

NYQA HEDIS Measures Specification & Coding Tools

Reference: NCQA 2008 Volume 2: Technical Specifications and HEDIS Electronic Coding Tables

Breast Cancer Screening Measure

DESCRIPTION- The percentage of women 40-69 years of age who had a mammogram to screen for breast cancer during the measurement year and the year prior to the measurement year.

Diagnosis ICD – 9 Codes

V 76.11, V76.12

Procedure ICD-9

87.36, 87.37

CPT Codes

76083, 76090-76092, 77055-77057

Exclusions Bilateral and Unilateral Mastectomy

Bilateral Mastectomy - *CPT codes* 19180, (19200, 19220, 19240, 19303-19307 with modifier .50 or modifier code 09950; *ICD-9 Procedure codes* 85.42, 85.44, 85.46 and 85.48)

Unilateral Mastectomy (members must have 2 separate occurrences on 2 different dates of service)

CPT codes (19180, 19200, 19220, 19240, 19303-19307;

ICD-9 Procedure codes 85.41, 85.43, 85.45, 85.47)

Chlamydia Screening in Women Measure

DESCRIPTION- The percentage of women 16-25 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Women who are sexually active:

Diagnosis ICD – 9 Codes

042, 054.10, 054.11, 054.12, 054.19, 078.1, 078.88, 079.4, 079.51-079.53, 079.88, 079.98, 091-097, 098.0, 098.10, 098.11, 098.15-098.19, 098.2, 098.30, 098.31, 098.35-098.8, 099, 131, 614-616, 622.3, 623.4, 626.7, 628, 630-677, 795.0, 996.32, V01.6, V02.7, V02.8, V08, V15.7, V22-V28, V45.5, V61.5-V61.7, V69.2, V72.3, V72.4, V73.88, V73.98, V74.5, V76.2V 76.11, V76.12

Procedure ICD-9 Codes

69.01, 69.02, 69.51, 69.52, 69.7, 72-75, 97.24, 97.71, 97.73, 87.36, 87.37

CPT Codes

11975-11977, 57022, 57170, 58300, 58301, 58600, 58605, 58611, 58615, 58970, 58974, 58976, 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59430, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622, 59812, 59820, 59821, 59830, 59840, 59841, 59850-59852, 59855-59857, 59866, 59870, 59871, 59897, 59898, 59899, 76801, 76805, 76811, 76813, 76815-76821, 76825-76828, 76941, 76945-76946, 80055, 81025, 82105, 82106, 82143, 82731, 83632, 83661-83664, 84163, 84702-84703, 86592-86593, 86631-86632, 87110, 87164, 87166, 87270, 87320, 87490-87492, 87590-87592, 87620-87622, 87660, 87800, 87801, 87808, 87810, 87850, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175, 88235, 88267,

Chlamydia Test CPT Codes

76813, 87110, 87270, 87270, 87320, 87490, 87491, 87492, 87660, 87810, 87808

Exclusion - Members who had a pregnancy test during the measurement year, followed within seven days by either a prescription for Accutane or an x-ray. This exclusion does not apply to members who qualify based on services other than pregnancy test alone.

Pregnancy Test CPT codes 81025, 84702, 84703, **WITH**

Diagnostic Radiology CPT codes **70010-76499, Prescription for Accutane**

Cervical Cancer Screening Measure

DESCRIPTION- The percentage of **women 21-64 years of age** who received **one or more Pap tests** to screen for cervical cancer.

Diagnosis ICD – 9 Codes

V72.32, V76.2

Procedure ICD-9 Codes

91.46

CPT Codes

88141-88143, 88147, 88148,
88150, 88152-88155, 88164-88167,
88174-88175

Exclusions - Hysterectomy with no residual cervix

Codes to Identify Exclusions

CPT 51925, 56308, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58550-58554, 58951, 58953, 58954, 58956, 59135

ICD-9 Diagnosis 618.5, V67.01, V76.47

ICD-9 Procedure 68.4-68.8

Note

- *Documentation of a “hysterectomy” does not meet the exclusion criteria. You must note hysterectomy with no residual cervix.*
- *Count any cervical cancer screening method that includes collection and microscopic analysis of cervical cells. Lab results that state the sample was inadequate or that no cervical cells were collected is not considered appropriate screening.*
- *Biopsies are not counted as they are considered diagnostic and therapeutic and not a screening tool.*

Persistence of Beta - Blocker Treatment post AMI Measure

DESCRIPTION- The percentage of members **18 years of age and older** who were **hospitalized and discharged alive with a diagnosis of acute myocardial infarction (AMI)** and who **received persistent beta-blocker treatment for six months (180 days) after discharge.**

Diagnosis ICD – 9 Codes
 410.01, 410.11, 410.21, 410.31, 410.41,
 410.51, 410.61, 410.71, 410.81, 410.91

ICD-9 Code Exclusions – Contraindications or previous adverse reaction to beta-blocker therapy

History of Asthma	493
Hypotension	458
Heart Block > 1 degree	426.0, 426.12, 426.13, 426.2-426.4, 426.51-426.54, 426.7
Sinus Bradycardia	427.81
COPD	491.2, 496, 506.4

Beta – Blocker Medications (Circle the medication(s) patient is receiving)

- I. Noncardioselective Beta-blockers**(carteolol, carvedilol, labetalol, nadolol,penbutolol, pindolol, prpranolol, timolol, sotalol)
- II. Cardioselective Beta-blockers** (acebutolol, atenolol, betaxolol, bisoprolol, metoprolol)
- III. Antihypertensive combinations**
 atenolol- chlorthalidone, bendroflumethiazide-nadolol, bisoprolol-hydrochlorothiazide, hydrochlorothiazide-propranolol, and hydrochlorothiazide - timolol

Diabetic Care Measures

DESCRIPTION- The percentage of members 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%)
- ❖ HbA1c good control (<7.0%)
- ❖ Eye exam (retinal) performed
- ❖ LDL-C screening
- ❖ LDL-C control (<100 mg/dL)
- ❖ Medical attention for nephropathy

There are **two methods** to identify a diabetic member- *either through a dispensed insulin or oral hypoglycemics/antihyperglycemic pharmacy data or with claims encounter codes.*

Diabetes Diagnosis ICD – 9 Codes

250, 357.2, 362.0, 366.41, 648.0

CPT Office Visit Codes

92002-92014, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499

Exclusions:

- ❖ Exclude members with a ***diagnosis of polycystic ovaries (ICD-9 Diagnosis Code is 256.4)*** who do not have face-to-face encounters with a diagnosis of diabetes during or year prior to measurement year.
- ❖ Exclude members with ***gestational (ICD-9 Diagnosis code is 648.8) or steroid – induced diabetes (ICD9 Diagnosis codes are 251.8, 962.0)*** who do not have face-to-face encounters with a diagnosis of diabetes during or year prior to measurement year.

Measure	Description	Codes
HbA1c Testing	Defined as one test performed during measurement year as identified by claim encounter or laboratory data.	CPT - 83036, 83037 CPT II - 3044F,3045F, 3046F,3047F
Eye Exam	An eye screening for diabetic retinal disease includes diabetics who have had one of the following: A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) or a <i>negative retinal</i> exam by an eye care professional <i>in the year prior to the measurement year.</i> Note: Blindness is not an exclusive for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind, but require a retinal exam, and those who are completely blind and therefore do not require an exam.	ICD-9 Diagnosis – V72.0 CPT - 67028, 67030, 67031, 67036, 67038-67040, 67101, 67105, 67107, 67108, 67110, 67112, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 CPT II – 2022F,2024F,2026F,3072F
LDL-C Screening	A LDL-C test performed during the measurement year as identified by claim/encounter or automated laboratory data.	CPT – 80061,83700,83704,83715,83716,83721 CPT II – 3048F,3049F,3050F
Urine Protein Screening	A positive urine macroalbumin test in the measurement year as documented by claim /encounter or laboratory data. Note: “trace “urine macroalbumin test results are not considered	CPT – 81000-81003,81005 CPT II – 3060F,3061F, 3062F

	<i>numerator-compliant.</i>	
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Appropriate Treatment for Children with Upper Respiratory Infection Measure (URI)

DESCRIPTION- The percentage of **children 3 months – 18 years of age** who were given a **diagnosis of upper respiratory infection (URI)** and were **not dispensed an antibiotic prescription.**

Diagnosis ICD – 9 Codes	
Acute Nasopharyngitis (common cold)	460
URI	465
	465.0
	465.8
	465.9
CPT Codes	
Office Visits	
99201-99205, 99211- 99215,	
99217-99220, 99241-99245,	
99381-99385, 99391-99395,	
99401-99404, 99411, 99412,	
99420, 99429, 99499	

Appropriate Testing for Children with Pharyngitis Measure

DESCRIPTION- The percentage of **children 2-18 years of age** who were diagnosed with **Pharyngitis, dispensed an antibiotic** (as evidenced by a dispensed antibiotic prescription on or during the 3 days after the episode date and **received a group A streptococcus (strep) test** for the episode.

Diagnosis ICD – 9 Codes	
Pharyngitis	462
Acute Tonsillitis	463
Strep.Sore Throat	034.0

CPT Codes	
Office Visits	
99201-99205, 99211- 99215,	

Group A Streptococcus Tests	
87070, 87071, 87081, 87430, 87650-87652, 87880	

99217-99220, 99241-99245,
99382-99385, 99392-99395,
99401-99404, 99411, 99412,
99420, 99429, 99499