HEDIS Provider Manual 2016

MolinaHealthcare.com

MOLINA® HEALTHCARE

Your Extended Family.

Contents

Legend

*	P4P Bonus Available	CMS	Product Line: Medicare	A	Eligible Population: Adults
MC	Product Line: Medicaid	C	Eligible Population: Children	E	Eligible Population: Elderly

Welcome

Welcome to Molina's Healthcare Effectiveness Data and Information Set (HEDIS) provider manual. Developed by the National Committee for Quality Assurance, HEDIS is a widely used set of performance measures in the managed care industry, and an essential tool in ensuring that our members are getting the best healthcare possible. Thus it's vitally important that our providers understand the HEDIS specifications and guidelines.

Our mission is to provide quality health services to financially vulnerable families and individuals covered by government programs, and we want to do everything we can do to make this process as easy as possible. This manual is intended to be an easy-to-follow guide that covers all of the HEDIS measures applicable to Medicaid and Medicare.

We understand that HEDIS specifications can be complex, so we have designed this manual to clearly define Molina's criteria for meeting HEDIS guidelines. We welcome your feedback and look forward to supporting all your efforts to provide quality healthcare to our members.

About Molina

Molina Healthcare of Michigan has been serving Medicaid Managed Care in Michigan since 1998. With 340,000 members, Molina's service area encompasses 48 counties in the lower peninsula of Michigan, including Kent, Wayne, Oakland and Macomb counties. Molina is ranked as a Top 50 Plan by the National Committee for Quality Assurance (NCQA).

How to Use This Manual

This manual is comprised of two sections:

- Section 1: Partnering with Molina to Measure Quality provides useful information on Molina's Primary Care Physician (PCP) incentive program and how to submit HEDIS data to Molina. We hope to provide you with as much information as possible to understand Molina's guidelines on providing quality healthcare.
- Section 2: Tips to improve HEDIS scores. This section includes the description of each HEDIS measure, the correct billing codes and tips to help you improve HEDIS scores. The measures are in alphabetical order.

Pay for Performance Medicaid PCP Incentive Program Administrative Details

Molina Healthcare offers a robust Primary Care Physician (PCP) Incentive Bonus program to our providers. We provide incentive payments for a wide variety of HEDIS services so that all PCP specialties have an opportunity to receive an incentive payment in addition to our regular fee-for-service payment. Below is a description of our PCP Incentive Program. Please contact your provider services representative for further information on this program or call (888) 898-7969.

PCP Incentive Program eligibility

It is easy to participate in the PCP Incentive Program. You are eligible if you:

- Participate with Molina Healthcare as a PCP
- Submit clean claims within 60 days of service
- Are under contract with Molina at the time bonuses are calculated

Incentive Payment

Payment of incentives for service is based on the date of service at the PCP where the member is assigned. The following measures must be administered by the member's PCP or a PCP within the practice group: Adolescent Well Visit, Childhood Immunization and Well-Child Visit.

Criteria

Bonuses are paid for services performed according to HEDIS guidelines, which can be found in the Healthcare Outcomes section of this manual. Members must be enrolled with Molina on the date of service and must meet continuous enrollment requirements.

Payment Schedule

Bonuses are paid on a quarterly basis. The schedule is described below.

Pay for Performance Bonus	Schedule of Payment
FFS P4P Bonus – 1st Quarter	April of Measurement Year
FFS P4P Bonus – 2nd Quarter	July of Measurement Year
FFS P4P Bonus – 3rd Quarter	October of Measurement Year
FFS P4P Bonus – 4th Quarter	March of Following Year

Settlement Entities

Settlement is applied and distributed to practice groups. Checks are created at the practice group level or billing entity.

Post-settlement review

Requests for review of the final incentive settlement and financial payout detail must be submitted in writing by April of the year following the measurement year. Please submit requests to your practice's provider services representative.

How to Submit HEDIS Data to Molina

Claims and Encounters

Molina prefers that our providers submit all HEDIS information on a claim (HCFA 1500); an efficient and highly automated claims process that ensures prompt and appropriate payment for your services. The "Billing Reference Codes" section of this manual contains the appropriate CPT and diagnosis codes needed to bill for a particular measure.

Members with Other Primary Insurance

Molina understands that many of our members have a different primary insurance carrier other than Molina (such as Medicare). Even though the claim is paid by the primary insurance carrier, Molina needs this secondary claim in order to pay our providers the incentive bonus payment. Molina accepts both electronic and paper claims when a member has another primary insurance carrier.

Supplemental Data

Supplemental data may be submitted to Molina through several methods:

- Fax of Medical Record to Molina: Fax Number: (888) 336-6131
- Email Medical Record to Molina: Email Address: HEDIS_SDS@MolinaHealthcare.com
- EMR or Registry data exchange
- Michigan Childhood Immunization Registry (MCIR)

Submission deadline for Supplemental Data:

Reporting year data must be submitted by January 31st of the year after the reporting year.

Provider-reported data is subject to audit. For details regarding the audit process, please refer to Auditing of Supplemental Data, on page 6 of this manual.

Avoid Missed Opportunities

Make Every Office Visit Count

Avoid missed opportunities by taking advantage of every Molina member office visit to provide a well-child visit, immunizations, lead testing and BMI calculations.

- A sports physical becomes a well-child visit by adding anticipatory guidance (e.g. safety, nutrition, health, and social/behavior) to the sports physical's medical history and physical exam.
- A sick visit and well-child visit can be performed on the same day by adding a modifier 25 to the sick visit, and billing for the appropriate well visit. Molina will reimburse for both services, plus you will receive an incentive bonus payment. The table below is an example of how these services would be reimbursed.

CPT Code/Description	Sick Visit Only	Sick Visit + Well Child Visit
99213: Level III E/M Est. Patient Visit	$28.19	$28.19
99381: Physical		$65.83
Incentive Payment for Well Child Visit		$50.00
Extra Incentive Payment when complete all 6 Well Child Visits for 0-15 Months		$50.00
Total Reimbursement	**$28.19**	**$194.02**

- Molina will reimburse you for one well-child visit per calendar year for children three years old and older. You do not need to wait 12 months between the visits. Remember infants between up to 15 months need at LEAST six well-child visits.
- BMI values are a calculation based on the child's height and weight and should be calculated at every office visit.

Additional Diabetes Incentive Payment

Molina pays an additional incentive payment if a diabetic member has all four of the following preventative services completed by December 31st of the measurement year: HbA1C Test, Diabetic Eye Exam, and Nephropathy Screening.

	Diabetic Screenings	Incentive Bonus		Additional Incentive		Total Incentive Payment
1 Diabetic Member:	HbA1C test	$25	+	$200	=	$375
	Diabetic Eye Exam	$25				
	Nephropathy Screening	$25				
	HBa1c Good Control (<8%)	$100				

Auditing of Supplemental Data

Periodically throughout the year, Molina conducts an HEDIS program audit of supplemental data provided by practices, selected randomly from throughout our network. As required to meet NCQA guidelines, Molina must ensure the supplemental data we receive reflects the highest degree of accuracy.

Each audited practice is given a partial list of supplemental data provided to Molina during the program year. Practices are required to return a copy of the medical record that documents the supplemental data. For example, if a mammogram screening has been supplied as supplemental data, the practice would submit a copy of the mammogram result from the radiologist as proof the service was rendered.

Procedure for the audit process:

- Audit notices are distributed at on-site office visits or by mail/fax request.
- Providers are required to respond to the audit within one week of the delivery date or the specified timeframe. Failure to return results by the deadline may result in ineligibility for payout for future incentive payments.
- If a medical record is unavailable, audit results will be recalculated to determine a compliance score with the audit. A compliance score less than 95% accuracy will result in an additional audit of medical records.
- Failure to reach a score of 95% or higher on the second audit will result in ineligibility for future incentive payments.
- Additional sanctions against the practice may also be considered based on audit results.

Glossary

Below is a list of definitions used in this manual.

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 to other plans and to national or regional benchmarks.

Measure

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

Administrative Data

Evidence of service taken from claims, encounters, lab or pharmacy data.

Supplemental Data

Evidence of service found data source other than claims, encounters, lab or pharmacy data. All supplemental data may be subject to audit.

Denominator

Entire Health Plan population that is eligible for the specific measure.

Numerator

Number of members compliant with the measure.

Exclusion

Member becomes in-eligible and removed from the sample based on specific criteria, e.g. incorrect gender, age, etc.

Hybrid

Evidence of services taken from the patient's medical record.

Measurement Year

The year that the health plan gathers data.

HEDIS Measure Key

The 3 letter acronym that NCQA uses to identify a specific measure.

MCIR

The Michigan Care Improvement Registry (MCIR) is an electronic birth to death immunization registry available to private and public providers for the maintenance of immunization records.

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.

Payout

PCP Pay-for-Performance bonus available if you are a contracted provider with Molina.

Method of Measurement

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

General HEDIS® Tips to Improve Scores

- **Work with Molina Healthcare** – We are your partners in care and would like to assist you in improving your HEDIS® scores.
- **Use HEDIS® specific billing codes when appropriate** - This will help reduce the number of medical records we are required to review in your office. We have tip reference guides on what codes are needed for HEDIS®.
- **Use HEDIS® Needed Services Lists** - Molina Healthcare provides needed services lists to identify patients who have gaps in care. If a patient calls for a sick visit, see if there are other needed services (e.g., well care visits, preventive care services). Keep the needed services list by the receptionist's phone so the appropriate amount of time can be scheduled for all needed services when patients call for a sick visit.
- **Avoid missed opportunities** - Many patients may not return to the office for preventive care so make every visit count. Schedule follow-up visits before patients leave.
- **Improve office management processes and flow** - Review and evaluate appointment hours, access, and scheduling processes, billing and office/patient flow. We can help to streamline processes.
    - Review the next day's schedule at the end of each day.
    - Ensure the appropriate test equipment or specific employees are available for patient screenings or procedures.
    - Call patients 48 hours before their appointments to remind them about their appointment and anything they will need to bring. Ask them to make a commitment that they will be there. This will reduce no-show rates.
    - Train staff to manage routine questions from patients and to educate patients regarding tests and screenings that are due.
    - Use non-physicians for items that can be delegated. Also have them prepare the room for items needed.
    - Consider using an agenda setting tool to elicit patient's key concerns by asking them to prioritize their goals and questions. Molina Healthcare has a sample tool that you can use.
    - Provide an after visit summary to ensure patients understand what they need to do. This improves the patient's perception that there is good communication with their provider.
- **Take advantage of your EMR** - If you have an EMR, try to build care gap "alerts" within the system.

Updated 8/20/2015

HEDIS® Tips:
Adults with Acute Bronchitis

MEASURE DESCRIPTION

Adults 18-64 years of age diagnosed with Acute Bronchitis **should not** be dispensed an antibiotic within 3 days of the visit.

Note: Prescribing antibiotics for Acute Bronchitis is not indicated unless there is a comorbid diagnosis or a bacterial infection (examples listed on the right).

Only about 10% of cases of Acute Bronchitis are due to a bacterial infection, so in most cases antibiotics will not help.

USING CORRECT BILLING CODES

Codes to Identify Acute Bronchitis

Description	ICD-9 Code	*ICD-10 Code
Acute bronchitis	466.0	J20.3-J20.9

Codes to Identify Most Common Comorbid Conditions

Description	ICD-9 Code	*ICD-10 Code
Chronic bronchitis	491	J41, J42
Emphysema	492	J43, J98.2, J98.3
COPD	493.2, 496	J44

Codes to Identify Most Common Competing Diagnoses

Description	ICD-9 Code	*ICD-10 Code
Acute sinusitis	461.8, 461.9	J01.80, J01.90
Otitis media	382	H66, H67
Pharyngitis, streptococcal tonsillitis, or acute tonsillitis	034.0, 462, 463	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❒ Educate patients on comfort measures without antibiotics (e.g., extra fluids and rest).
- ❒ Discuss realistic expectations for recovery time (e.g., cough can last for 4 weeks without being “abnormal”).
- ❒ For patients insisting an antibiotic:
  - Give a brief explanation.
  - Write a prescription for symptom relief instead of an antibiotic.
  - Encourage follow-up in 3 days if symptoms do not get better.
- ❒ Submit comorbid diagnosis codes if present on claim/encounter (see codes above).
- ❒ Submit competing diagnosis codes for bacterial infection if present on claim/encounter (see codes above).

Updated 08/14/2015

HEDIS® Tips:
Adolescent Well-Care Visit

MEASURE DESCRIPTION

Patients 12-21 years of age who had one comprehensive Well-Care visit with a PCP or OB/GYN during the measurement year.

Well-Care visit consists of all of the following:

- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

USING CORRECT BILLING CODES

Description	Codes
Well-Care Visits	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS**: G0438, G0439 **ICD-9:** V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 ***ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Make Every Visit Count.
- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a Well-Care visit, immunizations, and BMI value/percentile calculations.
- ❑ Make sports/day care physicals into Well-Care visits by performing the required services and submitting appropriate codes.
- ❑ Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- ❑ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- ❑ BMI Values are a calculation based on the child's height and weight and should be calculated and documented at every visit.
- ❑ A sick visit and Well-Child visit can be performed on the same day by adding a modifier 25. to the sick visit, and billing for the appropriate preventative visit. Molina will reimburse for both services.

HEDIS® Tips:
Adults' Access to Preventive/Ambulatory Health Services

MEASURE DESCRIPTION

Patients 20 years and older who had an Ambulatory or Preventive Care visit during the measurement year.

USING CORRECT BILLING CODES

Codes to Identify Preventive/Ambulatory Health Services

Description	Codes
Ambulatory Visits	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429 **HCPCS:** G0402, G0438, G0439, G0463, T1015 **ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 **UB Rev**: 0510-0517, 0519-0523, 0526-0529, 0982-0983 ***ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
Other Ambulatory Visits	**CPT:** 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337 **HCPCS**: S0620, S0621 **UB Rev**: 0524, 0525

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Use appropriate billing codes as described above.
- ❑ Educate patients on the importance of having at least one Ambulatory or Preventive Care visit during each calendar year.
- ❑ Contact patients on the needed services list who have not had a Preventive or Ambulatory care visit.
- ❑ Look into offering expanded office hours to increase access to care.
- ❑ Make reminder calls to patients who have appointments to decrease no-show rates.

Updated 8/14/2015

HEDIS® Tips:
Adult BMI Assessment

MEASURE DESCRIPTION

Adults 18–74 years of age who had an outpatient visit and whose body mass index (BMI) or BMI percentile (for patients younger than 21 years) was documented during the measurement year or the year prior to the measurement year.

For members 21 years of age or older on the date of service, documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year.

For patients younger than 21 years on the date of service, documentation in the medical record must indicate the height, weight and BMI percentile, dated during the measurement year or year prior to the measurement year. The following meets criteria for BMI percentile:

- BMI percentile documented as a value (e.g., 85th percentile)
- BMI percentile plotted on an age-growth chart

USING CORRECT BILLING CODES

Codes to Identify BMI

Description	ICD-9 Code	ICD-10 Code*
BMI <19, adult	V85.0	
BMI 19 or less, adult		Z68.1
BMI between 19-24, adult	V85.1	
BMI between 20-24, adult		Z68.20-Z68.24
BMI between 25-29, adult	V85.21-V85.25	Z68.25-Z68.29
BMI between 30-39.9, adult	V85.30-V85.39	Z68.30-Z68.39
BMI 40 and over, adult	V85.41-V85.45	Z68.41- Z68.45
BMI, pediatric, <5th percentile for age	V85.51	Z68.51
BMI, pediatric, 5th percentile to <85th percentile for age	V85.52	Z68.52
BMI, pediatric, 85th percentile to <95th percentile for age	V85.53	Z68.53
BMI, pediatric, ≥ 95th percentile for age	V85.54	Z68.54

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❒ Make BMI assessment part of the vital sign assessment at each visit.
- ❒ Use correct billing codes (decreases the need for us to request the medical record).
- ❒ Ensure proper documentation for BMI in the medical record with all components (i.e., date, weight, height, and BMI value). Provider signature must be on the same page.
- ❒ If on an EMR, update the EMR templates to automatically calculate a BMI.
- ❒ Place BMI charts near scales (ask Molina for copies).
- ❒ If not on an EMR, you can calculate the BMI here: http://www.cdc.gov/healthyweight/assessing/bmi/

Updated 08/15/2015

HEDIS® Tips:
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment

MEASURE DESCRIPTION

The percentage of adolescent and adult members 13 years of age and older with a new diagnosis of alcohol or other drug (AOD) dependence with the following:

- *Initiation of AOD Treatment.* Initiate treatment through inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.
- *Engagement of AOD Treatment.* Initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

USING CORRECT BILLING CODES

Codes to Identify AOD Dependence

ICD-9-CM Diagnosis
291.0-291.5, 291.81, 291.82, 291.89, 291.9, 303.00-303.02, 303.90-303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.30, 535.31, 571.1
ICD-10-CM Diagnosis (to be used on or after 10/1/15)
F10.10 – F10.20, F10.22 – F10.29, F10.920 – F10.99, F11.10 – F11.20, F11.22 – F11.29, F11.90 – F11.99, F12.10 – F12.20, F12.22 – F12.29, F12.90 – F12.99, F13.10 – F13.20, F13.22 – F13.29, F13.90 – F13.99, F14.10 – F14.20, F14.22 – F14.29, F14.90 – F14.99, F15.10 – F15.20, F15.22 – F15.29, F15.90 – F15.99, F16.10 – F16.20, F16.22 – F16.29, F16.90 – F16.99, F18.10 – F18.20, F18.22 – F18.29, F18.90 – F18.99, F19.10 – F19.20, F19.22 – F19.29, F19.90 – F19.99

Codes to Identify Outpatient, Intensive Outpatient and Partial Hospitalization Visits (*use these visit codes along with one of the diagnosis codes above to capture initiation and engagement of AOD treatment*)

CPT	HCPCS	UB Revenue
98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064,S0201, S9480, S9484, S9485, T1006, T1012, T1015	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983

CPT		POS
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	WITH	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53

HOW TO IMPROVE HEDIS® SCORES

- ❒ Consider using screening tools or questions to identify substance abuse issues in patients.
- ❒ If a substance abuse issue is identified, document it in the patient chart and submit a claim with the appropriate codes, as described above.
- ❒ Using diagnosis codes that are the result of alcohol or drug dependency (ex. Cirrhosis) also qualify patients for the measures, so avoid inappropriate use of these codes.
- ❒ When giving a diagnosis of alcohol or other drug dependence, schedule a follow-up visit within 2 weeks and at least two additional visits within 30 days, or refer immediately to a behavioral health provider.
- ❒ Involve family members or others who the patient desires for support and invite their help in intervening with the patient diagnosed with AOD dependence.
- ❒ Provide patient educational materials and resources that include information on the treatment process and options.

HEDIS® Tips:
Antidepressant Medication Management

MEASURE DESCRIPTION

The percentage of adults 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remain on an antidepressant medication treatment. Two rates are reported:

Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). (Continuous treatment allows gaps in treatment up to a total of 30 days during the *Acute Phase*).

Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). (Continuous treatment allows gaps in treatment up to a total of 51 days during the *Acute and Continuation Phases* combined).

USING CORRECT BILLING CODES

Codes to Identify Major Depression

Description	ICD-9 Codes	*ICD-10 Codes
Major Depression	296.20-296.25, 296.30-296.35, 298.0, 311	F32.0-F32.4, F32.9, F33.0-F33.3. F33.41, F33.9

*ICD-10 codes to be used on or after 10/1/15

ANTIDEPRESSANT MEDICATIONS

Description	Generic Name	Brand Name
Miscellaneous antidepressants	Buproprion Vilazodone Vortioxetine	Wellbutrin®; Zyban® Viibryd® Brintellix®
Phenylpiperazine antidepressants	Nefazodone Trazodone	Serzone® Desyrel®
Psycho-therapeutic combinations	Amitriptyline-chlordiazepoxide; Amitriptyline-perphenazine; Fluoxetine-olanzapine	Limbitrol® Triavil®; Etrafon® Symbax®
SNRI antidepressants	Desvenlafaxine Levomilnacipran Duloxetine Venlafaxine	Pristiq® Cymbalta® Effexor®
SSRI antidepressants	Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline	Celexa® Lexapro® Prozac® Luvox® Paxil® Zoloft®
Tetracyclic antidepressants	Maprotiline Mirtazapine	Ludiomil® Remeron®
Tricyclic antidepressants	Amitriptyline Amoxapine Clomipramine Desipramine Doxepin (>6mg) Imipramine Nortriptyline Protriptyline Trimipramine	Elavil® Asendin® Anafranil® Norpramin® Sinequan® Tofranil® Pamelor® Vivactil® Surmontil®
Monoamine oxidase inhibitors	Isocarboxazid Phenelzine Selegiline Tranylcypromine	Marplan® Nardil® Anipryl®; Emsam® Parnate®

HOW TO IMPROVE HEDIS® SCORES

- ❑ Educate patients on the following:
  - Depression is common and impacts 15.8 million adults in the United States.
  - Most antidepressants take 1-6 weeks to work before the patient starts to feel better.
  - In many cases, sleep and appetite improve first while improvement in mood, energy and negative thinking may take longer.
  - The importance of staying on the antidepressant for a minimum of 6 months.
  - Strategies for remembering to take the antidepressant on a daily basis.
  - The connection between taking an antidepressant and signs and symptoms of improvement.
  - Common side effects, how long the side effects may last and how to manage them.
  - What to do if the patient has a crisis or has thoughts of self-harm.
  - What to do if there are questions or concerns.

Updated 8/18/2015

HEDIS® Tips:
Appropriate Testing for Children with Pharyngitis

MEASURE DESCRIPTION

Children 2-18 years of age diagnosed with Pharyngitis and dispensed an antibiotic should have received a Group A strep test within 3 days prior to the diagnosis date through the 3 days after the diagnosis date.

USING CORRECT BILLING CODES

Codes to Identify Pharyngitis

Description	ICD-9 Codes	*ICD-10 Codes
Acute Pharyngitis	462	J02.8, J02.9
Acute Tonsillitis	463	J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Streptococcal sore throat	034.0	J02.0

*ICD-10 codes to be used on or after 10/1/15

Codes to Identify Strep Test

Description	CPT Codes
Strep Test	87070, 87071, 87081, 87430, 87650-87652, 87880

HOW TO IMPROVE HEDIS® SCORES

- ❑ Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics. Submit this test to Molina Healthcare for payment if the State permits, or as a record that you performed the test. Use the codes above.
- ❑ Clinical findings alone do not adequately distinguish Strep vs. non-Strep pharyngitis. Most "red throats" are viral and therefore you should never treat empirically, even in children with a long history of strep. Their strep may have become resistant and needs a culture.
- ❑ Submit any co-morbid diagnosis codes that apply on claim/encounter.
- ❑ If rapid strep test and/or throat culture is negative, educate parents/caregivers that an antibiotic is not necessary for viral infections.
- ❑ Additional resources for clinicians and parents/caregivers about pharyngitis can be found here: http://www.cdc.gov/getsmart/index.html

HEDIS® Tips:
Appropriate Treatment for Children with URI

MEASURE DESCRIPTION

Children 3 months to 18 years of age diagnosed with Upper Respiratory Infection (URI) **should not** be dispensed an antibiotic within 3 days of the diagnosis.

Note: Claims/encounters with more than one diagnosis (e.g., competing diagnoses) are excluded from the measure.

USING CORRECT BILLING CODES

Codes to Identify URI

Description	ICD-9 Codes	*ICD-10 Codes
Acute Nasopharyngitis (common cold)	460	J00
Acute Laryngopharyngitis	465.0	J06.0
Acute URI or	465.8, 465.9	J06.9

Codes to Identify Common Competing Diagnoses

Description	ICD-9 Code	*ICD-10 Codes
Otitis Media	382	H66, H67
Acute Sinusitis	461	J01.80, J01.90
Pharyngitis, Streptococcal Tonsillitis, or Acute Tonsillitis	034.0, 462, 463	J02.0, J02.8, J02.9, J03.00, J03.01, J03,80, J03.81, J03.90, J03.91
Chronic Sinusitis	473	J32
Pneumonia	481-486	J13-J20

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Do not prescribe an antibiotic for a URI diagnosis only.
- ❑ Submit any co-morbid/competing diagnosis codes that apply (examples listed in the “Codes to Identify Competing Diagnoses” table above).
- ❑ Code and bill for all diagnoses based on patient assessment.
- ❑ Educate patient on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen (antibiotic can be prescribed if necessary after 3 days of initial diagnosis).
- ❑ You are encouraged to re-submit an encounter if you missed a second diagnosis code and you see a patient on the needed services report published by Molina Healthcare.
- ❑ Patient educational materials on antibiotic resistance and common infections can be found here: http://www.cdc.gov/getsmart/index.html

HEDIS® Tips:
Medication Management for People with Asthma

MEASURE DESCRIPTION

The percentage of members 5–85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Patients are in the measure if they met at least one of the following during both the measurement year and the year prior.

- At least one ED visit with asthma as the principal diagnosis.
- At least one acute inpatient claim/encounter, with asthma as the principal diagnosis.
- At least 4 outpatient asthma visits with asthma as one of the diagnoses and at least 2 asthma medication dispensing events.
- At least 4 asthma medication dispensing events.
- If leukotriene modifiers were the sole asthma medication dispensed, there must also be at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier (i.e., measurement year or the year prior.)

USING CORRECT BILLING CODES

Codes to Identify Asthma

Description	ICD-9 Codes	*ICD-10 Codes *(to be used after 10/1/15)*
Asthma	493.00-,493.02, 493.10-493.12, 493.81, 493.82, 493.90-493.92	
Mild Intermittent Asthma		J45.20, J45.21, J45.22
Mild Persistent Asthma		J45.30, J45.31, J45.32
Moderate Persistent Asthma		J45.40, J45,41, J45.42
Severe Persistent Asthma		J45,50, J45,51, J45.52
Other and Unspecified Asthma		J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

Asthma Controller Medications

Description	Prescriptions
Antiasthmatic combinations	Dyphylline-guaifenesin, Guaifenesin-theophylline
Antibody inhibitor	Omalizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone
Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton
Mast cell stabilizers	Cromolyn
Methylxanthines	Aminophylline, Dyphylline, Theophylline

**Please refer to the Molina Healthcare Drug Formulary at www.molinahealthcare.com for asthma controller medications that may require prior authorization or step therapy.*

HOW TO IMPROVE HEDIS® SCORES

- ❒ Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present. Ex: wheezing during viral URI and acute bronchitis is not “asthma.”
- ❒ Educate patients on use of asthma medications and importance of using asthma controller medications daily.
- ❒ Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications.
- ❒ Mail-order delivery is available to patients.
- ❒ Molina Healthcare has an Asthma Disease Management Program that you can refer your patients to.

Updated 8/14/2015

HEDIS® Tips:
Breast Cancer Screening

MEASURE DESCRIPTION

Women 50-74 years of age who had one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Exclusions: Bilateral Mastectomy

Note: Biopsies, breast ultrasounds and MRIs do not count because HEDIS® does not consider them to be appropriate primary screening methods.

USING CORRECT BILLING CODES

Codes to Identify Mammogram

Description	Codes
Breast Cancer Screening	**CPT:** 77055-77057 **HCPCS:** G0202, G0204, G0206 **ICD-9:** 87.36, 87.37 **UB Revenue:** 0401, 0403

HOW TO IMPROVE HEDIS® SCORES

- ❒ Educate female patients about the importance of early detection and encourage testing.
- ❒ Use needed services list to identify patients in need of mammograms.
- ❒ If the patient had a bilateral mastectomy, document this in the medical record and fax Molina Healthcare the chart to (888)336-6131.
- ❒ Schedule a mammogram for patient or send/give patient a referral/script (if needed).
- ❒ Have a list of mammogram facilities available to share with the patient (helpful to print on colored paper for easy reference).
- ❒ Discuss possible fears the patient may have about mammograms and inform women that current available testing methods are less uncomfortable and require less radiation than they did in the past.

*P4P Bonus Available

MOLINA HEALTHCARE

Updated 8/14/2015

HEDIS® Tips:
Care for Older Adults

MEASURE DESCRIPTION

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning (advanced directive, living will, or discussion with date).
- Medication review by a prescribing practitioner or clinical pharmacist and presence of a medication list (a medication list, signed and dated during the measurement year by a prescribing practitioner or clinical pharmacist will also count).
- Functional status assessment (e.g., ADLs or IADLs).
- Pain assessment (e.g., pain inventory, numeric scale, faces pain scale). Notation of screening or documentation for chest pain alone does not count.

USING CORRECT BILLING CODES

Description	Codes
Advance Care Planning	**CPT II:** 1157F, 1158F **HCPCS:** S0257
Medication Review	**CPT:**, 90863, 99605, 99606 **CPT II:** 1160F
Medication List	**CPT II:** 1159F **HCPCS:** G8427
Functional Status Assessment	**CPT II:** 1170F
Pain Assessment	**CPT II:** 1125f, 1126F

HOW TO IMPROVE HEDIS® SCORES

- ❑ Use the Annual Comprehensive Exam (ACE) form from Molina Healthcare to capture these assessments if patient is eligible.
- ❑ Use the Medicare Stars checklist tool for reference and place on top of chart as a reminder to complete.
- ❑ Remember that the medication review measure requires that the medications are listed in the chart, plus the review.
- ❑ If on EMR, incorporate a standardized template to capture these measures for members 66 years and older (can use Molina Healthcare's ACE form as a guide).

Updated 8/17/2015

HEDIS® Tips:
Cervical Cancer Screening

MEASURE DESCRIPTION

Women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 24-64 who had cervical cytology during the measurement year or the two years prior to the measurement year.
- Women age 30-64 who had cervical cytology and human papillomavirus (HPV) co-testing performed during the measurement year or the four years prior to the measurement year.

Exclusions: Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.

USING CORRECT BILLING CODES

Codes to Identify Cervical Cancer Screening

Description	Code
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **UB Revenue:** 0923
HPV Tests	**CPT:** 87620-87622

HOW TO IMPROVE HEDIS® SCORES

- ❒ Use needed services lists to identify women who need a Pap test.
- ❒ Use a reminder/recall system (e.g., tickler file).
- ❒ Request to have results of Pap tests sent to you if done at OB/GYN visits.
- ❒ Document in the medical record if the patient has had a hysterectomy with no residual cervix and fax us the chart. Remember synonyms – “total”, “complete”, “radical.”
- ❒ Don’t miss opportunities e.g., completing Pap tests during regularly-scheduled well woman visits, sick visits, urine pregnancy tests, UTI, and Chlamydia/STI screenings.
- ❒ *P4P Bonus Available

MOLINA HEALTHCARE

HEDIS® Tips:
Children and Adolescents' Access to Primary Care Practitioners

MEASURE DESCRIPTION

The percentage of patients 12 months to 19 years of age who had a visit with a PCP. Four separate percentages are reported for each product line:

- Children 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year.
- Children 7 to 11 years and adolescents 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

USING CORRECT BILLING CODES

Codes to Identify Ambulatory or Preventive Care Visits

Description	Codes
Ambulatory Visits	**ICD-9:** V20.2, V70.0, V70.3, V70.5, V70.6, V70.8,V70.9
	***ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9
	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429
	HCPCS: G0402, G0438, G0439, G0463, T1015
	UBREV: 0510-0517, 0519-0523, 0526-0529, 0982, 0983

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❒ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide an ambulatory or preventive care visit.
- ❒ Make sports/day care physicals into ambulatory or preventive care visits by performing the required services and submitting appropriate codes.
- ❒ Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- ❒ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.

Updated 8/10/2015

MOLINA HEALTHCARE

HEDIS® Tips:
Childhood Immunizations

MEASURE DESCRIPTION

Children 2 years of age who had the following vaccines **on or before their second birthday:**

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

USING CORRECT BILLING CODES

Codes to Identify Childhood Immunizations

Description	CPT/HCPCS/ICD Codes
DTaP	90698, 90700, 90721, 90723
IPV	90698, 90713, 90723
MMR	90707, 90710
Measles and rubella	90708
Measles	90705
Mumps	90704
Rubella	90706
HiB	90645-90648, 90698, 90721, 90748
Hepatitis B	90723, 90740, 90744, 90747, 90748, G0010
Newborn Hepatitis B	ICD-9: 99.55; ICD-10*: 3E0234Z
VZV	90710, 90716
Pneumococcal conjugate	90669, 90670, G0009
Hepatitis A	90633
Rotavirus (two-dose schedule)	90681
Rotavirus (three-dose schedule)	90680
Influenza	90655, 90657, 90661, 90662, 90673, 90685, G0008

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Use the Michigan Care Improvement Registry (MCIR).
- ❑ 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, e.g., MMR causes autism (now completely disproven).
- ❑ Have a system for patient reminders.
- ❑ Some vaccines may have been given before patients were Molina members. Include these on the members' vaccination record even if your office did not provide the vaccine.
- ❑ *P4P Bonus available

HEDIS® Tips:
Chlamydia Screening

MEASURE DESCRIPTION

Women 16-24 years of age who were identified as sexually active and who had at least one Chlamydia test during the measurement year.

Exclusion: Members who were included in the measure based on pregnancy test alone and the member had a prescription for Isotretinoin or an X-ray on the date of the pregnancy test or the 6 days after the pregnancy test.

USING CORRECT BILLING CODES

Codes to Identify Chlamydia Screening

Description	CPT Code
Chlamydia Screening	87110, 87270, 87320, 87490-87492, 87810

HOW TO IMPROVE HEDIS® SCORES

- ❒ Perform Chlamydia screening every year on every 16-24 year old female identified as sexually active (use any visit opportunity).
- ❒ Add Chlamydia screening as a standard lab for women 16-24 years old. Use Well-Child exams and Well Women exams for this purpose.
- ❒ Ensure that you have an opportunity to speak with your adolescent female patients without her parent.
- ❒ Remember that Chlamydia screening can be performed through a urine test. Offer this as an option for your patients.
- ❒ Place Chlamydia swab next to Pap test or pregnancy detection materials
- ❒ *P4P Bonus available

Updated 8/14/2015

MOLINA HEALTHCARE

HEDIS® Tips:
Colorectal Cancer Screening

MEASURE DESCRIPTION

Patients 50-75 years of age who had one of the following screenings for colorectal cancer screening:

- gFOBT or iFOBT (or FIT) with required number of samples for each test during the measurement year, or
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year, or
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

Note: FOBT tests performed in an office or performed on a sample collected via a digital rectal exam (DRE) do not meet criteria.

Exclusions: Colorectal Cancer or Total Colectomy

USING CORRECT BILLING CODES

Codes to Identify Colorectal Cancer Screening

Description	Codes
FOBT	**CPT:** 82270, 82274 **HCPCS:** G0328
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337-45342, 45345 **HCPCS:** G0104 **ICD-9:** 45.24
Colonoscopy	**CPT:** 44388-44394, 44397, 45355, 45378-45387, 45391, 45392 **HCPCS:** G0105, G0121 **ICD-9:** 45.22, 45.23, 45.25, 45.42, 45.43

Codes to Identify Exclusions

Description	Codes
Colorectal Cancer	**HCPCS:** G0213-G0215, G0231 **ICD-9-CM:** 153.0-153.9, 154.0, 154.1 197.5, V10.05, V10.06 ***ICD-10 CM:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	**CPT:** 44150-44153, 44155-44158, 44210-44212 **ICD-9:** 45.81, 45.82, 45.83 ***ICD-10 PCS**: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Update patient history annually regarding colorectal cancer screening (test done and a date).
- ❑ Encourage patients who are resistant to having a colonoscopy to have a stool test that they can complete at home (either gFOBT or iFOBT).
- ❑ The iFOBT/FIT has fewer dietary restrictions and samples.
- ❑ Use standing orders and empower office staff to distribute FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy. Follow-up with patients.
- ❑ Clearly document patients with ileostomies, which implies colon removal (exclusion), and patients with a history of colon cancer (more and more frequent).

Updated 08/14/2015

HEDIS® Tips:
Comprehensive Diabetes Care

MEASURE DESCRIPTION

Adults 18-75 years of age with diabetes (Type 1 and Type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)*
  * a lower rate is better
- HbA1c control
  - Medicaid (<8.0%)
  - Medicare (≤9.0%)
- Eye exam (retinal or dilated) performed
- BP control (<140/90 mmHg)
- Nephropathy monitoring
  - Nephropathy screening or monitoring test
  - Treatment for nephropathy or ACE/ARB therapy
    - Stage 4 CKD
    - ESRD
    - Kidney transplant
    - Visit with a nephrologist -- ACE/ARB dispensed

If your patient is on the diabetic list in error, please submit:
1) A statement indicating the patient is "not Diabetic" and
2) At least two labs drawn in the current measurement year showing normal values for HbA1C of fasting glucose tests.
Fax the information to: 888-336-6131

USING CORRECT BILLING CODES

Description	Codes
Codes to Identify Diabetes	**ICD-9:** 250.00-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04 ***ICD-10:** E10, E11, E13, O24
Codes to Identify HbA1c Tests	**CPT:** 83036, 83037 **CPT II:** 3044F (if HbA1c <7%), 3045F (if HbA1c 7% - 9%), 3046F (if HbA1c >9%)
Codes to Identify Nephropathy Screening Test (Urine Protein Tests)	**CPT:** 81000-81005, 82042, 82043, 82044, 84156 **CPT II:** 3060F, 3061F, 3062F
Codes to Identify Eye Exam (must be performed by optometrist or ophthalmologist)	**CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **HCPCS:** S0620, S0621, S3000
Codes to Identify Diabetic Retinal Screening With Eye Care Professional billed by any provider	**CPT II:** 2022F, 2024F, 2026F, 3072F **HCPCS:** S0625 (retinal telescreening)

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❒ Review diabetes services needed at each office visit.
- ❒ Order labs prior to patient appointments.
- ❒ If point-of-care HbA1c tests are completed in-office, helpful to bill for this; also ensure HbA1c result and date are documented in the chart.
- ❒ Adjust therapy to improve HbA1c and BP levels; follow-up with patients to monitor changes.
- ❒ A digital eye exam, remote imaging, and fundus photography can count as long as the results are read by an eye care professional (optometrist or ophthalmologist).
- ❒ Use 3072F if member's eye exam is negative or showed low risk for retinopathy in the prior year.
- ❒ Molina has a Diabetes Disease Management Program that you can refer patients to.
- ❒ *P4P Bonus Available

Updated 08/14/2015

HEDIS® Tips:
Follow-up Care for Children Prescribed ADHD Medication

MEASURE DESCRIPTION

Patients 6-12 years old with a new prescription for an Attention-Deficit/Hyperactivity Disorder (ADHD) medication that had:

- At least one follow-up visit with practitioner with prescribing authority during the first 30 days of when the ADHD medication was dispensed. (Initiation Phase).
- At least two follow-up visits within 270 days (9 months) after the end of the initiation phase. One of these visits may be a telephone call. (Continuation and Maintenance Phase).

USING CORRECT BILLING CODES

Codes to Identify Follow-up Visits

Description	Codes
Follow-up Visits	**CPT:** 90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510 **HCPCS:** G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 **UB Revenue:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983
Telephone Visits	**CPT:** 98966-98968, 99441-99443 (Can use for one Continuation and Maintenance Phase visit)

Description	Codes		
Follow-up Visits	**CPT:** 90791, 90792, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	***WITH***	**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	***WITH***	**POS:** 52, 53

HOW TO IMPROVE HEDIS® SCORES

- ❑ When prescribing a new medication to your patient, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office.
- ❑ Schedule two more visits in the 9 months after the first 30 days to continue to monitor your patient's progress.
- ❑ Use a **phone visit** for one of the visits after the first 30 days. This may help you and your patients if getting to an office visit is difficult **(codes: 98966-98968, 99441-99443).** Only one phone visit is allowed during the Continuation and Maintenance Phase. If a phone visit is done, at least one face-to-face visit should also be completed.
- ❑ NEVER continue these controlled substances without at least 2 visits per year to evaluate a child's progress. If nothing else, you need to monitor the child's growth to make sure they are on the correct dosage.

Updated 7/31/2015

MOLINA HEALTHCARE

HEDIS® Tips:
Follow-up After Hospitalization for Mental Illness

MEASURE DESCRIPTION

Patients 6 years of age and older who were hospitalized for treatment of selected mental health diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7- and 30- days of discharge.

USING CORRECT BILLING CODES

Codes to Identify Follow-up Visits *(must be with mental health practitioner)*

Description	Codes
Follow-up Visits	**CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510 **Transitional Care Management Visits:** 99495 (only for 7-day indicator), 99496 (only for 30-day follow-up indicator) **HCPCS:** G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 **UB Rev (visit in a behavioral health setting):** 0513, 0900-0905, 0907, 0911-0919 **UB Rev (visit in a non-behavioral health setting):** 0510, 0515-0523, 0526-0529, 0982, 0983

Description	Codes		
Follow-up Visits	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876	***WITH***	**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255	***WITH***	**POS:** 52, 53

HOW TO IMPROVE HEDIS® SCORES

- ❑ Educate inpatient and outpatient providers about the measure. The literature indicates that the first 7 days post-discharge the member is at greater risk for rehospitalization and, within the first 3 weeks post-discharge the risk of self-harm is high.
- ❑ Ensure that the follow-up appointment is made before the patient leaves the hospital and is scheduled within 7 days of discharge. Same-day outpatient visits count.
- ❑ Assist the member with navigation of barriers, such as using their transportation benefit to get to their follow-up appointment.
- ❑ Review medications with patients to ensure they understand the purpose and appropriate frequency and method of administration.
- ❑ Ensure accurate discharge dates and document not just appointments scheduled, but appointments kept. Visits must be with a *mental health practitioner.*
- ❑ Follow-up visits must be supported by a claim, encounter or note from the mental health practitioner's medical chart.

HEDIS® Tips:
Frequency of Ongoing Prenatal Care

MEASURE DESCRIPTION

The percentage of deliveries that had 81 percent or more of expected visits. The percentage is adjusted by the month of pregnancy at the time of enrollment and gestational age. A full 42 week gestational pregnancy is expected to have 16 prenatal care visits.

USING CORRECT BILLING CODES

Please note that global billing or bundling codes do not provide specific date information to count towards this measure. Please consider not using global billing or bundling codes.

Codes to Identify Prenatal Care Visits

Description	Codes
Prenatal Care Visits	**CPT**: 99201-99205, 99211-99215, 99241-99245, 99500 **CPT II**: 0500F, 0501F, 0502F **HCPCS**: H1000-H1004, T1015, G0463 **UB Rev**: 0514
Obstetric Panel	**CPT:** 80055
Prenatal Ultrasound	**CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 **ICD-9 Procedure**: 88.78 ***ICD-10 PCS**: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
ABO and Rh	**CPT (ABO):** 86900 **CPT (Rh)**: 86901
TORCH	**CPT (Toxoplasma):** 86777, 86778 **CPT (Rubella)**: 86762 **CPT (Cytomegalovirus):** 86644 **CPT (Herpes Simplex):** 86694, 86695, 86696
Pregnancy Diagnosis (for PCP, use these codes and one of the codes above)	**ICD-9 Diagnosis**: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28 ***ICD-10:** O9-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❒ Document physical OB findings (i.e., fetal heart tones, fundal height, pelvic with OB observations).
- ❒ Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- ❒ Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- ❒ Have a direct referral process to OB/GYN in place.
- ❒ Emphasize to patients the importance of continued monitoring throughout pregnancy to minimize pregnancy problems. Visit schedule should be every 4 weeks for the first 28 weeks of pregnancy, every 2-3 weeks for the next 7 weeks, and weekly thereafter until delivery.

Updated 8/15/2015

HEDIS® Tips:
Controlling High Blood Pressure

MEASURE DESCRIPTION

- Patients 18 – 59 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.
- Patients 60-85 years of age who had a diagnosis of hypertension (HTN) and diabetes and whose BP was adequately controlled (<140/90) during the measurement year.
- Patients 60-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<150/90) during the measurement year.

Note: Patients are included in the measure if there was a claim/encounter with a diagnosis of hypertension on or before June 30 of the measurement year.

The most recent BP during the measurement year is used.

USING CORRECT BILLING CODES

Codes to Identify Hypertension

Description	ICD-9 Code	*ICD-10 Code
Hypertension	401.0, 401.1, 401.9	I10

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❒ Calibrate the sphygmomanometer annually.
- ❒ Upgrade to an automated blood pressure machine.
- ❒ Select appropriately sized BP cuff.
- ❒ If the BP is high at the office visit (140/90 or greater), take it again (HEDIS® allows us to use the lowest systolic and lowest diastolic readings in the same day) and oftentimes the second reading is lower.
- ❒ Do not round BP values up. If using an automated machine, record exact values.
- ❒ Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in 3 months.
- ❒ Current guidelines recommend two BP drugs started at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification
- ❒ Molina Healthcare has staff available to address medication issues.

Updated 8/2/2015

HEDIS® Tips:
Immunizations for Adolescents

MEASURE DESCRIPTION

Children 13 years of age who received the following vaccines **on or before the 13th birthday**:

- One meningococcal vaccine (must be completed on or between the 11th and 13th birthdays)
- One TDaP or one Td vaccine (must be completed on or between the 10th and 13th birthdays)
- Three Human Papilloma Virus (Females)
- Note: HPV Vaccination should be discussed as early as 9 years of age.

USING CORRECT BILLING CODES

Codes to Identify Adolescent Immunizations

Description	CPT Codes
Meningococcal	90733, 90734
TDaP	90715
Td	90714, 90718
Tetanus	90703
Diphtheria	90719
Human Papilloma Virus (HPV)	87623-87625

HOW TO IMPROVE HEDIS® SCORES

- ❑ Use the Michigan Care Improvement Registry (MCIR)
- ❑ Review missing vaccines with parents.
- ❑ Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- ❑ Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- ❑ Make every office visit count- take advantage of sick visits for catching up on needed vaccines.
- ❑ Institute a system for patient reminders.
- ❑ Some vaccines may have been given before patients were Molina members. Include these on the members' vaccination record even if your office did not provide the vaccine.
- ❑ Ensure patients leave office with a set appointment for the 2nd and 3rd dose of the vaccine series.

Updated 8/6/2015

HEDIS® Tips:
Lead Screening in Children

MEASURE DESCRIPTION

Children 2 years of age who had at least one capillary or venous lead blood test for lead poisoning **on or before their second birthday**.

USING CORRECT BILLING CODES

Codes to Identify Lead Tests

Description	CPT Code
Lead Tests	83655

HOW TO IMPROVE HEDIS® SCORES

- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to perform lead testing.
- ❑ Consider a standing order for in-office lead testing.
- ❑ Educate parents about the dangers of lead poisoning and the importance of testing.
- ❑ Provide in-office testing (capillary).Contact MDHHS, at (517)335-9639, for a CLINIC CODE and free testing supplies. There is no charge for specimens submitted for Medicaid clients.
- ❑ Bill in-office testing where permitted by the State fee schedule and Molina policy.
- ❑ *P4P Bonus available

Updated 8/6/2015

HEDIS® Tips:
Low Back Pain

MEASURE DESCRIPTION

Patients 18-50 years of age with a new primary diagnosis of low back pain in an outpatient or ED visit who did not have an X-ray, CT, or MRI within 28 days of the primary diagnosis. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

USING CORRECT BILLING CODES

Codes to Identify Low Back Pain

Description	ICD-9 Codes
Low Back Pain	721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.7, 738.5, 739.3, 739.4, 846, 847.2
	***ICD-10 Codes**
	M46.46-M46.48, M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.46, M51.47, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86-M53.88, M54.30-M54.32, M54.40-M54.42, M54.5, M54.89. M54.9, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33,5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

Codes to Identify Exclusions

Description	ICD-9 Codes	*ICD-10 Codes
Cancer	140-165, 170-176, 179, 180-209, 230-239, V10	Z85, Z86.000, Z86.001, Z86.008, Z86.03, C00-C26, C30-C34, C37-C41, C43-C58, C4A, C60-C86, C7A, C7B, C88, C90-C96, D00-D07, D09, D37-D49
Trauma	800-839, 850-854, 860-869, 905-909, 926.11, 926.12, 929, 952, 958-959	S02.0-S03.1, S06, S12-S14, S21-S24, S26-S27, S31.0, S31.6, S32, S33.0-S33.4, S34.0-S34.1, S36-S37, S38.1, S42, S43.0-S43.3, S49.0-S49.1, S52, S53.0--S53.1, S59.0-S59.2, S62, S63.0-S63.2, S72, S73.0, S79.0-S79.1, S82, S83.0-S83.1, S89.0-S89.3, S92, S93.0-S93.3
IV Drug Abuse	304.0-304.2, 304.4, 305.4-305.7	F11, F13-F15
Neurologic Impairment	344.60, 729.2	G83.4, M54.16, M54.17, M54.18, M99.03, M99.04

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- ❑ Provide patient education on comfort measures, e.g., pain relief, stretching exercises, and activity level.
- ❑ Use correct exclusion codes if applicable (e.g., cancer).
- ❑ Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors, etc.).

Updated 8/15/2015

HEDIS® Tips:
Osteoporosis Management for Fractures

MEASURE DESCRIPTION

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 or prevent osteoporosis in the six months after the fracture.

USING CORRECT BILLING CODES

Codes to Identify Bone Mineral Density Test and Osteoporosis Medications

Description	Codes
Bone Mineral Density Test	**CPT:** 76977, 77078, 77080-77082, 77085 **HCPCS:** G0130 **ICD-9:** 88.98 ***ICD-10:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Osteoporosis Medications	**HCPCS**: J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051
Long-Acting Osteoporosis Medications (for inpatient stays only)	**HCPCS**: J0897, J1740, J3487, J3488, J3489, Q2051

*ICD-10 codes to be used on or after 10/1/15

Osteoporosis Therapies

Description	Prescription
Biphosphonates	• Alendronate • Alendronate-cholecalciferol • Zoledronic acid • Ibandronate • Risedronate
Other agents	• Calcitonin • Denosumab • Raloxifene • Teriparatide

HOW TO IMPROVE HEDIS® SCORES

- ❑ Order a BMD test on all women with a diagnosis of a fracture within 6 months OR prescribe medication to prevent osteoporosis (e.g., bisphosphonates).
- ❑ Educate patient on safety and fall prevention.
- ❑ Aggressive risk adjustment can overstate osteoporosis by confusing lower Z scores / osteopenia with osteoporosis.

HEDIS® Tips:
Postpartum Care

MEASURE DESCRIPTION

Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. A Pap test within 21-56 days after delivery also counts.

Documentation in the medical record must include a note with the date when the postpartum visit occurred and one of the following:

- Pelvic exam, or
- Evaluation of weight, BP, breast and abdomen, or
- Notation of "postpartum care", PP check, PP care, 6-week check, or pre-printed "Postpartum Care" form in which information was documented during the visit.

USING CORRECT BILLING CODES

Please note that global billing or bundling codes do not provide specific date information to count towards this measure.

Codes to Identify Postpartum Visits

Description	Codes
Postpartum Visit	**CPT**: 57170, 58300, 59430, 99501 **CPT II**: 0503F **HCPCS**: G0101 **ICD-9-CM Diagnosis**: V24.1, V24.2, V25.1, V72.3, V76.2 **ICD-9-CM Procedure**: 89.26 ***ICD-10-CM Diagnosis:** Z01.411, Z01.419, Z30.430, Z39.1, Z39.2

*ICD-10 codes to be used on or after 10/1/15

Codes to Identify Cervical Cytology

Description	Codes
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **UB Rev:** 0923

HOW TO IMPROVE HEDIS® SCORES

❒ Schedule your patient for a postpartum visit within 21 to 56 days from delivery (please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS®).

❒ Use the postpartum calendar tool from Molina to ensure the visit is within the correct time frames.

HEDIS® Tips:
Prenatal Care - Timeliness

MEASURE DESCRIPTION

Prenatal care visit in the first trimester *or* within 42 days of enrollment. *Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP*, with one of these:*

- Basic physical obstetrical exam that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used)
- Obstetric panel
- Ultrasound of pregnant uterus
- Pregnancy-related diagnosis code (For visits to a PCP, a diagnosis of pregnancy must be present)
- TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus, and Herpes simplex testing)
- Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing (e.g., a prenatal visit with rubella and ABO, a prenatal visit with rubella and Rh, or a prenatal visit with rubella and ABO/Rh)
- Documented LMP or EDD with either a completed obstetric history or prenatal risk assessment and counseling/education

* For visits to a PCP, a diagnosis of pregnancy must be present along with any of the above.

USING CORRECT BILLING CODES

Please note that global billing or bundling codes do not provide specific date information to count towards this measure.

Description	Codes
Prenatal Care Visits	**CPT**: 99201-99205, 99211-99215, 99241-99245, 99500 **CPT II**: 0500F, 0501F, 0502F **HCPCS**: H1000-H1004, T1015, G0463 **UB Rev**: 0514
Obstetric Panel	**CPT:** 80055
Prenatal Ultrasound	**CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 **ICD-9 Procedure**: 88.78 ***ICD-10 PCS**: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
ABO and Rh	**CPT (ABO):** 86900 **CPT (Rh)**: 86901
TORCH	**CPT (Toxoplasma):** 86777, 86778 **CPT (Rubella)**: 86762 **CPT (Cytomegalovirus):** 86644 **CPT (Herpes Simplex):** 86694, 86695, 86696
Pregnancy Diagnosis (for PCP, use these codes and one of the codes above)	**ICD-9 Diagnosis**: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28 ***ICD-10:** O9-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❒ Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- ❒ Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- ❒ Have a direct referral process to OB/GYN in place.
- ❒ Complete and submit Molina's pregnancy notification as soon as a pregnancy diagnosis is confirmed.

Updated 8/15/2015

HEDIS® Tips:
Disease Modifying Anti-Rheumatic Drug Therapy (DMARD) for Rheumatoid Arthritis

MEASURE DESCRIPTION

Patients 18 years of age and older who were diagnosed with rheumatoid arthritis (RA) and who were dispensed at least one DMARD prescription during the measurement year.

DMARDs:

Description	Prescription
5-Aminosalicyclates	Sulfasalazine
Alkylating agents	Cyclophospahmide
Aminoquinolines	Hydroxychloroquine
Anti-rheumatics	Auranofin, Gold sodium thiomalate, Leflunomide, Methotrexate, Penicillamine
Immunomodulators	Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizumab
Immunosuppressive agents	Azathiprine, Cyclosporine, Mycophenolate
Janus kinase (JAK) inhibitor	Tofacitinib
Tetracyclines	Minocycline

USING CORRECT BILLING CODES

Codes to Identify Rheumatoid Arthritis

Description	Codes
Rheumatoid Arthritis	**ICD-9:** 714.0, 714.1, 714.2, 714.81 ***ICD-10:** M05, M06

*ICD-10 codes to be used on or after 10/1/15

Codes to Identify DMARD

Description	Codes
DMARD	**HCPCS:** J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310

HOW TO IMPROVE HEDIS® SCORES

- ❑ Confirm RA versus osteoarthritis (OA) or joint pain.
- ❑ Prescribe DMARDs when diagnosing rheumatoid arthritis in your patients.
- ❑ Refer to current American College of Rheumatology standards/guidelines.
- ❑ Refer patients to network rheumatologists as appropriate for consultation and/or co-management.
- ❑ Audit a sample of charts of members identified as having rheumatoid arthritis to assess accuracy of coding.
- ❑ Usual ratio of OA:RA = 9:1
- ❑ Aggressive risk adjustment can overstate RA vs. OA.

Updated 8/14/2015

MOLINA HEALTHCARE

HEDIS® Tips:
Spirometry Testing in COPD Assessment

MEASURE DESCRIPTION

Patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received spirometry testing to confirm the diagnosis in the 2 years prior to the diagnosis or within 6 months of the diagnosis.

USING CORRECT BILLING CODES

Codes to Identify COPD

Description	ICD-9 CM Diagnosis	*ICD-10 CM Diagnosis
Chronic bronchitis	491.0, 491.1, 491.20-491.22, 491.8, 491.9	J41.0, J41.1, J41.8, J42
Emphysema	492.0, 492.8	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	493.20, 493.21, 493.22, 496	J44.0, J44.1, J44.9

*ICD-10 codes to be used on or after 10/1/15

Codes to Identify Spirometry Testing

Description	CPT Codes
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620

HOW TO IMPROVE HEDIS® SCORES

- ❑ Spirometry testing for diagnosing COPD is standard of care.
- ❑ Perform spirometry test on patients newly diagnosed with COPD within 180 days to confirm diagnosis of COPD, evaluate severity, and assess current therapy. Note: If the patient had a spirometry performed in the previous 2 years to confirm the "new" diagnosis of COPD in the first place, they do not need a repeat.
- ❑ Ensure documentation of spirometry testing.
- ❑ Perform spirometry in office if equipment available. If equipment is not available in your office, arrange for patient to get the test completed at a location with spirometry equipment, for example, a pulmonology unit.
- ❑ Differentiate acute from chronic bronchitis and use correct code so that patient is not inadvertently put into the measure.
- ❑ Review problem lists and encounter forms and remove COPD / chronic bronchitis when the diagnosis was made in error.

Updated 8/2/15

HEDIS® Tips:
Weight Assessment and Counseling

MEASURE DESCRIPTION

Children 3-17 years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of the following during the measurement year.

- BMI percentile documentation or BMI percentile plotted on age- growth chart (height, weight and BMI percentile must be documented).
- Counseling for nutrition or referral for nutrition education.
- Counseling for physical activity or referral for physical activity.

USING CORRECT BILLING CODES

Codes to Identify BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity

Description	Codes
BMI Percentile	**ICD-9:** V85.51-V85.54 ***ICD-10:** Z68.51-Z68.54
Counseling for Nutrition	**CPT:** 97802-97804 **ICD-9:** V65.3 ***ICD-10:** Z71.3 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	**ICD-9:** V65.41 **HCPCS:** S9451, G0447

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Use appropriate HEDIS codes to avoid medical record review.
- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits and sports physicals) to capture BMI percentile, counsel on nutrition and physical activity.
- ❑ Place BMI percentile charts near scales.
- ❑ When documenting **BMI percentile** include:
  - Height, weight and BMI percentile.
- ❑ When **counseling for nutrition** document:
  - Current nutrition behaviors (e.g. appetite or meal patterns, eating and dieting habits).
- ❑ When **counseling for physical activity** document:
  - Physical activity counseling (e.g. child rides tricycle in yard).
  - Current physical activity behaviors (e.g. exercise routine, participation in sports activities and exam for sports participation).
  - While “cleared for sports” does not count, a sports physical does count.
  - To meet criteria, notation of anticipatory guidance related solely to safety must include specific mention of physical activity recommendations.

HEDIS® Tips:
Well-Child Visits First 15 Months of Life

MEASURE DESCRIPTION

Children who turned 15 months old during the measurement year and who had at least 6 Well-Child visits with a PCP prior to turning 15 months.

Well-Child visits consist of all of the following:

- A health history,
- A physical developmental history,
- A mental developmental history,
- A physical exam and
- Health education/anticipatory guidance.

USING CORRECT BILLING CODES

Description	Codes
Well-Child Visits	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS**: G0438, G0439 **ICD-9:** V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 ***ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Make every visit count.
- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a Well-Child visit, immunizations, and lead testing.
- ❑ Make day care physicals into Well-Care visits by performing the required services and submitting appropriate codes.
- ❑ Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- ❑ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- ❑ Schedule next visit at current visit.
- ❑ *P4P Bonus available

Updated 8/10/2015

MOLINA HEALTHCARE

HEDIS® Tips:
Well-Child Visits 3 - 6 Years

MEASURE DESCRIPTION

Children 3 to 6 years of age who had one or more Well-Child visits with a PCP during the measurement year.

Well-Child visits consist of all of the following:

- A health history,
- A physical developmental history,
- A mental developmental history,
- A physical exam and
- Health education/anticipatory guidance.

USING CORRECT BILLING CODES

Description	Codes
Well-Child Visits	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS**: G0438, G0439 **ICD-9:** V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 ***ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

*ICD-10 codes to be used on or after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ❑ Make every visit count.
- ❑ Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, and BMI percentile calculations.
- ❑ A sick visit and well-child visit can be performed on the same day by adding modifier 25 to the sick visit, and billing for the appropriate preventive visit. Molina will reimburse for both services.
- ❑ Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- ❑ Medical record needs to include the date when a health and developmental history and physical exam was performed and health education/anticipatory guidance was given.
- ❑ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- ❑ *P4P Bonus available

Updated 8/10/2015

Q: Does Molina have another mechanism to collect HEDIS data other than the claims system?
Answer: Yes, Molina has the capability to collect medical records using the following methods:

- Fax Medical Record to (888) 336-6131
- Email Medical Record to: HEDIS_SDS@MolinaHealthcare.com
- EMR or Registry data exchange
- Michigan Childhood Immunization Registry (MCIR)

Q: Our practice did a well-child exam on an infant. Why does this service continue to show up on my report as non-compliant?
Answer: Newborns less than 15 months old need six well-child visits before they turn 15 months to be marked compliant.

Q: A member has changed their PCP and no longer sees our doctor, but still shows up on our HEDIS/missed services report. How do we get this changed?

Answer: The member should notify the Molina Member Service Department of the change, either by phone (1-888-898-7969), or on line, at www.molinahealthcare.com. Once notified, the member will be removed from your HEDIS missing services report. The HEDIS missing services report displays members who are assigned to a provider office as of the run date of the report.

Q: Our office sees Molina members who are assigned to a different office. Will we receive an incentive bonus for the service we performed?

Answer: The member must be assigned to the PCP for the PCP to get an incentive bonus payment. The best way of ensuring the member is correctly assigned to a PCP is to call Molina when the member is in the office.

Q. Can the member change their PCP on the Molina Website?

Answer: Yes. Members can change their doctor, request an ID card, and check their eligibility using the web portal on the Molina web site, www.molinahealthcare.com.

Q: The Missed Service Report still lists services we performed months ago. How can we get the Missed Service Report corrected?

Answer: Give your Molina Provider Representative a specific example of the issue so the problem can be properly investigated. Factors that may influence whether a service is removed from the Missed Service Report include:

1. HEDIS guidelines for meeting compliance for a specific measure. To mark a member compliant, a specific diagnosis or CPT code must be billed. Even though the service was performed, if the claim does not reflect the specific diagnosis or CPT code the member will remain non-compliant and continue to show up on your report. Refer to your Molina Healthcare Provider Manual for information regarding HEDIS codes.
2. Lack of a secondary claim. For members who have another primary insurance, Molina must receive a secondary claim in order to mark the member compliant.
3. Timing issues. Missing Service Reports reflect a time lag between the render date and the date the member is marked compliant because Molina has to wait until the claim is billed.
4. Compliance timeframe issues. The service must be performed within the timeframes for the HEDIS measure. If a service is performed outside the compliance timeframe, the member will continue to show up on your report.

Q: Is there a penalty for doctors who have patients who do not cooperate?

Answer: HEDIS standards make no distinction between non-compliant and uncooperative members, and there is no provision to remove an uncooperative member from the targeted population. Plans and providers are encouraged to work with these members to render the recommended service(s).

Q: Are the HEDIS measures listed in this manual the same HEDIS measures Molina uses for bonus calculation?

Answer: The Bonus Measures are included in the manual. However these measures are just a small subset of the total HEDIS measures where Molina collects and reports data to National Committee for Quality Assurance. Your Molina Healthcare Provider Contract will list the specific measures which are eligible for a bonus.

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