 137, 165