

HEDIS TIP SHEET



Thank you for providing quality healthcare to our members. As you may know, quality of care is measured through the Healthcare Effectiveness Data and Information Set (HEDIS). The following HEDIS Tip Sheets have been created to reflect NCQA HEDIS 2018 Technical Specifications and may be used as reference to help you increase your practice’s HEDIS rates.*

BCS: BREAST CANCER SCREENING

Women 50–74 years of age who had a mammogram at least once in the past 27 months. Women who have had a bilateral mastectomy are exempt from this measure. Diagnostic screenings are not compliant.

CPT	77055-77057, 77061-77063, 77065-77067
HCPCS:	G0202, G0204, G0206

To improve HEDIS scores:

- Ensure that an order or prescription for a mammogram is given at well-woman exams for women 50-74 years old.
- Document unilateral or bilateral mastectomy and date in chart. Use Z90.13 to indicate exclusion on claim (acquired absence of breast).
- Members may contact health plan to find the nearest mammography center.

CCS: CERVICAL CANCER SCREENING

Women age 21 to 64 should have a cervical cytology performed every 3 years. Women age 30-64 may have cervical cytology every five (5) years with human papillomavirus (HPV) co-testing: 87620-87622, 87624 and 87625.

To improve HEDIS scores:

- Document hysterectomy, type (partial, total) and date performed in chart
- Use ICD 10 Q51.5, Z90.710 or Z90.712 to indicate the exclusion (acquired absence of cervix/uterus)
- Stop screening average-risk women older than age 65 who have had three consecutive negative cytology results or two consecutive negative cytology results plus HPV test results within 10 years, with the most recent test performed within five years.
- Document date and results of completed screening in medical record.
- Medical record must have cervical cytology test results and HPV results documented, even if member self-reports being previously screened by another provider.
- Submit claims and encounter data in a timely manner. Refer to the coding table.

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
HPV Test	CPT: 87620 - 87622, 87624, 87625
	HCPCS: G0476

**Please note that MHS does not advise providers on which codes to use. Please always follow the State and CMS billing guidance to ensure the codes are covered prior to submission.*

CCS: CERVICAL CANCER SCREENING, Continued

Absence of Cervix	<p>CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 59856, 59135, 58575</p> <p>ICD 10: Q51.5, Z90.710, Z90.712</p>
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COL: COLORECTAL CANCER SCREENING

Members 50–75 years of age who had at least one appropriate screening for Colorectal Cancer. Medical record must include a note indicating the date when the colorectal cancer screening was performed.

The following screenings meet criteria:

- Fecal Occult Blood Testing during the measurement year (common names: FIT or Guaiac).
- Flexible Sigmoidoscopy within the past 5 years.
- Colonoscopy within the last 10 years.
- CT colonography within the last five years. Must be done by CT (MRI does not count).
- FIT-DNA (Cologuard) test within the past three years.

Members who have colorectal cancer or a total colectomy are exempt from this measure. Ensure proper documentation of the diagnosis or event is found in the medical record.

FOBT	CPT: 82270, 82274
	HCPCS: G0328
Colonoscopy	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
	HCPCS: G0105, G0121
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337-45342, 45345-45347, 45349- 45350
	HCPCS: G0104
FIT-DNA	CPT: 81528
	HCPCS: G0464
CT Colonography	CPT: 74261-74263

To improve HEDIS scores:

- Ensure members 50-75 years receive appropriate colorectal cancer screening during the appropriate timeframe.
- Appropriate coding will ensure the visit is captured through claims.