PEOPLES HEALTH

HEDIS Measures
Coding Tip Sheet

CMS and NCQA use a variety of codes to track test and biometric results and assessment documentation.
Below is a list of commonly used codes to satisfy a number of required HEDIS measures.
As always, documentation in the medical record is necessary to support the use of these codes.

Measure/Care Provided	Code
Medication Reconciliation Post-Discharge (measure applies to all members)	
Medication reconciliation within 30 days post-discharge; current medication list reconciled in outpatient medical record	1111F
Care of Older Adults (measure applies to Peoples Health Secure Choice, Peoples Health Secure Complete and Peoples Health Secure Health plan members only)	
Advanced care planning	
Advanced care plan or similar legal document present in chart	1157F
Advanced care planning discussion documented	1158F
Advanced care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record	1123F
Advanced care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	1124F
Medication review (must include codes for both 1159F and 1160F)	
Medication list documented in record	1159F
Review of all medications by a prescribing practitioner documented	1160F
Functional assessment	
Must document that ADLs (activities of daily living) and/or IADLs (instrumental activities of daily living) **were assessed** (use of a standardized functional status assessment tool meets criteria for 1170F.) Example: ADLs/IADLs assessed or ADLs/IADLs assessed _____Y ____N ***OR*** Documentation of assessment of at least: 5 of the following ADLs including: bathing, dressing, eating, transferring, toileting, walking. 4 of the following IADLs including: shopping for groceries, driving or using public transportation, using telephone, meal prep, housework, home repair, laundry, takings meds, handling finances	1170F
Pain assessment	
Pain severity quantified, pain present	1125F
No pain present	1126F
Statin Therapy: Coding for S&S of Statin Intolerance	
Document the type of intolerance in the medical record. Examples of common intolerance codes are below.	
Drug induced myopathy	G72.0
Myopathy due to other toxic agents	G72.2
Myopathy, unspecified	G72.9
Other myositis unspecified	M60.80
Rhabdomyolysis	M62.82
Myalgia	M79.1
Blood Pressure Management (for diabetes, chronic kidney disease and hypertension)	
SBP < 130	3074F
SBP 130-139	3075F
SBP ≥ 140	3077F
DBP < 80	3078F

DBP 80-89	3079F
DBP ≥ 90	3080F
COPD	
Spirometry; physician review and interpretation of all results	94016
All Members	
Influenza vaccine administered	G0008
Pneumococcal vaccine administered	G0009
Tobacco Use Screening and Cessation Intervention	
Patient screened for tobacco use **and** received tobacco cessation intervention (counseling, pharmacotherapy or both) if identified as a tobacco user	4004F
Current tobacco non-user	1036F
Current smokeless tobacco user (i.e., chews tobacco)	1035F
Current tobacco smoker	1034F
Alcohol Use Screening	
Patient screened for unhealthy alcohol use using a systematic screening method	3016F
Diabetes (for this measure, also reference codes for Blood Pressure Management)	
A1C management	
Most recent HgbA1c < 7%	3044F
Most recent HgbA1c > 9%	3046F
Most recent HgbA1c ≥ 7 but ≤ 8	3051F
Most recent HgbA1c ≥ 8 but ≤ 9	3052F
Lipid management	
Most recent LDL < 100	3048F
Most recent LDL 100-129	3049F
Most recent LDL > 130	3050F
Insulin use	
Long term or current insulin use	Z79.4
Nephropathy	
Positive microalbuminuria test result documented and reviewed	3060F
Negative microalbuminuria test result documented and reviewed	3061F
Positive macroalbuminuria test result documented and reviewed	3062F
Documentation of treatment for nephropathy (e.g., patient receiving dialysis, being treated for ESRD, chronic renal failure or acute renal failure; has renal insufficiency; or visited a nephrologist)	3066F
ACEI or ARB therapy prescribed or currently being taken (CAD, CKD, HF, DM). Use this code if you have evidence (documentation in the medical record) that the member has a current fill in place, is getting the ACEI/ARB from VA, receiving samples, paying out of pocket, receiving meds for free from a pharmaceutical company, or provider documentation that they wrote an Rx for ACE/ARB etc.	4010F
Retinopathy	
No evidence of retinopathy in past year (must have written confirmation from ophthalmologist)	3072F
Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed	2022F
Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	2023F
7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed	2024F
7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy	2025F
Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed	2026F
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy	2033F

Preventive Care and Screening	
Body mass index (BMI) ICD-10	
BMI must be calculated and documented in the record. Select the appropriate code for the claim. A BMI of 40 or greater should trigger a diagnosis of **morbid obesity (ICD-10 of E66.01).** Diagnosis=morbid obesity Assessment=BMI of 40 or greater Plan=need to document a plan to address the obesity	
Body mass index (BMI) ICD-10	
Z68.1 Body mass index (BMI) 19 or less, adult	
Z68.20 Body mass index (BMI) 20.0-20.9, adult	
Z68.21 Body mass index (BMI) 21.0-21.9, adult	
Z68.22 Body mass index (BMI) 22.0-22.9, adult	
Z68.23 Body mass index (BMI) 23.0-23.9, adult	
Z68.24 Body mass index (BMI) 24.0-24.9, adult	
Z68.25 Body mass index (BMI) 25.0-25.9, adult	
Z68.26 Body mass index (BMI) 26.0-26.9, adult	
Z68.27 Body mass index (BMI) 27.0-27.9, adult	
Z68.28 Body mass index (BMI) 28.0-28.9, adult	
Z68.29 Body mass index (BMI) 29.0-29.9, adult	
Z68.30 Body mass index (BMI) 30.0-30.9, adult	
Z68.31 Body mass index (BMI) 31.0-31.9, adult	
Z68.32 Body mass index (BMI) 32.0-32.9, adult	
Z68.33 Body mass index (BMI) 33.0-33.9, adult	
Z68.34 Body mass index (BMI) 34.0-34.9, adult	
Z68.35 Body mass index (BMI) 35.0-35.9, adult	
Z68.36 Body mass index (BMI) 36.0-36.9, adult	
Z68.37 Body mass index (BMI) 37.0-37.9, adult	
Z68.38 Body mass index (BMI) 38.0-38.9, adult	
Z68.39 Body mass index (BMI) 39.0-39.9, adult	
Z68.41 Body mass index (BMI) 40.0-44.9, adult	
Z68.42 Body mass index (BMI) 45.0-49.9, adult	
Z68.43 Body mass index (BMI) 50-59.9 , adult	
Z68.44 Body mass index (BMI) 60.0-69.9, adult	
Z68.45 Body mass index (BMI) 70 or greater, adult	
Bilateral Mastectomy ICD-10	
Acquired absence of breasts	Z90.13
History of left unilateral mastectomy	Z90.12
History of right unilateral mastectomy	Z90.11
History of Colon Cancer ICD-10	
Personal history of other malignant neoplasm of large intestine	Z85.038
Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus	Z85.048

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