



## HEDIS® Measurement Year (MY) 2023 Best Practice Guidelines

**ENSURE EVERY PATIENT VISIT IS DOCUMENTED AND APPROPRIATE CODES SUBMITTED**								
<u>Measure</u>	<u>Population</u>	<u>Frequency</u>	NCQA Codes and Requirements					
Controlling High Blood Pressure (CBP)	Males and females 18-85 yrs. dx with hypertension	Annually	Dx of HTN & BP adequately controlled; ≤139/89 mm HG Systolic: 3074F, 3075F, 3077F; Diastolic: 3078F, 3079F, 3080F					
Colorectal Cancer Screening (COL)	Males and females 45-75 yrs.	Anytime	Colectomy Exclusionary Codes 44150,44151, 44152,4453,44155,44156,44157,44158,44210,44211,44212					
Blood Pressure Control For Patients With Diabetes (BPD)	Males and females 18-75 yrs. dx with <b>diabetes</b> (Type 1 and Type 2)	Annually	<u>Systolic:</u> 3074F, 3075F, 3077F <u>Diastolic:</u> 3078F, 3079F, 3080F	Blood pressure reading: Result of ≤139/89 mm HG				
Hemoglobin A1c Control For Patients With Diabetes (HBD)	Males and females 18-75 yrs. dx with <b>diabetes</b> (Type 1 and Type 2)	Annually	HbA1c Control 3044F, 3051F, 3052F, *3046F	Date & Result <8.0% for control *>9.0% poor control				
Eye Exam For Patients With Diabetes (EED)	Males and females 18-75 yrs. dx with <b>diabetes</b> (Type 1 and Type 2)	Prior Year and Annually	Retinal Eye Exam: 2022F, 2024F, 2026F 2023F, 2025F, 2033F Negative Retinal Screening Prior Year: 3072F Automated Eye Exam: 92229	Date & Result				
Kidney Health Evaluation for Patients with Diabetes (KED)	Males and females 18-85 yrs. dx with <b>diabetes</b> (Type 1 or Type 2)	Annually	eGFR 80047, 80048, 80050, 80053, 80069, 82565 <u>uACR</u> Quantitative Urine Albumin 82043 Urine Creatinine 82570					
Appropriate Testing for Pharyngitis (CWP)	Males and females 3 yrs. and older with dx of pharyngitis (J02 - J03)	Measure activated at time of Dx	<u>Dispensed an antibiotic and received a group A strep test as follows:</u> 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880					
Adult Immunization Status (AIS-E)	Males and females 19 yrs. and older	Jan 1 – Dec 31	Influenza 90630, 90653, 90654, 90656, 90658,90660, 90661, 90662, 90672, 90673, 90682, 90686, 90689, 90694, 90756 Pneumococcal 90670, 90671, 90677, 90732, G0009 Td/Tdap 90714, 90715, 90718 Herpes Zoster 90736, 90750					
Prenatal Immunization Status (PRS-E)	Deliveries	Jan 1 – Dec 31	Influenza 90630, 90653, 90654, 90656, 90658,90660, 90661, 90662, 90672, 90673, 90682, 90686, 90689, 90694, 90756 <u>Tdap</u> 90715					
Breast Cancer Screening (BCS-E)	Females 50-74 yrs.	Anytime	Bilateral Mastectomy Z90.13 Absence of Left Breast Absence of Right Breast (Z90.12) (Z90.11)					





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Cervical Cancer Screening (CCS)	Females 21-64 yrs.	Every 3 yrs.	PAP Test 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175					
	Females 30-64 yrs.	Every 5 yrs.	<u>hrHPV</u> 87624, 87625					
	Females All Ages	Anytime	Absence of Cervix Q51.5, Z90.710, Z90.712 Hysterectomy 51925, 56308, 57530, 57530, 57531, 57540,57545, 57555, 57556, 58200, 58550, 59135, 58954, 58573, 58291, 58280, 58570, 58548, 58572, 58575,58951, 58953, 58954					
Prenatal and Postpartum Care (PPC)	Females that delivered live birth	Prenatal Care	<u>Visit in the 1st trimester</u> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483, 99500, 0500F, 0501F, 0502F					
		Postpartum Care	<u>Visit 7-84 days after delivery</u> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175, 57170, 58300, 59430, 99501, 0503F, Z01.411, Z01.419, Z01.42					
		4 doses annually	<u>DTaP</u>	90697,90698, 90700, 90723				
		3 doses annually	<u>IPV</u>	90697, 90698, 90713, 90723				
		1 dose annually	MMR	90707, 90710				
		3 doses annually	<u>HiB</u>	90644, 90647, 90648, 90697,90698, 90748				
Childhood Immunization Status (CIS)	Males and females by 2 yrs. of age and have received the following:	3 doses annually	<u>Hep B</u>	90697, 90723, 90740, 90744, 90747, 90748				
		1 dose annually	<u>VZV</u>	90710, 90716				
		4 doses annually	<u>PCV</u>	90670				
		1 dose annually	<u>Hep A</u>	90633				
		2 or 3 doses annually	<u>Rotavirus</u>	90681 (2 Dose), 90680 (3 Dose)				
		2 doses annually	<u>Influenza</u>	90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689				
Immunizations for Adolescents (IMA)	Males and females by 13 yrs. of age and have received the following:	1 between 11 and 13 yrs.	Meningococcal 90734, 90733, 90619					
		1 between 10 and 13 yrs.	<u>Tdap</u> 90715					
		2 or 3 doses between 9 and 13 yrs.	HPV 90649, 90650, 90651					
Weight Assessment & Counseling for Nutrition & Physical Activity (WCC)	Males and females 3-17 yrs.	Annually	<u>BMI %</u>		Z68.51 <5 <sup>th</sup> Percentile Z68.52 5 <sup>th</sup> to <85 <sup>th</sup> Percentile Z68.53 85 <sup>th</sup> to <95 <sup>th</sup> Percentile Z68.54 ≥ 95 <sup>th</sup> Percentile			
			Counseling for nutrition		Z71.3, 97802 ,97803, 97804, G0447, G0270, G0271, S9449, S9452, S9470			
			Counseling for physical activity		Z71.82, Z02.5, G0447, S9451			
Well Child Visits in the First 30 Months of Life (W30)	Males and females by 15 months old <i>and</i> Males and females by 30 months old	1 <sup>st</sup> 30 months of life	6 or more well child visits in 1st 15 months 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395,99461 Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2					
			2 or more well child visits > 15 months to 30 months 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395,99461 Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2					
Child and Adolescent Well-Care Visits (WCV)	Males and females 3 – 21 yrs.	Annually	<u>1 Well Care Visit</u> 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 Z00.00, Z00.01, Z00.110, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2					

For additional resources and HEDIS measure details, please use your phone to scan the QR code below or visit <a href="https://healthplanofnevada.com/Provider/HEDIS-Measures">https://healthplanofnevada.com/Provider/HEDIS-Measures</a>.