HEDIS® Quality Toolkit

HEDIS® Measurement Year 2024

MDwise of Indiana

Providing health coverage to Indiana families since 1994

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WELCOME

Welcome to our Healthcare Effectiveness Data and Information Set (HEDIS) Quality Toolkit. Developed by the National Committee for Quality Assurance (NCQA), HEDIS is a widely used set of performance measures in the managed care industry and an essential tool in ensuring that your patients and our members get the best health care possible.

MDwise is your local, Indiana-based, nonprofit health care company. We were founded in 1994 to help vulnerable populations needing health coverage in Indiana. Our parent organization, McLaren Health Care, is a nonprofit, Michigan-based, integrated health system that believes all Indiana families should have access to high-quality care regardless of income.

Our mission is to provide high-quality health care services to all families and individuals covered by MDwise. MDwise works with the state of Indiana and the Centers for Medicare and Medicaid Services (CMS) to bring you the Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) health insurance programs. MDwise is an accredited health plan by the National Committee on Quality Assurance (NCQA).

We've designed this toolkit to clearly define MDwise criteria for meeting HEDIS guidelines. We welcome your feedback and look forward to supporting your efforts to provide quality health care to your patients and our members. Please call MDwise Provider Customer Service Unit (PCSU) at (800) 654-9192 if you have questions or if we can be of assistance.

HOW TO USE THIS MANUAL

This manual is comprised of three (3) sections:

Section 1: **Partnering with MDwise to Measure Quality.** This section provides useful HEDIS information and an overview of the MDwise Member and Provider Incentive Programs.

Section 2: **HEDIS Measures.** This section includes a description of each HEDIS measure, the correct billing codes and tips to help you improve your HEDIS scores. The measures are in alphabetical order.

Section 3: **Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Access to Medical Care Requirements.** This section includes useful information on the MDwise CAHPS and accessibility standards.

SECTION 1: Partnering with MDwise to Measure Quality

What Is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS)

The National Committee for Quality Assurance (NCQA) is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral health care organizations, preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs and other health-related programs.

NCQA accredits and certifies a wide range of health care organizations and manages the evolution of HEDIS, the performance measurement tool used by more than 90 percent of the nation's health plans.

- HEDIS is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service.
- HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to compare health care quality reliably.
- HEDIS consists of 88 measures across six (6) domains of care that address important health issues.
- All managed care companies that are NCQA-accredited perform a HEDIS review annually.
- HEDIS medical record review is a retrospective review of services, Health Plan performance and quality of care from the prior calendar year.
- HEDIS data is collected from multiple sources, including:
    - Administrative data comes from submitted claims and encounters
    - Hybrid data comes from chart collection/review
    - Electronic Clinical Data System (ECDS) Reporting (network of data containing health care system)

Annual HEDIS Timeline

January to May	June	September/October
Quality department staff work with provider offices to collect and review HEDIS data.	HEDIS results are certified and reported to NCQA.	NCQA releases health plan ratings and Quality Compass results nationwide for Medicaid.

How to Improve HEDIS Scores

- Work with MDwise. We are your partners in care and will assist you in improving your HEDIS scores.
- Use member rosters to contact patients due for an exam or new to your practice.
- Most measures can be collected through claims when complete and accurate coding is used.
- FQHCs/RHCs When billing a T1015 encounter code, it is essential to use the correct diagnosis code and list the actual CPT/HCPCS procedure codes on the claim to identify the services included in the encounter.
- Provide outreach reminders to members for appointments and preventive screenings.
- Assign a Quality or HEDIS nurse or coordinator to perform internal reviews and serve as the point of contact.
- Most Electronic Health Records (EHRs) include options to create alerts and flags for required HEDIS services. Ensure these prompts are turned on or check with your software vendor to add these alerts.
- Take advantage of telehealth opportunities when appropriate.
- If time allows for a quality appointment, avoid missed opportunities by taking advantage of every office visit to provide a well-child visit, immunizations, lead testing and BMI percentile calculations. Many patients may not return to the office for preventive care.
- Use HEDIS-specific billing codes when appropriate. We have tip reference guides identifying what codes are needed for HEDIS.
- Improve Office Management processes and flow. Review and evaluate appointment hours, access and scheduling processes, billing and office/patient flow. We can help streamline processes.
- Review the next day's schedule at the end of each day.
- Identify appointments where test results, equipment or specific employees are available for the visit to be productive.
- Call patients 48 hours before appointments to remind them of the appointment and anything they need to bring. Ask them to make a commitment to be there. This will reduce no-show rates.
- Use non-physicians for items that can be delegated. Have staff prepare the room for items needed.
- Consider using an after-visit summary to ensure patients understand what they need to do and to increase provider communication.

HIPAA and HEDIS

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS is permitted, and the release of this information requires no special patient consent or authorization. Data is reported collectively without individual identifiers. All MDwise HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities.

The Importance of Documentation

Principles of the medical record and proper documentation:

- Enables physicians and other healthcare professionals to evaluate a patient's healthcare needs and assess the efficacy of the treatment plan.
- Serves as the legal document to verify the care rendered and date of service. Ensures the date of care rendered is present and all documents are legible.
- Serves as a communication tool among providers and other healthcare professionals involved in the patient's care for improved continuity of care.
- Facilitates timely claim adjudication and payment.
- Appropriately documented clinical information can reduce many challenges associated with claims processing and HEDIS chart requests.
- Supports the ICD-10 and CPT codes reported on billing statements.

Common reasons members with PCP visits remain non-compliant:

- Missing or incomplete required documentation components.
- Service provided without claim/encounter data submitted.
- Lack of referral to obtain the recommended service (i.e., diabetic member eye exam to check for retinopathy, mammogram or other diagnostic testing).
- Service provided; however, outside of the required time frame or anchor date (i.e., lead screening performed after age two (2), postpartum visit occurring before or after 7-84 days of delivery).
- Incomplete services (i.e., Tdap given but no Meningococcal vaccine or HPV for adolescent immunization measure).
- Failure to document or code exclusion criteria for a measure.
- Slow copy vendor turn-around time for HEDIS medical record submission can impede the provider office HEDIS reviews, final rates and applicable value-based payments.

How to Submit HEDIS Data to MDwise

Claims and Encounters

MDwise prefers that you submit HEDIS information on a claim form (HCFA 1500 or UB04), an efficient and highly automated claims process that ensures prompt and appropriate payment for your services. The HEDIS Tips section of this manual contains the appropriate HCPCS, CPT and diagnosis codes needed to bill for a particular measure.

Members with Other Primary Insurance

Some of our members have primary insurance coverage other than MDwise. Even though the primary insurance carrier pays the claim, MDwise needs this secondary claim for HEDIS and the P4V program. MDwise accepts both electronic and paper claims when the member has another primary insurance carrier.

Coding System Acronyms

CPT = Current Procedural Terminology

HCPCS = Healthcare Common Procedure Coding System

ICD-10-CM = International Classification of Diseases, 10th Revision, Clinical Modification

ICD-10-PCS = International Classification of Diseases, 10th Revision, Procedure Coding System

SNOMED CT = Systemized Nomenclature of Medicine – Clinical Terms

LOINC = Logical Observation Identifiers Names and Codes

UBREV = Uniform Billing Revenue

CVX = Vaccine Administered

Member Incentive Programs

MDwiseREWARDS for Hoosier Healthwise (HHW)

Each HHW member can earn points for completing activities as shown below:

Action	How Often	Number of Points	Details
Join myMDwise at MDwise.org/myMDwise	1 time	10	This allows us to communicate with you online. You must provide an email address. All communications will be private.
Answer questions about your health (Health Needs Screening)	1 time	30	Each new MDwise member: Earn points by answering health questions for us. We call this a Health Needs Screening. You can do this online through myMDwise, by phone or by mail.
Dental exam	2 times each year (once every 6 months)	10 each visit	Ages six (6) months and older; a child's first dental exam should occur within six (6) months of their first tooth appearing, but no later than their first birthday. For children over age one (1) and adults, dental exams should occur every six (6) months or as recommended by your dentist.
Flu shot	1 time each year	10	All persons six (6) months and older should get a flu shot or vaccination every season. Talk to your doctor about getting your annual flu shot.
Follow-up appointment after a mental health inpatient hospital stay	After each hospitalization	25	It is important to go to a follow-up appointment after your mental health inpatient hospitalization stay. This appointment should be at an outpatient office or with a counselor. In order to receive REWARDS points, this outpatient appointment must take place within seven (7) days of your discharge date from the hospital.
Annual physical exam	1 time each year	10	**Ages 18+:** Call your doctor's office to schedule this important exam once each year.
Cervical cancer screening (Pap test)	1 time each year	10	Female members starting at age 21 (or sooner if your doctor recommends it): Your doctor may want you to get this important preventive screening every year or once every three (3) years. It depends on your risk factors.
Annual mammogram	1 time each year	10	**Female members ages 40+:** Talk to your doctor about scheduling this important preventive screening.
Hemoglobin A1c (HbA1c) test (special blood sugar test)	1 time each year	10	If you are diagnosed with diabetes, this is a very important test to get. It tests your average blood sugar over time. You may need this test more than once each year. Talk to your doctor about how often you need to schedule this.
Prenatal appointments	Each prenatal appointment you keep during the pregnancy	15 each visit	**Pregnant members:** Schedule a doctor's appointment as soon as you know you are pregnant. During an average pregnancy, you may have 16 visits, although your doctor may recommend more or less.
Postpartum exam	1 time following the pregnancy	25	**Pregnant members:** Schedule the exam with your doctor's office. It needs to be completed within 4–8 weeks (21–56 days) from the day you had your baby.
Well-child exams (newborn)	7 visits in the first year of life	10 each visit	**Newborn members:** Talk to your doctor about scheduling these important well-child exams. There are seven (7) visits in the first year of life (at 2–5 days, 1, 2, 4, 6, 9 and 12 months).
Well-child exams (1–2 years)	3 visits between the 1st and 2nd birthday	10 each visit	**Ages 1–2 years:** Talk to your doctor about scheduling these important well-child exams. There are three (3) visits in the second year of life (at 15, 18 and 24 months).
Lead test (6 months–2 years)	1 time each year	10	**Completing first test between ages 6 months–2 years:** Talk to your doctor about getting this important test at ages one (1) and two (2) years.
Lead test (6 months–2 years)	1 time each year	25	**Completing second test before 2 years:** Talk to your doctor about getting this important test at ages one (1) and two (2) years.
Well-child exams (2–3 years)	2 visits between the 2nd and 3rd birthday	10 each visit	**Ages 2–3 years:** Talk to your doctor about scheduling these important well-child exams. There are two (2) visits in the third year of life (at 30 and 36 months).
Annual well-child check-up (4–17 years)	1 time each year	10	**Ages 4–17 years:** Call your doctor's office to schedule this important exam one (1) time each year.

MDwiseREWARDS for Healthy Indiana Plan (HIP)

Each HIP member can earn points for completing activities as shown below:

Action	How Often	Number of Points	Details
Join myMDwise at MDwise.org/myMDwise	1 time	10	This allows us to communicate with you online. You must provide an email address. All communications will be private.
Answer questions about your health (Health Needs Screening)	1 time	30	Each new MDwise member: Earn points by answering health questions for us. We call this a Health Needs Screening. You can do this online through myMDwise, by phone or by mail.
Dental exam	2 times each year (once every 6 months)	10 each visit	For adults, dental exams should occur every six (6) months or as recommended by your dentist.
Flu shot	1 time each year	10	Adults should get a flu shot or vaccination every flu season. Talk to your doctor about getting your annual flu shot.
Follow-up appointment after a mental health inpatient hospital stay	After each hospitalization	25	It is important to go to a follow-up appointment after your mental health inpatient hospitalization stay. This appointment should be at an outpatient office or with a counselor. In order to receive REWARDS points, this outpatient appointment must take place within seven (7) days of your discharge date from the hospital.
Complete Intensive Outpatient Program (IOP) session for Substance Use Treatment	Up to 10 sessions each year	10 each session	If you have a Substance Use Disorder (SUD) and complete IOP sessions, you can earn 10 points for each session.
Annual physical exam	1 time each year	20	**Ages 18+:** Call your doctor's office to schedule this important exam once each year.
Cervical cancer screening (Pap test)	1 time each year	10	Female members starting at age 21 (or sooner if your doctor recommends it): Your doctor may want you to get this important preventive screening every year or once every three (3) years. It depends on your risk factors.
Annual mammogram	1 time each year	10	**Female members ages 40+:** Talk to your doctor about scheduling this important preventive screening.
Hemoglobin A1c (HbA1c) test (special blood sugar test)	1 time each year	10	If you are diagnosed with diabetes, this is a very important test to get. It tests your average blood sugar over time. You may need this test more than once each year. Talk to your doctor about how often you need to schedule this.
Prenatal appointments	Each prenatal appointment you keep during the pregnancy	15 each visit	**Pregnant members:** Schedule a doctor's appointment as soon as you know you are pregnant. During an average pregnancy, you may have 16 visits, although your doctor may recommend more or less.
Postpartum exam	1 time following the pregnancy	25	**Pregnant members:** Schedule the exam with your doctor's office. It needs to be completed within 4–8 weeks (21–56 days) from the day you had your baby.

For additional information, please visit MDwiseREWARDS | MDwise.

Provider Incentive Programs

MDwise Physician Pay for Value (P4V) Metrics for Hoosier Healthwise:

Quality Measures	HEDIS Specifications	2024 Goal	Pediatrician Award per Member	Family Practitioner Award per Member	Internist Award per Member
Well-Child	WCV	Achieve 75th %tile for children ages 3-21 who had a well-child visit	$0.75	$0.75	$0.75
Well-Child	W30	Achieve 75th %tile for children with 6 or more visits in the first 15 months of life	$0.75	$0.75	$0.75
Lead Screening	LSC	Achieve 50th %tile for percentage of members under 2 years of age who had a lead screening	$0.50	$0.50	$0.50
Combo 10 CIS	CIS	Achieve 50th %tile for percentage of members who had Childhood Immunization Status Combo 10	$0.75	$0.75	$0.75
Asthma Medication Ratio	AMR	Achieve 50th%ile for percentage of members ages 5–11 years, identified as having persistent asthma, with a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	$0.50	$0.50	$0.50

MDwise Physician Pay for Value (P4V) Metrics for Healthy Indiana:

Quality Measures	HEDIS Specifications	2024 Goal	Family Practitioner Award per Member	Internist Award per Member
Adult Visits	AAP	Achieve 75th %tile for percentage of members ages 20-44 years of age who had an ambulatory care visit	$0.75	$0.75
Adult Visits	AAP	Achieve 75th %tile for percentage of members ages 45-64 years of age who had an ambulatory care visit	$0.75	$0.75
Breast Cancer Screening	BCS	Achieve 75th %tile for percentage of members ages 50-74 years of age who had at least one mammogram to screen for breast cancer	$0.75	$0.75
Cervical Cancer Screening	CCS	Achieve 75th %tile for percentage of members ages 21-64 years of age who had at least one cervical cancer screening	$0.50	$0.50
Colorectal Cancer Screening	COL	Achieve 75th %tile for percentage of members ages 45-75 years of age who had at least one colorectal cancer screening	$0.50	$0.50

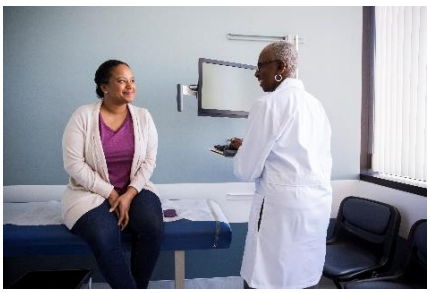
For additional information, please visit Physician Pay for Value (mdwise.org).

SECTION 2: HEDIS Measures

Adults' Access to Preventive/Ambulatory Health Services (AAP)

What Is the Measure?

This measure examines whether adult members ages 20 years and older receive preventive and ambulatory services from an organization. It looks at the percentage of members who have had a preventive or ambulatory visit with their physician.



Codes to Identify AAP:

Description	Codes
Ambulatory Visits	**CPT I:** * 92002, 92004 ,92012, 92014, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99457, 99458, 99483 **HCPCS:** * G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, S0620, S0621, T1015 **ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 **SNOMED:** 18170008, 19681004, 162651007, 162655003, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 185317003, 207195004, 209099002, 210098006, 243788004, 268563000, 268565007, 281029006, 281031002, 314849005, 386472008, 386473003, 401140000, 401267002, 410620009, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 699134002, 712791009, 713020001, 783260003 **UBREV:** 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0524, 0525, 0526, 0527, 0528, 0529, 0982, 0983

** This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- Educate patients on the importance of having at least one (1) ambulatory or preventive care visit during each calendar year.
- Contact patients who have not had a preventive or ambulatory health visit.
- Report the appropriate codes for members with one (1) or more AAP visits during the measurement year or the two (2) years before.
- Report all services provided and utilize appropriate billing codes.
- Request AAP gaps in care lists for your group. Provider rosters can change throughout the year, and newly assigned members need to have care initiated.

Asthma Medication Ratio (AMR)

What Is the Measure?

This measure assesses the percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Codes to Identify AMR:

Description	Codes
Asthma	**ICD10CM:** J45.21, J45.22, J.45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998 **SNOMED:** 11641008, 12428000, 13151001, 18041002, 19849005, 34015007, 37981002, 41553006, 55570000, 56968009, 57607007, 59786004, 85761009, 195949008, 195967001, 195977004, 225057002, 233672007, 233678006, 233679003, 233687002, 233691007, 266361008, 281239006, 304527002, 370218001, 370219009, 370221004, 404804003, 404806001, 404808000, 405944004, 407674008, 409663006, 418395004, 426656000, 426979002, 427295004, 442025000, 707444001, 707445000, 707446004, 707447008, 707511009, 707512002, 707513007, 707979007, 707980005, 707981009, 708038006, 708090002, 708093000, 708094006, 708095007, 708096008, 733858005, 734904007, 734905008, 735587000, 735589002, 762521001, 782513000, 782520007, 786836003, 829976001, 401000119107, 901000119100, 1751000119100, 5281000124103, 9903100011910 7, 10378100011910 3, 12499100011910 9, 12500100011910 3, 12501100011910 0, 13517100011910 6, 13518100011910 9, 2360001000004109, 10674711000119105, 10675391000119101, 10675431000119106, 10675471000119109, 10675551000119104, 10675751000119107, 10675871000119106, 10675911000119109, 10675991000119100, 10676271000119104, 10676391000119108, 10676431000119103, 10676511000119109, 10692681000119108, 10692721000119102, 10692761000119107, 16055311000119107, 16584951000119101

Medication Group Classifications:

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antibody inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation

Description	Prescriptions	Medication Lists	Route
Inhaled steroid combinations	Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

How to Improve Your Quality Score:

- Educate patients about the difference between controller and rescue medications/inhalers, the importance of controller medications in their treatment plan and utilizing more controller (preventive) medication instead of rescue medications to manage their asthma.
- Prescribe a long-term controller medication with 90-day refills and prescribe the same day if a patient requires a rescue inhaler for multiple locations (school, home, daycare). All inhalers of the same medication dispensed on the same day count as one dispensing event.
- Monitor member's compliance with medication and ensure the member is not using more rescue medications than controller medications.
- Verify that the patient's diagnoses are coded correctly.
- Regularly evaluate the patient's inhaler technique.
- Ask the patient if they have any barriers to filling their prescriptions.
- Assess asthma symptoms at every visit to determine if preventive medication action is needed (i.e., new controller medication, step up in therapy prescription, reinforcement of adherence).
- Help patients to identify their asthma triggers. Educate patients on the importance of an asthma-friendly home environment and perform allergen sensitivity testing if needed. Use the Centers for Disease Control & Prevention's (CDC's) Home Assessment Checklist to guide patients in assessing their home environment. CDC Home Assessment Checklist
- Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms are present (for example, wheezing during a viral URI and acute bronchitis is not asthma).

Breast Cancer Screening (BCS-E)

What Is the Measure?

The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had one (1) or more mammograms any time on or between October 1, two (2) years prior to the measurement period and the end of the measurement period.

Codes to Identify BCS-E:

Description	Codes
Breast Cancer Screening	**CPT I:** * 77061-77063, 77065-77067 **LOINC:** 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3 **SNOMED:** 12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102

* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- Ensure that an order for a mammogram is given at well-woman exams for women 50-74 years of age.
- All types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) meet the numerator compliance. Do not count biopsies, breast ultrasounds or MRIs.
- Refer patients to local mammography imaging centers. Follow up to confirm completion.
- Schedule mobile mammography events at clinics or during health fairs, etc.
- Educate patients on the importance of routine screening (at least once every 24 months). Remind patients that preventive screenings are covered under health care reform. Depending on risk factors, mammograms may be completed more often.
- Discuss possible concerns or fears patients may have about the screening.
- Develop standing orders with automated referrals (if applicable) for members 50-74 years of age.
- Discuss the importance of breast cancer screenings and ensure members are up to date with their annual mammograms.
- Note the date of the mammogram with proof of completion in the medical record to confirm that the screening was ordered and completed. Discuss the results or findings with the patient.

Cervical Cancer Screening (CCS, CCS-E)

What Is the Measure?

The percentage of members, assigned female at birth, 21–64 years of age, who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last three (3) years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five (5) years.
- Members 30–64 years of age were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) testing within the last five (5) years.

Codes to Identify (CCS, CCS-E):

Description	Codes
Cervical Cancer Screening	**CPT I:** * 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS:** * G0123, G0124, G0141, G0143, G0144, 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 **SNOMED:** 171149006, 416107004, 417036008, 440623000, 448651000124104, 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102
Codes to Identify HPV Test	**CPT I:** * 87624, 87625 **HCPCS:** * G0476 **LOINC:** 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3, 35904009, 448651000124104

* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- Display culturally appropriate posters and brochures around patient areas to encourage patients to talk to providers about cervical cancer screening.
- Educate patients that cervical cancer screening is a covered preventive service.
- Help members schedule their routine cervical cancer screening.
- Use needed services lists to identify women who need a Pap test.
- Avoid missed opportunities. If time allows, complete Pap tests during regularly scheduled well-woman visits, sick visits, urine pregnancy tests, UTI and chlamydia/STI screenings.
- Request that Pap screening results be sent to you if completed at OB-GYN visits.
- Document in the medical record if a patient had a hysterectomy, including the year completed. Remember synonyms (total, complete, radical) must be included in the documentation for the member to be excluded.
- Assess the patient's risk, which may include sexual history, contraceptive practices, and family history of cancer.
- Implement standing orders for cervical cancer screening.
- Review and document your patient's surgical and preventive screening history with results.

Colorectal Cancer Screening (COL-E)

What Is the Measure?

This measure assesses the percentage of members 45-75 years of age who had appropriate screening for colorectal cancer using any of the following tests:

Type of Screening	Compliant for:
Colonoscopy	10 years
Flexible Sigmoidoscopy	5 years
sDNA (stool DNA + FIT test), also known as Cologuard®	3 years
FIT (Fecal Immunochemical Test) **FOBT** (Fecal Occult Blood Test)	1 year
CT-Colonography (virtual colonoscopy)	5 years

Codes to Identify COL-E:

Description	Codes
FOTB Lab Test	**CPT I:** * 82270, 82274 **HCPCS:** * G0328 **LOINC:** 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 **SNOMED:** 104435004, 441579003, 442067009, 442516004, 442554004, 442563002
FOTB Test Result	**SNOMED:** 59614000, 167667006, 389076003
Flexible Sigmoidoscopy	**CPT I:** * 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** * G0104 **SNOMED:** 44441009, 396226005, 425634007
Colonoscopy	**CPT I:** * 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 **HCPCS:** * G0105, G0121 **SNOMED:** 8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 235151005, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000
sDNA FIT	**CPT I:** * 81528 **LOINC:** 77353-1, 77354-9
CT Colonography	**CPT I:** * 74261-74263 **LOINC:** 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 **SNOMED:** 418714002

* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- Educate patients on the importance of colorectal cancer screening. For patients who refuse a colonoscopy, discuss noninvasive screening options such as Cologuard® or FIT.
- Assess existing barriers to colorectal cancer screening (i.e., access, fear/anxiety, etc.).
- Use standing orders and empower office staff to distribute FOBT kits to patients who need colorectal cancer screening or prepare referrals for colonoscopy.
- Implement a FLU-FOBT program to increase access to colorectal cancer screening by offering home tests to patients at the time of their flu shots.
- Have FIT kits readily available to give patients during the visit.
- Fecal Immunochemical Test (FIT) and Cologuard® (sDNA + FIT) tests are NOT the same screening. FIT uses antibodies to detect blood in the stool (completed annually), and sDNA combines the FIT with a test that detects altered DNA in the stool (completed every three (3) years).
- Colonoscopy must be complete, or evidence must show that the scope advanced beyond splenic flexure to be considered compliant within the time frame. An incomplete colonoscopy or evidence that the scope advanced into the sigmoid colon can be considered compliant as a flexible sigmoidoscopy.

Child and Adolescent Well-Child Visits (WCV)

What Is the Measure?

This measure assesses the percentage of members 3–21 years of age who had at least one (1) comprehensive well-child visit with a PCP or an OB/GYN practitioner during the measurement year.

> ➢ **It is recommended that well-child visits follow the American Academy of Pediatrics Bright Futures Periodicity Schedule: Periodicity Schedule**

The American Academy of Pediatrics (AAP) Bright Futures initiative recommends that the well-child visits for ages 3-11 years include, but are not limited to:

- An initial/interval medical history
- Physical exam
- Developmental assessment
- Anticipatory guidance

The American Academy of Pediatrics (AAP) Bright Futures initiative recommends that the well-child visits for ages 12-21 years include, but are not limited to:

- Concerns of the adolescent and the parent(s)
- Address social determinants of health
- Physical growth and development
- Emotional well-being
- Risk reduction (pregnancy and sexually transmitted infections, tobacco, e-cigarettes, alcohol)
- Safety (seat belt and helmet use, sun protection, substance use, firearm safety)

Codes to Identify WCV:

Description	Codes
Encounter for Well-Child	**ICD-10:** 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
Well-Child	**CPT I:** * 99381-99385, 99391-99395, 99461 **HCPCS:** ** G0438, G0439, S0302, S0610, S0612, S0613 **SNOMED:** 103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 783260003, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

* *Required as a primary diagnosis for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) billing.*
** *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- Make every office visit count. If time allows for additional quality procedures, avoid missed opportunities by taking advantage of every office visit, including sick visits and sports/daycare/camp physicals, to provide a well-child visit, immunizations, lead testing, developmental screening, BMI calculations and counseling.
- Educate staff to schedule the recommended well-child visits within the guideline time frames.
- Inform caregivers about the importance of annual well-child visits.
- Actively pursue missed appointments with reminder letters, calls and text messages.
- Make outreach calls to members who are not on track to complete an annual well-child visit.
- Ensure the medical record includes the date that a health and developmental history and physical exam were performed, and health education/anticipatory guidance was given.
- Set care gap "alerts" in your electronic medical record.
- Encourage parents/patients to maintain the relationship with a PCP to promote consistent and coordinated health care.

Childhood Immunization Status (CIS, CIS-E)

What Is the Measure?

This measure assesses the percentage of children two (2) years of age who had the following vaccines by their second birthday:

- 4 DTaP (diphtheria, tetanus, acellular pertussis)
- 1 HepA (hepatitis A)
- 3 HepB (hepatitis B)
- 3 HiB (H influenza type B)
- 2 Flu (influenza)
- 3 IPV (polio)
- 1 MMR (measles, mumps, rubella)
- 2 or 3 RV (rotavirus)
- 4 PCV (pneumococcal conjugate)
- 1 VZV (chicken pox)

2023-2024 Recommended Immunizations for Children

How to Improve Your Quality Score:

- **Use Indiana's Children & Hoosiers Immunization Registry Program (CHIRP)** to register Immunizations: CHIRP-Web Main Page
- **Review a child's immunization record** before every visit and administer needed vaccines.
- **Recommend immunizations to parents**. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations. Talking with Parents about Vaccines for Infants | CDC
- **Check at each visit** for any missing immunizations.
- **Educate staff** to schedule vaccination/well-child visits prior to the second birthday.
- **Refresh staff knowledge** by completing CDC's "You Call the Shots" interactive web-based immunization training course: You Call the Shots: Vaccines Web-based Training Course | CDC
- **Use your electronic medical record** system for pre-visit planning and to set alerts.
- **Use combination vaccines** (DTaP-HepB-IPV, DTaP-HiB-IPV, DTaP-IPV-HiB-HepB) when possible.
- **General Best Practice Guidelines** for Immunization from the Centers for Disease Control and Prevention can be found: ACIP General Best Practice Guidelines for Immunization | CDC

Codes to Identify (CIS, CIS-E):

Description	Codes
DTaP	**CPT I:** * 90697, 90698, 90700, 90723 **SNOMED:** 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 787436003, 866158005, 866159002, 866226006, 868273007, 868274001, 868276004, 868277008, 1162640003, 42825100012410 4, 57157100011910 5, 57256100011910 8, 16290681000119103, 192710009, 192711008, 192712001, 42828100012410 7, 42829100012410 5 **CVX:** 20, 50, 106, 107, 110, 120, 146
HepA	**CPT I:** * 90633 **ICD-10:** B15.0, B15.9 **SNOMED:**170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 314177003, 314178008, 314179000, 394691002, 871752004, 871753009, 871754003, 16060001, 18917003, 25102003, 40468003, 43634002, 79031007, 111879004, 165997004, 206373002, 278971009, 310875001, 424758008, 428030001, 10580100011910 3, 57151100011910 2, 47131100012410 3 **CVX:** 31, 83, 85
HepB	**CPT I:** * 90697, 90723, 90740, 90744, 90747, 90748 **HCPCS:** * G0010 **SNOMED:** 16584000, 170370000, 170371001, 170372008, 170373003, 170374009, 170375005, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 416923003, 770608009, 770616000, 770617009, 770618004, 786846001, 1162640003, 57256100011910 8, 42832100012410 1, 1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 60498001, 61977001, 66071002, 76795007, 111891008, 165806002, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 271511000, 313234004, 406117000, 424099008, 424340000, 442134007, 442374005, 446698005, 838380002, 1230342001, 15309100011910 9, 55162100012410 9 **ICD-10PCS:** 3E0234Z **ICD-10:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 **CVX:** 08, 44, 45, 51, 110, 146
HiB	**CPT I:** * 90644, 90647, 90648, 90697, 90698, 90748 **SNOMED:** 127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 414001002, 414259000, 415507003, 415712004, 428975001, 712833000, 712834006, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003, 1119364007, 1162640003, 16292241000119109, 43362100012410 1 **CVX:** 17,46, 47, 48, 49, 50, 51, 120, 146, 148
Flu	**CPT I:** * 90660, 90672, 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 **HCPCS:** * G0008 **SNOMED:** 86198006, 787016008, 47136100012410 0 **CVX:** 111, 149, 88, 140, 141, 150, 153, 155, 158, 161, 171, 186
IPV	**CPT I:** * 90697, 90698, 90713, 90723 **SNOMED:** 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390865008, 396456003, 412762002, 412763007, 412764001, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007, 866186002, 866227002, 868266002, 868267006, 868268001, 868273007, 868274001, 868276004, 868277008, 870670004, 57256100011910 8, 16290681000119103, 47132100012410 6

	CVX: 10, 89, 110, 120, 146
MMR	**CPT I:** * 90707, 90710 **ICD-10:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 **SNOMED:** 14189004, 28463004, 38921001, 60013002, 74918002, 111873003, 161419000, 186561002, 186562009, 195900001, 240483006, 240484000, 359686005, 371111005, 406592004, 417145006, 424306000, 105841000119101, 38598009, 170431005, 170432003, 170433008, 432636005, 433733003, 871909005, 571591000119106, 572511000119110, 10665004, 17121006, 31524007, 31646008, 36989005, 40099009, 44201003, 63462008, 72071001, 74717002, 75548002, 78580004, 89231008, 89764009, 111870000, 161420006, 235123001, 236771002, 237443002, 240526004, 240527008, 240529006, 371112003, 1163539003, 105821000119107, 10082001, 13225007, 19431000, 36653000, 51490003, 64190005, 79303006, 128191000, 161421005, 165792000, 186567003, 186570004, 192689006, 231985001, 232312000, 240485004, 253227001, 406112006, 406113001, 109236100011910 9, 107597610001191 00, 471331000124109 **CVX:** 03, 94
RV	**CPT I:** * 90681, 90680 **SNOMED:** 434741000124104, 434731000124109, 428331000124103 **CVX:** 116, 122
PCV	**CPT I:** * 90670, 90671 **HCPCS:** * G0009 **SNOMED:** 1119368005, 434751000124102, 471141000124102 **CVX:** 109, 133, 152, 215
VZV	**CPT I:** * 90710, 90716 **ICD-10:** B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 **SNOMED:** 4740000, 10698009, 21954000, 23737006, 24059009, 36292003, 38907003, 42448002, 49183009, 55560002, 87513003, 111859007, 111861003, 161423008, 186524006, 195911009, 230176008, 230198004, 230262004, 230536009, 232400003, 235059009, 240468001, 240470005, 240471009, 240472002, 240473007, 240474001, 309465005, 371113008, 397573005, 400020001, 402897003, 402898008, 402899000, 410500004, 410509003, 421029004, 422127002, 422446008, 422471006, 422666006, 423333008, 423628002, 424353002, 424435009, 424801004, 424941009, 425356002, 426570007, 428633000, 713250002, 713733003, 713964006, 715223009, 723109003, 838357005, 1163465001, 1163483009, 1179456002, 125510001321 07, 125610001321 05, 125710001321 04, 985410001191 01, 331071000119101, 681221000119108, 108731000119102, 156787610001191 05, 156788010001191 02, 156788410001191 00, 156802010001191 06, 156802410001191 08, 156802810001191 03, 156813210001191 00, 156814010001191 01, 156850810001191 02, 156851210001191 00, 156852010001191 00, 156852810001191 08, 159365810001191 08, 159366210001191 08, 159892710001191 07, 159893110001191 07, 159893510001191 08, 159917110001191 08, 159917510001191 09, 159917910001191 04, 159923510001191 04, 160007510001191 05, 160007910001191 00, 160008310001191 06, 425897001, 428502009, 432636005, 433733003, 737081007, 871898007, 871899004, 871909005, 572511000119105, 471341000124104 **CVX:** 21, 94
Note: *To receive reimbursement for Vaccine for Children (VFC) administration, please refer to the IHCP Injections Vaccines and Other Physician-Administered Drugs Module.*	

** This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

Follow-Up After Emergency Department Visit for Substance Use (FUA)

What Is the Measure?

The percentage of emergency department (ED) visits among members 13 years of age and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose for which there was follow-up.

Two (2) rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Follow-Up Care:

Follow-up may include an outpatient visit, intensive outpatient visit, partial hospitalization, telehealth, telephone visit or pharmacotherapy dispensing appointment (methadone or buprenorphine/naloxone). No diagnostic information is required if follow-up care occurs with a behavioral health provider.

Codes to Identify Follow-Ups for FUA:

Common Value Set	Codes
Abuse and Dependence (AOD)	**ICD-10:** F10.1xx, F10.2xx, F11.1xx, F11.2xx, F12.1XX, F12.2xx, F13.1xx, F13.2xx, F14.1xx, F14.2xx, F15.1xx, F15.2xx, F16.1xx, F16.2xx, F18.1xx, F18.2xx, F19.1xx, F19.2xx **SNOMED:** 281004, 1383008, 1686006, 1973000, 2403008, 5002000, 5444000, 5602001, 6348008, 7052005, 7071007, 7200002, 8635005, 8837000, 10327003, 11387009, 14784000, 15167005, 15277004, 18653004, 18689007, 19445006, 20385005, 20876004, 21647008, 22574000, 25753007, 26714005, 27956007, 28864000, 29212009, 29733004, 30491001, 31956009, 32009006, 32358001, 32875003, 34938008, 37344009, 38247002, 39807006, 39951001, 40571009, 41083005, 42344001, 43497001, 46975003, 47664006, 50320000, 50933003, 51443000, 51493001, 52866005, 53050002, 53936005, 57588009, 58727001, 59651006, 61104008, 61144001, 63649001, 63983005, 64386003, 66590003, 70328006, 70340006, 70701004, 70932007, 71328000, 73097000, 74851005, 74934004, 75122001, 75544000, 77355000, 78267003, 78358001, 80868005, 82339009, 83367009, 85005007, 85561006, 86325007, 87132004, 87810006, 88926005, 89451009, 91388009, 95661003, 191475009, 191476005, 191478006, 191480000, 191811004, 191812006, 191819002, 191820008, 191831000, 191832007, 191837001, 191838006, 191849000, 191850000, 191853003, 191855005, 191856006, 191865004, 191867007, 191868002, 191882002, 191883007, 191891003, 191893000, 191894006, 191899001, 191900006, 191909007, 191912005, 191913000, 191916008, 191918009, 191919001, 230443000, 231462006, 231468005, 231469002, 231470001, 231472009, 231473004, 231474005, 231477003, 231478008, 231479000, 231480002, 268645007, 268646008, 275471001, 284591009, 308742005, 312098001, 312936002, 361151007, 416714005, 417143004, 425339005, 425885002, 426001001, 426095000, 426873000, 427229002, 427327003, 428370001, 441527004, 442406005, 699449003, 703845008, 703846009, 703847000, 703848005, 703849002, 703850002, 713583005, 713862009, 714829008, 723926008, 723927004, 723928009, 723929001, 723930006, 723936000, 723937009, 724655005, 724656006, 724660009, 724661008, 724662001, 724663006, 724664000, 724665004, 724666003, 724667007, 724668002, 724669005, 724670006, 724671005, 724672003, 724675001, 724689006, 724690002, 724691003, 724692005, 724693000, 724696008, 724701001, 724702008, 724706006, 724713006, 724715004, 724720004, 724725009, 724726005, 724727001, 724728006, 724732000, 735750005, 737338002, 762320004, 762321000, 762322007, 762324008, 762325009, 762326005, 762327001, 762333005, 762334004, 762335003, 762336002, 762337006, 762338001, 762339009, 762340006, 762344002, 762345001, 762346000, 762504005, 762505006, 762517008, 762672001, 785277001, 817962007, 838527002, 1230071005, 1230072003, 1230084001, 1230085000, 1230086004,

	1230087008, 1230088003, 1230089006, 1231160001, 1231162009, 1231319004, 1231327008, 1231328003, 1231333004, 1231336007, 1255013006, 1255015004, 1255018002, 10810001191 05, 23601000119102, 34111000119108, 86391000119101, 86401000119104, 97571000119109, 12585100011 9106, 13530100011 9103, 13531100011 9100, 13532100011 9107, 14498100011 9109, 14510100011 9102, 14512100011 9106, 14584100011 9107, 15421100011 9108, 28802100011 9107, 28803100011 9105, 28846100011 9105, 28885100011 9106, 28886100011 9108, 52084100012 4109, 10741871000119101, 10755041000119100, 11048011000119103, 12398281000119105, 123986510001191 00
AOD Medication Treatment	**SNOMED:** 310653000
Substance-Induced Disorders	**ICD-10:** F10.9xx, F11.9xx, F12.9xx, F13.9xx, F14.9xx, F15.9xx, F16.9xx, F18.9xx, F19.9xx **SNOMED:** 281004, 1383008, 1686006, 1973000, 2043009, 2403008, 4863002, 5444000, 6348008, 7052005, 7200002, 7916009, 8635005, 8837000, 9953008, 10327003, 11387009, 14784000, 15167005, 15277004, 18653004, 18689007, 19303008, 19445006, 20385005, 20876004, 21007002, 25702006, 26714005, 27956007, 28368009, 28864000, 29733004, 30491001, 30871003, 32009006, 32358001, 32552001, 32875003, 33871004, 34938008, 37331004, 39003006, 39807006, 39951001, 40571009, 41309000, 43497001, 44047000, 46721000, 46975003, 47664006, 50026000, 50320000, 50325005, 50722006, 50933003, 51443000, 51493001, 52866005, 53050002, 55967005, 56194001, 57588009, 59651006, 61104008, 61144001, 63649001, 63983005, 66590003, 69482004, 70328006, 70655008, 70932007, 71328000, 73097000, 74934004, 75122001, 77355000, 78358001, 78524005, 80868005, 82047000, 82339009, 82782008, 83367009, 85561006, 87132004, 87810006, 89451009, 89507002, 95635002, 111480006, 191471000, 191475009, 191476005, 191478006, 191480000, 191811004, 191812006, 191813001, 191882002, 191883007, 191884001, 192811002, 205788004, 205791004, 216633005, 216635003, 216636002, 230353003, 230443000, 230800004, 231467000, 234341005, 234366009, 235875008, 235880004, 235881000, 235942001, 235952002, 237641009, 237738005, 268645007, 278363000, 284591009, 287166006, 292881006, 300992002, 307757001, 308692003, 309279000, 311173003, 312098001, 312936002, 313915006, 314539001, 361268000, 361272001, 361273006, 363314000, 416073003, 416714005, 417143004, 417360004, 417633001, 420054005, 424199006, 445507008, 609437000, 609438005, 698321001, 699208000, 713181003, 713370005, 713583005, 713862009, 714829008, 719848005, 721710005, 723103002, 723926008, 723927004, 723936000, 723937009, 724655005, 724673008, 724674002, 724675001, 724689006, 724690002, 724691003, 724692005, 724693000, 724696008, 724702008, 724706006, 724707002, 724708007, 724718002, 724719005, 724720004, 724721000, 724722007, 724723002, 724725009, 724726005, 724727001, 724728006, 735750005, 737226008, 737334000, 737335004, 737336003, 737337007, 737338002, 737339005, 737341006, 737342004, 762320004, 762321000, 762322007, 762324008, 762325009, 762326005, 762327001, 762328006, 762329003, 762330008, 762331007, 762335003, 762336002, 762337006, 762338001, 762339009, 762340006, 762344002, 762345001, 762346000, 762506007, 762507003, 762508008, 762509000, 762510005, 762511009, 762512002, 762513007, 762514001, 762515000, 762516004, 788904003, 788905002, 788983007, 838376007, 838386008, 838528007, 838529004, 838530009, 1149333003, 1149353004, 1153338005, 1197724009, 1231846001, 1234750000, 1234767007, 1234772003, 1234774002, 1234776000, 1234778004, 1234779007, 1234780005, 1234781009, 1234782002, 1234783007, 1255408003, 1255409006, 21831000119109, 21841000119100, 97571000119109, 13330100011 9102, 13530100011 9103, 13531100011 9100, 13532100011 9107, 13533100011 9105, 28802100011 9107, 28803100011 9105, 28846100011 9105, 28885100011 9106, 28886100011 9108, 46117100012 4100, 10741871000119101, 10755041000119100, 12398201000119102, 12398281000119105
Unintentional Drug Overdose	**ICD-10:** T40.0xxx, T40.1xxx, T40.2xxx, T40.3xxx, T40.411x, T40.414x, T40.421x, T40.424x, T40.491x, T40.494x, T40.5xxx, T40.601x, T40.604x, T40.691x, T40.694x, T40.711x, T40.714x, T40.721x, T40.724x, T40.8xxx, T40.901x, T40.904x, T40.991x, T40.994x, T41.0xxx, T41.1xxx, T41.201x, T41.204x, T41.291x, T41.3xxx, T41.41xx, T41.44xx, T41.5xxx, T42.3xxx, T42.4xxx, T43.601x, T43.604x, T43.621x, T43.624x,

	T43.631x, T43.634x, T43.641x, T43.644x, T43.651x, T43.654x, T43.691x, T43.694x, T51.0xxx **SNOMED:** 295141006, 295145002, 295150008, 295154004, 295158001, 295163002, 295167001, 295171003, 295175007, 295178009, 295181004, 295185008, 295190006, 295194002, 295198004, 295202002, 295206004, 295210001, 295504002, 295508004, 295513000, 295521006, 295526001, 295534007, 295538005, 295542008, 295546006, 295551000, 295555009, 295559003, 295563005, 295572002, 295576004, 295580009, 295584000, 295984006, 295988009, 295992002, 296011000, 296038007, 296042005, 296046008, 296050001, 296055006, 296059000, 296063007, 296067008, 296071006, 296075002, 296080006, 296084002, 296088004, 296091004, 296099002, 296103007, 296107008, 296111002, 296115006, 296119000, 296122003, 296126000, 296128004, 296302007, 296310008, 296314004, 296322006, 296326009, 297199006, 838520000
Visit Setting Unspecified	**CPT I:** * 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239

Behavioral Health Specialty Provider Billing Combinations

Behavioral Health Specialty Providers: Psychologists, Psychiatrists, Licensed Clinical Social Workers, Psychiatric/Mental Health Nurse Practitioners/Clinical Nurse Specialists, Psychiatric Physician Assistants, Licensed Mental Health Counselors and Licensed Marriage and Family Therapists

Follow-up Visit Type	Required Code/Value Set Code	Required Places of Service (POS) Code/Value Set Code
Outpatient Visits	**Visit Setting Unspecified Value Set**	03, 05, 07, 11-20, 22, 33, 49, 50, 71, or 72
	CPT I: * 98960-98962, 99202-99205, 99211-99215, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401 **HCPCS:** G0463, H0031, H0034, H2000, H2011, T1015 REV: 510, 513, 515-517, 519-521, 523, 900, 914-916, H2014, H2017, H2019 **SNOMED**: 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105	-
Intensive Outpatient Visit	**Visit Setting Unspecified Value Set**	52
	HCPCS: * H0035, S9480, S9484, S9485, H2012 **REV:** 905, 907, 912, 913 **SNOMED:** 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000	-
Non-residential Substance Abuse Treatment Facility Visit	**Visit Setting Unspecified Value Set**	57 or 58
Community Mental Health Center (CMHC) Visit	**Visit Setting Unspecified Value Set**	53
Telehealth Visit	**Visit Setting Unspecified Value Set**	02 or 10
E-visit or Virtual Check-in Visit	**CPT I:** * 98980, 98981, 99457, 99458	-
* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*		

Medical Practitioner Provider Billing Combinations

Follow-up Visit Type	Required Code/Value Set Code	Abuse and Dependence (AOD), Substance-Induced Disorders, or Unintentional Drug Overdose Value Set Diagnosis Code Required	Required Places of Service (POS) Code/Value Set Code
Outpatient Visits	**Visit Setting Unspecified Value Set**	✓	03, 05, 07, 11-20, 22, 33, 49, 50, 71, or 72
	CPT I: * 98960-98962, 99202-99205, 99211-99215, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401 **HCPCS:** * G0463, H0031, H0034, H2000, H2011, T1015 **REV:** 510, 513, 515-517, 519-521, 523, 900, 914-916, H2014, H2017, H2019 **SNOMED**: 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105	✓	-
Intensive Outpatient Visit	**Visit Setting Unspecified Value Set**	✓	52
	HCPCS: * H0035, S9480, S9484, S9485, H2012 **REV:** 905, 907, 912, 913 **SNOMED:** 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000	✓	-
Non-residential Substance Abuse Treatment Facility Visit	**Visit Setting Unspecified Value Set**	✓	57 or 58
Community Mental Health Center (CMHC) Visit	**Visit Setting Unspecified Value Set**	✓	53
E-visit or Virtual Check-in Visit	**CPT I:** * 98980, 98981, 99457, 99458	✓	-
Peer Support Services	**HCPCS:** * H0038, T1016, H2014	✓	-
Monthly or Weekly Opioid Treatment Service	**HCPCS:** * G2067-G2077, G2080, G2086, G2087	✓	-
Substance Use Disorder Service	**CPT I:** * 99408, 99409 **HCPCS:** * H0015, H0005 **REV:** 906 **ICD-10:** Z71.41, Z71.51	-	-

	SNOMED: 20093000, 23915005, 56876005, 61480009, 64297001, 67516001, 87106005, 182969009, 266707007, 310653000, 370776007, 370854007, 385989002, 386449006, 386450006, 386451005, 414054004, 414056002, 414283008, 414501008, 415662004, 445628007, 445662007, 450760003, 704182008, 707166002, 711008001, 713106006, 713107002, 713127001, 720174008, 720175009, 720176005, 720177001, 763104007, 763233002, 763302001, 772813001, 774090004, 774091000, 792901003, 792902005, 827094004, 865964007, 428211000124100		
Substance Use Services	**HCPCS:** * H0006, H0028 **SNOMED:** 4266003, 38670004, 390857005, 396150002, 401266006, 417096006, 417699000, 423416000, 431260004, 719757009, 1254709001		
Telehealth Visit	**Visit Setting Unspecified Value Set**		02 or 10
Telephone Visits	**CPT I:** * 98966-98968, 99441-99443 **SNOMED**: 185317003, 314849005, 386472008, 386473003, 401267002		
Behavioral Health Screening or Assessment	**CPT I:** * 99408, 99409 **HCPCS:** * H0031 **SNOMED:** 40823001, 49474007, 58473000, 64792006, 89732002, 171208001, 314077000, 370854007, 391281002, 410223002, 410229003, 414283008, 414501008, 415662004, 439320000, 703257008, 713106006, 713107002, 713127001, 713132000, 713137006, 428211000124100	-	-

* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

Common Value Set	Codes
Pharmacology Dispensing Event	**HCPCS:** * G2067-G2070, G2072, G2073, J0570-J0575, J2315, Q9991, Q9992
	Medication List: * Alcohol Use Disorder or Opioid Use Disorder Treatment Medications List

* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

** *Please refer to the NCQA > HEDIS MY 2024 Medication List Directory for a complete listing of medications.*

How to Improve Your Quality Score:

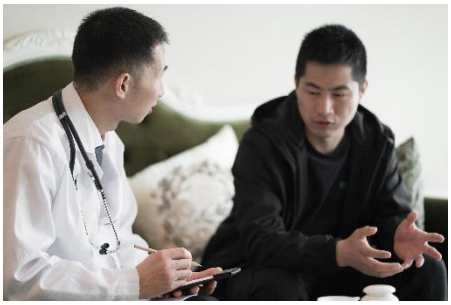
- Identify and address any barriers to the patient attending appointments.
- Talk to the patient about the importance of seeking follow-up care within seven (7) days of discharge.
- Emphasize the importance of consistency and adherence to treatment recommendations.
- Encourage patients to include primary care, behavioral health care and support systems in treatment planning.
- Schedule the 7-day follow-up appointment within five (5) days of the ED visit to allow flexibility in rescheduling, if necessary. The 7- and 30-day time frames include weekends.
- Telehealth visits with the appropriate principal diagnosis will meet the follow-up criteria.
- MDwise has case management services to which you can refer patients. Case Management/Disease Management Referral Form - MDwise | MDwise Documents and Links
- Additional behavioral health resources can be found at Behavioral Health Services | MDwise.

Glycemic Status Assessment for Patients with Diabetes (GSD)

What Is the Measure?

The percentage of members 18-75 years of age with diabetes (Type 1 and Type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%
- Glycemic Status >9.0%



Compliance:

HbA1c Controlled

- Member has a **HbA1c of <8.0%** within the current year
- Member is not compliant if the most recent **HbA1c is ≥ 8.0%**

HbA1c Poorly Controlled

- Member has a **HbA1c of >9.0%** within the current year
- The member is numerator compliant if **HbA1c is >9.0%**

Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators. The result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year through laboratory data or medical record review is required. Documentation in the medical record must include a note indicating the date when the glycemic status assessment (HbA1c or GMI) was performed, and the result. Low rates of Glycemic Status >9% indicate better care.

Codes to Identify GSD:

Description	Codes
HbA1c Lab Test	**CPT I:** * 83036, 83037 **LOINC:** 17855-8, 17856-6, 4548-4, 4549-2, 96595-4 **SNOMED:** 43396009, 313835008
HbA1c Test Result or Finding	**CPT I:** * 3044F (<7.0), 3051F (7.0 – 7.9), 3052F (8.0 – 9.0), 3046F (>9.0) **SNOMED:** 165679005, 451061000124104

* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- Consider using a flag to review the potential need for diabetes services at each visit.
- Send results of A1c tests as part of HEDIS medical record. Results are required.
- Educate members on the importance of all aspects of diabetes care and testing (A1c, BP, eye exam, kidneys, etc.), including healthy nutrition, exercise, and lifestyle.
- Consider referral to a diabetic educator or nutritionist.
- Evaluate and document HbA1c every three (3) to six (6) months.
- Outreach to patients with sub-optimal HbA1c.
- Remind patients to bring logbooks or glucose monitors to appointments.
- Ensure patients understand education materials for new-onset diabetes and HbA1c.
- Ensure labs are ordered prior to patient appointments, and members come in for regular office visits for diabetes care versus only getting medication refills.

Immunizations for Adolescents (IMA)

What Is the Measure?

The percentage of adolescents who turn 13 years of age in the measurement year and receive the following vaccinations by their 13th birthday:

- Meningococcal vaccine, given between 11th and 13th birthdays.
- Tdap/Td vaccine, given between 10th and 13th birthdays.
- At least two (2) HPV vaccines, between the 9th and 13th birthday with at least 146 days between the doses (2-dose vaccination series) with different dates of service between the 9th and 13th birthdays (male and female), or at least three (3) HPV vaccines with different dates of service between the 9th and 13th birthdays (male and female).

Codes to Identify IMA:

Description	Codes
Meningococcal	**CPT I:** * 90619, 90733, 90734 **CVX:** 32, 108, 114, 136, 147, 167, 203 **SNOMED:** 871874000, 428271000124109, 116298691000119102
Tdap	**CPT I:** * 90715 **SNOMED:** 428281000124107, 428291000124105, 192710009, 192711008, 192712001, 390846000, 412755006, 412756007, 412757003, 428251000124104, 57157100011910 5
HPV	**CPT I:** * 90649-90651 **CVX**: 62, 118, 137, 165 **SNOMED:** 428741008, 428931000, 429396009, 717953009, 724332002, 734152003, 761841000, 1209198003, 428241000124101

* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- Use Indiana's Children & Hoosiers Immunization Registry Program (CHIRP) to register Immunizations. CHIRP-Web Main Page
- Review a child's immunization record before every visit and administer needed vaccines.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider.
- Address common misconceptions about vaccinations. Talking with Parents about Vaccines for Infants | CDC
- Check at each visit for any missing immunizations.
- Schedule 13-year well-visits on or before the 13th birthday.
- Train office staff to prepare the chart before the visit and identify overdue immunizations.
- Ensure each patient leaves the office with a set appointment for the second and third dose of the HPV vaccine series.
- Consider starting the HPV series at age nine (9). The HPV series can be administered between 9 and 13 years of age, with at least 146 days between doses one (1) and two (2).

Lead Screening in Children (LSC)

What Is the Measure?

This measure assesses the percentage of children two (2) years of age who received one (1) or more capillary or venous blood tests for lead poisoning on or before their second birthday.

Effective January 1, 2023, to ensure uniformity between House Enrolled Act (HEA) 1313 and the Medicaid Early and Periodic, Screening, Diagnostics and Treatment (EPDST) guidelines, the **Indiana Department of Health (IDOH) is requiring all providers to follow the steps below:**

1. Children should receive a blood lead test between 9 and 15 months of age or as close as reasonably possible to the patient's appointment.
2. Children should have another blood lead test between 21 and 27 months of age or as close as reasonably possible to the patient's appointment.
3. Any child between 28 and 72 months of age without a record of any prior blood lead test must have a blood lead test performed as soon as possible.
    - All blood lead testing (per IC-41-39.4-3) must be reported to IDOH within one (1) week of receiving the result. Both providers and laboratories are obligated to report any result received or analyzed.

Codes to Identify LSC:

Description	Codes
Lead Tests	**CPT I:** * 83655 **LOINC:** 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7 **SNOMED:** 8655006, 35833009

* *This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- **All children should be screened** for a history of lead exposure at well-visits, per Bright Futures/AAP Periodicity Schedule Periodicity Schedule. Screening or risk assessment questionnaires are readily available online and can be incorporated into routine, well-visit workflow.
- **Make every office visit count.** If time allows for additional quality procedures, avoid missed opportunities by taking advantage of every office visit, including sick visits and daycare physicals, to provide a well-child visit, immunizations, lead testing, developmental screening and counseling.
- **Both the date of the test and the test result** must be documented with the notation of the lead screening test.
- **Obtaining a lead screen sample** in the practice setting (by venipuncture or CLIA-waived point-of-care (POC) screening) is associated with higher screening rates. This is more successful than sending the child/family to an external lab for a lead test.
- **Consider a standing order** for in-office testing.
- **Identify children at greatest risk** and screen beginning at six (6) months of age. Be sure to utilize standardized lead screening questionnaires to see if a child is at risk.
- **Educate parents** about the dangers of lead poisoning and the importance of testing.
- **Complete a Supply Order Form** Health: Lead & Healthy Homes Division: Home (in.gov) to request screening and shipping supplies from Indiana State Department of Health (ISDH) – Indiana Lead and Health Homes Program.
- **New submitters to the ISDH Laboratory** must request a provider number and sampling instructions from the Indiana Lead and Healthy Homes Program. For requests, new submitters must call (317) 233-1296.
- **Bill in-office testing** when permitted by the state fee schedule.
- **Test ALL children**, regardless of their risk factors, at one (1) and two (2) years of age, and children 3-6 years of age if never tested.

Oral Evaluation, Dental Services (OED)

What Is the Measure?

This measure assesses the percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation by a dental provider during the measurement year.

How Does the Dental Services Measure Work?

The National Committee for Quality Assurance (NCQA) recommends tracking annual dental visits with a dental practitioner, a HEDIS measure, for our members. MDwise uses a company called DentaQuest to provide dental services for Hoosier Healthwise and Healthy Indiana Plan (HIP) members. Please refer our members to a participating, qualifying dental provider if they don't already have one. Once the dental provider submits our member's claim, the HEDIS annual dental visit will be documented.

- **To find a dentist, visit: Find A Dentist search**

For more information about taking care of your teeth and covered dental services, please read our brochure (English) | our brochure (Spanish) | our brochure (Burmese). For questions regarding eligibility for dental services, finding a dentist, benefits or other questions, call DentaQuest toll-free at (844) 231-8310.

- Hours are Monday through Friday from 8:00 a.m. to 8:00 p.m. TTY/ TDD users should call (800) 743-3333.

Recommendations for Success:

- Establish a dental home for your patients; have an ongoing relationship between a pediatric dentist (if available) and the patient's family, including all oral health aspects.
- Refer your patients for a dental screening at least annually.
- Remind patients of the dental benefits.
- Help patients schedule an appointment to see a dentist.
- Remind expectant mothers to make dental appointments for the baby either at the eruption of the first tooth or by the age of one (1) year.
- Send parents reminders every six (6) months to schedule periodic exams, prophylaxis (cleanings) and fluoride treatments.
- Remind patients to brush their teeth for two (2) minutes, two (2) times a day and floss daily as soon as the teeth start touching.
- Educate patients to supervise their young child's toothbrushing.
- The PCP has a vital role in the ability to impact the OED measure. Parents/caregivers may not be aware of dental benefits and/or the need for children to start dental visits by the age of one (1) year or when the first tooth erupts.

Dental Provider Claims:

Description	Codes
Dental Codes	**CDT I:** * D0120, D0145, D0150 Billed with: **Provider Taxonomy:** 122300000X, 1223D0001X, 1223D0004X, 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 1223X2210X, 122400000X, 124Q00000X, 125J00000X, 125K00000X, 125Q00000X, 126800000X, 204E00000X, 261QD0000X, 261QF0400X, 261QR1300X, 261QS0112X

** This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

Prenatal and Postpartum Care (PPC)

What Is the Measure?

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care:

1. **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization. ***Note:*** *"Enrollment" is enrollment in an MDwise insurance plan.*

   Any visit to an OB/GYN, other prenatal care practitioner (includes a CNM), or Primary Care Physician (PCP) (visits solely with an RN, LPN, MA, Social Worker or Dietitian cannot be counted for the PPC measure) where one of the following is performed:
   - Obstetric panel
   - TORCH antibody panel
   - Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing)
   - Ultrasound of pregnant uterus
   - Pregnancy-related diagnosis code or references to the pregnancy, including a positive pregnancy test
   - Documentation in a standardized prenatal flow sheet
   - Documentation of complete obstetrical history
   - Documentation of prenatal risk assessment and counseling/education
   - Documented last menstrual period (LMP), EDD (estimated delivery date) or gestational age

2. **Postpartum Care.** The percentage of deliveries followed by a postpartum visit on or between seven (7) and 84 days after delivery.

   Any visit to an OB/GYN, other prenatal care practitioner (includes a CNM), or primary care practitioner (PCP) (visits solely with an RN, LPN, MA, Social Worker or Dietitian cannot be counted for the PPC measure). Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and evidence of one of the following:

   - Pelvic exam
   - Evaluation of weight, BP, breasts and abdomen
   - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component
   - Notation of postpartum care such as PP care, PP check, 6-week check or Postpartum Care
   - A preprinted "Postpartum Care" form in which information was documented during the visit
   - Perineal or cesarean incision/wound check
   - Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
   - Glucose screening for members with gestational diabetes
   - Documentation of any of the following topics: Infant care or breastfeeding; Resumption of intercourse; Birth spacing or family planning; Sleep/fatigue; Resumption of physical activity; Attainment of healthy weight

Codes to Identify PPC:

Description	Codes
Prenatal Visits	**CPT I:** ** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99441-99443, 99457, 99458, 99483, 99500, 0500F-0502F **HCPCS:** ** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015, H1000-H1004 **SNOMED:** 77406008, 185317003, 281036007, 314849005, 386472008, 386473003, 401267002, 17629007, 18114009, 58932009, 66961001, 134435003, 135892000, 169712008, 169713003, 169714009, 169715005, 169716006, 169717002, 169718007, 169719004, 169720005, 169721009, 169722002, 169723007, 169724001, 169725000, 169726004, 169727008, 171054004, 171055003, 171056002, 171057006, 171058001, 171059009, 171060004, 171061000, 171062007, 171063002, 171064008, 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001, 440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 700256000, 702396006, 702736005, 702737001, 702738006, 702739003, 702740001, 702741002, 702742009, 702743004, 702744005, 710970004, 713076009, 713233004, 713234005, 713235006, 713237003, 713238008, 713239000, 713240003, 713241004, 713242006, 713386003, 713387007, 717794008, 717795009, 77406008, 185317003, 281036007, 314849005, 386472008, 386473003, 401267002 **ICD-10:** A pregnancy-related ICD-10 diagnosis code **must** be included for **all** prenatal visit codes (ICD-10 code list not included due to volume)
Prenatal Bundle Visit*	**CPT I:** ** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS**: ** H1005
Description	**Codes**
Postpartum Visit	**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 **CPT I:** ** 57170, 58300, 59430, 99501, 0503F **HCPCS:** ** G0101 **SNOMED:** 133906008, 133907004, 169762003, 169770008, 169771007, 169772000, 384634009, 384635005, 384636006, 408883002, 408884008, 408886005, 409018009, 409019001, 431868002, 440085006, 717810008 **Cervical Cytology Test:** **CPT I:** ** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88166, 88167, 88174 **HCPCS:** ** 88175, G0123, G0124, G0141, G0143, G0144, 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 **SNOMED:** 171149006, 416107004, 417036008, 440623000, 448651000124104, 168406009, 168407000,168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 620510001191 05, 620610001191 07, 98791000119102
Postpartum Bundle Visit*	**CPT I:** ** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

** Global maternity "bundle" codes are only covered for members with third-party liability (TPL) resources, including Medicare and/or commercial insurance, and their Medicaid coverage. Please see IHCP Bulletin BT202343 for further billing guidance.*

*** This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

- **When scheduling an initial prenatal visit,** do not delay; it must occur in the first 12 weeks and six (6) days of pregnancy with an OB/GYN, PCP or another prenatal care practitioner.
- **When documenting a prenatal visit:**
  - Include diagnosis of pregnancy, last menstrual period (LMP) or estimated due date (EDD).
  - Medical records must include a note indicating evidence of prenatal care, such as prenatal risk assessment, complete obstetrical history, fetal heart tone, screening tests, etc.
- **Complete the Notification of Pregnancy form** through the Indiana Medicaid Provider Portal.
- **MDwise has care management services** to which you can refer patients. Call Customer Service at (800) 356-1204 to utilize this service.
- **When scheduling a post-delivery follow-up visit,** schedule the PP care visit prior to discharge. The PP visit must occur on or between seven (7) and 84 days after delivery. Perineal or cesarean incision/wound check is acceptable documentation for postpartum care.
- **When documenting the postpartum (PP) visit,** detail PP care, PP check or six (6) week check. It can be a brief note documenting a pelvic exam or an evaluation of weight, blood pressure, breasts and abdomen. Breastfeeding notation is acceptable for the breast evaluation.
- **Understand the population that you serve**. Be aware of/accommodate cultural and linguistic preferences regarding prenatal care and ask front office staff to prioritize new pregnant and postpartum patients.
- **Educate members** on the importance of prenatal care throughout pregnancy, including the postpartum visit.
- **Telehealth services** can be offered if in-person visits are unnecessary.
- **If using bundled codes**, ensure you report the earliest prenatal visits and/or the date of the postpartum visit.

Topical Fluoride for Children (TFC)

What Is the Measure?

The percentage of members 1–4 years of age who received at least two (2) fluoride varnish applications during the measurement year.

Intent: Dental caries is the most common chronic disease in children in the United States. Topical fluoride plays an important role in preventing tooth decay. This measure will allow health plans to understand if their pediatric members are receiving fluoride varnish applications and to promote fluoride varnish treatments for their younger members.

Codes to Identify TFC:

Description	Codes
Application of Fluoride Varnish	**CPT I:** * 99188 **CDT:** * D1206 **SNOMED:** 313042009
Note: *CPT code 99188 is the application of topical fluoride varnish by a physician or other qualified health care professional. It only includes varnish application, not risk assessment, education, or referral to a dentist.*	

** This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*

How to Improve Your Quality Score:

American Academy of Pediatrics (AAP)/Bright Futures recommends:

- Fluoride varnish application at least once every six (6) months for all children and every three (3) months for children at high risk for dental caries.
- Performing oral health risk assessments on all children at every routine well-visit beginning at six (6) months of age.
- Use of fluoridated toothpaste starting at the eruption of the first tooth: use a rice-grain-sized amount for children younger than three (3) years and a pea-sized amount for most children starting at three (3) years of age.

United States Preventative Services Task Force (USPSTF) recommends:

- Primary Care Physicians (PCPs) prescribe oral fluoride supplementation starting at six (6) months for children whose water supply is deficient in fluoride. To find public water fluoridated by region, refer to CDC - MWF - My Water's Fluoride Home
- PCPs apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

Other Recommendations:

- Remind parents that bottled water is generally not fluoridated.
- Check with parents if a member has received a topical fluoride treatment within the last six (6) months prior to the current visit.
- Remind patients of the dental benefits.
- Help patients schedule an appointment to see a dentist.
- Assess a dental home and last dental appointment at each well-child visit and refer members to a dentist twice yearly.

Well-Child Visits in the First 30 Months of Life (W30)

What Is the Measure?

This measure assesses the percentage of members who had the following number of well-child visits with a Primary Care Physician (PCP) during the last 15 months. The following rates are reported:

1. **Well-Child Visits in the First 15 Months**: Children who turned 15 months of age during the measurement year who had six (6) or more well-child visits.
2. **Well-Child Visits for Age 15 Months–30 Months**: Children who turned 30 months of age during the measurement year who had two (2) or more well-child visits.

> ➢ **It is recommended that well-child visits follow the American Academy of Pediatrics Bright Futures Periodicity Schedule: Periodicity Schedule**

Newborn	First Week (3 to 5 days)	1 month	2 months	4 months	6 months
9 months	12 months	15 months	18 months	24 months	30 months

The American Academy of Pediatrics (AAP) Bright Futures initiative recommends that the well-child visits include, but are not limited to:

- An initial/interval medical history
- Physical exam
- Developmental assessment
- Immunizations
- Anticipatory guidance

Codes to Identify W30:

Description	Codes
Well-Child Visits	**CPT I:** * 99381-99385, 99391-99395, 99461 **HCPCS:** * G0438, G0439, S0302, S0610, S0612, S0613 **SNOMED:** 103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 783260003, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106 **ICD-10:** 1, Z00.01, Z00.110, Z00.111, Z00.121**, Z00.129**, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

** This is a comprehensive list of codes related to the HEDIS measure. Not all codes are included in each Health Plan's covered fee schedule. Please refer to Health Plan-specific documents for an accurate list of covered service codes.*
*** Required as a primary diagnosis for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) billing.*

How to Improve Your Quality Score:

- Make every office visit count. If time allows for additional quality procedures, avoid missed opportunities by taking advantage of every office visit, including sick visits and daycare physicals, to provide a well-child visit, immunizations, lead testing, developmental screening, BMI calculations (24+ months) and counseling.
- Educate staff to schedule the recommended AAP visits within the guideline time frames.
- Allow 1-2 weeks of scheduling room to make up visits before the child turns 15 or 30 months old. The well-child visits are to be completed on different dates of service on or before the 15-month and 30-month birthdays.
- Inform caregivers about the importance of frequent well-child visits during the first 30 months.
- Actively pursue missed appointments with reminder letters, calls and text messages.
- Make outreach calls to members who are not on track to complete the recommended number of well-child visits by 30 months of age.
- Ensure the medical record includes the date when a health and developmental history and physical exam were performed, and health education/anticipatory guidance was given.

SECTION 3: Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Access to Medical Care Requirements

CAHPS Survey

MDwise is committed to improving the healthcare experiences for our members. The CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey is required annually by NCQA to capture members' experience with health care. The survey evaluates key areas of care and service with the health plan, providers and member experience. This survey is sent to members every year. Health plans report survey results as part of HEDIS data collection.

The majority of CAHPS survey questions surround member experience and satisfaction with their doctor and health plan. Every encounter the provider office has with a member is an invaluable opportunity to elevate the member's health care experience. These interactions can potentially impact how members respond to ALL questions on the CAHPS survey.

There is one (1) HEDIS measure that is incorporated into the CAHPS survey:

Medical Assistance with Smoking and Tobacco Use Cessation (MSC)

Members 18 and older who are current smokers or tobacco users who also received smoking/ tobacco cessation education and counseling between July 1 of the measurement year and when the CAHPS survey was completed.

The CAHPS survey questions inquire if the member experienced the following:

- Received advice to quit
- Discussed or were recommended cessation medications
- Discussed or were provided cessation methods or strategies

Provider Tips for a Successful Survey:

- Discuss alcohol and tobacco use and discuss the risks of both, including cessation programs.
- Screen for high blood pressure and cholesterol.
- Give the flu shot during flu season.
- Listen closely to the patient.
- Be respectful.
- Ensure patient concerns are addressed.
- Get patients scheduled appropriately for their symptoms.
- Assist in coordination of non-emergency transportation.
- Document and discuss all the medications each patient is prescribed.
- Practice empathy.
- Create a welcoming environment.
- Practice cultural sensitivity.
- Review patient satisfaction survey data.
- Ensure compliance with Access to Care Standards, included in the following pages.

Relevant CAHPS Questions:

- When you needed care right away, how often did you get care as soon as you needed it?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How much did a doctor or other health provider talk about the reasons that you might want to take a medicine?

Additional CAHPS Topics and Questions: MDwise - CAHPS

Access to Medical Care Requirements

Access to Care Time Frames

The following time frames for member access to care have been established by the Family and Social Services Administration (FSSA), Office of Medicaid Policy & Planning (OMPP) for Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) members.

Appointment Category	Appointment Standard
Urgent/Emergent Care Triage	24 hours/day
Initial Appointment (Well-Child)	Within 1 month of the date the patient requested an appointment.
Routine Physical Exam	3 months
Initial Appointment (New Patient Visit) – Non-Pregnant Adult	3 months
Routine Gynecological Examination	3 months
New Obstetrical Patient	Within 1 month of the date the patient requested an appointment.
Non-Urgent Symptomatic	72 hours
Children with Special Health Care Needs	1 month

OMPP Requirements for Access to Care

Appointment Category	Appointment Standard
Physician Response Time	For emergencies and urgent situations, MDwise members must be able to reach their primary medical provider (PMP) or designee by telephone within 30 minutes, 24 hours per day, seven (7) days per week. For non-urgent or routine telephone messages, a return call should be made to the member within one (1) business day.
Office Appointment Waiting Time	For all appointments except emergency, the physician should see each patient within 60 minutes of the scheduled appointment time.
Office Telephone Answering Time	The office telephone should be answered within four (4) rings or 30 seconds. The length of time to be answered by a live voice to schedule an appointment should be less than three (3) minutes.

Specialist Access to Care Standards

Hoosier Healthwise (HHW) and the Healthy Indiana Plan (HIP) also require the following standards to be maintained regarding patient accessibility for specialist referrals.

Appointment Category	Appointment Standard
Emergency	24 hours
Urgent	48 hours
Non-Urgent Symptomatic	4 weeks

Behavioral Health Standards for Accessibility of Services

The National Committee for Quality Assurance (NCQA) measures timely access to behavioral health services as follows:

Appointment Category	Appointment Standard
Routine Office Visits – members seeking outpatient services who present no evidence of suicidal or homicidal ideation, psychosis and/or significant distress.	10 business days
Urgent Care – members presenting with significant psychiatric or substance use history, evidence of psychosis, and/or significant distress.	48 hours
Non-Life-Threatening Emergency Care – members who have a non-life-threatening emergency.	6 hours
Provisional Access – members have access to after–hours care.	24 hours

Notes:

- If there is a type of service that a provider does not offer, MDwise encourages the provider to make a warm transfer to another provider who does, to be sure the member's needs are met.
- It is a contractual obligation of MDwise providers to meet these NCQA standards.
- MDwise completes a "Secret Shopper" audit annually to monitor that MDwise members are provided with appropriate access to needed behavioral health services.

Glossary

Below is a list of definitions used in this manual.

Anchor Dates

A measure may require a member to be enrolled and to have a benefit on a specific date.

CHIRP

The Children and Hoosier Immunization Registry Program is a secure web-based application that permanently stores a person's immunization records.

Continuous Enrollment

Specifies the minimum amount of time that a member must be enrolled in an organization before becoming eligible for a measure. It ensures that the organization has enough time to render services. The continuous enrollment period and allowable gaps in coverage are specific to each measure.

Denominator

Entire health plan population that is eligible for the specific measure.

Eligible Population

Members who satisfy all specified criteria, including age, continuous enrollment, benefit, event and the anchor date enrollment requirement for the measure.

Exclusion

Member becomes ineligible and is removed from the sample based on specific criteria (e.g., incorrect gender or age).

HEDIS®

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS was designed to allow consumers to compare health plan performance and other plans to national and regional benchmarks.

HEDIS® Measure

Term for how each domain of care is further broken down. Specifications outline measure definition and details, which outline the specifications required to evaluate the recommended standards of quality for the element(s) in the measure. NCQA defines how data can be collected for a measure:

- Administrative Measures, the total eligible population, is used for the denominator. Only data considered "administrative" is allowed. Medical, pharmacy, supplemental data, and/or encounter claims count toward the numerator. Medical record review is not permitted for these measures during the Annual Project.
- Hybrid Measures data is collected during the Annual Project through medical record reviews but can also be collected Prospectively. Most allow administrative data to be included. For the Annual HEDIS Audit Season, the denominator is a random sample of 411 members. This is created from a health plan's total eligible population by the software following NCQA requirements. The numerator includes data from medical and pharmacy claims, encounters, medical record review data and supplemental data.

HEDIS® Measure Abbreviation

The three-letter acronym used by NCQA to identify a specific HEDIS measure.

Measure

A quantifiable clinical service provided to patients to assess how effectively the organization carries out specific quality functions or processes.

Measurement Year (MY)

The year health plan gathers data.

Method of Measurement

Appropriate forms and methods of submitting data to MDwise to get credit for a specific measure.

NDC

The National Drug Code is a unique ten-digit number and serves as a product identifier for human drugs in commercial distribution. This number identifies the labeler, product and trade package size.

Numerator

The number of members who are compliant with the measure.

Payout

PMP Pay-For-Value bonus is available if you are a contracted provider with MDwise.

Reporting Year

Calendar year after the end of the MY during which the Annual HEDIS Audit occurs. (e.g., For MY2023, the Report Year is 2024)

Sub-Measure

A measure can be broken down into more specific data elements of care.

Supplemental Data (Non-Standard)

Data collected prospectively, not in a standard file layout. (e.g., medical record reviews)

Supplemental Data (Standard)

Standardized file process to collect data from sites to close gaps.

Telehealth

Telehealth is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code.

- Synchronous telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code. CPT or HCPCS code in the value set will meet criteria (regardless of whether a telehealth modifier or POS code is present).
- Asynchronous telehealth sometimes referred to as an e-visit or virtual check-in, is not "real-time" but still requires two-way interaction between the member and provider. Asynchronous telehealth can occur using a patient portal, secure text messaging or email.