

# HEDIS® GUIDE ADULT QUICK TIPS

**Submit** consistent, detailed claims to help reduce medical record review in your offices. Include all existing conditions on the claim at the time of each visit.

**Schedule** regular checkups and/or blood work for members who are on long-term medications.

**Assess** member compliance/adherence to long-term medication therapy.

**Document** in your medical record all the procedures done by other physicians, including the date performed and the result of the test. Include physician's name and specialty type (i.e., GYN).

*Refer to the Adult Resource Guide for the Full Set of Diagnosis and Procedure Codes.*

## **MEN'S AND WOMEN'S PREVENTIVE HEALTH VISIT:**

**One annual preventive health visit:**

- CPT Codes: **Ages 18–39:** 99385, 99395; **Ages 40–64:** 99386, 99396; **Ages 65+:** 99387, 99397
- For Medicare Advantage: Initial Preventive Exam: G0402; Annual Wellness: G0438, G0439

## **WOMEN'S PREVENTIVE SCREENING:**

**Cervical Cancer Screening:** Women ages 21–64 who had cervical cytology performed every 3 years, women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. Sample must be sent to lab vendor for analysis. Exam can be done by PCP.

**Chlamydia Screening:** Sexually active women ages 16–24 years should be tested with either a urine analysis or vaginal swab from the same ThinPrep used for a Pap smear. Samples must be sent to lab vendor for analysis.

**Breast Cancer Screening:** Women ages 50–74 years should be referred for a Screening Mammogram at least every 2 years. CPT Codes: 77055-77057, 77061, 77062, 77063, 77065, 77066, 77067

**Osteoporosis Management:** Women ages 67–85 years who have had a fracture need a Bone Mineral Density Test or a prescription for appropriate osteoporosis treatment within 6 months of the fracture.

## **ADULT MEN AND WOMEN:**

**Colorectal Cancer Screening:** Ages 50–75 years should have an annual FOBT (CPT 82274, 82270), or FIT/Cologuard (CPT Code–82274, 81528). Samples must be sent to lab vendor for analysis, or refer for a Sigmoidoscopy or Colonoscopy.

**Body Mass Index (BMI):** To be calculated and documented at every visit. For members 20 years of age or older on the date of service, the appropriate diagnosis code for BMI Values must be used. For members younger than 20, the BMI must be represented as a percentile using the BMI Percentile diagnosis codes. Please add the following Dx codes to your claim:

Adult BMI Values (ICD-10) – Use for members 20 years of age or older:

BMI Value (ICD-10-Dx)	
19 or Less	Z68.1
20.0 to 24.9	Z68.20–Z68.24
25.0 to 29.9	Z68.25–Z68.29
30.0 to 39.9	Z68.30–Z68.39
40.0 to 44.9	Z68.41
45.0 to 49.9	Z68.42
50.0 to 59.9	Z68.43
60.0 to 69.9	Z68.44
≥70	Z68.45

BMI Percentiles to use for members 18 to less than 20 years of age:

- BMI less than 5<sup>th</sup> percentile: Z68.51
- BMI less than 5<sup>th</sup> percentile to 85<sup>th</sup> percentile: Z68.52
- BMI less than 85<sup>th</sup> percentile to 95<sup>th</sup> percentile: Z68.53
- BMI greater than or equal to 95<sup>th</sup> percentile: Z68.54

**Tobacco Cessation:** For active tobacco users, counsel regarding Tobacco Cessation Strategies and Medications. CPT Codes: 99406, 99407

**Care of Older Adults:** Ages 66+ years, an annual assessment of the following:

- **Advance Care Planning:** Advance directives, living wills, medical POA
  - CPT Code: 99497
  - CPT II Code: 1157F, 1158F, 1123F, 1124F
  - HCPCS: S0257
- **Medication Review and List of Medications:** Must review medications *and* have a list of medications in the medical record with the same date of service as the review of the medications. Notation that the patient is not taking medication and the date it was noted will count toward this measure.
  - Medication Review CPT Code: 90863, 99605, 99606 CPT II Code: 1160F *and*
  - Medication List CPT II Code: 1159F, HCPCS: G8427
- **Functional Status Assessment:** Documentation of ADLs, IADLs, cognitive status, ambulation status, sensory ability. CPT II Code: 1170F
- **Pain Assessment:** Notation of a comprehensive pain assessment or notation of no pain and documentation of any interventions to alleviate the pain. CPT II Code: 1125F, 1126F

**Medication Reconciliation Post-Discharge:** Ages 18 years and older, who have had an inpatient admission, should be seen within 30 days of discharge and the discharge medications should be reviewed with their current medications, including a list of the current medications.

- Transitional Care Management Services (7 days) CPT Code: 99496
- Transitional Care Management Services (14 days) CPT Code: 99495
- CPT II Code: 1111F

**Appropriate Testing for Persistent Medications:** Members 18 years and older who received at least 180 treatment days of ambulatory medication therapy on ACE/ARBs, digoxin or diuretics should have a serum K+ *and* a serum creatinine; and, for members on digoxin, include at least one serum digoxin level.

**Comprehensive Diabetes Care:** Annual screenings for diabetic members. Samples should be sent to lab vendor for analysis. If labs are done in the office, please use the following codes on claims for results:

- HbA1c Results are:
  - <7%: 3044F
  - 7%–9%: 3045F
  - >9%: 3046F
- HbA1c Test 83036,83037 CPT, 3044F, 3045F, 3046F CPT II
- Nephropathy Screening: CPT II Codes: 3060F, 3061F, 3062F, 3066F, 4010F
- Annual Dilated Retinal Eye Exam: By optometrist or ophthalmologist
- Blood Pressure:
  - Systolic BP ≥140 3077F, Systolic BP < 140 3074F, 130-139: 3075F
  - Diastolic BP <80: 3078F; Diastolic BP 80–89: 3079F; Diastolic BP ≥90: 3080F



**Quality care is a team effort.** Thank you for playing a starring role!

Reimbursement for these services is in accordance with the terms and conditions of your provider agreement.