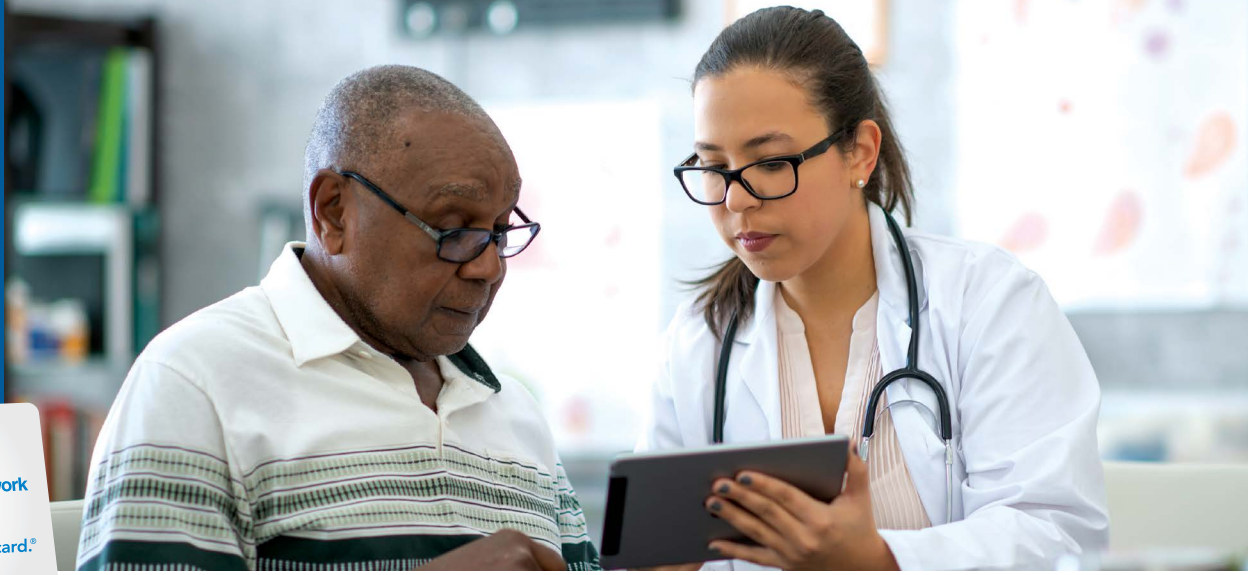


2025 Custom Measure Tips



Medicare Wellness Visits (MWV)

Medicare Plus BlueSM and BCN AdvantageSM Custom Measure

Measure description

The percentage of patients that had a Medicare Wellness Visit (MWV) during the measurement year.

Measure population (denominator)

Patients continuously enrolled in Medicare Plus BlueSM or BCN AdvantageSM plans during the measurement year.

Measure compliance (numerator)

A Medicare Wellness Visit during the measurement year (either IPPE or AWV below).

- Must be appropriately billed with HCPCS code.
- Wellness visits can be anytime throughout a calendar year, regardless of the date of the previous year's visit.

Note: this applies to MA PPO and BCNA. Be sure to check patient eligibility and benefits in the provider portal (availability.com) to verify coverage

Did you know?

- Health status at midlife is critical to maintaining health while aging and enhancing quality of life.
- A personalized medicine program focuses on promoting healthy lifestyle behaviors, cognitive function and preventing disease.
- Failure to evaluate memory or cognitive complaints can hinder treatment of underlying conditions and may present safety issues.
- The risk of falling and fall-related problems rises with age.

Initial Preventive Physical Exam (IPPE)

- New Medicare patients **within the first 12 months** of Part B enrollment
- Also known as "Welcome to Medicare"
- Review medical and social history
- Provide preventive services education
- In person visit

Annual Wellness Visit (AWV)

- Existing Medicare patients **after the first 12 months** of Part B enrollment
- Develop/update Personalized Prevention Plan (PPP)
- Perform a Health Risk Assessment (HRA)
- Optional SDOH (cannot be audio only)
- Virtual care visits acceptable (video or audio)

Note: A routine physical alone does **not** meet criteria.

This measure applies to Medicare members only.

continued

Exclusions

- Deceased during the measurement year
- Received palliative care during the measurement year
- Received hospice services anytime during the measurement year

Helpful hints

- A routine physical exam is not the same service as an IPPE or AWV, nor do they have the same coverages.
- **Document** and code for any active conditions during the visit.
- **Implement** a system for automated reminders to patients encouraging wellness visit scheduling.
- **Schedule** wellness visits annually, preferably 6-12 months in advance.
- **Subsequent** AWVs can be performed by other medical professionals (eg, health educators, registered dietitians, nutrition professionals or other licensed practitioners) under the direct supervision of a practitioner.
- **Educate** patients on the importance of Medicare Wellness Visits regardless of health status.
- **Review** the member's Medicare coverage and wellness visit history to determine which type of wellness visit is appropriate.
- **Consult** the Michigan Automated Prescription System (MAPS) to view complete medication profiles for patients and to confirm the current cumulative dosage of opioid medications being prescribed.
michigan.pmpaware.net/login
 - If outside of Michigan, please consult your state's Prescription Drug Monitoring Program (PDMP).

Tips for coding

HCPCS code	Description
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0438*	Annual wellness visit, includes a personalized prevention plan of service (PPS); initial visit
G0439*	Annual wellness visit, includes a personalized prevention plan of service (PPS); subsequent visit

* G0438 and G0439 can be completed using audio only. Here's the link related to telehealth services that can be found on the CMS website: cms.gov/medicare/coverage/telehealth/list-services

Note: When G0438 and G0439 are completed virtually with an E/M code, both video and audio are required and should be reported with modifier 25.

Documentation in the medical record must indicate the date the visit occurred and evidence of the components below:

Wellness Visit Components	
IPPE:	AWV:
<ul style="list-style-type: none"> • Height, weight, Body Mass Index (BMI), blood pressure, balance, gait, visual acuity screen, and other factors deemed appropriate based on history and clinical standards • Medical, social, and family history, as well as diet and activities • Medication review and reconciliation (including supplements) • Potential depression risk factors including current or past experiences with depression or other mood disorders • Functional ability and level of safety • Review of current opioid prescriptions • Screening for potential Substance Use Disorders (SUDs) • Educate, counsel, and refer based on above components • Educate, counsel, and refer for other preventive services • End-of-life planning with patient agreement 	<ul style="list-style-type: none"> • Health risk assessment (HRA) • Medical and family history • Medication review and reconciliation (including supplements) • Height, weight, BMI, blood pressure, and other routine measurements deemed appropriate based on history • List of current providers and specialists providing medical care • Detect any cognitive impairment • Potential depression risk factors, including current or past experiences with depression or other mood disorders • Functional ability and level of safety • Established written screening schedule • List of risk factors and conditions where primary, secondary, or tertiary interventions are recommended or underway • Review of current opioid prescriptions • Screen for potential Substance Use Disorders (SUDs) • Personalized health advice and appropriate referrals to educational or counseling services or programs • Advance care planning services at the member's discretion • Optional: Social Determinants of Health Risk Assessment (SDOH)

Note: For additional information on components, see [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html)

Resources

1. National Institutes of Health (NIH). 2023. "Assessing Cognitive Impairment in Older Patients." nia.nih.gov/health/assessing-cognitive-impairment-older-patients#17
2. Centers for Medicare and Medicaid Services (CMS). 2023. "List of Telehealth Services." [cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)
3. Jaskulski, S., Nuszbaum, C., & Michels, K. 2023. "Components, prospects and challenges of personalized prevention." *Frontiers in public health*, 11: 1075076. ncbi.nlm.nih.gov/pmc/articles/PMC9978387/
4. National Institutes of Health (NIH). 2022. "Falls and Fractures in Older Adults: Causes and Prevention." nia.nih.gov/health/prevent-falls-and-fractures
5. Centers for Medicare and Medicaid Services (CMS). 2024. "Annual Wellness Visit: Social Determinants of Health Risk Assessment." [cms.gov/files/document/mm13486-annual-wellness-visit-social-determinants-health-risk-assessment.pdf](https://www.cms.gov/files/document/mm13486-annual-wellness-visit-social-determinants-health-risk-assessment.pdf)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Adult Immunization Status (AIS)

Effectiveness of Care HEDIS® Measure

Measure description

The percentage of adult patients that are up to date on their recommended routine vaccines.

Measure population (denominator)

Patients 19 years and older during the measurement year (MY).

Measure compliance (numerator)

- Adults who had each of the following by the end of the MY:

Vaccine	Time Frame (on or between)	Dose	Anaphylaxis†	Encephalitis†
Influenza	July 1 year prior through June 30 of MY	1	X	
Td/Tdap	Nine years prior through MY end	1	X	X
Zoster	On or after 50th birthday through MY end	1 or 2 dose*	X	
Pneumococcal	On or after 65th birthday through MY end	1	X	
Hepatitis B	On or after 19th birthday through MY end	2 or 3 dose*	X	

† Due to specified vaccine any time before or during the MY.

* 2 dose series must be given at least 28 days apart.

Note: Hepatitis B compliance can be met through either of the following:

- Patients had hepatitis B surface antigen, antibody, or total antibody to hepatitis B core antigen test with positive result any time during their history
- Patients with a diagnosis of hepatitis B illness any time during their history

Did you know?

- Vaccines have saved lives for over 100 years, but serious disease is still a threat for patients, families, and communities.
- Vaccines are recommended for adults to prevent serious disease, hospitalization, and death.
- The National Adult Immunization Plan advises vaccination for the optimal prevention of infectious disease and regular monitoring of recommended adult vaccines.

This measure applies to Medicare and commercial members.

continued

Exclusions

- Received hospice services anytime during the measurement year.
- Deceased during the measurement year

Helpful HEDIS hints

- **Educate** on the importance of immunizations within the recommended schedule.
- **Assess** and review the patient’s vaccination status at every visit.
- **Document** vaccines received elsewhere, such as the health department or pharmacy. Make sure to obtain a record of the vaccines.
- **Ask** your staff to prepare charts in advance, making note of any overdue/missing vaccines. Implement a reminder system to alert the provider to discuss during the patients appointment.
- **Spend** time addressing concerns and provide strong recommendations for immunization compliance.
- **Use** Michigan Care Improvement Registry for immunization tracking ([MCIR.org](https://mcir.org)).

Tips for coding

Document and code all vaccines appropriately. Submission of claims is essential to meet criteria.

Immunizations	CPT® codes	HCPCS
Adult Influenza	90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756	
Influenza LAIV	90660, 90672	
Td	90714	
Tdap	90715	
Herpes Zoster Recombinant	90750	
Pneumococcal	90670, 90671, 90677, 90732	G0009
Hepatitis B	90697, 90723, 90739, 90740, 90743, 90744, 90746, 90747, 90748, 90759	G0010

Resources

1. Centers for Disease Control and Prevention (CDC). 2024. "Recommended Immunizations for adults aged 19 years and Older, United States, 2024." [cdc.gov/vaccines/imz-schedules/adult-easyread.html](https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html)
2. Centers for Disease Control and Prevention (CDC). 2024. "5 Reasons It Is Important for Adults to Get Vaccinated." [cdc.gov/vaccines-adults/reasons/index.html](https://www.cdc.gov/vaccines-adults/reasons/index.html)
3. U.S. Department of Health and Human Services (HHS). 2020. "National Adult Immunization Plan." [hhs.gov/sites/default/files/nvpo/national-adult-immunization-plan/naip.pdf](https://www.hhs.gov/sites/default/files/nvpo/national-adult-immunization-plan/naip.pdf)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Appropriate Testing for Pharyngitis (CWP)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of episodes where the patient was diagnosed with pharyngitis, dispensed an antibiotic medication and received a group A streptococcus (strep) test for the episode.

Measure population (denominator)

Patients three years and older as of the episode date who had a diagnosis of pharyngitis and were dispensed antibiotics from July 1 of the prior year through June 30 of the measurement year.

Note: *The patient may have more than one episode during the measurement year.*

Measure compliance (numerator)

Patients who received a group A strep test sometime between 3 days **prior** to the episode date through 3 days after the episode (7 days total).

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during measurement year
- Comorbid condition during the 12 months prior (see tables below)
- Competing diagnosis on or 3 days after (see tables below)

Did you know?

- Inappropriate treatments with antibiotics can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections).
- Most cases of acute pharyngitis are caused by viruses and are benign and self-limited.
- Only about 15 to 30 percent of all cases of pharyngitis are due to primary bacterial pathogens, with group A beta hemolytic streptococcus, or GABHS, being the most common.
- More than 80 serotypes (variations within a species of bacteria) of GABHS have been isolated. These are associated with such complications as rheumatic fever, pyoderma and acute post-streptococcal glomerulonephritis.

This measure applies to both commercial and Medicare members.

continued

Helpful HEDIS hints

- **Ensure** antibiotics are being used only when appropriate. This prevents antibiotic resistance and unnecessary side effects.
- **Educate** patients on:
 - Symptomatic treatments, such as acetaminophen or ibuprofen, fluids, rest, humidifier, saline nasal drops and saltwater gargle.
 - Preventing the spread of illness through good hygiene and frequent hand washing.
 - Importance of completing a full course of antibiotics, when prescribed.
- **Remember**, a negative rapid strep test should be verified by culture.
- **Communication** is often more important to patient satisfaction than prescribing an antibiotic.
- **Share** the following resources with your patients to provide helpful information:
 - Choosing Wisely Campaign, an initiative of the American Board of Internal Medicine (ABIM) Foundation
choosingwisely.org
 - The Centers for Disease Control and Prevention’s Antibiotics Aware programs
cdc.gov/antibiotic-use/index.html

Tips for coding

- Order one of the following tests with these CPT® codes to confirm the underlying cause for patients with symptoms of pharyngitis:
 - Rapid strep test: 87880
 - Throat culture: 87070, 87071, 87081, 87430, 87650 - 87652

Common Competing Diagnoses (must be on or within 3 days after episode date)

Description	ICD-10-CM diagnosis code
Tonsillitis/Adenoiditis	J35.01, J35.02, J35.03, J35.1, J35.2, J35.3, J35.8, J35.9, J38.7, J39.0, J39.1, J39.2, J39.8, J39.9
Otitis Media	H66.001 – H66.007, H66.009, H66.011 – H66.017, H66.019, H66.10 – H66.13, H66.20 – H66.23, H66.3X1 – H66.3X3, H66.3X9, H66.40 – H66.43, H66.90 – H66.93, H67.1 – H67.3, H67.9
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116, L03.119, L03.211, L03.213, L03.221, L03.311 – L03.317, L03.319, L03.811, L03.818, L03.90, L98.3, N73.0, N73.1, N73.2
Cystitis/UTI	N30.00, N30.01, N30.10, N30.11, N30.20, N30.21, N30.40, N30.41, N30.80, N30.81, N30.90, N30.91, N39.0, N41.3
Bacterial Infection NOS	A49.9
Gastroenteritis/GI bacterial infection-unspecified	A04.9, A09 Note: Many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09, L01.1

Common Comorbid diagnoses (must be on or within 12 months prior to episode date)

Description	ICD-10-CM diagnosis code
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
COPD/Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9
Bronchiectasis	J47.0, J47.1, J47.9
HIV/HIV Type 2	B20, B97.35, Z21
Malignant Neoplasm	Many ICD-10 codes beginning with C are considered comorbid
Sickle Cell Disease	D57.01, D57.03, D57.09, D57.211, D57.213, D57.218, D57.411, D57.413, D57.418, D57.811, D57.813, D57.818
Pulmonary Fibrosis	J84.10, J84.112
Interstitial Lung Disease	J70.2, J70.3, J70.4, J84.111, J84.113, J84.114, J84.115, J84.117, J84.170, J84.178, J84.2, J84.842, J84.848, J84.89, J84.9

Note: The tables above do not represent an exhaustive list; they provide examples of common comorbid and competing diagnoses.

Resources

1. Harold K Simon. 2023. "Pediatric Pharyngitis."
emedicine.medscape.com/article/967384-overview
2. Centers for Disease Control and Prevention (CDC). 2024. "About Strep Throat."
cdc.gov/group-a-strep/about/strep-throat.html?
3. Centers for Disease Control and Prevention (CDC). 2024. "Be Antibiotics Aware Partner Toolkit."
cdc.gov/antibiotic-use/php/usaaw-partner-toolkit/index.html
4. Centers for Disease Control and Prevention (CDC). 2024. "Antibiotics Aren't Always the Answer."
cdc.gov/antibiotic-use/media/pdfs/arent-always-the-answer-fs-508.pdf

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Appropriate Treatment for Upper Respiratory Infection (URI)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of episodes with a diagnosis of upper respiratory infection where the patient was **not** dispensed an antibiotic prescription.

Measure population (denominator)

Patients 3 months and older with a diagnosis of an upper respiratory infection from July 1 of the prior year to June 30 of the current year.

Note: Patients can have more than one episode in the measurement year.

Measure compliance (numerator)

Patients dispensed a prescription for an antibiotic medication on or within 3 days after the upper respiratory infection diagnosis (4 days total).

Note: The measure is reported as an inverted rate. A higher rate indicates appropriate upper respiratory infection treatment (i.e., the proportion of episodes that **did not** result in an antibiotic dispensing event).

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year
- Comorbid condition during the 12 months prior (see tables below)
- Competing diagnosis on or 3 days after (see tables below)

This measure applies to both commercial and Medicare members.

Did you know?

- Antibiotic resistance is on the rise. Two million Americans contract infections with drug-resistant bacteria yearly, contributing to 23,000 deaths each year.
- The number of antibiotic prescriptions has decreased, but approximately 30 percent of antibiotics prescribed in the outpatient setting are still unnecessary.
- There are more than 200 viruses associated with the common cold, but rhinovirus is the one most often implicated.

continued

Helpful HEDIS hints

- **Documentation and coding** are key. Measurement data is captured through claims and relies on proper coding.
- **Prescribing** antibiotics for upper respiratory infection is **not** consistent with evidence-based medicine unless there is either:
 - A co-existing bacterial infection, called a “competing diagnosis.”
 - A comorbid condition that compromises the lungs or immune status.
- **Recommend** symptomatic treatments, such as acetaminophen or ibuprofen, fluids, rest, humidifier, saline nasal drops and saltwater gargle.
- **Discuss** risks of unnecessary antibiotics.
- **Educate** patients on proper handwashing and hygiene to prevent the spread of illness.
- **Communication** is often more important to patient satisfaction than prescribing an antibiotic.
- **Ask** patients to follow up with you if their symptoms worsen.
- **Visit** [cdc.gov/antibiotic-use/index.html](https://www.cdc.gov/antibiotic-use/index.html) to access materials you can share with patients.

Tips for coding

If prescribing antibiotics to treat a bacterial infection or comorbid condition in a patient with an upper respiratory infection, be sure to include the diagnosis code for the bacterial infection or comorbidity.

Common Competing Diagnoses (must be on or within 3 days after episode date)

Description	ICD-10-CM diagnosis code
Tonsillitis/Adenoiditis	J35.01, J35.02, J35.03, J35.1, J35.2, J35.3 J35.8, J35.9, J38.7, J39.0, J39.1, J39.2, J39.8, J39.9
Otitis Media	H66.001 – H66.007, H66.009, H66.011 – H66.017, H66.019, H66.10 – H66.13, H66.20 – H66.23, H66.3X1 – H66.3X3, H66.3X9, H66.40 – H66.43, H66.90 – H66.93, H67.1 – H67.3, H67.9
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116, L03.119, L03.211, L03.213, L03.221, L03.311 – L03.317, L03.319, L03.811, L03.818, L03.90, L98.3, N73.0, N73.1, N73.2
Cystitis/UTI	N30.00, N30.01, N30.10, N30.11, N30.20, N30.21, N30.40, N30.41, N30.80, N30.81, N30.90, N30.91, N39.0, N41.3
Bacterial Infection NOS	A49.9
Gastroenteritis/GI bacterial infection-unspecified	A04.9, A09 Note: Many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09, L01.1
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80 J03.81, J03.90, J03.9

Common Comorbid diagnoses (must be on or within 12 months prior to episode date)

Description	ICD-10-CM diagnosis code
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
COPD/Emphysema	J43.0, J43.1, J43.2, H43.8, J43.9, J44.0, J44.1, J44.9
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9
Bronchiectasis	J47.0, J47.1, J47.9
HIV/HIV Type 2	B20, B97.35, Z21
Malignant Neoplasm	Many ICD-10 codes beginning with C are considered comorbid
Sickle Cell Disease	D57.01, D57.03, D57.09, D57.211, D57.213, D57.218, D57.411, D57.413, D57.418, D57.811, D57.813, D57.818
Pulmonary Fibrosis	J84.10, J84.112
Interstitial Lung Disease	J70.2, J70.3, J70.4, J84.111, J84.113, J84.114, J84.115, J84.117, J84.170, J84.178, J84.2, J84.842, J84.848, J84.89, J84.9

Note: The tables above do not represent an exhaustive list; they provide examples of common comorbid and competing diagnoses.

Resources

1. Centers for Disease Control and Prevention (CDC). 2020. "Antibiotics Aren't Always the Answer." [cdc.gov/antibiotic-use/pdfs/AntibioticsArentAlwaysTheAnswer-H.pdf](https://www.cdc.gov/antibiotic-use/pdfs/AntibioticsArentAlwaysTheAnswer-H.pdf)
2. Centers for Disease Control and Prevention (CDC). 2024. "Antibiotic Use in the United States, 2023 Update: Progress and Opportunities." [cdc.gov/antibiotic-use/hcp/data-research/stewardship-report.html](https://www.cdc.gov/antibiotic-use/hcp/data-research/stewardship-report.html)
3. Center for Disease Control and Prevention (CDC). 2024. "Healthy Habits: Antibiotic Do's and Don'ts." [cdc.gov/antibiotic-use/about/index.html](https://www.cdc.gov/antibiotic-use/about/index.html)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Asthma Medication Ratio (AMR)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients who were identified as having persistent asthma and had a ratio of 0.50 or more controller medications to the total asthma medications dispensed during the measurement year.

Measure population (denominator)

Patients 5 to 64 years old as of December 31 of the measurement year identified as having persistent asthma who met at least one of the following criteria during **both** the measurement year **and** the year prior with **any** of the following:

- ED visit with a principal diagnosis of asthma
- Acute inpatient encounter with a principal diagnosis of asthma
- Acute inpatient discharge with a principal diagnosis of asthma
- Four outpatient visits (face-to-face or virtual) with an asthma diagnosis on different dates of service **and** two asthma medication dispensing events
- Four asthma medication dispensing events
 - If leukotriene modifiers or antibody inhibitors are the sole asthma medications dispensed during the year, there also must be an asthma diagnosis in any setting during the same year.

Did you know?

- Asthma is a treatable, reversible condition that affects more than 25 million people in the United States. Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs.
- Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school.

This measure applies to commercial members.

continued

Measure compliance (numerator)

Patients who have a medication ratio of 0.50 or greater during the measurement year.

Ratio:

$$\frac{\text{Units of Controller Medications}}{\text{Units of Total Asthma Medications}}$$

One Medication Unit = any of the following	
Inhaler canister	Injection
Oral medication (30-day supply or less)	Infusion

Note: A list of Controller and Reliever medications found below. Ratio calculated through **pharmacy claims only**.

Exclusions

- Patients who were **not** dispensed any asthma controller/reliever medications during the measurement year
- Received hospice services anytime during the measurement year
- Deceased during the measurement year
- A history of:
 - Emphysema
 - Obstructive Chronic Bronchitis
 - COPD
 - Chronic Respiratory Conditions due to fumes or vapors
 - Cystic Fibrosis
 - Acute Respiratory Failure

Helpful HEDIS hints

- **Prescribe** a 90-day supply of asthma controller medication to patients stable on their regimen.
- **Inhalers** of the same medication dispensed on the same day count as one dispensing event.
- **Follow up** with phone calls and office visits to assess adherence to medication therapy.
- **Assess** patients for proper use of inhalers. Include family and caregivers in your educational efforts.
- **Counsel** patients on the importance of getting their prescriptions filled and remaining adherent.
- **Be aware** that medication samples, discount programs, or VA benefits are not captured through BCBSM pharmacy claims and therefore will not close gaps.

Asthma Controller Medications

Description	Route	Prescription	Common brands
Antibody inhibitors	Injection	Omalizumab	Xolair
Anti-interleukin-4	Injection	Dupilumab	Dupixent
Anti-interleukin-5	Injection	Benralizumab Mepolizumab Reslizumab	Fasenra Nucala Cinqair
Inhaled steroid combinations	Inhalation	Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Mometasone-formoterol	Symbicort Advair Diskus, HFA and Airduo RespiClick Breo Ellipta Dulera
Inhaled corticosteroids	Inhalation	Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone Mometasone	Qvar Redihaler Pulmicort Flexhaler Alvesco Nasalide, Nasarel Flovent HFA, Diskus and Arnuity Ellipta Asmanex
Leukotriene modifiers	Oral	Montelukast Zafirlukast Zileuton	Singulair Accolate Zyflo
Long-acting beta2 adrenergic agonist (LABA)	Inhalation	Fluticasone furoate-umeclidinium-vilanterol Salmeterol	Trelegy Ellipta Serevent Diskus
Long-acting muscarinic antagonists (LAMA)	Inhalation	Tiotropium	Spiriva Respimat
Methylxanthines	Oral	Theophylline	Theo-24

Asthma Reliever Medications

Description	Route	Prescription	Common brands
Short-acting, inhaled beta-2 agonists	Inhalation	Albuterol Levalbuterol	Ventolin Xopenex
Beta2 adrenergic agonist—corticosteroid combination	Inhalation	Albuterol-budesonide	Airsupra

Resources

- Centers for Disease Control and Prevention (CDC). 2024. "Asthma."
[cdc.gov/asthma/](https://www.cdc.gov/asthma/)
- Centers for Disease Control and Prevention (CDC). 2024. "Living with Asthma."
[cdc.gov/asthma/living-with/?](https://www.cdc.gov/asthma/living-with/)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of episodes for patients with a diagnosis of acute bronchitis/bronchiolitis that did **not** result in an antibiotic dispensing event.

Measure population (denominator)

Patients ages three months and older with a diagnosis of acute bronchitis/bronchiolitis from July 1 of the year prior to June 30 of the measurement year.

Note: A patient may have more than one episode during the measurement year.

Measure compliance (numerator)

Patients dispensed a prescription for an antibiotic medication on or within 3 days **after** the acute bronchitis/bronchiolitis diagnosis (4 days total).

Note: The measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion of episodes that **did not** result in an antibiotic dispensing event).

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year
- Competing diagnosis on or 3 days **after** (see tables below)
- Comorbid condition during the 12 months **prior** (see tables below)

Did you know?

- Ensuring the appropriate use of antibiotics for individuals with acute bronchitis/bronchiolitis will help them avoid harmful side-effects and possible resistance to antibiotics over time.
- Antibiotic resistance is a major health concern in the United States, with 2.8 million antibiotic-resistant infections and 35,000 deaths occurring annually.

This measure applies to both commercial and Medicare members.

continued

Helpful HEDIS hints

- **Documentation and coding** are key. Measurement data is captured through claims and relies on proper coding.
- **Prescribing** antibiotics for upper respiratory infection is not consistent with evidence-based medicine unless there is either:
 - A co-existing bacterial infection, called a “competing diagnosis.”
 - A comorbid condition that compromises the lungs or immune status.
- **Discuss** risks of unnecessary antibiotics.
- **Recommend** symptomatic treatments, such as acetaminophen or ibuprofen, fluids, rest, humidifier, saline nasal drops and saltwater gargle.
- **Educate** patients on proper hand washing and hygiene to prevent the spread of illness.
- **Communication** is often more important to patient satisfaction than prescribing an antibiotic.
- **Ask** patients to follow up with you if their symptoms worsen.
- **Visit** [cdc.gov/antibiotic-use/index.html](https://www.cdc.gov/antibiotic-use/index.html) for materials you can share with patients.

Tips for coding

If prescribing antibiotics to treat a bacterial infection or comorbid condition in a patient with acute bronchitis or bronchiolitis, be sure to include the diagnosis code for the bacterial infection or comorbidity.

Common Competing Diagnoses (must be on or within 3 days after episode date)

Description	ICD-10-CM diagnosis code
Tonsillitis/Adenoiditis	J35.01, J35.02, J35.03, J35.1, J35.2, J35.3 J35.8, J35.9, J38.7, J39.0, J39.1, J39.2, J39.8, J39.9
Otitis Media	H66.001 – H66.007, H66.009, H66.011 – H66.017, H66.019, H66.10 – H66.13, H66.20 – H66.23, H66.3X1 – H66.3X3, H66.3X9, H66.40 – H66.43, H66.90 – H66.93, H67.1 – H67.3, H67.9
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116, L03.119, L03.211, L03.213, L03.221, L03.311 – L03.317, L03.319, L03.811, L03.818, L03.90, L98.3, N73.0, N73.1, N73.2
Cystitis/UTI	N30.00, N30.01, N30.10, N30.11, N30.20, N30.21, N30.40, N30.41, N30.80, N30.81, N30.90, N30.91, N39.0, N41.3
Bacterial Infection NOS	A49.9
Gastroenteritis/GI bacterial infection-unspecified	A04.9, A09 <i>Note: Many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.</i>
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09, L01.1
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80 J03.81, J03.90, J03.9

Common Comorbid diagnoses (must be on or within 12 months prior to episode date)

Description	ICD-10-CM diagnosis code
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
COPD/Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9
Bronchiectasis	J47.0, J47.1, J47.9
HIV/HIV Type 2	B20, B97.35, Z21
Malignant Neoplasm	Many ICD-10 codes beginning with C are considered comorbid
Sickle Cell Disease	D57.01, D57.03, D57.09, D57.211, D57.213, D57.218, D57.411, D57.413, D57.418, D57.811, D57.813, D57.818
Pulmonary Fibrosis	J84.10, J84.112
Interstitial Lung Disease	J70.2, J70.3, J70.4, J84.111, J84.113, J84.114, J84.115, J84.117, J84.170, J84.178, J84.2, J84.842, J84.848, J84.89, J84.9

Note: The tables above do not represent an exhaustive list; they provide examples of common comorbid and competing diagnoses.

Resources

- Centers for Disease Control and Prevention (CDC). 2024. "Healthy Habits: Antibiotic Do's and Don'ts." [cdc.gov/antibiotic-use/about/index.html](https://www.cdc.gov/antibiotic-use/about/index.html)
- Centers for Disease Control and Prevention (CDC). 2024. "2019 Antibiotic Resistance Threats." [cdc.gov/antimicrobial-resistance/data-research/threats/](https://www.cdc.gov/antimicrobial-resistance/data-research/threats/)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Cervical Cancer Screening (CCS)

Electronic Clinical Data Systems (ECDS) Measure

Measure description

The percentage of patients who had cervical cancer screening.

Measure population (denominator)

Patients 24-64 years of age as of December 31 of the measurement year.

Measure compliance (numerator)

Documentation in the medical record must include evidence of the date **and** result of the screening.

Patients who had cervical cancer screening using either of these criteria:

- Ages 24-64: cervical cytology every three years (the measurement year or the two years prior).
- Ages 30-64 (on the test date): cervical hrHPV (high-risk human papillomavirus) testing every five years (the measurement year or the four years prior).

Note: Either HPV **cotesting** or **reflex testing** within the last five years is compliant for this measure (the measurement year or four years prior). The test can be performed with or without cervical cytology.

Exclusions

- Hysterectomy in combination with documentation that the patient has no residual cervix.

Note: Documentation of hysterectomy alone does not meet the criteria because it is not enough evidence that the cervix was removed.

Did you know?

- Effective screening has reduced the mortality rate by more than 50 percent over the last 30 years.
- Cervical cancer is preventable in most cases because effective screening tests exist.
- If detected early, cervical cancer is highly treatable.

This measure applies to commercial members only.

continued

Exclusions *continued*

- Total, complete, vaginal or radical hysterectomy, cervical agenesis or acquired absence of cervix.
- Patients with sex assigned at birth of male.
- Received hospice services anytime during the measurement year.
- Received palliative care during the measurement year.
- Deceased during the measurement year.

Helpful HEDIS hints

- **Develop** a call-back system to remind patients who are due for screening exams.
- **Educate** patients on the importance of routine screening and remind them that preventive screenings are covered under health care reform.
- **Request** medical records from specialists for your patients who say they've had testing done with their OB-GYN.
- **Ensure** the chart includes documentation of the test performed with both the date and results.
- **Document** and code appropriate screenings and exclusions. Documentation of hysterectomy alone must include additional notation of no residual cervix.
- **Recognize** the importance of coding for both cervical cancer screening and HPV testing.
- **Do not count** lab results that state the sample was inadequate, "no cervical cells were present," or results unknown; this is not considered appropriate screening.

Note: Lab results that indicate the sample contained "no endocervical cells" may be used if a valid result was reported for the test.

- **Be aware** that biopsy-only reports do not count for cervical cancer screening.

Tips for coding

Description	ICD-10	CPT	HCPCS
Hysterectomy with No Residual Cervix (Exclusion)		57530, 57531, 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, 58575, 58951, 58953, 58954, 58956, 59135	
Absence of Cervix (Exclusion)	Q51.5, Z90.710, Z90.712		
High Risk HPV Lab tests		87624, 87625	G0476
Cervical Cytology Lab test		88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

Resources

1. American Cancer Society. 2024. "Cervical Cancer."
cancer.org/cancer/cervical-cancer.html
2. Centers for Disease Control and Prevention (CDC). 2024. "Screening for Cervical Cancer."
cdc.gov/cervical-cancer/screening/index.html
3. World Health Organization (WHO). 2024. "Cervical Cancer."
who.int/health-topics/cervical-cancer%23tab=tab_1

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Child and Adolescent Well-Care Visits (WCV)

Utilization and Risk Adjusted Utilization HEDIS® Measure*

Measure description

The percentage of children and adolescents who had one or more comprehensive well-care visits during the measurement year.

Measure population (denominator)

Patients 3 to 21 years of age as of December 31st of the measurement year.

Measure compliance (numerator)

- At least one well-care visit with a primary care practitioner, OB/GYN, pediatrician, physician assistant or nurse practitioner during the measurement year.
- Comprehensive well-care visit documentation should include a note indicating a visit with a practitioner, the date and evidence of all the following:
 1. Health history
 2. Physical developmental history
 3. Mental developmental history
 4. Physical exam
 5. Health education or anticipatory guidance

Note: This measure can only be met through appropriate coding and claims.

Did you know?

- Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents.
- Well-care visits provide an opportunity for providers to influence health and development.

This measure applies to commercial members only.

continued

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

Documentation in the medical record is critical and must include notes indicating each well-care visit occurred with a primary care practitioner, pediatrician, OB/GYN, physician assistant or nurse practitioner; the date when the well-care visit occurred, and the below components addressed:

- **Health history:** An assessment of the patient’s history of disease or illness, such as past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **Physical developmental history:** Assesses specific age-appropriate physical developmental milestones.
- **Mental developmental history:** Assesses specific age-appropriate mental developmental milestones (behaviors seen in children as they grow and develop).
- **Physical exam:** Comprehensive assessment including height, weight and BMI percentile.
- **Health education or anticipatory guidance** is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Tips for coding

Codes to identify Well-Child Visits:

ICD-10-CM	CPT®	HCPCS
Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2	99381-99385, 99391-99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613

Resources

1. Child Trends. 2024. [childtrends.org](https://www.childtrends.org)
2. Centers for Disease Control and Prevention (CDC). 2018. “Youth Risk Behavior Surveillance — United States, 2017.” [cdc.gov/mmwr/volumes/67/ss/ss6708a1.htm](https://www.cdc.gov/mmwr/volumes/67/ss/ss6708a1.htm)
3. Centers for Disease Control and Prevention. 2024. “Young Children: Raising Healthy Children.” [cdc.gov/parents/children/healthy-children.html](https://www.cdc.gov/parents/children/healthy-children.html)
4. American Academy of Pediatrics (AAP). 2024. “Bright Futures.” [aap.org/en/practice-management/bright-futures](https://www.aap.org/en/practice-management/bright-futures)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Childhood Immunization Status (CIS)

Electronic Clinical Data Systems (ECDS) Measure

Measure description

The percentage of children who had the recommended vaccines by their 2nd birthday (see numerator). Different vaccines can be given on the same day (the same vaccine must be given on different dates of service).

Measure population (denominator)

Children who turn 2 years of age during the measurement year.

Exclusions

- Children who had an organ/bone marrow transplant or a contraindication to a childhood vaccine on or before their second birthday
- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Did you know?

- The American Academy of Pediatrics strongly recommends immunizations as the safest and most cost-effective way of preventing disease, disability, and death.
- Concern about vaccine safety is the most commonly reported reason given by parents who don't have their children vaccinated.
- As of January 1, 2015, Michigan requires families to consult personally with local public health departments before obtaining an immunization waiver. Since then, the rate of immunization waivers has decreased by 35%.

This measure applies to commercial members only.

continued

Measure compliance (numerator)

Children who received all of the following (each row) on or before their 2nd birthday.

Note: can be met with any of the criteria listed for each (i.e., patient received vaccine/antigen doses indicated or has a history of the illness, anaphylaxis from the vaccine, or encephalitis from the vaccine).

Vaccine	Doses	Combo vaccine or antigen*	History of illness	Anaphylaxis r/t vaccine	Encephalitis r/t vaccine
DTaP Diphtheria, tetanus, acellular pertussis	4	X		X	X
IPV Polio	3	X		X	
MMR Measles, mumps, rubella	1	X	X	X	
HiB Hemophilus influenza B	3	X		X	
HepB Hepatitis B	3	X	X	X	
VZV Chicken pox (Varicella zoster)	1	X	X	X	
PCV Pneumococcal conjugate	4	X		X	
HepA Hepatitis A	1	X	X	X	
RV Rotavirus	2-3	X		X	
Flu Influenza	2	X		X	

Note: Combination vaccines must have evidence of all antigens.

Helpful HEDIS hints

- MMR, VZV, and HepA need to be given **on or between** the child's first and second birthdays.
- For DTaP, IPV, HiB, PCV, and RV, do not count a vaccination administered within the first 42 days after birth.
- For flu, one of the two vaccines can be a live attenuated influenza vaccine (LAIV) if given on the 2nd birthday.
- For flu, do not count a vaccination administered within the first 6 months (180 days) after birth.
- Use the Michigan Care Improvement Registry system of immunization tracking at MCIR.org.
- Keep clear and meticulous records, using proper coding. See included table for details.
- Review the child's immunization status at every visit and provide necessary vaccines.
- Provide parents with recommended immunization schedules and stress the importance of keeping their children immunized in a timely manner. Ensure the next immunization appointment is scheduled prior to leaving the provider's office.
- The immunization will not be valid for HEDIS® purposes if given even one day after the 2nd birthday.
- Practitioners spending time addressing parental concerns and providing strong recommendations has shown to increase parental compliance with recommended immunizations.
- Reminders by mail, email and text have been shown to be effective in increasing immunization rates.
- Make sure to request previous immunization records for new or recently transferred patients.
- If the child shouldn't be immunized because he or she has already had the disease, be sure to document this information, including the date.

continued

Tips for coding

Vaccine	CPT** codes	ICD-10-CM	HCPCS codes
DTaP	90697, 90698, 90700, 90723		
IPV	90697, 90698, 90713, 90723		
Hepatitis B	90697, 90723, 90740, 90744, 90747, 90748	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11	G0010
Hepatitis A	90633	B15.0, B15.9	
MMR	90707, 90710		
Measles		B05.0-B05.4, B05.81, B05.89, B05.9	
Mumps		B26.0 – B26.3, B26.81-B26.85, B26.89, B26.9	
Rubella		B06.00-B06.02, B06.09, B06.81, B06.82, B06.89, B06.9	
Influenza	90655, 90657, 90660, 90661, 90672, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756		
HIB	90644, 90647, 90648, 90697, 90698, 90748		
Rotavirus	90680 (3 dose) 90681 (2 dose)		
VZV	90710, 90716	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29- B02.34, B02.39, B02.7, B02.8, B02.9	
Pneumococcal conjugate	90670, 90671, 90677		G0009

Resources

1. American Academy of Pediatrics (AAP). 2024. "Vaccine Recommendations by AAPC." [aap.org/en/patient-care/immunizations/vaccination-recommendations-by-the-aap/](https://www.aap.org/en/patient-care/immunizations/vaccination-recommendations-by-the-aap/)
2. American Academy of Pediatrics (AAP). 2021. "Vaccine Safety: Get the Facts." [healthychildren.org/English/safety-prevention/immunizations/Pages/Vaccine-Safety-The-Facts.aspx](https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Vaccine-Safety-The-Facts.aspx)
3. Centers for Disease Control and Prevention (CDC). 2024. "Child & Adolescent Immunization Schedule by Age." [cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Chlamydia Screening (CHL)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients identified as sexually active who had at least one test for chlamydia during the measurement year.

Measure population (denominator)

Patients ages 16 to 24 years of age who were identified through pharmacy or claims data as being sexually active (e.g., dispensed prescription contraceptives during the measurement year).

Measure compliance (numerator)

At least one test for chlamydia during the measurement year.

Exclusions

- Routine pregnancy screening conducted six days or less prior to taking isotretinoin (retinoid) or having an x-ray.
- Patients with sex assigned at birth of male.
- Received hospice services anytime during the measurement year.
- Deceased during the measurement year.

Did you know?

- Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States.
- Chlamydia occurs most often among adolescent and young adult females.
- Most chlamydia infections in women and men are asymptomatic. This results in delayed medical care and treatment.
- Untreated chlamydia infections can lead to serious and irreversible complications. This includes pelvic inflammatory disease, infertility and increased risk of becoming infected with HIV.

This measure applies to commercial members only.

continued

Helpful HEDIS hints

- **Take** a sexual history of all teens.
- **Adopt** a no-missed-opportunity strategy by using any visit to screen female patients who may be sexually active.
- **Screen** for chlamydia annually. You can screen for chlamydia using a urine sample or direct sample (usually from the cervix).
- **Educate** patients that infection is often asymptomatic. Untreated chlamydia can result in infertility, ectopic pregnancy, passing the infection to the babies during pregnancy and infecting their partners.
- **Keep** in mind that antibiotics treat chlamydia.
- When taking a sexual history from a teen:
 - **Set** expectations for the visit, including time for a private discussion.
 - **Reinforce** confidentiality within state requirements.
 - **Avoid** making assumptions or being judgmental.

Tips for coding

- Common laboratory billing codes accepted by HEDIS include the following:

CPT** codes	
87110	87491
87270	87492
87320	87810
87490	

Resources

1. Centers for Disease Control and Prevention (CDC). 2024. "About Chlamydia." [cdc.gov/std/chlamydia/stdfact-chlamydia.htm](https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm) | [Chlamydia | CDC](#)
2. National Chlamydia Coalition (NCC). 2021. "Chlamydia Testing." chlamydiacoalition.org/chlamydia-101/chlamydia-testing
3. World Health Organization (WHO). 2023. "Chlamydia." [who.int/news-room/fact-sheets/detail/chlamydia](https://www.who.int/news-room/fact-sheets/detail/chlamydia)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Follow-up After Hospitalization for Mental Illness (FUH)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of discharges for patients who were hospitalized for treatment of select mental illnesses **or** intentional self-harm diagnoses **and** had a mental health follow-up service.

Measure population (denominator)

Patients 6 years and older who were discharged after hospitalization for mental illness or intentional self-harm between January 1 and December 1 of the measurement year.

Note: This measure is based on discharges. Patients may appear in the denominator more than once.

Measure compliance (numerator)

Two rates are reported.

- **7-day follow-up.** Received a mental health service within 7 days after discharge.
- **30-day follow-up.** Received a mental health service within 30 days after discharge.

Note: Services that occur on the date of discharge do not count.

Did you know?

- There are over 2,000,000 hospitalizations each year for mental illness in the U.S.
- Patients discharged after hospitalization for mental illness who do not receive follow-up are more likely to be rehospitalized.
- Only one-third of initial appointments after hospitalization are kept.
- Recent statistics indicate nearly 50,000 die by suicide annually in the U.S. That is one death every 11 minutes.

This measure applies to both commercial and Medicare members.

continued

Any of the following mental health services (with a mental health practitioner or a mental health disorder diagnoses) would meet criteria:

- Outpatient visit
- Intensive outpatient encounter or partial hospitalization
- Community mental health center
- Electroconvulsive therapy
- Psychiatric collaborative care management
- Virtual care visit (video or telephone) with acceptable coding
- Transitional care management services
- A visit in a behavioral healthcare setting
- Peer support services
- Psychiatric residential services

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

- Begin discharge planning upon admission, with discharge planners ensuring that appointments are scheduled **within 7 days** of discharge.
- Case management outreach to patients for assessment of possible barriers to a follow-up appointment and assistance, if needed.
- Reminder phone calls placed to patients before visits.
- Discharge planning and outpatient provider support are critical to achieving a successful follow-up after an acute hospitalization.
- Provide National Suicide Prevention Lifeline number, 1-800-273-TALK, to all patients.
- Educate and provide *988 Suicide & Crisis Lifeline* number (call or text).
- A visit with a mental health provider can be with **or** without a telehealth modifier.

Resources

1. National Alliance on Mental Illness (NAMI). 2017. "What Does It Mean to Have a Mental Illness." [nami.org/Blogs/NAMI-Blog/March-2017/What-Does-It-Mean-to-Have-a-Mental-Illness*](https://www.nami.org/Blogs/NAMI-Blog/March-2017/What-Does-It-Mean-to-Have-a-Mental-Illness*)
2. Centers for Disease Control and Prevention (CDC). 2024. "Mental Health." [cdc.gov/mental-health/caring/?CDC_AAref_Val=https://www.cdc.gov/mentalhealth/tools-resources/](https://www.cdc.gov/mentalhealth/tools-resources/)
3. National Institute of Health (NIH). 2021. "Understanding the Characteristics of Suicide in Young Children." [nimh.nih.gov/news/research-highlights/2021/understanding-the-characteristics-of-suicide-in-young-children](https://www.nimh.nih.gov/news/research-highlights/2021/understanding-the-characteristics-of-suicide-in-young-children)
4. Substance Abuse and Mental Health Services Administration (SAMHSA). 2024. "988 Lifeline." [988lifeline.org/](https://www.988lifeline.org/)
5. Centers for Disease Control and Prevention (CDC). 2024. "Suicide Prevention." [cdc.gov/suicide/facts/index.html](https://www.cdc.gov/suicide/facts/index.html)
6. Centers for Disease Control and Prevention (CDC). 2024. "Adolescent Mental Health." [cdc.gov/healthyouth/mental-health/index.htm](https://www.cdc.gov/healthyouth/mental-health/index.htm)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Immunizations for Adolescents (IMA-E)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of adolescents who had one dose of meningococcal vaccine, one tetanus diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

Measure population (denominator)

Adolescents who turn 13 years of age during the measurement year.

Measure compliance (numerator)

Adolescents who had each of the following by their 13th birthday:

Vaccine	Age (on or between)	Dose	Anaphylaxist† (on or before)	Encephalitist† (on or before)
Meningococcal	10th and 13th birthdays	1	13th birthday	
Tdap	10th and 13th birthdays	1	13th birthday	13th birthday
HPV	9th and 13th birthdays	2 or 3 doses*	13th birthday	

† Due to specified vaccine.

*2 dose series must be given at least 146 days apart.

Note: Must have dated evidence of the antigen, vaccine administration, or anaphylaxis in the medical record.

Did you know?

- Cervical cancer was once the leading cause of cancer death for women in the U.S. but is now considered the most preventable of all female cancers.
- The rate of whooping cough (pertussis) is on the rise for preteens and teens. In recent years, the U.S. has experienced the greatest number of cases since 1959.
- People between the ages of 16 and 23 have the highest rates of meningococcal disease in the U.S.

This measure applies to commercial members only.

continued

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

- **Educate** on the importance of immunizations within the recommended schedule.
- **Document** vaccines received elsewhere, such as the health department. Make sure to obtain a record of the vaccines.
- **Ask** your staff to prepare charts in advance, making a note of any overdue/missing vaccinations. Put a reminder system in place.
- **Review** the adolescent's immunization status at every visit and provide necessary vaccines.
- **Spend** time addressing parental concerns and provide strong recommendations for immunization compliance.
- **Do not count** meningococcal recombinant (serogroup B, MenB) vaccines.
- **Initiating** the vaccine early may allow more emphasis to be placed on cancer prevention, rather than sexual transmission. HPV vaccination can start as young as 9 years of age.
- **Use** Michigan Care Improvement Registry for immunization tracking ([MCIR.org](https://www.mcir.org)).

Tips for coding

Document and code all vaccines appropriately. Submission of claims is essential to meet criteria.

Codes to identify adolescent immunizations

Vaccine	CPT** codes
Meningococcal vaccine	90619, 90623, 90733, 90734
Tdap	90715
HPV	90649, 90650, 90651

Resources

1. National Foundation for Infectious Diseases (NFID). 2024. "10 Reasons to Get Vaccinated." [nfid.org/immunization/why-get-vaccinated/10-reasons-to-get-vaccinated/](https://www.nfid.org/immunization/why-get-vaccinated/10-reasons-to-get-vaccinated/)
2. Centers for Disease Control and Prevention (CDC). 2024. "Vaccines by Age." [cdc.gov/vaccines/parents/by-age/years-11-12.html](https://www.cdc.gov/vaccines/parents/by-age/years-11-12.html)
3. National Foundation for Infectious Diseases (NFID). 2022. "Vaccine Science & Safety." [nfid.org/immunization/vaccine-science-safety/](https://www.nfid.org/immunization/vaccine-science-safety/)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Effectiveness of Care HEDIS® Measure

Measure description

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Measure population (denominator)

Patients 13 years and older as of the SUD episode date, that had a new episode of SUD on November 15th of the year prior through November 14th of the measurement year.

Note: Patients may be in the denominator more than once.

Measure compliance (numerator)

Patients who received both of the following:

1. Initiation of SUD treatment: occurs within 14 days of the SUD episode.

Note: For all initiation events except medication treatment, initiation on the same date of service as the diagnosis must be with different practitioners to count for compliance.

2. Engagement of SUD treatment: occurs within 34 days of initiation.

Note: Two engagement visits may be on the same date of service, but they must be with different practitioners to count as two events.

Did you know?

- Stress can contribute to increased substance abuse.
- Naloxone is a life-saving medication that can reverse the effects of opioid overdose and save lives. It is available in most states without a prescription.

This measure applies to both commercial and Medicare members.

continued

Both Initiation and Engagement visits may be met in one of the following ways:

- Inpatient admission
- Outpatient visit
- Intensive outpatient or partial hospitalization
- Non-residential substance abuse treatment facility
- Community mental health center visit
- Virtual care visit, telephone, e-visit or virtual check-in
- Opioid treatment service
- Substance use disorder service or counseling and surveillance
- Medication treatment services
 - Patients who initiated treatment with medication require two or more engagement events (only one can be medication treatment).

Alcohol Use Disorder Treatment Medications

Description	Prescriptions
Aldehyde dehydrogenase inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral)

Opioid Use Disorder Treatment Medications

Description	Oral	Injection	Implant
Antagonist	Naltrexone	Naltrexone	
Partial agonist	Buprenorphine Buprenorphine/naloxone	Buprenorphine	Buprenorphine

Note: Methadone is not included in the list. Methadone administered by federally certified opioid treatment programs is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than SUD.

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS* hints

- **Screen** and determine risk level. Ask about the patient’s past and current substance use. The National Institute on Alcohol Abuse and Alcoholism offers a pocket screening guide at niaaa.nih.gov/sites/default/files/publications/YouthGuidePocket.pdf.
- **Educate** the patient on the warning signs of addiction and risks of continued behavior. Stress the importance of ongoing treatment. Develop a plan in accordance with the patient’s willingness to participate.
- **Distribute** a list of specialists or treatment facilities for substance abuse and dependence.
- **Emphasize** the importance of a follow up visit for treatment within 14 days of diagnosis and two additional treatment related services within 34 days of diagnosis.
- **Provide** the National Drug and Alcohol Treatment Referral Routing Service (800) 662-HELP.

Tips for coding

- When treating patients for issues related to an alcohol or other drug-dependence diagnosis, document and code the diagnosis on every claim.
- Virtual care visits meet criteria with acceptable documentation and coding for both initiation and engagement.

Resources

1. National Institutes of Health (NIH). 2011. "Preventing Drug Misuse and Addiction: The Best Strategy." nida.nih.gov/publications/drugs-brains-behavior-science-addiction/preventing-drug-misuse-addiction-best-strategy
2. Center for Disease Control and Prevention (CDC). 2024. "Substance Use and Work." cdc.gov/niosh/substance-use/about/index.html
3. Center for Disease Control and Prevention (CDC). 2024. "Stop Overdose." cdc.gov/stop-overdose/stigma-reduction/

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Medical Assistance with Smoking and Tobacco Use Cessation (MSC)

Effectiveness of Care HEDIS® Measure* collected through the CAHPS® Survey**

Measure description

The percentage of patients who are current smokers or tobacco users who received advice to quit during the measurement year.

Measure population (denominator)

Patients 18 years and older as of the measurement year who responded to the CAHPS® survey indicating they were current tobacco smokers or users.

Measure compliance (numerator)

The number of patients who responded they were counseled on tobacco cessation in the measurement year by:

- **Advice** for cessation – advised to quit
- **Medications** – discussed or recommended medications for quitting
- **Methods** – discussed or provided quitting strategies or methods

Note: Compliance is ascertained through the annual CAHPS survey.

Exclusions

There are no exclusions for this measure.

Did you know?

- In the U.S., more people die from lung cancer than any other type of cancer.
- Smoking and tobacco use are the largest causes of preventable disease and death in the United States.
- Tobacco contains more than 7,000 chemicals and causes disease in nearly every organ in the body.

This measure applies to both commercial and Medicare members.

continued

Helpful HEDIS hints

- **Consider** making it part of your office policy to ask each patient about their tobacco use status.
- **Urge** tobacco users to quit. Help them set an ideal quit date.
- **Suggest** they remove tobacco products from their environment and get support from family and friends.
- **Review** past efforts to quit and discuss what led to their relapse.
- **Take** a personalized approach to counseling them. Recommend the use of approved pharmacotherapy if appropriate.
- **Provide** supplementary materials on tobacco cessation or free coaching services. For example, let them know they can log into their account at bcbsm.com for information and services.

Resources

1. U.S. Food & Drug Administration. 2024. "Health Effects of Tobacco Use."
fda.gov/tobacco-products/public-health-education/health-effects-tobacco-use
2. Centers for Disease Control and Prevention (CDC). 2024. "Smoking and Tobacco Use."
cdc.gov/tobacco/index.html
3. Truth Initiative. 2021. "E-Cigarettes Patterns of Use."
[Truthinitiative.org/sites/default/files/media/files/2021/04/Truth_E-Cigarette%20Factsheet_PATTERNS_final.pdf](https://truthinitiative.org/sites/default/files/media/files/2021/04/Truth_E-Cigarette%20Factsheet_PATTERNS_final.pdf)
4. Hair EC, Kreslake JM, Tulsiani S, et al. 2023. "Reducing e-cigarette use among youth and young adults: evidence of the truth campaign's impact."
tobaccocontrol.bmj.com/content/early/2023/08/08/tc-2023-057992.

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** CAHPS®, Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Quality and Research.

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients who were hospitalized and discharged with a diagnosis of acute myocardial infarction (AMI) and who received beta-blocker treatment.

Measure population (denominator)

Patients 18 years and older with an acute inpatient discharge between July 1 of the prior year to June 30 of the current measurement year with a diagnosis of AMI.

Measure compliance (numerator)

Patients who received persistent beta blocker treatment during the six months after discharge, for a minimum of 135 days.

Any of the following beta blockers are compliant for this measure.

Description	Prescription
Noncardioselective beta blockers	<ul style="list-style-type: none"> • Carvedilol • Labetalol • Nadolol • Pindolol • Propranolol • Timolol • Sotalol
Cardioselective beta blockers	<ul style="list-style-type: none"> • Acebutolol • Atenolol • Betaxolol • Bisoprolol • Metoprolol • Nebivolol
Antihypertensive combinations	<ul style="list-style-type: none"> • Atenolol chlorthalidone • Bendroflumethiazide nadolol • Bisoprolol hydrochlorothiazide • Hydrochlorothiazide metoprolol • Hydrochlorothiazide propranolol

Did you know?

- Beta blockers have been used extensively in the past 40 years after AMI as part of primary therapy and in secondary prevention.
- Beta blockers can decrease the mortality in AMI patients and decrease the chance of reinfarction.

This measure applies to both commercial and Medicare members.

continued

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year
- Age 66 to 80 with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*)
- Age 81 and older with frailty during the measurement year
- Intolerance or allergy to beta-blocker therapy
- Asthma, chronic obstructive pulmonary disease, obstructive chronic bronchitis or chronic respiratory conditions due to fumes and vapors
- Hypotension, greater than first-degree heart block or sinus bradycardia
- A medication dispensing event with any of the following medications indicative of a history of asthma:

Description	Prescription
Bronchodilator combinations	<ul style="list-style-type: none">• Budesonide-formoterol• Fluticasone-vilanterol• Fluticasone-salmeterol• Formoterol-mometasone
Inhaled corticosteroids	<ul style="list-style-type: none">• Beclomethasone• Budesonide• Ciclesonide• Flunisolide• Fluticasone• Mometasone

Helpful HEDIS hints

- **Discharge** patients with a prescription for a beta-blocker unless contraindicated.
- **Follow up** with phone calls and office visits to assess compliance to medication therapy. This is critical during the first 90 days when patients are most likely to become noncompliant.
- **Educate** your patients on the importance of beta-blockers in the prevention of future heart attacks.
- **Document and code** patient medical history and medications. This will ensure that patients with conditions that contraindicate beta-blocker therapy are properly excluded through claims data.
- **Be aware** that medication samples, discount programs, or VA benefits are not captured through BCBSM pharmacy claims and therefore will not close gaps.

Tips for coding

Results for this measure are captured solely through claims data.

Resources

1. American Heart Association. July 2016. "What is a Heart Attack."
heart.org/-/media/Files/Health-Topics/Answers-by-Heart/What-is-a-Heart-Attack.pdf
2. American College of Cardiology. 2021. "Are Long-Term Beta Blockers Following MI in the Absence of Angina and HF Indicated in the PCI Era?" [acc.org/latest-in-cardiology/articles/2021/10/25/13/49/are-long-term-beta-blockers-following-mi](https://www.acc.org/latest-in-cardiology/articles/2021/10/25/13/49/are-long-term-beta-blockers-following-mi)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Pharmacotherapy Management of COPD Exacerbation (PCE)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients with COPD exacerbations who had an acute inpatient discharge or emergency department visit and were dispensed appropriate medications.

Measure population (denominator)

Patients 40 years and older who had:

- An acute inpatient discharge or emergency department visit with a principal diagnosis of COPD on or between January 1st to November 30th of the measurement year.

Note: The denominator for this measure is based on acute inpatient discharges and emergency department visits (not patients). It is possible for a single individual to be included more than once if they experience multiple events.

Measure compliance (numerator)

Two rates are reported:

1. Patient was dispensed a systemic corticosteroid (or evidence of an active prescription) on or within 14 days after the event.
2. Patient was dispensed a bronchodilator (or evidence of an active prescription) on or within 30 days after the event.

Did you know?

- COPD is the third-leading cause of death in the U.S., and smoking accounts for 80% of COPD-related deaths.
- COPD often is not diagnosed until the disease is advanced because people typically don't know early warning signs.

This measure applies to both commercial and Medicare members.

continued

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

- **Educate** patients on reducing risk of exacerbations through:
 - Participating in smoking cessation programs
 - Avoiding environmental pollutants: chemicals, dust, fumes, secondhand smoke
 - Keeping vaccinations for flu, pneumonia, COVID-19, RSV, and pertussis current
 - Maintaining overall fitness and good nutrition
- **Assess** patients for proper use of inhalers. Include family and caregivers in your educational efforts.
- **Provide** patients with a prescription for a bronchodilator and systemic corticosteroid following an emergency department visit or inpatient discharge for COPD.
- **Counsel** patients on the importance of getting their prescriptions filled and remaining adherent.
- **Ensure** patient adherence with therapy after hospital discharge for COPD exacerbation by following up with the patient within seven days.
- **Be aware** that medication samples, discount programs, or VA benefits are not captured through BCBSM pharmacy claims and therefore will not close gaps.

Table 1: Bronchodilators

Description	Prescription	Common Brand	Prescription	Common Brand
Anticholinergic agents	Aclidinium-bromide Ipratropium	Tudorza Pressair Atrovent HFA	Tiotropium Umeclidinium	Spiriva Incruse Ellipta
Beta 2-agonists	Albuterol Arformoterol Formoterol Indacaterol	ProAir; Ventolin Brovana Perforomist Arcapta	Levalbuterol Metaproterenol Salmeterol Olodaterol	Xopenex Alupent Serevent Diskus Striverdi Respimat
Bronchodilator combinations	Albuterol-ipratropium Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Fluticasone furoate-umeclidinium-vilanterol Formoterol-aclidinium	Combivent Symbicort Advair Breo Ellipta Trelegy Ellipta Duaklir Pressair	Formoterol-glycopyrrolate Formoterol-mometasone Glycopyrrolate-indacaterol Olodaterol-tiotropium Umeclidinium-vilanterol	Bevespi Aerosphere Dulera Utibron Neohaler Stiolto Respimat Anoro Ellipta

Note: A bronchodilator should be dispensed on or within 30 days after the date of inpatient discharge or emergency department visit. For documentation purposes, count bronchodilators that are active within that timeframe.

Table 2: Systemic corticosteroids

Description	Prescriptions		
Glucocorticoids	Cortisone Dexamethasone	Hydrocortisone Methylprednisolone	Prednisolone Prednisone

Note: A systemic corticosteroid should be dispensed on or within 14 days after the date of inpatient discharge or emergency department visit. For documentation purposes, count systematic corticosteroids that are active within that timeframe.

Resources

1. Centers for Disease Control and Prevention (CDC). 2024. "Chronic Obstructive Pulmonary Disease (COPD)." [cdc.gov/copd/index.html](https://www.cdc.gov/copd/index.html)
2. Global Initiative for Chronic Obstructive Lung Disease (GOLD). 2023. "Global Initiative for Chronic Obstructive Lung Disease: 2023 Report." goldcopd.org/wp-content/uploads/2023/03/GOLD-2023-ver-1.3-17Feb2023_WMV.pdf

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Postpartum Care (PPC)

A component of Prenatal and Postpartum Care

Access/Availability of Care HEDIS® Measure*

Measure description

The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Measure population (denominator)

Live birth deliveries on or between October 8 of the year prior to October 7 of the measurement year.

Measure compliance (numerator)

A postpartum visit to an OB-GYN or other prenatal/primary care practitioner.

Note: Virtual care visits meet criteria with acceptable coding (audio and/or video, e-visits, virtual check-ins).

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and **one** of the following:

1. Pelvic exam and/or Pap test
2. Evaluation of weight, blood pressure, breasts **and** abdomen
 - Acceptable: notation of “breastfeeding” is compliant for the evaluation of breasts component.

Note: Notation of “not breastfeeding” is **not** acceptable as it does not indicate that the functioning of the breasts has been assessed.

3. Notation of postpartum care (e.g., postpartum care, PP care, PP check, 6-week check, or a preprinted postpartum care form in which information was documented during the visit)
4. Perineal or cesarean incision/wound check
5. Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders

Did you know?

- It is recommended to contact patients within the first 3 weeks postpartum along with a comprehensive postpartum visit.
- As many as 40% of patients nationally don't keep or attend their postpartum visit.
- Nearly 75% experience baby blues with up to 15% of those developing postpartum depression.

This measure applies to commercial members only.

continued

Measure compliance (numerator) *continued*

6. Glucose screening for patients with gestational diabetes
7. Documentation of any of the following:
 - Infant care, breastfeeding, or not breastfeeding
 - Resumption of intercourse, birth spacing or family planning
 - Sleep/fatigue
 - Resumption of physical activity or attainment of healthy weight

Exclusions

- Non-live births
- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

- **Schedule** postpartum visit prior to hospital discharge.
- **Remind** patients of the date and time of their follow-up appointment.
- **Counsel** patients during their pregnancy about the importance of follow-up care after delivery. Prior to delivery, a postpartum care plan should be developed, identifying the practitioners who will care for the patient and infant.
- **Document** provider accountability for each date of service on the postpartum flow sheet.
- **Ensure** date of delivery is documented at least once in the medical record.

Tips for coding

- Document and bill codes below separately for postpartum visits.
- Visits with a practitioner can be with or without a telehealth modifier (see Virtual Care Summary).
- HEDIS® data has shown that practitioners with the highest scores for postpartum care report individual component codes for postpartum visits.

Maternity services	CPT® codes	CPT® II codes	ICD-10-CM codes	HCPCS
Postpartum Visits	57170, 58300, 59430, 99501	0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	G0101
Cervical Cytology	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175			G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091

Note: If reporting global maternity codes, be sure to include CPT II code 0503F to report date of service for postpartum care.

Resources

1. National Institutes of Health (NIH). 2024. "Identifying Risks and Interventions to Optimize Postpartum Health." prevention.nih.gov/research-priorities/research-needs-and-gaps/pathways-prevention/identifying-risks-and-interventions-optimize-postpartum-health
2. National Institutes of Health (NIH). 2020. "Perinatal Depression." nimh.nih.gov/health/publications/perinatal-depression
3. The American College of Obstetricians and Gynecologists (ACOG). 2023. "ACOG Redesigns Postpartum Care". [ACOG Redesigns Postpartum Care | ACOG](#)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Prenatal Care (PPC)

A component of Prenatal and Postpartum Care

Access/Availability of Care HEDIS® Measure*

Measure description

The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment.

Note: A Pap test does **not** count for the prenatal care visit.

Measure population (denominator)

Deliveries of live births on or between October 8 of the year prior to October 7 of the measurement year.

Measure compliance (numerator)

A prenatal care visit to an OB-GYN or other prenatal/primary care practitioner. (Do not count visits that occur on date of delivery).

Note: Virtual care visits meet criteria with acceptable coding (audio and/or video, e-visits, virtual check-ins).

Documentation in the medical record **must** include a note indicating the date when the prenatal care visit occurred **and** evidence of at least one of the following with an appropriate practitioner:

Criteria	Description
Diagnosis of pregnancy	Standardized prenatal flow sheet, LMP, EDD or gestational age, positive pregnancy test result, gravidity and parity, complete OB history, OR prenatal risk assessment and counseling/education.
OB exam	With documentation of FHT, pelvic exam with OB observations, OR measurement of fundus height.
Prenatal care procedure	OB panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), TORCH antibody panel, rubella antibody test/titer with Rh incompatibility, OR ultrasound of a pregnant uterus.

Did you know?

- Appropriate perinatal services and education are crucial components of a healthy birth.
- More than 3 out of 4 patients receive prenatal care in the 1st trimester, however, rates are lower for certain racial and teenage subpopulations.
- Prenatal care is most effective in reducing the chance of low birthweight.

This measure applies to commercial members only.

continued

Exclusions

- Non-live births
- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

- **Schedule** the patient's first prenatal visit as soon as the patient believes they are pregnant.
- **Remind** patients of the date and time of their follow-up appointment.
- **Counsel** patients during their pregnancy about the importance of follow-up care after delivery. Prior to delivery, a postpartum care plan should be developed, identifying the practitioners who will care for the patient and infant.
- **Document** provider accountability for each date of service on the prenatal flowsheet.
- **Ensure** EDD or date of delivery are documented at least once in the medical record.

Tips for coding

- Visits with a primary care practitioner must include a diagnosis of pregnancy.
 - The following are examples of ICD 10 codes, but are not all-inclusive: Z34.00, Z36.0, O09.00, O20.0
- Visits with a practitioner can be with or without a telehealth modifier (see Virtual Care Summary).
- HEDIS® data has shown that practitioners with the highest scores for prenatal care report individual component codes for prenatal visits. Documentation and coding recommendations outlined below:
 - Reporting claims information other than as noted may result in errors and/or delays in processing claims.
 - Refer to the Maternity and Delivery Services section in the provider manual for documentation, billing, and claim examples.

Maternity services	CPT® codes	CPT® II codes	HCPCS
Stand-alone prenatal visits	99500	0500F, 0501F, 0502F	H1000-H1004
Prenatal visits*	98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457, 99458, 99483		G0071, G0463, G2010, G2012, G2250- G2252, T1015

*Must be billed **with** a pregnancy-related diagnosis code.

Resources

1. National Institutes of Health (NIH). Eunice Kennedy Shriver National Institute of Child Health and Human Development. 2024. "Pre-pregnancy Care and Prenatal Care Research Activities and Advances." nichd.nih.gov/health/topics/preconceptioncare/researchinfo/activities
2. Maternal Child Health Journal. 2021. "Correlates of Early Prenatal Care Access among U.S. Women: Data from the Pregnancy Risk Assessment Monitoring System (PRAMS)." pubmed.ncbi.nlm.nih.gov/34606031/
3. U.S. Department of Health and Human Services. Healthy People 2030. "Increase the proportion of pregnant women who receive early and adequate prenatal care - MICH-08." health.gov/healthypeople

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

This measure applies to both commercial and Medicare members.

Risk of Continued Opioid Use (COU)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients who have had a new episode of opioid use that puts them at risk of continued opioid use.

Measure population (denominator)

Patients 18 years and older that were dispensed an opioid medication between November 1 of the year prior through October 31 of the measurement year.

Note: The following opioid medications are excluded from this measure:

- Injectables
- Opioid-containing cough and cold products
- Lonsys® (fentanyl transdermal patch)
- Methadone for the treatment of opioid use disorder
- Single agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder

Measure compliance (numerator)

Two rates are reported:

- Number of patients with ≥ 15 days of prescription opioids in a 30-day period
- Number of patients with ≥ 31 days of prescription opioids in a 62-day period

Note: A lower rate indicates better performance

Did you know?

- Long-term opioid use often begins with the treatment of acute pain.
- A significant relationship exists between early prescribing patterns and long-term use of opioids.
- There is a consistent link between increasing days supplied of the first prescription with the probability of continued opioid use.
- Older adults are at higher risk of accidental misuse or abuse because they typically have multiple prescriptions and chronic diseases.

continued

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year
- Diagnosed with any of the following anytime during the 12 months prior through 61 days after the opioid dispensed date:
 - Cancer
 - Sickle cell disease
 - Palliative care

Helpful HEDIS hints

- **Establish** realistic goals with your patient for pain tolerance and functionality.
- **Consider** alternative medications and treatments to manage acute or chronic pain:
 - OTC medications like ibuprofen and acetaminophen
 - Physical therapy, massage, acupuncture, encouraging a healthy weight, diet, and exercise
- **Refer** patients to pain management specialists when indicated.
- **Discuss** risks and benefits of opioid therapy, including patient and clinician responsibilities.
- **Prescribe** the lowest effective dose of immediate-release opioids. Three days or less will often be sufficient.
- **Determine** when to initiate or continue opioid therapy utilizing CDC Guidelines.
[cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf)

Opioid medications

Prescriptions		
Benzhydrocodone	Buprenorphine	Butorphanol
Codeine	Dihydrocodeine	Fentanyl
Hydrocodone	Hydromorphone	Levorphanol
Meperidine	Methadone	Morphine
Opium	Oxycodone	Oxymorphone
Pentazocine	Tapentadol	Tramadol

Consult the Michigan Automated Prescription System (MAPS) to view complete medication profiles for patients and to confirm the current cumulative dosage of opioid medications being prescribed.

michigan.pmpaware.net/login

- If outside of Michigan, please consult your state's Prescription Drug Monitoring Program (PDMP).

Resources

1. National Institute on Drug Abuse. 2021. "Prescription Opioids Drug Facts." drugabuse.gov/publications/drugfacts/prescription-opioids
2. Centers for Disease Control and Prevention (CDC). 2024. "Polysubstance Overdose." cdc.gov/overdose-prevention/about/polysubstance-overdose.html
3. Shah A, Hayes CJ, and Martin BC. 2017. "Factors influencing long-term opioid use among opioid naive patients: An examination of initial prescription characteristics and pain etiologies". pubmed.ncbi.nlm.nih.gov/28711636/

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2025 HEDIS Measure Tips



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Statin Therapy for Patients with Diabetes (SPD)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients with diabetes without clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed and adhered to statin medication therapy during the measurement year.

Measure population (denominator)

Patients 40-75 years of age during the measurement year with diabetes who do not have ASCVD.

Either of the following during the measurement year or the year prior to the measurement year:

- **Encounter data:** at least two diagnoses of diabetes on different dates of service
- **Pharmacy data:** dispensed insulin or hypoglycemics/antihyperglycemics **AND** have at least one diagnosis of diabetes
 - This includes semaglutides

Did you know?

- People with diabetes also have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Having unhealthy cholesterol levels places people at significant risk for developing ASCVD.
- Medication non-adherence accounts for a significant amount of older adult hospital admissions, nursing home admissions, and preventable adverse drug events.

Diabetes medications

Alpha-glucosidase inhibitors	Amylin analogs	Antidiabetic combinations	Biguanides
Insulin	Meglitinides	Sulfonylureas	Thiazolidinedioes
Glucagon-like peptide-I (GLP I) agonists	Dipeptidyl peptidase-4 (DDP-4) inhibitors	Sodium glucose cotransporter 2 (SGLT2) inhibitor	

This measure applies to both commercial and Medicare members.

continued

Measure compliance (numerator)

Two rates are reported:

1. Received Statin Therapy: dispensed **at least** one statin medication of any intensity during the measurement year.
2. Statin Adherence: remained on statin medication of any intensity for **at least** 80% of the treatment period.

Statin Medications: Generic and Common Names		
Atorvastatin (Lipitor)	Fluvastatin (Lescol XL)	Pravastatin (Pravachol)
Amlodipine-atorvastatin (Caduet)	Lovastatin (Altoprev)	Rosuvastatin (Crestor, Ezallor)
Ezetimibe-simvastatin (Vytorin)	Pitavastatin (Livalo, Zypitamag)	Simvastatin (Zocor)

Exclusions

- Members with cardiovascular disease
- Received hospice services anytime during the measurement year
- Receiving palliative care during the measurement year
- Deceased during the measurement year
- Are age 66 and older with advanced illness and frailty (for additional definition information, see the Advanced Illness and Frailty Guide)
- Cannot tolerate statin medications as evidenced by a claim for myalgia, myositis, myopathy or rhabdomyolysis during the measurement year (see ICD-10 codes on next page)
- Any of the following during the measurement year or year prior:
 - Pregnancy, in vitro fertilization, dispensed Estrogen Agonists (Clomiphene)
 - End stage renal disease (ESRD) or dialysis
 - Cirrhosis

Helpful HEDIS hints

- **Prescribe** at least one statin medication of any intensity during the measurement year to patients with diabetes that do not have ASCVD.
- **Statins** decrease inflammation and may stabilize plaque in the arteries reducing the risk of heart attack.
- **Instruct patients** to fill prescriptions using their pharmacy benefit.
 - Gap closure is dependent on pharmacy claims
 - Discount programs, cash claims, VA benefits and medication samples would not count
- **Consider** adding verbiage to the statin prescription to run it through their pharmacy benefit, especially when utilizing discount programs or VA benefits.
- **Educate** patients on the importance of statin medications for patients with diabetes over the age of 40, regardless of LDL levels.
- **Remind** patients to contact their practitioner if they think they are experiencing adverse effects to statins. Consider trying a different statin that is more hydrophilic or reducing the dose or frequency.
- **Once** patients demonstrate they can tolerate statin therapy, encourage them to obtain 90-day supplies with their retail or mail order pharmacy.

Tips for coding

- In order to exclude patients who cannot tolerate statin medications, a claim **MUST** be submitted **annually** using the appropriate ICD-10-CM code.
- These codes are intended to exclude patients from the measure and do not apply to payment or reimbursement. Only the codes listed below are acceptable exclusions.
- Providers may contact the patient to confirm and document the diagnosis in the medical record. They should then bill the non-reimbursable HCPCS code G9781 for \$0.01 with the applicable ICD-10 code attached to process the claim and remove the patient from the measure.

Condition	ICD-10 codes
Myalgia	M79.10–M79.12, M79.18
Myositis	M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88–M60.9
Myopathy	G72.0, G72.2, G72.9
Rhabdomyolysis	M62.82
Cardiovascular disease (MI, CABG, PCI, IVD)	Numerous > 800
Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
End stage renal disease (ESRD)	N18.5, N18.6, Z99.2
Pregnancy	Numerous > 1,000
Condition	CPT®/HCPCS codes
Dialysis	90935, 90937, 90945, 90947, 90997, 90999, 99512, G0257, S9339
Condition	HCPCS codes
In vitro fertilization (IVF)	S4015, S4016, S4018, S4020, S4021

Resources

1. American Heart Association (AHA). 2023. "Heart disease and stroke statistics-2023 update: A Report from the American Heart Association." ahajournals.org/doi/10.1161/CIR.0000000000001123
2. Adult Meducation. "Improving Medication Adherence in Older Adults." 2012. adultmeducation.com/
3. American College of Cardiology (ACC). "2022." Guidelines for Cardiovascular Risk Reduction in Patients with Type 2 Diabetes." jacc.org/doi/epdf/10.1016/j.jacc.2022.02.046

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Use of Imaging Studies for Low Back Pain (LBP)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients with a primary diagnosis of low back pain who did **not** have an imaging study (e.g., standard X-ray, MRI, CT scan) within 28 days of the diagnosis.

Measure population (denominator)

Patients 18 to 75 years of age as of December 31 of the measurement year who had a primary diagnosis of low back pain from January 1 to December 3 of the measurement year.

Note: patients with a diagnosis of uncomplicated low back pain within the 6 months (180 days) prior are not included in the denominator.

Measure compliance (numerator)

The number of patients with a primary diagnosis of low back pain who did **not** have an imaging study within 28 days following the diagnosis (e.g., plain X-ray, MRI or CT scan).

Note: This measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (i.e., the percentage for whom imaging studies did not occur).

Did you know?

- In a three-month period, more than one-fourth of U.S. adults experience at least one day of back pain.
- Imaging studies rarely improve outcomes but do increase cost and radiation exposure. Unless red flags are noted, imaging should not be completed within the first six weeks.

This measure applies to both commercial and Medicare members.

continued

Exclusions

Condition and/or treatment	Time frame <i>(through 28 days after diagnosis)</i>
<ul style="list-style-type: none"> • Cancer • HIV • Major organ transplant 	History
<ul style="list-style-type: none"> • Osteoporosis or Osteoporosis Medication(s) • Lumbar surgery • Spondylopathy 	History
<ul style="list-style-type: none"> • Recent trauma • Neurologic impairment • Spinal infection 	Prior 3 months (90 days) Prior 12 months (1 year)
<ul style="list-style-type: none"> • Fragility fracture • Intravenous drug abuse 	Prior 12 months (1 year) <i>Does not include 28 days after</i>
<ul style="list-style-type: none"> • Prolonged use of corticosteroids (defined as 90 consecutive days) 	Prior 12 months (1 year) <i>Does not include 28 days after</i>
Additional Exclusions	Time frame
<ul style="list-style-type: none"> • Received hospice services • Received palliative care • Are age 66 and older with advanced illness and frailty 	During the measurement year For additional definition information, see the Advanced Illness and Frailty Guide

Helpful HEDIS hints

- Acute low back pain can be managed by:
 - Staying active
 - Education on injury prevention
 - Safe back exercises
 - Use of over-the-counter pain relievers
- Avoid ordering diagnostic studies in the first six weeks of new-onset back pain unless certain conditions are present.
 - Severe or progressive neurologic deficits (e.g., bowel or bladder dysfunction, saddle paresthesia)
 - Fever
 - Sudden back pain with spinal tenderness (especially with a history of osteoporosis, cancer or steroid use)
 - Trauma
 - Serious underlying medical condition (e.g., cancer)
 - Previous lumbar surgery
- If ordering an imaging study and an exclusion applies, be sure to code the exclusion in addition to the diagnosis of low back pain.

Resources

1. National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). 2023. "Back Pain: Diagnosis, Treatment, and Steps to Take."
niams.nih.gov/health-topics/back-pain/diagnosis-treatment-and-steps-to-take
2. North American Spine Society. 2021. "Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care."
spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf
3. Centers for Disease Control and Prevention (CDC). 2020. "QuickStats: Percentage of Adults Aged 18 Years or Older Who Had Lower Back Pain in the Past 3 months, by Sex and Age Group."
blogs.cdc.gov/nchs/2020/01/03/4741/
4. American Academy of Family Physicians (AAFP). 2024. "Imaging for Low Back Pain - Choosing Wisely."
aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/cw-back-pain.html

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2025 HEDIS Measure Tips



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This measure applies to both commercial and Medicare members.

Use of Opioids at High Dosage (HDO)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of patients who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.

Measure population (denominator)

Patients 18 years and older as of January 1 of the measurement year who met **both** of the following criteria during the measurement year:

1. Two or more opioid dispensing events on different dates of service.
2. ≥ 15 total days covered by opioids.

Note: This measure does not include the following opioid medications:

- Injectables
- Opioid cough and cold products
- lonsys® (fentanyl transdermal patch)
- Methadone for the treatment of opioid use disorder.

Measure compliance (numerator)

The number of patients whose average MME was ≥ 90 during the treatment period.

Note: A lower rate indicates better performance.

Multiple dispensing events can overlap on one calendar day. Sum the MME Daily Doses for all dispensing events to determine the Total Daily MME for that day.

Did you know?

- There were an estimated 100,206 drug overdose deaths in the United States during the 12-month period ending in April 2021.
- Synthetic opioids are currently the main driver of drug overdose deaths.
- Naloxone is a life-saving medication that can reverse the effects of opioid overdose and save lives. It is available in most states without a prescription.

continued

Definitions: **See Helpful hints for additional resources

MME	Morphine milligram equivalent. The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.
Opioid dosage unit	Number of opioid dosage units per day
Total daily MME	The total sum of the MME daily doses for all opioid dispensing events on one day.
Average MME	The average MME for all opioids dispensed during the treatment period.

Exclusions

Any of the following during the measurement year:

- Received hospice services
- Deceased
- Cancer
- Sickle Cell Disease
- Received palliative care

Helpful hints

- **Establish** realistic goals with your patient for pain tolerance and functionality.
- **Consider** alternative medications and treatments to manage acute or chronic pain:
 - OTC medications like ibuprofen and acetaminophen
 - Prescription medications like gabapentin or muscle relaxers
 - Physical therapy, massage, acupuncture, encouraging a healthy weight, diet, and exercise
- **Refer** patients to pain management specialists when indicated.
- **Discuss** risks and benefits of opioid therapy, including patient and clinician responsibilities.
- **Prescribe** the lowest effective dose of immediate-release opioids. Three days or less will often be sufficient.
- **Determine** when to initiate or continue opioid therapy utilizing CDC Guidelines.
[cdc.gov/overdose-prevention/hcp/clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf)

Types of opioid medications

Prescriptions

Benzhydrocodone	Hydrocodone	Morphine	Tapentadol
Butorphanol	Hydromorphone	Opium	Tramadol
Codeine	Levorphanol	Oxycodone	
Dihydrocodeine	Meperidine	Oxymorphone	
Fentanyl	Methadone	Pentazocine	

Consult the Michigan Automated Prescription System (MAPS) to view complete medication profiles for patients and to confirm the current cumulative dosage of opioid medications being prescribed.

michigan.pmpaware.net/login

- If outside of Michigan, please consult your state's Prescription Drug Monitoring Program (PDMP).

Resources

1. Department of Health and Human Services (HHS). 2022. "Opioid Facts and Statistics." hhs.gov/opioids/statistics/index.html
2. Centers for Disease Control and Prevention (CDC). 2021. "Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019." cdc.gov/mmwr/volumes/70/wr/mm7006a4.htm?s_cid=mm7006a4_w
3. Department of Health and Human Services (HHS). 2020. "Opioid Oral Morphine Milligram Equivalent (MME) Conversion Factors table for prescription drug coverage." hhs.gov/guidance/document/opioid-oral-morphine-milligram-equivalent-mme-conversion-factors-0
4. Centers for Disease Control and Prevention (CDC). 2023. "CDC's Clinical Practice Guideline for Prescribing Opioids for Pain." cdc.gov/media/releases/2022/p1103-prescribing-opioids.html
5. Center for Disease Control and Prevention (CDC). 2024. "Stop Overdose." cdc.gov/stop-overdose/stigma-reduction/?CDC_AAref_Val=https://www.cdc.gov/stopoverdose/stigma/index.html

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of children and adolescents who had an outpatient visit with a primary care practitioner or an OB-GYN and who had evidence of BMI percentile, counseling for nutrition, and counseling for physical activity.

Measure population (denominator)

Patients 3 to 17 years of age as of the measurement year who had an outpatient visit with a primary care practitioner or an OB-GYN during the measurement year.

Measure compliance (numerator)

Documentation must include evidence of the following during the measurement year (below can be documented on different dates of service):

- **BMI percentile:** Documentation must include height, weight and BMI percentile.
- **Counseling for nutrition:** Documentation of counseling for nutrition or referral for nutrition education.
- **Counseling for physical activity:** Documentation of counseling for physical activity or referral for physical activity.

Note: BMI norms for youth vary with age and gender. This measure evaluates BMI percentile, not BMI value.

Note: Services rendered during virtual care meets criteria, including patient reported biometrics height and weight. The provider should then calculate the BMI percentile using this information and be sure to document in the medical record.

Did you know?

- In the United States, the percentage of children and adolescents affected by obesity has more than tripled since the 1970s.
- Childhood obesity is the primary health concern among parents in the United States.
- Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.

This measure applies to commercial members only.

continued

Exclusions

- Pregnancy diagnosis during the measurement year
- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

Services can be rendered at visits other than a wellness visit; however, documentation specific to assessment or treatment of an acute or chronic condition doesn't count. For example, neither the notation of "BRAT diet" for treatment of diarrhea nor the notation of "exercise-induced asthma" meet criteria.

Common documentation errors:

- BMI percentile **only** without height and weight
- Height and weight **only** without BMI percentile
- Weight, height and BMI value **without** a BMI percentile
- Notation such as "well-nourished" **does not** meet the criteria for nutritional counseling
- Without specific mention of nutrition or physical activity the following **do not** meet criteria:
 - Health education
 - Anticipatory guidance
 - Anticipatory guidance related solely to safety, such as "wears helmet" or "water safety"
 - Cleared for gym class
 - Documentation related to a patient's appetite
 - Notation solely related to screen time (computer or television)
 - Physical exam findings (e.g., sedentary, active) or developmental observations (e.g., can ride bicycle)
 - Counseling for diabetes or anorexia alone

Tips for coding

Add the appropriate codes from the table below to claims.

Variable	Document the following	ICD-10-CM	CPT®	HCPCS
BMI percentile	1. Date of visit 2. Height, weight and BMI percentile. A distinct BMI percentile is required; ranges and thresholds do not meet criteria. Examples of acceptable BMI percentile: <ul style="list-style-type: none">• 85th percentile• 85% plotted on an age-growth chart	Z68.51 – Z68.54		

Tips for coding *continued*

Variable	Document the following	ICD-10-CM	CPT®	HCPCS
Nutrition counseling	1. Date of visit	Z71.3	97802	G0270
	2. Notation of at least one of the following: <ul style="list-style-type: none"> • Discussion of current nutrition behaviors, such as eating habits or dieting behaviors • Checklist indicating nutrition was addressed • Member received educational materials on nutrition during a face-to-face visit • Anticipatory guidance for nutrition • Weight or obesity counseling • Counseling or referral for nutrition education. <p>Note: Referral to the Special Supplemental Nutrition Program for Women, Infants and Children, or WIC, may be used to meet criteria.</p>		97803 97804	G0271 G0447 S9449 S9452 S9470
Physical activity counseling	1. Date of visit	Z02.5		G0447
	2. Notation of at least one of the following: <ul style="list-style-type: none"> • Discussion of current physical activity behaviors such as exercise routine, participation in sports activities or exam for sports participation • Checklist indicating physical activity was addressed • Counseling or referral for physical activity • Member received educational materials on physical activity during a face-to-face visit • Anticipatory guidance specific to the child’s physical activity • Weight or obesity counseling 	Z71.82		S9451

Resources

- Centers for Disease Control and Prevention (CDC). 2022. "Obesity." [cdc.gov/healthyschools/obesity/index.htm](https://www.cdc.gov/healthyschools/obesity/index.htm)
- Centers for Disease Control and Prevention (CDC). 2024. "About the Division of Nutrition, Physical Activity, and Obesity." [cdc.gov/nccdphp/divisions-offices/about-the-division-of-nutrition-physical-activity-and-obesity.html](https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-of-nutrition-physical-activity-and-obesity.html)
- National Library of Medicine (NIH). 2019. "Childhood and Adolescent Obesity in the United States: A Public Health Concern." [ncbi.nlm.nih.gov/pmc/articles/PMC6887808/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6887808/)

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2025 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Well-child Visits in the First 30 months of Life (W30)

Utilization and Risk Adjusted Utilization HEDIS® Measure*

Measure description

The percentage of children in the first 30 months of life who had the recommended number of well-child visits with a primary care practitioner.

- Two rates are reported: 15 months old and 30 months old

Measure population (denominator)

- **Rate 1.** Children who turned 15 months old during the measurement year.
 - Calculate the 15-month birthday as the child's first birthday plus 90 days.
- **Rate 2.** Children who turned 30 months old during the measurement year.
 - Calculate the 30-month birthday as the child's second birthday plus 180 days.

Measure compliance (numerator)

- **Rate 1:** Children 15 months old: Six or more well-child visits on or before the child's 15-month birthday
- **Rate 2:** Children 30 months old: Two or more well-child visits between the child's 15-month (plus 1 day) and 30-month birthday

Note: This measure can only be met through appropriate coding and claims.

- Visits must be on separate dates of service and at least 14 days apart.

Did you know?

- Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood.
- Well-care visits offer a crucial opportunity for screening and counseling.

This measure applies to commercial members only.

continued

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year

Helpful HEDIS hints

Documentation in the medical record should indicate each well-child visit occurred with a primary care practitioner and include the date when the well-child visit occurred, and discussion of the components below:

- **Health history:** An assessment of the patient’s history of disease or illness, such as past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **Physical developmental history:** Assesses specific age-appropriate physical developmental milestones.
- **Mental developmental history:** Assesses specific age-appropriate mental developmental milestones (behaviors seen in children as they grow and develop).
- **Physical exam:** Comprehensive assessment including height, weight and BMI percentile.
- **Health education or anticipatory guidance:** Given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Tips for coding

Codes to identify Well Care Visits:

ICD-10-CM	CPT®	HCPCS
Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2	99381 - 99385, 99391 - 99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613

Resources

1. Child Trends. 2024. “Child Trends.” [childtrends.org](https://www.childtrends.org)
2. Centers for Disease Control and Prevention (CDC). 2023. “Youth Risk Behavior Surveillance System (YRBSS).” [cdc.gov/healthyyouth/data/yrbs/index.htm](https://www.cdc.gov/healthyyouth/data/yrbs/index.htm)
3. American Academy of Pediatrics (AAP). 2022. “2022 Recommendations for Preventative Pediatric Health Care.” 2022. [Recommendations for Preventive Pediatric Health Care | Pediatrics | American Academy of Pediatrics \(aap.org\)](https://www.aap.org)

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