

Unison Health Plan of Pennsylvania

HEDIS Code Quick Reference Guide



Unison Health Plan is committed to improving care for our members. The Department of Public Welfare has selected a number of HEDIS quality performance measures based on an analysis of past data indicating the need for improvement, as well as the potential to improve health care for a broad base of the Pennsylvania Medical Assistance population. Unison has developed this quick reference guide to help in billing for these services.

Asthma

Unison supports the recommendations of the National Heart, Lung and Blood Institute (NHLBI) guidelines on the use of appropriate medication for members with persistent asthma. We annually evaluate asthmatic members using the following specifications: the percentage of members 5-56 years of age who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year. Please use the following HEDIS-acceptable codes to identify the **asthma status** of the member. Prescription data is obtained through the pharmacy benefit manager (PBM).

Codes to Identify Visit Type

| Description | CPT | UB Review |
|-------------|---|---|
| Outpatient | 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99382-99386, 99392-99396, 99401, 99429 | 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 0982, 0983 |

Codes to Identify Asthma

| Description | ICD-9-CM Diagnosis |
|-------------|--------------------|
| Asthma | 493.x |

Breast Cancer Screening

Unison promotes annual breast cancer screenings in all women ages 40-69. We evaluate compliance with this measure using the following specifications: the percentage of enrolled members 42-69 years of age who had one or more mammograms during the measurement year. **Please note: members with a bilateral or two unilateral mastectomies are excluded from this measure.** Please use the following HEDIS-acceptable codes to identify these services:

| CPT | HCPCS | ICD-9-CM Diagnosis | UB Review |
|-------------|---------------------|--------------------|------------|
| 77055-77057 | G0202, G0204, G0206 | V76.11, V76.12 | 0401, 0403 |

Codes to Identify Exclusions

| Description | CPT |
|--|--|
| Bilateral mastectomy | 19303-19307 with modifier .50 or modified code 09950 |
| Unilateral mastectomy (member must have 2 separate occurrences on 2 different dates of service) | 19303-19307 |

Cholesterol Management

Unison promotes cholesterol screening for members 18-75 years of age following discharge for an AMI, CABG or PTCA during Jan 1 – Nov 1 of the measurement year using the following specifications: the presence of an **LDL-C (<100 mg/dL)**. Please use the following HEDIS-acceptable codes to identify these services:

Codes to Identify AMI, CABG and PTCA

| Description | CPT | ICD-9-CM Diagnosis |
|-------------|--|--------------------|
| AMI | | 410.x1 |
| CABG | 33510-33514, 33516-33519, 33521-33523, 33533-33536 | |
| PTCA | 33140, 92980, 92982, 92995 | |

Codes to Identify Visit Type

| Description | CPT | UB Review |
|-------------|---|---|
| Outpatient | 99201-99205, 99211-99213, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401, 99429 | 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 0982, 0983 |

Adolescent Well-Care Visits

Unison recommends that every adolescent member 12-21 years of age receives an annual comprehensive well-care exam. Unison evaluates compliance with this measure using the following specifications: the percentage of enrolled members 12-21 years of age who had at least one **comprehensive well-care visit** with a PCP or an OB/GYN practitioner each calendar year. Please use the following HEDIS-acceptable codes to identify these services:

Codes to Identify Outpatient Visits

| CPT | ICD-9-CM Diagnosis |
|--------------------------|---|
| 99383-99385, 99393-99395 | V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 |

Cervical Cancer Screening

Unison promotes annual cervical cancer screenings in women ages 21-64. We evaluate compliance with this measure using the following specifications: the percentage of women ages 21-69 who had one or more Pap tests in the measurement year or within two years prior to the measurement year. **Please note: members with hysterectomies with no residual cervix are excluded.** Please use the following HEDIS-acceptable codes to identify these services:

| CPT | ICD-9-CM Diagnosis | UB Review |
|---|--------------------|-----------|
| 88141, 88142, 88150, 88153-88155, 88164-88167, 88174, 88175 | V72.32, V76.2 | 0923 |

Codes to Identify Exclusions

| Description | CPT | ICD-9-CM Diagnosis |
|--------------|--|-----------------------|
| Hysterectomy | 51925, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58550, 58552-58554, 58951, 58953, 58954, 58956, 59135 | 618.5, V67.01, V76.47 |

Controlling High Blood Pressure

We evaluate compliance for this measure by using the following specifications: **the most recent adequately controlled blood pressure (<140/90) during the measurement year.** A member is considered to be hypertensive if there is at least one outpatient encounter with a diagnosis of hypertension during the first 6 months of the measurement year. Please use the following HEDIS-acceptable codes to identify these services:

Codes to Identify Hypertension

| Description | ICD-9-CM Diagnosis |
|--------------|--------------------|
| Hypertension | 401.x |

Codes to Identify Outpatient Visits

| Description | CPT |
|-------------------|---|
| Outpatient Visits | 99201-99205, 99211-99215, 99241-99245, 99384-99387, 99394-99397 |

Diabetes

Unison supports the recommendations of the ADA for the annual evaluation of diabetic members 18-75 years of age for the presence of the following screenings: **HbA1c testing, LDL-C screening, medical attention for nephropathy and retinal eye exam.** Please use the following HEDIS-acceptable codes to identify these services:

HbA1c Testing

| CPT |
|-------|
| 83036 |

LDL-C Screening

| CPT |
|----------------------------|
| 80061, 83700, 83701, 83721 |

Medical Attention for Nephropathy

| Description | CPT |
|----------------------------|--------------|
| Nephropathy screening test | 82043, 84156 |

Eye Exam (Retinal) Performed

| CPT | HCPCS | ICD-9-CM Diagnosis |
|--|-------|--------------------|
| 67028, 67030, 67031, 67036, 67038-67040, 67043, 67101, 67105, 67107, 67108, 67110, 67112, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245 | S0625 | V72.0 |

Please refer to the Pennsylvania Medical Assistance Fee Schedule for any updates to the codes listed in this reference guide.