

ACA HEDIS Quality Quick Guide

Measure	Requirement	Coding Assistance
<p>Controlling Blood Pressure (CBP)</p> <p>Percentage of patients aged 18 – 85, who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90) during the measurement year (MY).</p> <p>Exclusions: Hospice, Palliative care, Patient death, ESRD, Dialysis, Pregnancy, Nephrectomy, Kidney transplant, Patients 81+ with Frailty on 2 diff. DOS, Patients 66+ with Advanced Illness and Frailty on 2 diff. DOS, Patients 66+ who live long-term in an institution</p>	<p>Patients with essential hypertension (I10) on two different dates of service from January 1 of the prior year (PY) and June 30 of the (MY) place the member in the denominator.</p> <p>If multiple BPs are taken on the same day, combine the lowest systolic and diastolic.</p> <p>Example: 142/ 82 & 138/ 94 = 138/82</p> <p>Acceptable documentation: vital sign flowsheets, progress note, and consult notes</p> <p>Patient self-reported BPs are acceptable and must have been taken on a digital device</p> <p>BPs cannot used from these events (not all inclusive):</p> <ul style="list-style-type: none"> ■ Inpatient or ED visit ■ Taken on the same day as a diagnostic test or procedure that requires a change in the diet or medication on or one day before the test of procedure, except for fasting labs (e.g., colonoscopy, nebulizer treatment with albuterol, lidocaine with epinephrine) 	<p>3074F – Systolic BP < 130 mmHg</p> <p>3075F – Systolic BP between 103 – 139mmHg</p> <p>3077F – Systolic BP ≥ 140 mmHg</p> <p>3078F – Diastolic BP < 80 mmHg</p> <p>3079F – Diastolic BP between 80 – 89 mmHg</p> <p>3080F – Diastolic BP ≥ 90 mmHg</p>

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<p>Breast Cancer Screening (BCS-E)</p> <p>Females aged 50 – 74 who had a mammogram performed in the prior 27 months; Oct. 2 years prior – Dec. MY.</p> <p>Exclusions: Hospice, Palliative care, Member death, Bilateral mastectomy, Patients 66+ with Advanced Illness and Frailty on 2 diff. DOS, Patients 66+ living long-term in an institution</p>	<p>Acceptable mammograms – Screening, Diagnostic, Film, Digital, or Tomosynthesis 3D</p> <p>MRI’s, Ultrasounds, and Biopsies do not meet criteria.</p> <p>In lieu of BCS radiology report, acceptable documentation is notation of BCS complete with date.</p>	<p>Z90.13 – absence of breast bilaterally</p> <p>Z90.12 – absence of left breast</p> <p>Z90.11 – absence of right breast</p>
<p>Cervical Cancer Screening (CCS)</p> <p>Women aged 24 – 64, who received the appropriate screening for cervical cancer.</p> <ul style="list-style-type: none"> ■ Women aged 24 – 64 who had a cervical cytology testing performed every 3 years, 2 years prior – Dec. 31 MY. ■ Women aged 30 – 64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, 4 years to Dec. 31 MY <p>Exclusions: Hospice, Palliative care, Patients death, Hysterectomy/ Cervical agenesis/ Acquired absence of cervix</p>	<p>Documentation must include date and result of the test and can be taken from any section in the chart.</p> <p>Source of the pap smear should be cervical or endocervical.</p> <ul style="list-style-type: none"> ■ If source is not listed, it can be assumed to be cervical/ endocervical. ■ Vaginal source does not meet criteria. <p>Thin prep meets criteria for pap smear.</p> <p>hrHPV documentation:</p> <ul style="list-style-type: none"> ■ Generic “HPV test” can be counted for hrHPV. ■ Reflex testing or ASCUS testing is acceptable for HPV component. <p>Biopsies do not meet criteria.</p>	<p>Q51.5 – Agenesis and aplasia of cervix</p> <p>Z90.710 – Acquired absence of both cervix and uterus</p> <p>Z90.712 – Acquired absence of cervix with remaining uterus</p>

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<p>Colon Cancer Screening (COL)</p> <p>Patients aged 45 – 75 who had an appropriate screening colon cancer.</p> <p>Note: With changes in guidelines, NCQA has updated the age of the measure to be 45-75 years. CMS will maintain 50 – 75 years in the official Star Ratings Program for 2023 before updates are expected in 2024.</p> <p>Exclusions: Hospice, Palliative care, Patients death, Colon cancer, Total colectomy, Patients 66+ with Advanced Illness and Frailty on 2 diff. DOS, Patients 66+ living long-term in an institution</p>	<table border="1" data-bbox="720 162 1394 404"> <thead> <tr> <th data-bbox="720 162 1131 199">Screening Test</th> <th data-bbox="1131 162 1394 199">Frequency</th> </tr> </thead> <tbody> <tr> <td data-bbox="720 199 1131 237">Fecal Occult Blood (Fobt)</td> <td data-bbox="1131 199 1394 237">Annually</td> </tr> <tr> <td data-bbox="720 237 1131 274">Cologuard/ FIT-DNA</td> <td data-bbox="1131 237 1394 274">Every three years</td> </tr> <tr> <td data-bbox="720 274 1131 311">Flexible Sigmoidoscopy</td> <td data-bbox="1131 274 1394 311">Every five years</td> </tr> <tr> <td data-bbox="720 311 1131 349">CT Colonography</td> <td data-bbox="1131 311 1394 349">Every five years</td> </tr> <tr> <td data-bbox="720 349 1131 404">Colonoscopy</td> <td data-bbox="1131 349 1394 404">Every ten years</td> </tr> </tbody> </table> <p>Documentation of the specific test and completion date are required.</p> <p>Documentation of pathology or incomplete tests or not specified, include:</p> <ul style="list-style-type: none"> ■ Evidence that the scope advanced beyond splenic flexure meets criteria for colonoscopy. ■ Evidence that the scope advanced into the sigmoid colon for a complete flexible sigmoidoscopy. <p>Specimens collected via digital rectal exam are not accepted.</p>	Screening Test	Frequency	Fecal Occult Blood (Fobt)	Annually	Cologuard/ FIT-DNA	Every three years	Flexible Sigmoidoscopy	Every five years	CT Colonography	Every five years	Colonoscopy	Every ten years	<p>Z85.038 – Personal history of other malignant neoplasm of large</p> <p>Z85.048 – Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus</p> <p>C18.09, C19-20, C12.2, C21.8, C78.5 –Colon cancer, active</p>
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<p>Eye Exam for Patients with Diabetes (EED)</p> <p>Patients aged 18 – 75 who have Type 1 or Type 2 diabetes and had a retinal eye exam, negative exam in prior year (PY), and/ or negative or positive exam in measurement year (MY).</p> <p>Exclusions: Patients without a diagnosis of diabetes and who have PCOS, Gestational or steroid induced diabetes, Bilateral eye enucleation, Hospice, Palliative care, Patients death, Patients 66+ with Advanced Illness and Frailty on 2 diff. DOS, Patients 66+ living long-term in an institution</p>	<p>Metformin used as a single agent is not included for a denominator placement because it may be used to treat other conditions as well as diabetes.</p> <p>Retinal or eye exam must be interpreted by an eye care professional.</p> <p>Documentation of notation of eye exam must have date completed, result of exam, and that interpreted or completed by an eye care professional.</p> <p>Blindness is not an exclusion.</p>	<p>2022F – Dilated retinal eye exam interpreted by eye care professional documented/reviewed: with evidence of retinopathy</p> <p>2023F – Dilated retinal eye exam interpreted by eye care professional documented / reviewed without evidence of retinopathy</p> <p>3072F – Low risk for retinopathy (no evidence of retinopathy in prior year)</p>
<p>Hemoglobin A1c Control for Patients with Diabetes (HBD)</p> <p>Patients aged 18 – 75 who have Type 1 or Type 2 diabetes and whose A1c levels in the MY were ≤ 9.0%</p> <p>Exclusions: Patients without a diagnosis of diabetes and who have PCOS, Gestational or steroid induced diabetes, Hospice, Palliative care, Patients death, Patients 66+ with Advanced Illness and Frailty on 2 diff. DOS, Patients 66+ living long-term in an institution</p>	<p>Documentation must include of the test completion date and value.</p> <p>Metformin used as a single agent is not included for denominator placement because it may be used to treat other conditions as well as diabetes.</p>	<p>3044F – A1c < 7.0%</p> <p>3051F – A1c 7.0% - 7.9%</p> <p>3052F – 8.0% - 9.0%</p> <p>3046F – > 9%</p>

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<p>Prenatal and Postpartum Care (PPC)</p> <p>Women who delivered live births on or between Oct. 8 PY and Oct. 7 of MY who:</p> <ul style="list-style-type: none"> Timeliness of Prenatal Care- received prenatal care visit in first trimester. Postpartum Care – had a postpartum visit on or between 7 and 84 after delivery. <p>Exclusions: Hospice, Patient death, Non-live birth</p>	<p>Prenatal Documentation- Appropriate provider type: OB/GYN, Midwife, PCP</p> <p>Must have one of the following:</p> <ul style="list-style-type: none"> Diagnosis of pregnancy Basic physical OB exam Prenatal care procedures <p>Postpartum Documentation- Appropriate provider type: OB/GYN, Midwife, PCP</p> <p>Must have one of the following:</p> <ul style="list-style-type: none"> Notation of postpartum care Pelvic exam Evaluation of weight, abdomen, BP, & breasts Perineal or cesarean incision/wound check Screening for women with gestational diabetes One of these topics: infant care or breast feeding, family planning, sleep/fatigue, or physical activity/ healthy weight 	<table border="1"> <thead> <tr> <th colspan="2">Prenatal Bundled Services</th> </tr> </thead> <tbody> <tr> <td>CPT/CPT II</td> <td>59400, 59425, 59426</td> </tr> <tr> <th colspan="2">Stand-Alone Prenatal Visits</th> </tr> <tr> <td>CPT/ CPTII</td> <td>99500, 0500F, 0501F, 0502F</td> </tr> <tr> <th colspan="2">Prenatal Office Visits with Diagnosis of Pregnancy</th> </tr> <tr> <td>CPT/ CPT II</td> <td>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483</td> </tr> <tr> <th colspan="2">Pregnancy Diagnosis</th> </tr> <tr> <td>ICD-10</td> <td>Z34.90, Encounter for supervision of normal pregnancy, unspecified, unspecified trimester</td> </tr> <tr> <th colspan="2">Postpartum Bundled Services</th> </tr> <tr> <td>CPT/ CPT II</td> <td>59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</td> </tr> <tr> <th colspan="2">Postpartum visits</th> </tr> <tr> <td>CPT/ CPTII</td> <td>57170, 58300, 59430, 99501, 0503F</td> </tr> <tr> <td>ICD-10 Diagnosis</td> <td>Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</td> </tr> </tbody> </table>	Prenatal Bundled Services		CPT/CPT II	59400, 59425, 59426	Stand-Alone Prenatal Visits		CPT/ CPTII	99500, 0500F, 0501F, 0502F	Prenatal Office Visits with Diagnosis of Pregnancy		CPT/ CPT II	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483	Pregnancy Diagnosis		ICD-10	Z34.90, Encounter for supervision of normal pregnancy, unspecified, unspecified trimester	Postpartum Bundled Services		CPT/ CPT II	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	Postpartum visits		CPT/ CPTII	57170, 58300, 59430, 99501, 0503F	ICD-10 Diagnosis	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
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<p>Use of Opioids at High Dosage (HDO)</p> <p>Patients aged > 18 receiving prescription opioids for a ≥ 15 days during the measurement year at a high dosage (average milligram morphine equivalent [MME] dose ≥ 90 mg).</p> <p>Exclusions: Hospice, Palliative care, Patients death, Cancer, Sickle cell disease</p>	<p>Opioid Medications :</p> <ul style="list-style-type: none"> ▪ Benzhydrocodone ▪ Butorphanol ▪ Codeine ▪ Dihydrocodeine ▪ Fentanyl ▪ Hydrocodone ▪ Hydromorphone ▪ Levorphanol ▪ Meperidine ▪ Methadone ▪ Morphine ▪ Oxycodone ▪ Oxymorphone ▪ Pentazocine ▪ Tapentadol ▪ Tramadol <p>These medications are not included in this measure:</p> <ul style="list-style-type: none"> ▪ Cough and cold products with opioids ▪ Injectables ▪ Fentanyl patch inpatient ▪ Methadone for treatment of opioid use disorder 	<p>Claims only measure.</p>

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<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)</p> <p>Patients aged 3 – 17 who had an outpatient PCP or OB/GYB visit and had the following:</p> <ul style="list-style-type: none"> Body Mass Index (BMI) Percentile Counseling for nutrition Counseling for physical activity <p>Exclusions: Hospice, Patient death, Pregnancy</p>	<ul style="list-style-type: none"> Documentation sources include, but not limited to: Growth charts, H&P, Progress note, Vital signs, Check lists Acceptable documentation sources: inpatient, outpatient, and ED visits Abstraction from standardized form is acceptable as long as the form is completed and present in the medical record. The following documentation meets criteria for nutritional and physical activity counseling: <ul style="list-style-type: none"> 9-5-2-1-0 / 5-2-1-0 Weight or obesity counseling Counseling for eating disorders <p>Nutritional Counseling</p> <ul style="list-style-type: none"> May be from sick visit, as long as counseling/discussion not specific to acute/chronic condition. Referral to WIC Discussion of current nutritional behaviors: eating habits, dieting behaviors (eats well, regular diet), meal patterns, junk food intake, eating orders Providing educational material regarding nutrition during visit via shared links or email. Anticipatory guidance on nutrition: healthy food choices & snacks; avoid high-fat foods, meal frequency needs, need for vitamin supplement <p>Physical Activity</p> <ul style="list-style-type: none"> Sports physical or discussion regarding sports participation. Counseling or referral for physical activity. Discussion of current physical activity behaviors: exercise routine, participation in sports, exam for sports, plays w/ siblings or playground, physically active Anticipatory guidance specific to physical activity. Documentation as 'Exercise-None' Educational materials of physical activity received during the visit, or documentation that the provider emailed or shared a link. 	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="1524 152 1986 191">BMI Percentile</th> </tr> </thead> <tbody> <tr> <td data-bbox="1524 191 1717 269">ICD-10</td> <td data-bbox="1717 191 1986 269">Z68.51, Z68.52, Z68.53, Z68.54</td> </tr> <tr> <th colspan="2" data-bbox="1524 269 1986 308">Counseling for Nutrition</th> </tr> <tr> <td data-bbox="1524 308 1717 391">CPT/ CPTII</td> <td data-bbox="1717 308 1986 391">97802, 97803, 97804</td> </tr> <tr> <td data-bbox="1524 391 1717 430">ICD-10</td> <td data-bbox="1717 391 1986 430">Z71.3</td> </tr> <tr> <th colspan="2" data-bbox="1524 430 1986 469">Counseling for Physical Activity</th> </tr> <tr> <td data-bbox="1524 469 1717 508">ICD-10</td> <td data-bbox="1717 469 1986 508">Z02.5, Z71.82</td> </tr> </tbody> </table>	BMI Percentile		ICD-10	Z68.51, Z68.52, Z68.53, Z68.54	Counseling for Nutrition		CPT/ CPTII	97802, 97803, 97804	ICD-10	Z71.3	Counseling for Physical Activity		ICD-10	Z02.5, Z71.82
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