






2020 HEDIS® Measures QUICK TIPS

Measure	Requirement	Coding assistance
ABA (Medicare, Commercial) Adult body mass assessment Members (ages 18-74) who had an outpatient visit and whose body mass index (BMI) was documented during 2019-2020	Younger than age 20: <ul style="list-style-type: none"> Height, weight and BMI (in percentile only). Document BMI as a value (e.g., 85th percentile) or plotted on an age-growth chart Age 20 and older: <ul style="list-style-type: none"> Weight and BMI value Submit office visit notes from medical records in 2018-2019 that include documented weight, height and calculated BMI. Include provider signature, credentials and date	ICD-10-CM codes: <ul style="list-style-type: none"> BMI Z68.51 – Z68.54 BMI percentile: Z68.51 – Z68.54
ART (Medicare) ★ Disease modifying anti-rheumatic drug (DMARD) therapy for rheumatoid arthritis Members (age 18 and older) who were diagnosed with rheumatoid arthritis and were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug during 2020	Ages 18 and older Two face-to-face encounters, with different dates of service, showing a rheumatoid arthritis diagnosis and subsequent dispensing of at least one DMARD prescription during the measure year Example: Gold sodium thiomalate, leflunomide, methotrexate, auranofin	This is an administrative gap and must be closed by claims that have the appropriate diagnosis code and a claim for at least one prescription DMARD
BCS (Medicare, FEP, Exchange Marketplace) ★ Breast cancer screening Female plan members (aged 50-74) who had a mammogram performed October 1, 2018 - December 31, 2020	Ages 50-74 Mammogram recorded October 1, 2018 - December 31, 2020. Document in the medical record the date a mammogram was performed and include results/findings Excludes: Patients who have had a bilateral mastectomy, unilateral mastectomy with a bilateral modifier or two unilateral mastectomies that have dates of service that are 14 days or more apart	CPT® codes: 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206 ICD-10-CM: Z90.12, Z90.11, Z90.13 ICD-10-CM: OHTV0ZZ CPT code(s): 19180, 19200, 19220, 19240, 19303-19307 ICD-10-CM: 0HTU0ZZ, 0HTT0ZZ <i>* Bilateral modifier codes: 50 and 09950</i>
CBP (Medicare, FEP, Exchange Marketplace) ★ Controlling high blood pressure The percentage of members aged 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90) during 2020	The most recent blood pressure reading during 2020 on or after the second diagnosis of hypertension (HTN)	CPT® II Codes: 3074F – Systolic < 130 mmHg 3075F – Systolic 130-139 mmHg 3077F – Systolic ≥ 140 mmHg 3078F – Diastolic < 80 mmHg 3079F – Diastolic 80-89 mmHg 3080F – Diastolic ≥ 90 mmHg
CDC (Medicare, Commercial, Exchange Marketplace) ★ Comprehensive diabetes care <ul style="list-style-type: none"> Hemoglobin A1c testing/control – Members (ages 18-75) who have type 1 or type 2 diabetes and had an HbA1c screen (must be <9%) in 2020 	Test needed: <ul style="list-style-type: none"> HbA1c screen (must be <9%) for Medicare Advantage (MA) Exchange (must be <8%) Excludes: Members who have a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during 2019-2020	CPT code(s): 83036, 83037 CPT II code(s): 3044F, 3046F, 3051F, 3052F <i>*** Effective as of October 1, 2019: 3051F (Most recent HbA1c level greater than or equal to 7% and less than 8%) 3052F (Most recent HbA1c level greater than or equal to 8% and less than 9%) Previous code deleted: 3045F</i>

Measure	Requirement	Coding assistance
<p>CDC (Medicare, Commercial, Exchange Marketplace) Comprehensive diabetes care (cont'd)</p> <ul style="list-style-type: none"> ■ Diabetic retinal eye exam – Members (aged 18-75) who have type 1 or type 2 diabetes and had a retinal eye exam during 2020 <hr/> <ul style="list-style-type: none"> ■ Diabetic nephropathy – Members (aged 18-75) who have type 1 or type 2 diabetes and had a kidney function test during 2020 	<p>Ages 18-75 Must have either:</p> <ul style="list-style-type: none"> ■ Dilated or retinal eye exam by an eye care professional in 2020 ■ Negative dilated or retinal exam report completed by an eye care professional in 2019 <p>Excludes: Members who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, in 2019-2020</p> <hr/> <p>Ages 18-75 Must either:</p> <ul style="list-style-type: none"> ■ Order a urinalysis with macroalbumin or microalbumin to be performed in 2020 ■ Prescribe an ACE/ARB in 2020 <p>Document date and values in the medical record</p> <p>The most recent lab value during the year will be the representative value</p>	<p>If submitted by a PCP, to meet HEDIS specifications, the following CPT codes must have a CPT II code indicating the services were performed by a qualified vision provider: CPT codes: 67028-67113, 67121-67221, 67227-67228, 92002-92014, 92018, 92019, 92134, 92225-92240, 92250-92260</p> <hr/> <p>CPT II codes 2022F, 2023F, 2024F, 2025F, 2026F, 2033F or 3072F</p> <p>Kidney function test: CPT: 82042, 82043, 82044, 84156 CPT II: 3060F, 3061F</p> <p><i>* A prescription for an ACE/ARB during the measure year will satisfy this measure</i></p>
<p>CCS (Commercial, Exchange Marketplace) Cervical cancer screening</p> <p>Women (aged 24-64) who have cervical cytology</p> <p>For women (aged 30-64) who have had cervical cytology/human papillomavirus (HPV)</p>	<p>Ages 24-64 – cervical cytology</p> <ul style="list-style-type: none"> ■ Screen every 3 years <p>Ages 30-64 – cervical cytology + HPV</p> <ul style="list-style-type: none"> ■ Screen every 5 years <p>A note indicating the date when the test was performed and the result or finding of the test</p>	<p>Cervical cytology: CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>HPV co-test: CPT: 87624, 87625, (87623 not accepted) G0476 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p>
<p>COL (Medicare, FEP, Exchange Marketplace) ★ Colon cancer screening</p> <p>Members (aged 50-75) who had an appropriate screening for colon cancer</p>	<p>Ages 50-75 One of five screenings accepted:</p> <ul style="list-style-type: none"> ■ FIT or FOBT performed during 2020 ■ FIT-DNA performed January 1, 2018 - December 31, 2020 (Covered under Medicare Advantage plans only, unless the member's health plan specifies otherwise.) ■ Flexible Sigmoidoscopy performed between January 1, 2016 - December 31, 2020 ■ Colonoscopy performed January 1, 2011 - December 31, 2020 ■ CT Colonography performed January 1, 2016 - December 31, 2020 	<p>FOBT, FIT : CPT: 82270, 82274, 81528 HCPCS: G0328, G0464</p> <p>Flexible sigmoidoscopy: CPT: 45330-45335, 45337-45342, 45345-45347, 45349, 45350 HCPCS: G0104</p> <p>Colonoscopy: CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 HCPCS: G0105, G0121</p> <p>CT colonography CPT codes: 74261-74263</p>
<p>HDO (Medicare, Commercial, Medicaid) Use of opioids at high dosage</p> <p>For members (aged 18 and older), the rate per 1,000 members receiving prescription opioids for ≥15 days during 2020. Average morphine milligram equivalent dose [MME] ≥90mg</p>	<p>Opioid medications include: buprenorphine, butorphanol, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, nalbuphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol and tramadol</p> <p><i>*Does not include the following opioid medications: Cough and cold products, injectables, lonsys® (fentanyl transdermal patch) or methadone for treatment of opioid use disorder</i></p>	<p>This is an administrative gap and must be closed by pharmacy claims</p>

Measure	Requirement	Coding assistance
<p>MMA (Exchange Marketplace) Medication management for people with asthma</p> <p>The percentage of members (ages 5-64) who received and stayed on medication long enough to effectively manage their asthma</p>	<p>The percentage of members (ages 5-64) who, during the measurement year:</p> <ul style="list-style-type: none"> ■ Had a diagnosis of persistent asthma ■ Received appropriate medications <p>Two rates are reported to determine medication compliance:</p> <ul style="list-style-type: none"> ■ Remained on them for at least 50% of their treatment period ■ Remained on them for at least 75% of their treatment period 	<p>Pharmacy claims only</p>
<p>MRP (Medicare, Commercial, Exchange Marketplace)  Medication reconciliation post-discharge</p> <p>The percentage of discharges from Jan. 1 – Dec. 1 of the measurement year for members (age 18 and older) for whom medications were reconciled within 30 days after the discharge day (31 total days).</p>	<p>Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meets criteria:</p> <ul style="list-style-type: none"> ■ Documentation of the current medications, with a notation that the provider reconciled current and discharge medications ■ Documentation of the current medications, with a notation that references 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 ■ Documentation of the current medications, with evidence that the member was seen for post-discharge hospital follow-up, and evidence of medication reconciliation or review ■ Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart within 30 days after the discharge day (31 total days) ■ Notation that no medications were prescribed or ordered upon discharge <p>Only documentation in the outpatient medical record meets the intent of the measure, but an outpatient visit is not required</p>	<p>CPT II: 1111F CPT: 99495, 99496, 99483</p>
<p>OMW (Medicare, Exchange Marketplace)  Osteoporosis management in women</p> <p>Females (aged 67-85) who either:</p> <ul style="list-style-type: none"> • Suffered a fracture during 2020 and received a bone mineral density test • Were prescribed a drug to treat or prevent osteoporosis within the last six months 	<p>Exclusions: Bone mineral density test up to 24 months prior to index episode start date (IESD*), osteoporosis therapy or dispensed prescription medication (within 12 months prior to IESD*)</p> <p>* IESD (index episode start date): the earliest date of service for any encounter that notes a diagnosis of fracture during the intake period</p>	<p>This is an administrative gap and must be closed by claims that include the appropriate diagnosis code for a fracture and either a bone mineral density test or prescription therapy</p> <p>CPT: 76977, 77078, 77080-77082 HCPCS: G0130</p>

Measure	Requirement	Coding assistance
<p>PCR (Medicare, Exchange Marketplace) Plan all-cause readmissions</p> <p>For members (aged 18 and older) who had an unplanned acute readmission within 30 days of an acute inpatient stay January 1, 2020 – December 1, 2020</p>	<p>The number of acute inpatient stays during the measurement year that were followed by unplanned acute readmissions (for any diagnosis) within 30 days of the original admission</p> <p>Age requirements:</p> <ul style="list-style-type: none"> ■ Ages 18-64 for Commercial lines of business ■ Ages 18 and older for Medicare 	<p>This is an administrative gap and must be closed by claims</p>
<p>PDC Proportion of days covered</p> <p>Renin-angiotensin system (RAS), diabetes, statins</p> 	<p>The percentage of members (aged 18 and older) who met the proportion of days covered (PDC) of at least 80% during the measurement period</p>	<p>Pharmacy claims only</p>
<p>PPC (Commercial, Exchange Marketplace) Prenatal and postpartum care</p> <p>The percentage of deliveries of live births October 8, 2019 – October 7, 2020.</p>	<p>For these women, the measure assesses the following facets of prenatal and postpartum care:</p> <ul style="list-style-type: none"> ■ Timeliness Documentation of prenatal care delivered within the first trimester (≥ 176 days prior to delivery) ■ Postpartum Care Documentation of postpartum visit 7-84 days after delivery. Must include evidence of any of the following: <ul style="list-style-type: none"> ■ Pelvic exam ■ Evaluation of weight, blood pressure, breasts and abdomen ■ Perineal or cesarean incision/wound check ■ Screenings for depression, anxiety, tobacco/substance use disorder or preexisting behavioral health disorder ■ Glucose screening for women who have gestational diabetes <p>Documentation evidence showing:</p> <ul style="list-style-type: none"> ■ Infant care or breastfeeding ■ Resumption of intercourse, birth spacing or family planning ■ Sleep/fatigue ■ Resumption of physical activity and attainment of healthy weight 	<p>Prenatal care: Bundles Prenatal Service Codes (may only be used if the claim form indicates when prenatal care was initiated): CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005</p> <p>Prenatal ultrasound: 76801, 76805, 76811, 76813, 76815- 76821, 76825-76828 ICD-10-PCS: BY49ZZZ, BY4BZZZ</p> <p>Prenatal visits: CPT: 99201-99205, 99211-99215, 99241-99245 HCPCS: G0463, T1015</p> <p>Stand-alone prenatal visits: CPT: 99500 CPT II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004</p> <p>Postpartum: CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 57170, 58300, 59430 99501 CPT II: 0503F ICD-10-PCS: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p>

Measure	Requirement	Coding assistance
<p>SPC (FEP, Medicare) </p> <p>Statin therapy for patients who have cardiovascular disease</p> <p>The percentage of males (aged 21-75) and females (aged 40-75) who:</p> <ul style="list-style-type: none"> ■ Were dispensed at least one moderate-to-high-intensity statin medication in the measurement year ■ Remained on a moderate-to-high-intensity statin medication 	<p>Statin medications include: atorvastatin, rosuvastatin, amlodipine-atorvastatin, simvastatin, ezetimibe-atorvastatin, ezetimibe-simvastatin, niacin-simvastatin, sitagliptin-simvastatin, pravastatin, lovastatin, niacin-lovastatin, fluvastatin, fluvastatin XL, pitavastatin</p>	<p>This is an administrative gap and must be closed by pharmacy claims</p>
<p>SUPD (Medicare, Commercial, Exchange Marketplace) </p> <p>Statin use for patients who have diabetes</p> <p>The percentage of patients who have diabetes and are taking the most effective cholesterol-lowering medications and also are consistently filling these medications during 2020</p>	<p>The percentage of members (ages 40–75) during the measurement year who have diabetes but do not have clinical atherosclerotic cardiovascular disease (ASCVD) and who met the following criteria. Two rates are reported:</p> <ol style="list-style-type: none"> 1. Received statin therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year 2. Statin adherence of 80%+. Members who remained on a statin medication of any intensity for at least 80% of the treatment period 	<p>Pharmacy claims only</p>
<p>TRC (Medicare)</p> <p>Transitions of care</p> <p>Members (aged 18 and older) who had each of the following during 2019:</p> <ul style="list-style-type: none"> ■ Notification of inpatient admission ■ Receipt of discharge information ■ Patient engagement after inpatient discharge ■ Medication reconciliation post-discharge 	<p>Ages 18 and older Four rates are reported:</p> <ul style="list-style-type: none"> ■ Notification of inpatient admission – Documentation of receipt of notification of inpatient admission on the day of admission or the following day ■ Receipt of discharge information – Documentation of receipt of discharge information on the day of discharge or the following day ■ Patient engagement after inpatient discharge – Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge ■ Medication reconciliation post-discharge – Documentation of medication reconciliation from the date of discharge through 30 days after discharge (31 total days) 	<p>This is closed by claims and/or medical record review</p> <p>Documentation must be part of the primary care physician’s outpatient medical record</p>
<p>UOP (Medicare, Commercial, Medicaid)</p> <p>Use of opioids from multiple providers</p> <p>The measure assesses the opioid-dispensing events (January 1, 2020 - December 31, 2020) for members who are 18 years or older and are at high risk for overdose or death</p>	<p>High-risk members include those who:</p> <ul style="list-style-type: none"> ■ Receive opioids for ≥15 days during 2020 ■ Use multiple providers (four or greater) ■ Use multiple pharmacies (four or greater) ■ Use both multiple providers (four or greater) and multiple pharmacies (four or greater) 	<p>This is an administrative gap and must be closed by pharmacy claims</p>

Measure	Requirement	Coding assistance
<p>WCC (Commercial, Exchange Marketplace) Weight assessment and counseling for nutrition and physical activity for children/adolescents</p> <p>The percentage of members (ages 3-17) who had an outpatient visit with a primary care physician (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of weight assessment and counseling about nutrition and physical activity</p>	<p>The percentage of members (ages 3-17) who had an outpatient visit with a primary care physician (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> ■ Body mass index (BMI) percentile documentation* ■ Counseling for nutrition ■ Counseling for physical activity <p><i>*Referring to general assessment of BMI percentile and not an absolute BMI value</i></p>	<p>BMI: ICD 10: Z68.51 - Z68.54</p> <p>Nutritional counseling CPT Code(s): 97802-97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD 10: Z71.3</p> <p>Physical activity counseling: ICD 10: Z02.5, Z71.82 HCPCS: G0447, S9451</p>

