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Measuring Year 2022 HEDIS Updates Guide

This guide provides updates and information on measure changes for HEDIS® measuring year 2022 (MY2022).

Overview of changes

Measure	Line of business	MY2022 change
Care for Older Adults (COA)	Medicare	Removed Advanced Care Planning indicator from COA and is now a first-year administrative measure.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	Medicaid	• Member reported values for BMI percentile, height and weight can be used. • Services rendered during a telephonic visit, e-visit or virtual check-in meet criteria for the BMI Percentile indicator.
Childhood Immunization Status (CIS)	Medicaid	• For Influenza, one of the two vaccinations may be an LAIV (live attenuated influenza vaccine), but only counts if given on the child's second birthday. • Removed single antigen vaccines for measles, mumps, and rubella (MMR) as they are no longer used. • Anaphylaxis due to vaccine is numerator compliant for multiple antigens.
Controlling High Blood Pressure (CBP)	Medicare and Medicaid	• Blood pressure (BP) readings documented as an average BP are eligible for use. • BP readings from telehealth/telephone visits may be used. • BP readings reported/taken by the member can be used if taken with a digital device (not a manual cuff/stethoscope). • Per NCQA, if type of cuff is not specified, it can be assumed that it is from a digital device.
Comprehensive Diabetes Care (CDC)	Medicare and Medicaid	CDC is now retired and has been replaced by the following three new measures: • Hemoglobin A1c Control for Patients With Diabetes (HBD) • Blood Pressure Control for Patients With Diabetes (BPD) — Same changes as the CBP measure • Eye Exam for Patients With Diabetes (EED) — Retired HbA1c testing and nephropathy.
Transitions of Care (TRC)	Medicare	• Documentation of receipt of notification of Inpatient Admission and Receipt of Discharge Information on the day of admission or on the day of admission through two days after admission (three total days). • Clarified that medication reconciliation does not require the member to be present: • Physician assistant has been added as an appropriate provider type to perform medication reconciliation for the Medication Reconciliation Post-Discharge indicator.

Measures

Care for Older Adults (COA)	
Age:	66 and older

Requirements:	Medication review, functional status assessment and pain assessment including:
	• Timely submission of claims and encounter data.
	• Functional status assessment must include one of the following:
	  • Notation of ADLs
	  • IADLs
	  • Result of assessment of a standardized functional status assessment tool
	• Medication Review to be done by prescribing provider and clinical pharmacist only.

Helpful hints and reminders:	Medication Review does not require the member to be present. The pain assessment may be completed by using numerical pain scale, facial pain scale, or documentation of no pain upon assessment. Services provided during a telephone visit, e-visit or virtual check-in meet criteria for all numerators.

Coding:

CPT® II:	COA
1159F	Medication List
1160F	Medication Review
1125F	Pain present
1126F	No Pain present
1170F	Functional Status assessment ADL: five (5) Activities of Daily Living IADL: four (4) Instrumental Activities of Daily Living

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	
Age:	3 to 17
Requirements:	The percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: • BMI percentile • Counseling for physical activity • Counseling for nutrition

Coding:

CPT:	WCC
97802	Medical Nutrition Therapy; initial assessment and intervention, individual, face-to-face with patient, each 15 minutes

Coding:

CPT:	WCC
97803	Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Group (two) or more individual(s), each 30 minutes
HCPCS:	**WCC**
G0270	Medical Nutrition Therapy; re-assessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with patient, each 15 minutes
G0271	Medical Nutrition Therapy; re-assessment and subsequent intervention(s) following second referral in same year for change of diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), group (two (2) or more individuals), each 30 minutes
G0447	Face-to-face behavioral counseling for obesity, 15 minutes
S9449	Weight management classes, non-physician provider, per session
S9452	Nutrition classes, non-physician provider, per session
S9470	Nutritional counseling, dietician visit
S9451	Exercise classes, non-physician provider, per session

Childhood Immunization Status (CIS)	
Ages:	2
Requirements/ description:	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); one polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Coding:

CPT:	Vaccine
90700	DTaP (Diphtheria, Tetanus and acellular Pertussis)
90713	IPV (Polio)
90707	MMR (Measles, Mumps, Rubella)
90647	HIB (Haemophilus influenza type B)
90648	HIB 4 DOSE
90740	HEP B 3 DOSE - IMMUNOSUPPRESSED
90744	Hep-B (Hepatitis B)
90747	HEP B DIALYSIS OR IMMUNOSUPRESSED 4 DOSE
90716	VZV (Varicella Zoster Virus)
90670	PCV13 (Pneumococcal Conjugate)

Coding:

CPT:	Vaccine
90633	Hep-A (Hepatitis A)
90681	RV (Rota Virus)2 DOSE (Rotarix)
90680	RV (Rota Virus)3 DOSE (Rota Teq)
90655	FLU - TRIVALENT 0.25 ML
90657	FLU - TRIVALENT 0.25 ML
90661	FLU - CELL CULTURES
90662	FLU - ENHANCED IMMUNOGENECITY
90685	FLU – Quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, IM
90686	FLU REVISED CODE .5 ML
90687	FLU – Quadrivalent (IIV4), split virus, 0.25 mL dosage, IM
90688	FLU – Quadrivalent (IIV4), split virus, 0.5 mL dosage, IM
CPT:	**Vaccine (Combination)**
90698	DTaP-IPV/Hib combo
90723	DTaP-HepB-IPV
90697	DTaP- IPV-Hib-HepB
90710	MMRV (Measles, Mumps, Rubella, Varicella)
90748	HIB/HEP B
HCPCS:	**Vaccine (Combination)**
G0010	Administration of Hepatitis B vaccine
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine

Controlling High Blood Pressure (CBP)

Ages:	18 to 85
Requirements:	The percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose last BP of the year was adequately controlled (less than 140/90)

Coding:

CPT:	CBP
3074F	Systolic Blood Pressure less than 130 mm Hg
3075F	Systolic Blood Pressure 130-139 mm Hg
3077F	Systolic Blood Pressure Greater than or Equal to 140 mm Hg
3078F	Diastolic Blood Pressure less than 80 mm Hg
3079F	Diastolic Blood Pressure 80-89 mm Hg
3080F	Diastolic Blood Pressure Greater than or Equal to 90 mm Hg

Diabetes care (EED, HBD, BPD)

Ages:	18 to 75
Requirements:	The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following: • Eye exam — Eye Exam for Patients With Diabetes (EED) • Hemoglobin A1c Control — Hemoglobin A1c Control for Patients With Diabetes (HBD) • BP Control (less than 140/90 — Blood Pressure Control for Patients With Diabetes (BPD)

Coding:

CPT:	Eye Exam for Patients With Diabetes (EED)
2022F	Measure Year (Current year): Dilated eye exam with interpretation by an ophthalmologist or optometrist documented or reviewed; with evidence of retinopathy.
2023F	Measure Year (Current year): Dilated eye exam with interpretation by an ophthalmologist or optometrist documented or reviewed; without evidence of retinopathy.
3072F	Year Prior: Must be a Negative result to be compliant. Low risk for retinopathy (No evidence of retinopathy in the prior year) (DM). Reported date should be the date the provider reviewed the patient's eye exam from the prior year.
2024F	Seven standard stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy.
2025F	Seven standard stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy.
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed
CPT:	**Hemoglobin A1c Control for Patients With Diabetes (HBD)**
3044F	7.0%: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)2,4
3046F	9.0%: Most recent hemoglobin A1c level greater than 9.0% (DM[12,4]
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than or equal to 8.0%
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
83036	Glycosylated (A1C) hemoglobin analysis, by electrophoresis or chromatography, in the setting of an identified hemoglobin variant.

Coding:

CPT:	Blood Pressure Control for Patients With Diabetes (BPD)
3074F	Systolic Blood Pressure less than 130 mm Hg
3075F	Systolic Blood Pressure 130-139 mm Hg
3077F	Systolic Blood Pressure greater than or equal to 140 mm Hg
3078F	Diastolic Blood Pressure less than 80 mm Hg
3079F	Diastolic Blood Pressure 80-89 mm Hg

Transitions of Care (TRC)

Ages:	18 and older
Requirements:	The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported: • Notification of Inpatient admission • Receipt of Discharge information • Patient engagement after Inpatient Discharge • Medication Reconciliation Post Discharge
Helpful hints and reminders:	• **Notification of Inpatient Admission:** Medical record documentation is necessary for compliance and must include evidence of the receipt of notification of inpatient admission on the day of admission or the following day. Documentation must include evidence of the date when the documentation was received. • **Receipt of Discharge Information:** Medical record documentation is necessary for compliance and must include of receipt of discharge information on the day of discharge or the following day with evidence of the date when the documentation was received. At a minimum, the discharge information.

Coding:

CPT:	TRC
99496	Patient Engagement after Inpatient Discharge Transitional care management services with the following requirements: • Communication (Direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge. • Medical decision making of high complexity during the service period. • Face-to-face visit, within seven calendar days of discharge.
99495	Patient Engagement after Inpatient Discharge Transitional care management services with the following requirements: • Communication (Direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge. • Medical decision making of at least moderate complexity during the service period. • Face-to-face visit, within 14 calendar days of discharge.
CPT II:	**TRC**
1111F	Discharge medications reconciled with the current medication list in outpatient medical record. (Medication reconciled within 30 days after discharge)

Key factors for achieving five stars:

- Review membership reports for new members.
- Review monthly HEDIS and Medication Adherence reports for noncompliant members.
- Schedule uncontrolled members for follow-ups, as needed.
- Review lab results in a timely manner.
- Remember that we are here to help!

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS 2022 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

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