

Key HEDIS Factors to Consider

Rates are calculated based on specific date criteria for when the service is performed/administered, as defined by NCQA.

- A. Postpartum care between 21 – 56 days after delivery
- B. Some measures require the service to be completed **anytime before 12/31 of the measurement year.**

For example: Breast Cancer & Cervical Cancer Screenings.

HEDIS data is collected through claims (administrative data) or *claims & medical record* data (Hybrid data).

- For claim (admin) data, procedure codes must reflect the actual service performed, general E&M codes *cannot* be counted for most measures (except Adult Access to Care).

Ambulatory/Preventive Health Services:

-Age Group: 20 and older

CPT codes: **Office/Outpatient:** 99201-99205, 99211-99215, 99241-99245.

-Look back period: measurement year

-Requirements: an ambulatory or preventive care visit during the measurement year.

Breast Cancer Screening:

-Age Group: 50 – 74 years as of 12/31

CPT: 77055-77057

-Look back period: measurement year and prior year

HCPCS: G0202, G0204, G0206

-Requirements: a mammogram at least once in the past two years. *Women who have had a bilateral mastectomy are exempt from this measure.*

Cervical Cancer Screening:

-Age Group: 21 – 64 years as of 12/31

CPT (age 21-64): 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175. **CPT (age 30-64):** 87623, 87624, 87625

-Look back period: measurement year and up to 5 years prior

-Requirements: Cervical cytology every 3 years for ages 21-64 yrs.; cervical cytology/human papillomavirus (HPV) co-testing performed every 5yrs (must occur within 4days of each other) for ages 30-64 yrs. *Women who have had a total hysterectomy without residual cervix are exempt.*

Chlamydia Screening:

-Age Group: 16 – 24 years as of 12/31

CPT: 87110, 87270, 87320, 87490-87492, 87810

-Look back period: measurement year

-Requirements: women who were identified as sexually active and had at least one test for chlamydia per year; *chlamydia test can be completed using any method, including urine test.*

Frequency of Prenatal Care:

-Age Group: none

-Look back period: measurement year and/or prior year

-Requirements: expected (recommended) number of prenatal care visits.

-Considerations: the recommended number of prenatal visits is determined by the gestational age and state of pregnancy at time of enrollment per ACOG.

Osteoporosis Management in Women who had a fracture:

-Age Group: 67-85 yrs.

CPT: 76977, 77078, 77080

-Requirements: had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 6months after fracture

Prenatal Care:

-Age Group: None

-Look back period: measurement year and/or prior year

-Requirements: timely prenatal care visit in the first trimester or within 42 days of member enrollment with plan.

Postpartum Care:

-Age Group: None

-Look back period: live births between November 6 of the year prior and November 5th of the measurement year (11/6/prior yr. – 11/5/measurement yr.).

-Requirements: a postpartum visit on **or between 21 and 56 days** after delivery (*3 and 8 weeks*).