



Medicaid | Marketplace | Medicare

# 2024 HEDIS Measure Guidelines

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For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

## 2024 Measure Guidelines

Updated to reflect NCQA HEDIS® MY 2024 Technical Specifications. Sunflower Health Plan strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2024 Quick Reference Guide to help you increase your practice's HEDIS® rates and address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

### What is HEDIS®

HEDIS® (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS® measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.

### What are the scores used for?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS® rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS® rates to evaluate health insurance companies' efforts to improve preventive health outreach for members. Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS® score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance.

### How are rates calculated?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

### How can I improve my HEDIS® scores?

- Submit claim/encounter data for each and every service rendered
- Make sure that chart documentation reflects all services billed

CPT, CPT II, HCPCS and ICD-10 codes are shared as guides and do not guarantee payment and codes listed are subject to change.

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- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Include CPT II codes to provide additional details and reduce medical record requests
- Respond timely to medical records requests
- Submit supplemental data throughout the measurement year
- Early Engagement with Pharmacy Adherence is key – once a member loses days on a prescription, those days cannot be recovered.
- Speak with the members about any barriers to adherence.
- Consider utilizing RxEffect – a free online portal for our network providers that will prioritize your high-risk patients more efficiently. This will save on resources as it lists your patients at highest risk for non-adherence.
- If you have questions about pharmacy and member barriers, please contact your local Provider Relations Representative for help.

## Submission Timeline and Guidance

For all retrieval requests, please include ALL the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS®) measure descriptions and indicators are identified in this guide.

### Important Notes

- HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
- For all measures, a demographic sheet or portion of the chart with the patient's name and date of birth are **required**.
- Codes listed are subject to change.
- This document does not include changes to rules for allowable adjustments or reporting changes and is not exhaustive of all measure changes. Go to [www.ncqa.org](http://www.ncqa.org) or see the HEDIS® value sets for a full list of the current draft changes.

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## Updates to HEDIS® Measures

### Retired Measures

*Measures retiring in MY 2024*

- Colorectal Cancer Screening (COL)\*
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)\*
- Metabolic monitoring for Children and Adolescents on Antipsychotics (APM)\*
- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS) Ambulatory Care (AMB) Inpatient Utilization
- General Hospital/Acute Care (IPU)

\*Only the COL-E, ADD-E, and APM-E (ECDS) measures will be reported

### Revised Measures

*Measure revisions for MY 2024*

The former Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD) measure has been renamed to Glycemic Status Assessment for Patients with Diabetes (GSD).

### New Measures

*New measure for MY 2024*

There are no new measures for MY 2024

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## Adult Health Measures

Adults' Access to Preventive/Ambulatory Health Services (AAP)			
The percentage of members 20 years of age and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year. Commercial members who had an ambulatory or preventive care visit during the measurement year or the 2 years prior to the measurement year.			
<b>Line of business: Medicaid and Medicare</b>			
<b>Claims/Encounter Dates: 01/01/2024 -12/31/2024</b>			
<b>Submission Guidance:</b> This measure accepts claims data only.			
CPT:	HCPCS:	SNOMED	UBRev
92002, 92004, 92012, 92014, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99457, 99458, 99483	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015	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	0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0524, 0525, 0526, 0527, 0528, 0529, 0982, 0983

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For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient’s date of birth is needed.**

Advanced Care Planning (ACP)				
The percentage of adults 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year.				
<b>Line of business: Medicare</b>				
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>				
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes evidence of a discussion or documentation about preferences for resuscitation, life sustaining treatment and end of life care. Population includes members who are dispensed a dementia medication.				
CPT:	CPT-CAT II:	HCPCS:	ICD-10:	SNOMED:
99483, 99497	1123F, 1124F, 1157F, 1158F	S0257	Z66	310301000, 310302007, 310303002, 310305009, 423606002, 425392003, 425393008, 425394002, 425395001, 425396000, 425397009, 699388000, 713058002, 713580008, 713600001, 713602009, 713603004, 713662007, 713665009, 714361002, 714748000, 715016002, 719238004, 719239007, 719240009, 3011000175104, 3021000175108, 3031000175106, 3041000175100, 3061000175101, 4921000175109, 87691000119105

Adult Immunization Status (AIS E)			
The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.			
<b>Line of business: Marketplace, Medicaid, and Medicare</b>			
<b>Claims/Encounter Dates: 1/1/2024 – 12/31/2024</b>			
<b>Submission Guidance:</b> This measure requires claims data submission. No medical record submission/documentation is accepted.			
CPT:	HCPCS:	SNOMED	CVX
90630, 90653, 90654, 90655, 90656, 90657, 90658, 90661, 90661, 90662, 90670, 90671, 90673, 90673, 90674, 90674, 90677, 90682, 90685, 90686, 90686, 90687, 90688, 90688, 90689, 90689, 90694, 90714, 90715, 90732, 90736, 90750, 90756, 90756	G0008, G0009	1119366009, 1119367000, 1119368005, 12866006, 192710009, 192711008, 192712001, 312869001, 390846000, 394678003, 395178008, 395179000, 395180002, 395181003, 412755006, 412756007, 412757003, 414619005, 416144004, 416591003, 417211006, 417384007, 417615007, 428251000124104, 428281000124107, 428291000124105, 434751000124102, 471371000124107, 471381000124105, 571571000119105, 632481000119106, 722215002, 73152006, 86198006, 86198006, 866161006, 866184004, 866185003, 866186002, 866227002, 868266002, 868267006, 868268001, 870668008, 870669000, 870670004, 871828004, 871833000, 871898007, 871899004	09, 33, 88, 109, 113, 115, 133, 135, 138, 139, 140, 141, 144, 150, 152, 153, 155, 158, 161, 166, 168, 171, 185, 186, 197, 205, 215, 216

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Blood Pressure Control for Patients with Diabetes (BPD)		
The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.		
<b>Line of business: Marketplace, Medicaid, and Medicare</b>		
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>		
<b>Submission Guidance:</b> This measure requires claims/encounter data submission. Acceptable medical record documentation includes notes documenting the most recent BP reading during an outpatient visit, or in a non-acute inpatient setting and member reported BP reading during Telehealth visit.		
CPT-CAT II:	SNOMED	LOINC
Systolic 3074F, 3075F, 3077F Diastolic 3078F, 3079F, 3080F	271650006, 271649006	75995-1, 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9, 75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7

Controlling High Blood Pressure (CBP)		
The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.		
<b>Line of business: Marketplace, Medicaid, and Medicare</b>		
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>		
<b>Submission Guidance:</b> This measure requires claims/encounter data submission. Acceptable medical record documentation includes notation of the most recent BP reading in office or taken and reported by member using any digital device. Documentation can be found in visit/consult notes or vital sheet.		
CPT-CAT II:	SNOMED	LOINC
Systolic 3074F, 3075F, 3077F Diastolic 3078F, 3079F, 3080F	271650006, 271649006	75995-1, 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9, 75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7

Care for Older Adults (COA)		
The percentage of adults 66 years and older as of December 31 of the measurement year, who had each of the following during the measurement year: Medication Review, Functional Status Assessment, and Pain Assessment. Excludes members who use hospice services or die any time during the measurement year.		
<b>Line of business: Medicare (only SNP and MMP benefit packages)</b>		
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>		
<b>Submission Guidance:</b> This measure requires claims/encounter data submission. Acceptable medical record documentation for each category includes: <ol style="list-style-type: none"> <li>1) Medication review where either of the following meets criteria:               <ol style="list-style-type: none"> <li>a. Both a medication review and the presence of a medication list in the medical record, to include the date when it was performed or notation that the member is not taking any medication and the date when it was noted. Items that are acceptable include: Current Medication List, Notation of Medication Review and/or Date and notation that member is not taking medication in MY.</li> <li>b. Transitional care management services during the measurement year.</li> </ol> </li> </ol>		

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2) At least one functional status assessment with date performed, during the measurement year. Do not include services provided in an acute inpatient setting. Do not include codes with a modifier. Acceptable documentation includes Progress notes, IHSS forms, HRA forms, AWE form, Notation that Activities of Daily Living (ADL), Result of assessment using a standardized functional status assessment tool.			
3) At least one pain assessment during the measurement year. Do not include services in an acute inpatient setting. Do not include codes with a modifier. Acceptable documentation includes Progress notes, IHSS forms, HRA forms, AWE form, Notation that Activities of Daily Living (ADL), Result of assessment using a standardized functional status assessment tool.			
CPT:	CPT-CAT II	HCPCS:	SNOMED
90863, 99483, 99483, 99495, 99496, 99605, 99606	1125F, 1126F, 1159F, 1160F, 1170F	G0438, G0439, G8427	225399009, 304492001, 370778008, 385880002, 408952002, 408955000, 423184003, 428191000124101, 432311000124109, 445719003, 445790003, 445806009, 445812004, 445996003, 446009008, 446790006, 461651000124104, 715322001, 719327002, 719328007, 719329004, 770637008

Colorectal Cancer Screening (COL E)				
The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.				
<b>Line of business: Marketplace and Medicaid</b>				
<b>Claims/Encounter Dates:</b> Colonoscopy record dates: 1/1/2014-12/31/2024 Flexible sigmoidoscopy or CT colonography record dates: 1/1/2020-12/31/2024 Fecal occult blood test record dates: 1/1/2024-12/31/2024 sDNA with FIT record dates: 1/1/2022-12/31/2024				
<b>Submission Guidance:</b> This measure requires claims data submission. Medical records are not accepted.				
CPT:	HCPCS:	ICD-10:	SNOMED:	LOINC:
44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398, 74261, 74262, 74263, 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350, 82270, 82274, 81528	G0105, G0121, G0104, G0328	Z51.5	8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 235151005, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000, 418714002, 44441009, 396226005, 425634007, 104435004, 441579003, 442067009, 442516004, 442554004, 442563002, 59614000, 167667006, 389076003,	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3, 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, 77353-1, 77354-9



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<b>Eye Exam for Patients with Diabetes (EED)</b>				
The percentage of members 18-75 years of age with diabetes (type 1 and 2) who had a retinal eye exam.				
<b>Line of business: Marketplace, Medicaid, and Medicare</b>				
<b>Claims/Encounter Dates: 1/1/2023-12/31/2024</b>				
<b>Submission Guidance:</b> This measure requires claims/encounter data submission. Acceptable medical record documentation includes progress/encounter notes, retinal or dilated eye exam documenting result for retinopathy and documentation of retinal or fundus photography. Notation that result is “unknown” does not meet criteria.				
<b>CPT:</b>	<b>CPT-CAT II :</b>	<b>HCPCS:</b>	<b>ICD-10:</b>	<b>SNOMED:</b>
67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	3072F	S0620, S0621, S3000, G9988, G9999	08T1XZZ, 08TOXZZ, 08T1XZZ, 08TOXZZ	274795007, 274798009, 308110009, 314971001, 314972008, 410451008, 410452001, 410453006, 410455004, 425816006, 427478009, 722161008, 59590004, 172132001, 205336009, 397800002, 397994004, 398031005

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Follow Up After Emergency Department Visit for People with Multiple High Risk Chronic Conditions (FMC)				
The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.				
<b>Line of business: Medicare</b>				
<b>Submission Guidance:</b> This measure accepts claims data only. Medical records are not accepted.				
CPT:	HCPCS:	ICD-10:	SNOMED:	UBRev:
98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99366, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99421, 99422, 99423, 99429, 99439, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483, 99487, 99489, 99490, 99491, 99492, 99493, 99494, 99495, 99496, 99510. (90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 With POS: 02, 03, 05, 07, 09, 10-20, 22, 24, 33, 49, 50, 52, 53, 71, 72)	G0071, G0155, G0176, G0177, G0396, G0397, G0402, G0409, G0410, G0411, G0438, G0439, G0443, G0463, G0463, G0506, G0512, G2010, G2012, G2250, G2251, G2252, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H0050, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015, T1015, T1016, T1017, T2022, T2023	Z71.41, Z71.51	182969009, 185317003, 185463005, 185463005, 185464004, 185464004, 185465003, 185465003, 20093000, 23915005, 266707007, 281036007, 281036007, 305345009, 305346005, 305347001, 310653000, 314849005, 3391000175108, 3391000175108, 370776007, 370854007, 385989002, 386230005, 386449006, 386450006, 386451005, 386472008, 386473003, 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, 391223001, 391224007, 391225008, 391228005, 391229002, 391232004, 391233009, 391237005, 391239008, 391242002, 391252003, 391254002, 391255001, 391256000, 391257009, 391260002, 391261003, 401267002, 414054004, 414056002, 414283008, 414501008, 415662004, 416341003, 425604002, 428211000124100, 439740005, 444971000124105, 445628007, 450760003, 56876005, 61480009, 64297001, 67516001, 704182008, 707166002, 711008001, 713106006, 713107002, 713127001, 7133001, 720174008, 720175009, 720176005, 720177001, 763104007, 763233002, 763302001, 772813001, 77406008, 77406008, 774090004, 774091000, 792901003, 792902005, 827094004, 84251009, 84251009, 865964007, 87106005	0510, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983

CPT, CPT II, HCPCS and ICD-10 codes are shared as guides and do not guarantee payment and codes listed are subject to change.

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For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

Glycemic Status Assessment for Patients with Diabetes (GSD)				
The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:				
<ul style="list-style-type: none"> <li>Glycemic Status &lt;8.0%.</li> <li>Glycemic status&gt;9.0%.</li> </ul>				
Previously known as <i>Hemoglobin A1C Control for Patients with Diabetes (HBD)</i>				
<b>Line of business: Marketplace, Medicaid, and Medicare</b>				
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>				
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation progress/encounter notes with results and reported date or lab results completed during medical record dates.				
CPT:	CPT-CAT II	HCPCS:	SNOMED:	LOINC:
83036, 83037	3044F, 3051F, 3046F, 3052F	G0071, G2010, G2012, G2061, G2062, G2063, G0402, G0438, G0439, G0463, T1015	43396009, 313835008, 165679005, 451061000124104	17855-8, 97506-0, 17856-6, 4548-4, 4549-2, 96595-4

Kidney Health Evaluation for Patients with Diabetes (KED)		
The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.		
<b>Line of business: Marketplace, Medicaid, and Medicare</b>		
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>		
<b>Submission Guidance:</b> This measure requires claims and/or medical record submission. Acceptable medical record documentation includes at least one eGFR., at least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart. For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year.		
CPT:	SNOMED:	LOINC:
80047, 80048, 80050, 80053, 80069, 82565, 82043, 82570	12341000, 18207002, 241373003, 444275009, 444336003, 446913004, 706951006, 763355007, 104486009, 104819000, 8879006, 36793009, 271260009, 444322008	50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6, 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7, 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7, 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

<b>Persistence of Beta Blocker Treatment After a Heart Attack (PBH)</b>
The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (6 months) after discharge.
<b>Line of business: Marketplace, Medicaid, and Medicare</b>
<b>Claims/Encounter Dates:</b> 7/1/2023 – 06/30/2024
<b>Submission Guidance:</b> This measure accepts claims data only. Medical records are not accepted. Gap is closed through Pharmacy Claims.
<b>Medication Category:</b>
Beta-Blocker
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>
The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event. Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator/numerator to include multiple events for the same individual.
<b>Line of business: Marketplace, Medicaid, and Medicare</b>
<b>Claims/Encounter Dates:</b> 1/1/2024-11/30/2024
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes pharmacy claims for systemic corticosteroid on or 14 days after episode date. Evidence of dispensed a bronchodilator on or 30 days after the episode date. Gap is closed through Pharmacy Claims.
<b>Medication Category:</b>
Systemic Corticosteroid, Bronchodilator

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

Plan All Cause Readmissions (PCR)
For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Note: For commercial and Medicaid, report only members 18-64 years of age.
<b>Line of business: Marketplace, Medicaid, and Medicare</b>
Claims/Encounter Dates: 1/1/2024-12/31/2024
Submission Guidance: This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes all acute inpatient and observation stay discharges with readmission to inpatient or observation stay two or more calendar days apart.
<b>UBRev:</b>
0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, ,0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 0760, 0762, 0769

Statin Therapy for Patients with Cardiovascular Disease (SPC)
The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:
1. Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate intensity statin medication during the measurement year.
2. Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
<b>Line of business: Marketplace, Medicaid, and Medicare</b>
Claims/Encounter Dates: 01/01/2023 – 12/31/2024
Submission Guidance: This measure accepts claims data only. Medical records are not accepted.
<b>Medication Category:</b>
High and Moderate Intensity Statin

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

Transitions of Care (TRC)				
The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported: 1. Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days). 2. Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). 3. Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.				
<b>Line of business: Medicare</b>				
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>				
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes: All visits within 30 days of each discharge and MUST HAVE the following: 1. Notification of inpatient admission (NIA) Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days). 2. Receipt of Discharge Information (RDI) Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days) 3. Patient Engagement After Discharge (PEA) Office visits/in home visits/telehealth visit notes within 30 days after discharge. 4. Medication Reconciliation (MRP) Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). (NIA & RDI cannot be closed using claims.)				
CPT:	CPT-CAT II	HCPCS:	SNOMED:	UBRev:
98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483, 99483, 99495, 99495, 99496, 99496	1111F	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015	185317003, 185463005, 185464004, 185465003, 281036007, 314849005, 3391000175108, 386472008, 386473003, 401267002, 428701000124107, 430193006, 439740005, 444971000124105, 77406008, 84251009	0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983,

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

## Women's Health

Breast Cancer Screening (BCS E)			
The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.			
<b>Line of business: Marketplace, Medicaid, and Medicare</b>			
<b>Claims/Encounter Dates: 10/01/2022-12/31/2024</b>			
<b>Submission Guidance:</b> This measure requires claims data submission. No medical record submission/ documentation is accepted.			
CPT:	ICD-10:	SNOMED:	LOINC:
77061,	OHTVZZ,	429009003, 137671000119105, 429242008, 137681000119108,	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8,
77062,	OHTUZZ,	14693006, 14714006, 17086001, 22418005, 27865001, 52314009,	26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5,
77063,	OHTTOZZ,	60633004, 76468001, 456903003, 726636007, 836436008,	26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2,
77065,	Z90.11,	870629001, 66398006, 70183006, 172043006, 237367009,	36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4,
77066,	Z90.12, Z90.13	237368004, 274957008, 287653007, 287654001, 318190001,	37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9,
77067,		359728003, 359731002, 359734005, 359740003, 384723003,	37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6,
19180,		395702000, 406505007, 428564008, 446109005, 446420001,	37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7,
19200,		447135002, 447421006, 1208601007, 428529004, 136071000119101,	37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4,
19220,		12389009, 24623002, 43204002, 71651007, 241055006, 241057003,	38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4,
19240,		241058008, 258172002, 439324009, 450566007, 709657006,	38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2,
19303,		723778004, 723779007, 723780005, 726551006, 833310007,	39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8,
19304,		866234000, 866235004, 866236003, 866237007, 384151000119104,	46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2,
19305,		392521000119107, 392531000119105, 566571000119105,	46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2,
19306,		572701000119102, 428571003, 726429001, 726435001, 726437009,	48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3,
19307		741009001, 741018004, 836437004, 451211000124109, 429400009,	72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9,
		726430006, 726434002, 726436000, 741010006, 741019007,	86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5,
		836435007, 451201000124106	91522-3

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

Cervical Cancer Screening (CCS)			
The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: • Women 21-64 years of age who had cervical cytology performed within the last 3 years. • Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.			
<b>Line of business: Marketplace and Medicaid</b>			
<b>Claims/Encounter Dates:</b> Medical record dates: 1/1/2022-12/31/2024 (for patients 21-64) and medical record dates: 1/1/2020-12/31/2024 (for patients 30-64)			
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes a Pap test and/or documentation of PAP smear results, cervical cytology and/or high-risk HPV lab results, progress/encounter notes with medical/surgical history, operative report for a hysterectomy (total, complete, radical or vaginal) or documentation stating pap is no longer needed due to hysterectomy.			
CPT:	HCPCS:	SNOMED:	LOINC:
88141, 88142, 8814, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, 87620, 87621, 87622, 87624, 87625	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, G0476, G9988, G9999	171149006, 416107004, 417036008, 440623000, 448651000124104, 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 75805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102, 35904009, 448651000124104, 18591004	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 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



For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient’s date of birth is needed.**

Chlamydia Screening in Females (CHL)			
The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.			
<b>Line of business: Marketplace and Medicaid</b>			
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>			
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation progress/encounter notes with results and reported date or lab results completed during medical record dates.			
CPT:	HCPCS:	SNOMED:	LOINC:
87110, 87270, 87320, 87490, 87491, 87492, 87810, 0353U, 81025, 84702, 84703	G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, H1000, H1001, H1003, H1004, H1005, P3000, P3001, Q0091, S0199, S4981, S8055	104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315095005, 315099004, 390784004, 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002	14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 23838-6, 31775-0, 34710-4, 42931-6, 44806-8, 44807-6, 45068-4, 45069-2, 45072-6, 45073-4, 45075-9, 45084-1, 45089-0, 45090-8, 45091-6, 45093-2, 45095-7, 50387-0, 53925-4, 53926-2, 57287-5, 6353-7, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6, 82306-2, 87949-4, 87950-2, 88221-7, 89648-0, 91860-7, 91873-0

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

Osteoporosis Management in Women Who Had a Fracture (OMW)				
The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.				
<b>Line of business: Medicare</b>				
<b>Claims/Encounters Dates:</b> (Intake Period) – 07/01/2023-06/30/2024; Claims/encounters - up to 6 months after the (Intake Period) – 12/31/2024				
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes evidence of Bone Mineral Density (BMD) test, in any setting, on the Index Episode Start Date (IESD) or in the 180-day (6 month) period after the IESD; if IESD was an inpatient, a BMD test during inpatient stay; Osteoporosis therapy on the IESD or in the 180-day (6 month) period after IESD; If the IESD was an inpatient, long-acting osteoporosis therapy during the inpatient stay; A dispensed prescription to treat osteoporosis on the IESD or in the 180-day (6 month) period after IESD; A dispensed prescription to treat osteoporosis; Fracture; Visit type.				
CPT:	HCPCS:	ICD-10:	SNOMED:	Medication Category:
76977, 77078, 77080, 77081, 77085, 77086	J0897, J0897, J1740, J1740, J3110, J3111, J3489, J3489	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1, 88.98	22059005, 312681000, 385342005, 391057001, 391058006, 391059003, 391060008, 391061007, 391062000, 391063005, 391064004, 391065003, 391066002, 391069009, 391070005, 391071009, 391072002, 391073007, 391074001, 391076004, 391078003, 391079006, 391080009, 391081008, 391082001, 4211000179102, 440083004, 440099005, 440100002, 449781000, 707218004	Osteoporosis

Osteoporosis Screening in Older Women (OSW)	
The percentage of women 65–75 years of age who received osteoporosis screening.	
<b>Line of business: Medicare</b>	
<b>Claims/Encounter Dates:</b> 01/01/2024 – 12/31/2024	
<b>Submission Guidance:</b> This measure accepts claims data only. Medical records are not accepted.	
<b>CPT:</b>	
76977, 77078, 77080, 77081, 77085	

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

Prenatal and Postpartum Care (PPC)					
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 women, the measure assesses the following facets of prenatal and postpartum care. • <b>Timeliness of Prenatal Care.</b> 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. PCP visits must include a diagnosis of pregnancy. • <b>Postpartum Care.</b> The percentage of deliveries that had a postpartum visit or pelvic exam on or between 7 and 84 days after delivery.					
<b>Line of business: Marketplace and Medicaid</b>					
Claims/Encounter Dates: 10/8/2023-10/7/2024 (Delivery)					
Submission Guidance: This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes prenatal office visit/encounter notes during first trimester, labs documenting pregnancy test, ultrasound reports postpartum, postpartum office visits/encounter notes within 7-84 days of delivery. These visits must be with an Obstetrician/Gynecologist, Midwife or Primary Care Physician.					
	CPT:	CPT-CAT II:	HCPCS:	SNOMED:	LOINC
<b>Timeliness of Prenatal Care</b>	59400, 59425, 59426, 59510, 59610, 59618, 99500 (98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483 With Pregnancy-Related Diagnosis)	0500F, 0501F, 0502F	H1000, H1001, H1002, H1003, H1004, H1005 (G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015 With Pregnancy-Related Diagnosis)	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, 17629007, 18114009, 386235000, 386322007, 397931005, 406145006, 409010002, 422808006, 424441002, 424525001, 424619006, 439165004, 439733009, 439816006, 439908001, 440047008, 440227005, 440309009, 440536005, 440638004, 440669000, 440670004, 440671000, 441839001, 58932009, 66961001, 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 (185317003, 281036007, 314849005, 386472008, 386473003, 401267002, 77406008 With Pregnancy-Related Diagnosis)	
	Bundled CPTs accepted only if the claim form indicates when prenatal care was rendered.				

CPT, CPT II, HCPCS and ICD-10 codes are shared as guides and do not guarantee payment and codes listed are subject to change.

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<b>Postpartum Care</b>	57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, 99501  Bundled CPTs accepted only if the claim form indicates when postpartum care was rendered.	0503F	G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	1155766001, 133906008, 133907004, 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 169762003, 169770008, 169771007, 169772000, 171149006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 384634009, 384635005, 384636006, 408883002, 408884008, 408886005, 409018009, 409019001, 416030007, 416032004, 416033009, 416107004, 417036008, 431868002, 439074000, 439776006, 439888000, 440085006, 440623000, 441087007, 441088002, 441094005, 441219009, 441667007, 448651000124104, 62051000119105, 62061000119107, 700399008, 700400001, 717810008, 98791000119102	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
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<b>Prenatal Immunization Status (PRS E)</b>		
The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.		
<b>Line of business: Marketplace and Medicaid</b>		
<b>Claims/Encounter Dates: 01/01/2024 – 12/31/2024</b>		
<b>Submission Guidance:</b> This measure accepts claims data only. Medical records are not accepted.		
<b>CPT:</b>	<b>SNOMED:</b>	<b>CVX:</b>
90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90715, 90756	471361000124100, 192710009, 192711008, 192712001, 390846000, 412755006, 412756007, 412757003, 428251000124104, 428281000124107, 428291000124105, 571571000119105, 86198006	135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 88

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## Pediatric Health Measures

Avoidance of Antibiotic Treatment for Acute Bronchitis / Bronchiolitis (AAB)				
The percentage of episodes for patients 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis which did not result in an antibiotic dispensing event. This is an inverted rate (1-(numerator/denominator). Higher is better, which notates less inappropriate prescribing.				
<b>Line of business: Marketplace, Medicaid, and Medicare</b>				
<b>Claims/Encounter Dates: 7/1/2023-06/30/2024</b>				
<b>Submission Guidance:</b> This measure accepts claims data only. Medical records are not accepted. The numerator is a member with an outpatient, telephone, observation, or ED visit with a diagnosis of acute bronchitis/bronchiolitis followed by no antibiotic fill up to 3 days following service date. Many competing diagnoses exist that may make an antibiotic acceptable after the visit.				
<b>Medication Category:</b>				
AAB Antibiotic				
Childhood Immunization Status (CIS)				
The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophiles influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.				
<b>Line of business: Marketplace and Medicaid</b>				
<b>Claims/Encounter Dates: 1/1/2022-12/31/2024</b>				
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes certificate of immunization including specific dates and types of vaccines, progress/office notes with notations of vaccines given, immunization Record and Health History Form, lab report for seropositive test.				
CPT:	HCPCS:	ICD-10:	SNOMED:	CVX:
90633, 90644, 90647, 90648, 90655, 90657, 90660, 90661, 90670, 90671, 90672, 90673, 90674, 90680, 90681, 90685, 90686, 90687, 90688, 90689, 90697, 90698, 90700, 90707, 90710, 90713, 90716, 90723, 90740, 90744, 90747, 90748, 90756	G0008, G0009, G0010	3E0234Z, 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, B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, 06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9, B15.0, B15.9, B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9	(>300 applicable SNOMED codes)	03, 08, 10, 17, 20, 21, 31, 44, 45, 46, 47, 48, 49, 50, 51, 83, 85, 88, 89, 94, 106, 107, 109, 110, 111, 116, 120, 122, 133, 140, 141, 146, 148, 149, 150, 152, 153, 155, 158, 161, 171, 186, 215

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Immunizations for Adolescents (IMA E)		
The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.		
<b>Line of business: Marketplace and Medicaid</b>		
<b>Claims/Encounter Dates: 1/1/2020-12/31/2024</b>		
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes certificate of immunization including specific dates and types of vaccines, progress/office notes with notations of vaccines given, immunization Record and Health History Form, lab report for seropositive test.		
CPT:	SNOMED:	CVX:
90619, 90649, 90650, 90651, 90715, 90733, 90734	1209198003, 16298691000119102, 192710009, 192711008, 192712001, 390846000, 412755006, 412756007, 412757003, 428251000124104, 428271000124109, 428281000124107, 428291000124105, 428741008, 428931000, 429396009, 571571000119105, 717953009, 724332002, 734152003, 761841000, 871874000	62, 118, 137, 165, 32, 108, 114, 136, 147, 167, 203, 115

Lead Screening in Children (LSC)		
The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.		
<b>Line of business: Medicaid</b>		
<b>Claims/Encounter Dates: 1/1/2022-12/31/2024</b>		
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes progress/encounter notes stating blood test for lead with date drawn and results or lab results for blood test for lead completed during medical record dates. A test result or finding of “unknown” is not considered a result/finding and will not count.		
CPT:	SNOMED:	LOINC:
83655	8655006, 35833009	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

Appropriate Treatment for Upper Respiratory Infection (URI)	
The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. This is an inverted rate (1-(numerator/denominator). Higher is better, which notates less inappropriate prescribing.	
<b>Line of business: Marketplace, Medicaid, and Medicare</b>	
<b>Claims/Encounter Dates: 7/1/2023-06/30/2024</b>	
<b>Submission Guidance:</b> This measure accepts claims data only. Medical records are not accepted. The numerator is a member with an outpatient, telephone, observation, or ED visit with a diagnosis of URI followed by no antibiotic fill up to 3 days following service date. Many competing diagnoses exist that may make an antibiotic acceptable after the visit.	
<b>Medication Category:</b>	
AAB Antibiotic	

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Well Child Visits in the First 30 Months of Life (W30)			
The percentage of members who had the following number of well-child visits with a 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 old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits. Note: This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure.			
<b>Line of business: Marketplace and Medicaid</b>			
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>			
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes evidence from a claim/encounter with a date of service for any six or more well-child visits on different dates of service on or before the 15-month birthday and evidence from a claim/encounter with a date of service for any two or more well-child visits on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday.			
CPT:	HCPCS:	ICD-10:	SNOMED:
99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	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	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, 44971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

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Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)				
The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. 1. BMI percentile documentation*. 2. Counseling for nutrition. 3. Counseling for physical activity.				
* Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.				
<b>Line of business: Marketplace and Medicaid</b>				
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>				
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes progress/encounter notes (well child and sick child visit notes), dietitian’s records, school physical, nutrition notes/assessment, nutritional and physical education, nutritional and physical anticipatory guidance, BMI Growth chart (with percentage).				
CPT:	HCPCS:	ICD-10:	SNOMED:	LOINC:
97802, 97803, 97804	G0270, G0271, G0447, S9449, S9452, S9470, G0447, S9451	Z68.51, Z68.52, Z68.53, Z68.54, Z02.5, Z71.82, Z71.3	11816003, 61310001, 183059007, 183060002, 183061003, 183062005, 183063000, 183065007, 183066008, 183067004, 183070000, 183071001, 226067002, 266724001, 275919002, 281085002, 284352003, 305849009, 305850009, 305851008, 306163007, 306164001, 306165000, 306626002, 306627006, 306628001, 313210009, 370847001, 386464006, 404923009, 408910007, 410171007, 410177006, 410200000, 429095004, 431482008, 443288003, 609104008, 698471002, 699827002, 699829004, 699830009, 699849008, 700154005, 700258004, 705060005, 710881000, 1230141004, 14051000175103, 428461000124101, 428691000124107, 441041000124100, 441201000124108, 441231000124100, 441241000124105, 441251000124107, 441261000124109, 441271000124102, 441281000124104, 441291000124101, 441301000124100, 441311000124102, 441321000124105, 441331000124108, 441341000124103, 441351000124101, 445291000124103, 445301000124102, 445331000124105, 445641000124105, 103736005, 183073003, 281090004, 304507003, 304549008, 304558001, 310882002, 386291006, 386292004, 386463000, 390864007, 390893007, 398636004, 398752005, 408289007, 410200000, 410289001, 410335001, 429778002, 710849009, 435551000124105	59574-4, 59575-1, 59576-9

CPT, CPT II, HCPCS and ICD-10 codes are shared as guides and do not guarantee payment and codes listed are subject to change.

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Child and Adolescent Well Care Visits (WCV)			
The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Note: This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure			
<b>Line of business: Marketplace and Medicaid</b>			
<b>Claims/Encounter Dates: 1/1/2024-12/31/2024</b>			
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes well child visits, progress, encounter notes, mental development history, nutrition notes/assessment, physical development history, health education or anticipatory guidance, immunization records.			
CPT:	HCPCS:	ICD-10:	SNOMED:
99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	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	103740001, 170099002, 170107008, 17011400, 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

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

## General Health Measures

Asthma Medication Ratio (AMR)		
Description: 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.		
<b>Line of business: Marketplace and Medicaid</b>		
<b>Claims/Encounter Dates:</b> 1/1/2024 - 12/31/2024		
<b>Submission Guidance:</b> This measure accepts claims data only. Medical record not accepted. Gap closed through Pharmacy claims.		
<b>Medication Categories:</b>		
Asthma Controllers, Asthma Relievers		

Appropriate Testing for Pharyngitis (CWP)		
This measure demonstrates the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.		
<b>Line of business: Marketplace, Medicaid, and Medicare</b>		
<b>Claims/Encounter Dates:</b> 7/1/2023 - 6/30/2024		
<b>Submission Guidance:</b> This measure accepts claims and/or medical record submission. Acceptable medical record documentation includes evidence of a group A streptococcus test in the 7 day period from 3 days prior to the episode date through 3 days after the episode date.		
CPT:	SNOMED:	LOINC:
87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880	122121004, 122205003, 122303007	101300-2, 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2

Statin Therapy for Patients with Diabetes (SPD)		
The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:		
1. Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.		
2. Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.		
<b>Line of business: Marketplace, Medicaid, and Medicare</b>		
<b>Claims/Encounter Dates:</b> 1/1/2023-12/31/2023		
<b>Submission Guidance:</b> This measure accepts claims data only. Medical records are not accepted. Gap closed through Pharmacy claims.		
<b>Medication Category:</b>		
High, Moderate and Low Intensity Statins		

For all retrieval requests, please include **ALL** of the following chart components for the time frame specified. Healthcare Effectiveness Data and Information Set (HEDIS) measure descriptions and indicators are identified in this guide. **Note: For all measures, a demographic sheet or portion of the chart with the patient's date of birth is needed.**

## Behavioral Health

Measures will be provided on a separate HEDIS BH Guidelines document.

## Pharmacy Adherence Measures

Measures will be provided on a separate HEDIS Pharmacy Adherence Guidelines document.

**For a complete list of codes, please visit the NCQA website at [www.ncqa.org](http://www.ncqa.org), or see the HEDIS® value sets. Only subsets of the NCQA approved codes are listed in this document.**