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| Adult BMI Assessment (ABI)             | Members 18 – 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year. | Weight and BMI value, dated during the measurement year or year prior to the measurement year. The weight and BMI must be from the same data source. For members < 19 years of age on the date of service, the following also meets criteria: BMI percentile documented as a value (e.g., 85th percentile) or BMI percentile plotted on an age-growth chart. **Common chart deficiencies**  
• Height and/or weight are documented but there is no calculation of BMI.  
• Ranges and thresholds are no longer acceptable for this measure. A distinct BMI value or percentile is required. | **ICD-10:** Z68.1 – Z68.45, Z68.54 |
| Breast Cancer Screening (BCS)          | Women 50 – 74 years of age who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. | Administrative claim for a mammogram from October 1, 2014, to December 31, 2016.                           | **CPT:** 77055 – 77057  
**ICD-10:** Z12.31, Z12.39 |
| Cervical Cancer Screening (CCS)        | Women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria:  
• Age 21 – 64 who had cervical cytology performed every three years.  
or  
• Age 30 – 64 who had cervical cytology and human papillomavirus (HPV) co-testing performed every five years. | Ages 21 – 64 (back three years):  
• A note indicating the date the cervical cytology was performed.  
• The result or finding.  
Ages 35 – 64, who do not meet first requirement (back five years):  
• A note indicating the date the cervical cytology and the HPV tests were performed.  
• The result or finding. **Common chart deficiencies**  
• Lack of documentation related to women’s health in primary care provider (PCP) charts.  
• Incomplete documentation related to hysterectomy. | **Cervical cytology (Pap)**  
CPT: 88141 – 88143, 88147, 88148, 88150, 88152 – 88154, 88164 – 88167, 88174, 88175  
**HPV CPT:** 87620 |
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<td>Chlamydia Screening in Women (CHL)</td>
<td>Women 16 – 24 years of age who were identified as sexually active and had at least one test for chlamydia during the measurement year.</td>
<td>Administrative claim for at least one chlamydia test during the measurement year for women 16 – 24 who are identified as sexually active. Two methods identify sexual activity: pharmacy data (dispensed contraceptives during the measurement year) and claim or encounter data.</td>
<td><strong>CPT:</strong> 87110, 87270, 87320, 87490 – 87492, 87810</td>
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<td>Adolescents (IMA)</td>
<td>Adolescents 13 years of age who had one dose of each by their 13th birthdays:</td>
<td>A note indicating the name of the specific antigen and the date of the immunization. <strong>or</strong> A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. <strong>Common chart deficiencies</strong> • Immunizations not administered during appropriate time frames. • PCP charts do not contain immunization records if received elsewhere, e.g., health departments.</td>
<td>Encounter for immunization <strong>ICD 10:</strong> Z23  <strong>Diphtheria CPT:</strong> 90719  <strong>Meningococcal CPT:</strong> 90733 – 90734  <strong>Measles antigen-containing vaccines (MCV) CPT:</strong> 90734  <strong>TD CPT:</strong> 90714, 90718  <strong>Tdap CPT:</strong> 90715  <strong>Tetanus CPT:</strong> 90703</td>
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<td>Adolescent Well-Care Visits (AWC)</td>
<td>Members 12 – 21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GYN provider during the measurement year.</td>
<td>Documentation from the medical record must include a note indicating a visit with a PCP (PCP or OB/GYN for adolescent), the date when the well-child visit occurred and evidence of all of the following: • A health and developmental history (physical and mental). • A physical exam. • Health education and anticipatory guidance. <strong>Common chart deficiencies</strong> • Lack of documentation of education and anticipatory guidance. • Children or adolescents being seen for sick visits only and no documentation related to well visits.</td>
<td>Use age-appropriate preventive E and M <strong>CPT:</strong> 99381 – 99385, 99391 – 99395, 99461  <strong>ICD-10:</strong> Z00.00 – Z00.129, Z00.5, Z00.8, Z02.0 – Z02.9  (Any doctor's office or outpatient visit procedure code meets requirements when billed with ICD-10 codes listed.)</td>
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<td><strong>Prenatal and Postpartum Care (PPC)</strong></td>
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| Timeliness of Prenatal Care | Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. Prenatal visit within 42 days of enrollment or during first trimester. | Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred and evidence of one of the following:  
• A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations or measurement of fundus height.  
• Evidence that a prenatal care procedure was performed (OB panel, ultrasound, etc.).  
• Documentation of last menstrual period (LMP) or estimated date of delivery (EDD) in conjunction with either prenatal risk assessment and education/counseling or complete obstetrical history. | Prenatal visit during first trimester  
**CPT:** 99201 – 99205, 99211 – 99215, 99241 – 99245, 99500  
**Cat II:** 0500F – 0502F  
**Pregnancy-related diagnosis ICD-10:**  
O09.00 – O9A, Z03.7 – Z03.39, Z33 – Z36 |
| Frequency of Ongoing Prenatal Care (FPC) | Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. Members who had ≥ 81 percent of expected visits. | Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:  
• Pelvic exam.  
• Evaluation of weight, blood pressure (BP), breasts and abdomen.  
• Notation of postpartum care, including, but not limited to:  
  - “Postpartum care,” “PP care,” “PP check,” “6-week check” or preprinted “Postpartum Care” form. | Postpartum visit  
**CPT:** 57170, 58300, 59430, 99501  
**Cat II:** 0503F  
**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2  
**Cervical cytology (Pap) CPT:**  
88141 – 88143, 88147 – 88148, 88150, 88152 – 88154, 88164 – 88167, 88174 – 88175 |
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<td>Comprehensive Diabetes Care (CDC) HbA1c Testing</td>
<td>Members 18 – 75 years of age with diabetes (type 1 and type 2) who had a hemoglobin A1C (HbA1C) test during the measurement year.</td>
<td>A note indicating the date when the HbA1C test was performed and the result or finding.</td>
<td>HbA1C/HbA1C level (Cat II)&lt;br&gt;&lt;br&gt;CPT: 83036 – 83037&lt;br&gt;Cat II: 3044F, 3045F, 3046F&lt;br&gt;Diabetes diagnosis ICD 10: E10.10 – E10.9, E11.00 – E11.9, E13 – E13.9, O24.011 – O24.33, O24.811 – O24.83</td>
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| Comprehensive Diabetes Care (CDC) Eye Exam    | Members 18 – 75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam performed during the measurement year.  
  (Year prior to the measurement year is acceptable if exam was negative for retinopathy.)                                                                                                                                                                                                 | A note or letter during the measurement year prepared by an ophthalmologist, optometrist, PCP or other health care provider indicating an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed and the results.  
  Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the measurement year, where results indicate retinopathy was not present. | Eye exam: 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  
  PCP, optometrist or ophthalmologist → Cat II: 3072F = negative for retinopathy, 2022F, 2024F, 2026F  
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<td><strong>Comprehensive Diabetes Care (CDC) Monitoring for Nephropathy</strong></td>
<td>Members 18 – 75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy (nephropathy test, evidence of nephropathy, urine microalbumin tests, or at least one angiotensin-converting enzyme [ACE] inhibitor or angiotensin II receptor blocker [ARB] dispensing event) during the measurement year.</td>
<td>Documentation during the measurement year indicating the date when the urine microalbumin test was performed and the results, documentation indicating evidence of nephropathy (e.g., renal transplant, end-stage renal disease [ESRD], nephrologist visit or positive microalbumin test), or documentation with a note indicating that the member received a prescription for ACE inhibitors or ARBs in the measurement year.</td>
<td><strong>Monitoring for nephropathy</strong> urine protein test CPT: 81000 – 81005, 82042 – 82044, 84156&lt;br&gt;Cat II: 3060F – 3062F or&lt;br&gt;ESRD CPT: 36147, 36800, 36810, 36815, 36818 – 36821, 36831 – 36833, 90935, 90937, 90940, 90945, 90947, 90957 – 90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512&lt;br&gt;ICD-10: N18.5 – N18.6, Z91.15, Z99.2&lt;br&gt;<strong>Kidney transplant CPT:</strong> 50300, 50320, 50340, 50360, 50365, 50370, 50380&lt;br&gt;ICD-10: Z94.0 or nephropathy treatment Cat II: 3066F, 4010F&lt;br&gt;<strong>ICD-10:</strong> E08.21 – E08.29, E09.21 – E09.22, E10.21 – E10.29, E11.21 – E11.29, E13.21 – E13.29, I12.0 – I15.1, N00.0 – N08, N14.0 – N14.4, N17.0 – N19, N25.0 – N26.9, Q60.0 – Q61.9, R80.1 – R80.9 or&lt;br&gt;Diabetes diagnosis ICD 10: E10.10 – E10.9, E11.00 – E11.9, E13 – E13.9, O24.011 – O24.33, O24.811 – O24.83</td>
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<td><strong>Comprehensive Diabetes Care (CDC) BP Control</strong></td>
<td>Members 18 – 75 years of age with diabetes (type 1 and type 2) who had a BP control reading during the measurement year.</td>
<td>The most recent BP reading noted during the measurement year.</td>
<td><strong>BP control</strong> Cat II: 3074F – 3075F, 3377F – 3378F, 3080F&lt;br&gt;Diabetes diagnosis ICD 10: E10.10 – E10.9, E11.00 – E11.9, E13 – E13.9, O24.011 – O24.33, O24.811 – O24.83</td>
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| Controlling High Blood Pressure (CBP) | Members 18 – 85 years of age who had a Dx of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:  
- Members 18 – 59 years of age whose BP was <140/90 mm Hg.  
- Members 60 – 85 years of age with a Dx of diabetes whose BP was <140/90 mm Hg.  
- Members 60 – 85 years of age without a Dx of diabetes whose BP was <150/90 mm Hg. | **Confirmatory Dx documentation**  
Notation or problem list of diabetes; HTN; high BP; elevated BP; border HTN; intermittent HTN; or Hx of HTN, HVD, hyperpiesia or hyperpiesis on or before June 30th of the measurement year.  
**Representative or most recent BP reading**  
Use the most recent BP reading noted during the measurement year. The reading must occur after the date when the Dx was confirmed (after date of confirmatory documentation). The member is not compliant if the BP reading is ≥140/90 (for members 18 – 59 or 60 – 85 with diabetes) or ≤150/90 (members 60 – 85 without diabetes) or is missing, if there is no BP reading during the measurement year, or if the reading is incomplete (e.g., the systolic or diastolic level is missing).  
**Common chart deficiencies**  
- Rechecked elevated pressures during the same visit are not documented.  
- Diagnosis date of hypertension is not clearly documented. | Compliance = both a representative (most recent during measurement year) systolic BP <140 mm Hg and a representative diastolic BP < 90 mm Hg (BP in the normal or high-normal range) identified in documentation via medical record review.  
Hypertension diagnosis: ICD-10-CM: I10 |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) | Members 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD who received appropriate spirometry testing to confirm the diagnosis. | At least one claim or encounter for spirometry during the two years prior to the event or diagnosis of COPD through six months afterward. | Compliance = Spirometry testing  
CPT: 94010, 94014 – 94016, 94060, 94070, 94375, 94620  
COPD ICD-10: J44.0 – J44.9  
Chronic bronchitis ICD-10: J41.0 – J42  
Emphysema ICD-10: J43.0 – J43.9 |
| Pharmacotherapy Management of COPD Exacerbation (PCE) | Members 40 years of age and older who had an acute inpatient discharge or emergency room (ER) visit on or between January 1, 2016, and November 30, 2016, and were dispensed the appropriate medications:  
- A systemic corticosteroid within 14 days of the event.  
- A bronchodilator within 30 days of the event. | At least one inpatient or ER claim or encounter where the member was dispensed a systemic corticosteroid within 14 days of the event or a bronchodilator within 30 days of the event. | Population = Any one of the following diagnosis sets received on an ER or inpatient visit:  
COPD ICD-10: J44.0 – J44.9  
Chronic bronchitis ICD-10: J41.0 – J42  
Emphysema ICD-10: J43.0 – J43.9 |
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| Use of Appropriate Medications for People with Asthma (ASM) | Members 5 – 64 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. | Dispensed at least one prescription for a preferred therapy during the measurement year. | Population includes ER, inpatient and/or observation visits billed with asthma diagnosis or four non-controller asthma medication dispensing events during the measurement year and the year prior. 
**Asthma diagnoses ICD-10:** J45.20 – J45.998 |
| Medication Management for People With Asthma (MMA) | Members 5 – 64 years of age during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication for at least 75 percent of their treatment period. | Dispensed at least one prescription for 75 percent of their treatment period during the measurement year. | Population includes ER, inpatient and/or observation visits billed with asthma diagnosis or four non-controller asthma medication dispensing events in 2016 or 2015. 
**Asthma diagnoses ICD-10:** J45.20 – J45.998 |

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