

Clover Health

HEDIS 2021 Measure Definitions and Recommended Coding

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of clinical measures used by the Centers for Medicare & Medicaid Services (CMS) to evaluate the quality of care in a patient population. While many providers render these services throughout the year, CMS relies on predefined reimbursement codes to determine whether a patient is compliant for a given measure. If these codes are not submitted, Clover Health may reach out to your office for medical records as evidence that a service occurred, placing undue administrative burden on your office. This resource aims to define key HEDIS measures as well as the recommended reimbursement codes that will ensure your patients are compliant.

HEDIS Measure	Description/Coding Tips	Coding Suggestions
<p>Controlling Blood Pressure (CBP)</p>	<p>The CBP measure evaluates the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension in 2021 and whose BP was adequately controlled during 2021. A BP must be below 140/90 mm Hg to be considered controlled.</p> <p>Best Practice Tip: Retake blood pressure later in the exam if your first reading is 140/90!</p> <p>During a telehealth visit, ask the patient what their blood pressure is. It is OK to document “patient reported blood pressure xx/yy.”</p>	<p>CPT-CAT-II Codes</p> <p>Systolic:</p> <p>3077F – Systolic greater than/equal to 140 3075F – Systolic 130–139 3074F – Systolic less than 130</p> <p>Diastolic:</p> <p>3080F – Diastolic greater than/equal to 90 3079F – Diastolic 80–89 3078F – Diastolic less than 80</p>
<p>Colorectal Cancer Screening (COL)</p>	<p>The COL measure evaluates the percentage of patients 50 to 75 years of age who had an appropriate screening for colorectal cancer:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during 2021 • Flexible sigmoidoscopy between 2017 and 2021 • Colonoscopy between 2012 and 2021 • CT colonography between 2017 and 2021 • FIT-DNA between 2019 and 2021 <p>Patients with a diagnosis of colorectal cancer or total colectomy are excluded.</p>	<p>CPT Codes</p> <p>82270 – FOBT lab test 45330 – Flexible sigmoidoscopy 44388 – Colonoscopy 74261 – CT Colonography 81528 – FIT- DNA lab test 44150 – Total colectomy</p> <p>HCPCS Codes</p> <p>G0328 – FOBT lab test G0104 – Flexible sigmoidoscopy G0105, G0121 – Colonoscopy G0464 – FIT- DNA lab test G0213, G0214, G0215, G0231 – Colorectal cancer</p> <p>ICD-10 Codes</p> <p>C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 – Colorectal cancer</p>

<p>Comprehensive Diabetes Care (CDC)</p>	<p>The CDC measure evaluates the percentage of patients 18 to 75 years of age with diabetes (type 1 or type 2) who had the following:</p> <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing. HbA1c values less than 9 are considered controlled. • Eye exam (retinal) performed • Medical attention for nephropathy <p>Best Practice Tip: Diabetic Retinal Eye Exam – Document the date, the result, and the name of the eye care professional who performed the exam.</p>	<p>CPT-CAT-II Codes 3051F – HbA1c level greater than/equal to 7.0 and less than 8.0 3052F – HbA1c level greater than/equal to 8.0 and less than/equal to 9.0 3046F – HbA1C greater than 9.0 2022F, 2024F, 2026F – Diabetic retinal screening with eye care professional 3060F, 3061F, 3062F – Urine protein tests</p> <p>CPT Codes 83036, 83037 – HbA1C lab test 83036, 83037 – HbA1C greater than 9.0 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 – Unilateral eye enucleation with a bilateral modifier 82043 – Urine protein tests</p> <p>ICD-10 Codes Nephropathy treatment – Multiple codes, e.g., E08.21, E08.22, E08.29</p> <p>LOINC Codes 14957-5, 1754-1 – Urine Protein Tests</p>
<p>Breast Cancer Screening (BCS)</p>	<p>The BCS measure evaluates the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer. Women with a history of bilateral mastectomy are excluded.</p>	<p>CPT Codes 77061 – Mammogram</p> <p>HCPCS Codes G0202, G0204, G0206 – Mammogram</p> <p>ICD-10 Codes Z90.13 – History of bilateral mastectomy</p>
<p>Osteoporosis Management in Women Who Had a Fracture (OMW)</p>	<p>The OMW measure evaluates the percentage of women 67 to 85 years of age who suffered a fracture and who had either a bone mineral density test or prescription for a drug to treat osteoporosis in the 6 months after the fracture.</p>	<p>CPT Codes 76977 – Bone mineral density test</p> <p>HCPCS Codes J0897, J1740, J3110, J3111, J3489 – Osteoporosis medications</p>
<p>Transitions in Care (TRC)</p>	<p>The TRC measure evaluates the percentage of members 18 years of age and older with a hospital discharge who had each of the following:</p> <ul style="list-style-type: none"> • Notification of inpatient admission: documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 days total). • Receipt of discharge information: Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 days total). • Patient engagement after inpatient discharge: documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge. • Medication reconciliation post-discharge: documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 days total). <p>Best Practice Tip: When your team is alerted to a discharge, proactively contact the patient and schedule a post-discharge follow-up within 30 days of discharge.</p>	<p>CPT-CAT-II Code 1111F – Medication reconciliation post-discharge</p> <p>CPT Codes 99483, 99495, 99496 – Medication reconciliation post-discharge</p>