

# HEDIS<sup>®</sup> 2022-2023

## QUALITY COMPANION GUIDE

### INDIANA MEDICAID



recognizes the outstanding work you are doing every day to improve your patients' health and quality outcomes.

CareSource has created this Healthcare Effectiveness Data Information Set (HEDIS<sup>®</sup>) Quality Companion Guide to share the benefits of including Current Procedural Terminology (CPT<sup>®</sup>) Category II codes with your claim submissions. Category II codes enable you to share preventive care and diagnostic test results, allowing for a better understanding of population health.

Services identified in some measures may not be relevant to patients with certain medical histories. Submission of appropriate International Classification of Diseases 10<sup>th</sup> Revision (ICD-10) codes will exclude those individuals from the measures. These exclusions will allow CareSource to provide cleaner reporting, helping you clearly identify the patients who need care.

Identifying and closing gaps in care is easier with reporting that reflects complete patient care and includes information that tracks performance measures.

Including CPT II codes can substantially reduce the number of patient charts requiring review, thereby minimizing your administrative burden to confirm care you have completed.

Gaining deeper understanding of your patient population can support your own quality improvement initiatives.

Coding of a patient's medical history helps improve care by allowing you to focus efforts on cancer screenings and disease-specific treatment, and manage patients most likely to benefit from that care.

Each CPT Category II code correlates to a test value or measurement. For outcome measures like blood pressure readings and HbA1c values, add the CPT II code that corresponds to the result. Refer to the chart on the following pages for detailed information.

Include CPT II codes when completing services that help meet the following measures:

- Care of Older Adults
- Controlling High Blood Pressure
- Diabetes – HbA1c Control
- Diabetes – Retinal Exam
- Diabetes – Kidney Health Evaluation
- Diabetes – Blood Pressure Control
- Medication Reconciliation Post-Discharge
- Prenatal and Postpartum Care
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
- Diabetes Monitoring for People with Diabetes and Schizophrenia
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

The chart below defines the CPT II codes associated with the identified measures. Submitting claims using these codes helps improve performance reporting of quality-based care linked to The Centers for Medicare & Medicaid (CMS) Stars ratings and HEDIS metrics and are not generally reimbursable. See the CareSource Adult HEDIS and Behavioral Health [HEDIS Coding Guides](#) for a complete list of CPT, Healthcare Common Procedure Coding System (HCPCS), and ICD-10 codes.



Code Definition	
Screening Measures – Potential Exclusionary Codes	
	Definition
Breast Cancer Screening	
Cervical Cancer Screening	

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Diabetes Retinal Exam

CPT:

HCPCS:



