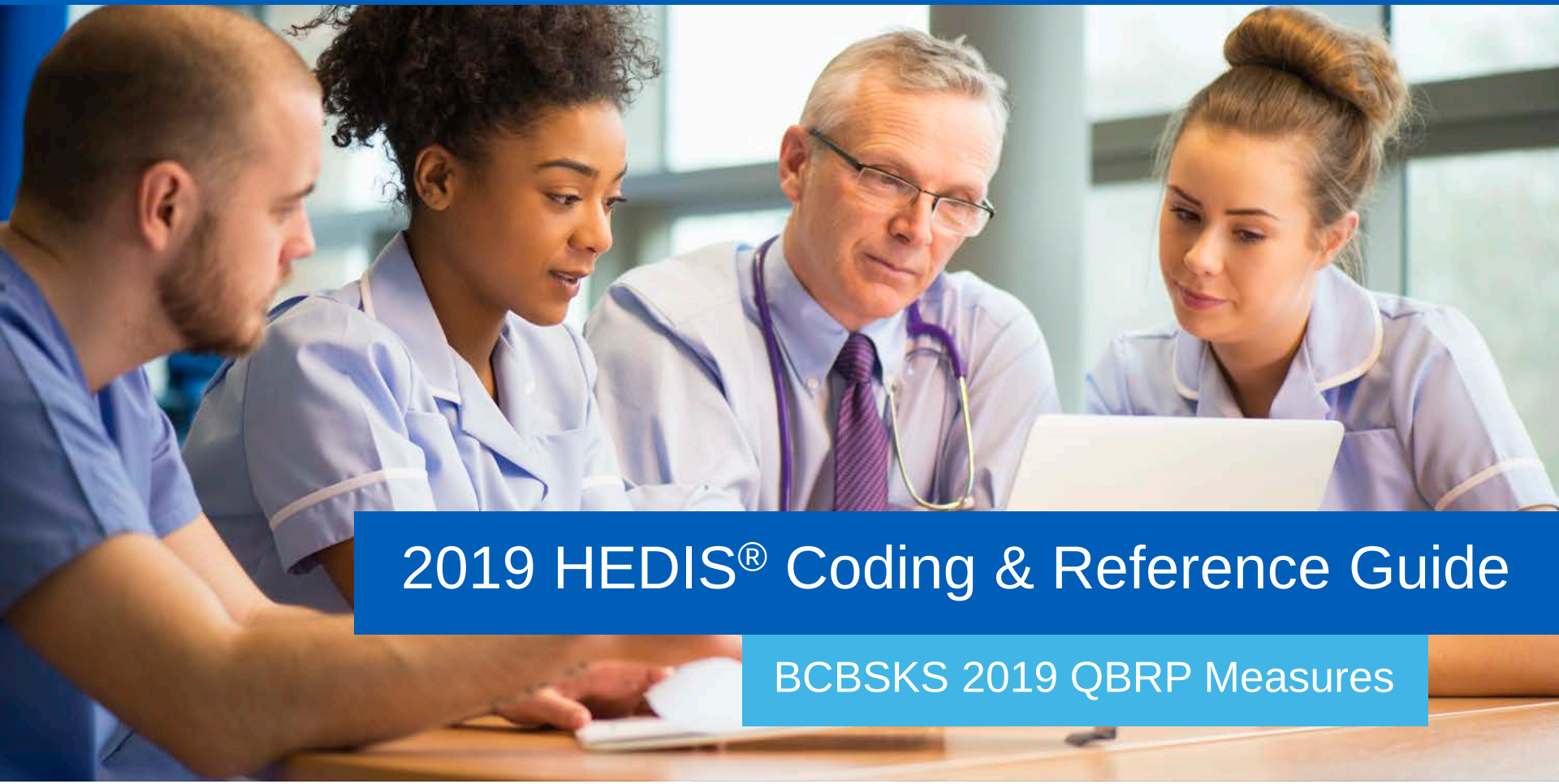

2019 HEDIS® Coding & Reference Guide

BCBSKS 2019 QBRP Measures

BlueCross BlueShield of Kansas

bcbsks.com

Adolescent Well-Care Visits (AWC)

Description The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Eligible Population Members 12-21 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year.
Coding[1] CPT: 99381-99385, 99391-99395, 99461 ICD-10CM: Z00.5, Z00.8, Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.9, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z76.1, Z76.2 HCPCS: G0438-G0439
Denominator The eligible population.
Numerator At least one comprehensive well-care visit (Well-Care Value Set) with a PCP or an OB/GYN practitioner during the measurement year. The practitioner does not have to be the practitioner assigned to the member.
Exclusions/ Negative Conditions No Exclusions

1) Coding may change periodically without notification

Appropriate Testing for Children with Pharyngitis (CWP)

Description
The percentage of children age 3-18 who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Eligible Population
Children 3 years of age as of July 1 of the year prior to the measurement year to 18 years of age as of June 30 of the measurement year with an Outpatient or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care.

Event/Diagnosis
Outpatient or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period (12-month window that begins July 1 of the year prior to the measurement year and ends on June 30 of the measurement year).

Coding[1]
CPT: 87070-87071, 87081, 87430, 87650-87652, 87880
LOINC: 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2, 17898-2

Denominator
The eligible population. (Note- Member must have BCBSKS medical and pharmacy benefits)

Numerator
A group A streptococcus test (Group A Strep Tests Value Set) in the seven-day period from three days prior to the IESD through three days after the IESD. Index Episode Start Date. The earliest Episode Date during the Intake Period that meets all of the following criteria:

- Linked to a dispensed antibiotic prescription (Table 2) on or during the three days after the Episode Date.
- A 30-day Negative Medication History prior to the Episode Date.
- The member was continuously enrolled during the 30 days prior to the Episode Date through 3 days after the Episode Date.

Exclusions/ Negative Conditions
A period of 30 days prior to the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug. No prescriptions that were filled more than 30 days prior to the episode date and are active on the episode date.

Exclude members who were diagnosed with pharyngitis if the member did not receive antibiotics on or three days after the episode date The date of service for any outpatient or ED visit during the intake period with only a diagnosis of pharyngitis.

1) Coding may change periodically without notification

Table 2: Antibiotic Medications (CWP)

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Miscellaneous antibiotics	• Erythromycin-sulfisoxazole	
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone

Appropriate Treatment for Children with Upper Respiratory Infections (URI)

Description
The percentage of children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Calculation
The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

Event/Diagnosis
Identify all members who had an outpatient visit (Outpatient Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period (12-month window that begins July 1 of the year prior to the measurement year and ends on June 30 of the measurement year), with only a diagnosis of URI (URI Value Set).
Exclude claims/encounters with more than one diagnosis code and ED visits or observation visits that result in an inpatient stay (Inpatient Stay Value Set). An ED visit or observation visit results in an inpatient stay when the ED/observation date of service and the admission date for the inpatient stay are one calendar day apart or less.

Determine all URI Episode Dates. For each member identified in paragraph above, determine all outpatient, observation or ED visits with only a URI diagnosis.

Test for Negative Medication History. Exclude Episode Dates where a new or refill prescription for an antibiotic medication (Table 3) was filled 30 days prior to the Episode Date or was active on the Episode Date.

Test for Negative Competing Diagnosis. Exclude Episode Dates where the member had a claim/encounter with a competing diagnosis on or three days after the Episode Date. A code from either of the following meets criteria for a competing diagnosis:

- Pharyngitis Value Set.
- Competing Diagnosis Value Set.

Calculate continuous enrollment. The member must be continuously enrolled without a gap in coverage from 30 days prior to the Episode Date through 3 days after the Episode Date (34 total days).

Coding[1]
ICD-10CM: J00, J06.0, J06.9

Denominator
The eligible population (Note- Member must have BCBSKS medical and pharmacy benefit)

Numerator
Dispensed prescription for antibiotic medication (Table 3) on or three days after the IESD

Exclusions/ Negative Conditions
A period of 30 days prior to the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
No prescriptions that were filled more than 30 days prior to the episode date and are active on the episode date.
Exclude members who had claims/encounters with a competing diagnosis within 30 days prior to the episode date. Also exclude members who had a competing diagnosis three days following the episode date (Pharyngitis, etc.)

1) Coding may change periodically without notification

Table 3: Antibiotic Medications (URI)

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Miscellaneous antibiotics	• Erythromycin-sulfisoxazole	
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone

Avoidance of Antibiotic Treatment in Adults with Bronchitis (AAB)

Description
The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Calculation
The measure is reported as an inverted rate [1-(numerator/eligible population]. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

Eligible Population
Adults 18 years of age as of January 1 of the year prior to the measurement year to 64 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days is permitted during one year (365 days) prior to the Episode date through seven days after the Episode date (373 total days)) with no comorbid condition (HIV, HIV Type 2, Malignant Neoplasms, Emphysema, COPD, Cystic Fibrosis, Comorbid Conditions, or Disorders of the Immune System) or competing diagnosis (Pharyngitis).

Event/Diagnosis
Identify all members in the specified age range who had an outpatient visit (Outpatient Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period (January 1- December 24 of the measurement year), with a diagnosis of acute bronchitis (Acute Bronchitis Value Set).

Coding[1]
ICD-10: J20.3-J20.9
CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456, 99217-99220, 99281-99220
HCPCS: G0402, G0438-G0439, G0463, T1015
UBREV: 0510-0517, 0519-0523, 0526-0529, 0982-0983

Denominator
The Eligible Population (Note- Member must have BCBSKS Medical and Pharmacy benefits)

Numerator
Dispensed prescription for antibiotic medication (Table 1) on or three days after the Index Episode Start Date (IESD- The date of service for any outpatient or ED visit during the intake period with a diagnosis of acute bronchitis).

Exclusions/ Negative Conditions
A period of 30 days prior to the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
No prescriptions that were filled more than 30 days prior to the episode date and are active on the episode date.

Exclude members that have had an emergency visit or observation that resulted in an inpatient stay or have a diagnosis of HIV, HIV Type 2, Malignant Neoplasms, Emphysema, COPD, Cystic Fibrosis, Comorbid Conditions (such as Tuberculosis, sickle-cell anemia, etc.), Disorders of the Immune System (such as autoimmune disorders and immunodeficiency disorders), Pharyngitis, or any Competing Diagnosis.

1) Coding may change periodically without notification

Table 1: Antibiotic Medications (AAB)

Description	Prescription		
Aminoglycosides	• Amikacin • Gentamicin	• Kanamycin • Streptomycin	• Tobramycin
Aminopenicillins	• Amoxicillin	• Ampicillin	
Antipseudomonal penicillins	• Piperacillin		
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam	• Piperacillin-tazobactam	• Ticarcillin-clavulanate
First-generation cephalosporins	• Cefadroxil	• Cefazolin	• Cephalexin
Fourth-generation cephalosporins	• Cefepime		
Ketolides	• Telithromycin		
Lincomycin derivatives	• Clindamycin	• Lincomycin	
Macrolides	• Azithromycin • Clarithromycin	• Erythromycin • Erythromycin ethylsuccinate	• Erythromycin lactobionate • Erythromycin stearate
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin	• Daptomycin • Erythromycin-sulfisoxazole • Linezolid	• Metronidazole • Vancomycin
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G potassium	• Penicillin G procaine • Penicillin G sodium	• Penicillin V potassium • Penicillin G benzathine
Penicillinase resistant penicillins	• Dicloxacillin	• Nafcillin	• Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin	• Levofloxacin • Moxifloxacin	• Norfloxacin • Ofloxacin
Rifamycin derivatives	• Rifampin		
Second-generation cephalosporin	• Cefaclor • Cefotetan	• Cefoxitin • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfadiazine	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline	• Minocycline	• Tetracycline
Third-generation cephalosporins	• Cefdinir • Cefditoren • Cefixime	• Cefotaxime • Cefpodoxime • Ceftazidime	• Ceftibuten • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin • Nitrofurantoin macrocrystals	• Nitrofurantoin macrocrystals-monohydrate • Trimethoprim	

Breast Cancer Screening (BCS)

Description
The percentage of women 52-74 years of age who had a mammogram to screen for breast cancer.

Eligible Population
Women 52–74 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the year prior to the measurement year.

Event/Diagnosis
None

Coding[1]
CPT: 77055-77057, 77061-77063, 77065-77067
HCPCS: G0202, G0204, G0206
ICD-9 PCS: 87.36-87.37
UBREV: 0401, 0403

Denominator
The eligible population.

Numerator
One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Exclusions/ Negative Conditions
Exclude members who have had a bilateral mastectomy any time during the member's history through December 31 of the measure year. That includes:

- Bilateral mastectomy
- Unilateral mastectomy with a bilateral modifier
- Two unilateral mastectomies with service dates 14 days or more apart. For example, if the service date for the first unilateral mastectomy was February 1 of the measurement year, the service date for the second unilateral mastectomy must be on or after February 15
- History of bilateral mastectomy

1) Coding may change periodically without notification

Cervical Cancer Screening (CCS)

Description

The percentage of women 24–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 24–64 years of age who had cervical cytology performed every 3 years.
- Women 30–64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Eligible Population

Women 24-64 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the 2 years prior to the measurement year.

Coding[1]

CPT: 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175
LOINC: 10524-7, 18500-9, 19765-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
UBREV: 923
HCPCS: G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091, G0476

Denominator

The eligible population.

Numerator

The number of women who were screened for cervical cancer, as identified in steps 1 and 2 below.

- Identify women 24–64 years of age as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Value Set) during the measurement year or the two years prior to the measurement year.
- From the women who did not meet step 1 criteria, identify women 30–64 years of age as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Value Set) and a human papillomavirus (HPV) test (HPV Tests Value Set) with service dates four or less days apart during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of both tests. For example, if the service date for cervical cytology was December 1 of the measurement year, then the HPV test must include a service date on or between November 27 and December 5 of the measurement year.
- Sum the events from steps 1 and 2 to obtain the rate.

Exclusions/ Negative Conditions

Exclude members from each eligible population if evidence of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix (Absence of Cervix Value Set) any time during the member's history through December 31 of the measurement year.

1) Coding may change periodically without notification

Colorectal Cancer Screening (COL)

Description
The percentage of members 51–75 years of age who had appropriate screening for colorectal cancer.

Eligible Population
Women 51–75 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the year prior to the measurement year.

Coding[1]
CPT: 44388-44390, 44391-44394, 44397, 44401-44408, 45355, 45378-45393, 45398, 74261-74263, 81528, 45330-45335, 45337-45342, 45345-45347, 45349-45350, 82270, 82274
ICD-9CM: 45.22-45.25, 45.42-45.43
HCPCS: G0105, G0121, G0464, G0104, G0328
LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 77353-1, 77354-9, 80372-6

Denominator
The eligible population.

Numerator
One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT Value Set) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.
- Flexible sigmoidoscopy (Flexible Sigmoidoscopy Value Set) during the measurement year or the four years prior to the measurement year.
- Colonoscopy (Colonoscopy Value Set) during the measurement year or the nine years prior to the measurement year.
- CT colonography (CT Colonography Value Set) during the measurement year or the four years prior to the measurement year.
- FIT-DNA test (FIT-DNA Value Set) during the measurement year or the two years prior to the measurement year.

Exclusions/ Negative Conditions
Exclude members from the eligible population if either colorectal cancer (Colorectal Cancer Value Set) or Total Colectomy (Total Colectomy Value Set) are included in a member's history through December 31 of the measurement year.

1) Coding may change periodically without notification

Comprehensive Diabetes Care, Hemoglobin A1c testing (CDC)

Description
The percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had an Hemoglobin A1c (HbA1c) test during the measurement year.

Eligible Population
Members 18-75 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year.

Event/Diagnosis
There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

Claim/encounter data. Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two visits.
- At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set).

Pharmacy data. Members who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

Coding[1]
CPT: 83066-83067
LOINC: 4548-4, 4549-2, 17856-6

Denominator
The eligible population.

Numerator
An HbA1c test (HbA1c Tests Value Set) performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Exclusions/ Negative Conditions
Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

1) Coding may change periodically without notification

Use of Imaging Studies for Low-Back Pain (LBP)

Description

The percentage of members 18-50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Eligible Population

Members 18 years of age as of January 1 of the measurement year and members 50 years of age as of December 31 of measurement year with continuous enrollment of 180 days (6 months) prior to the IESD through 28 days after the IESD (no gaps in enrollment allowed during the continuous enrollment period)

Coding[1]

CPT: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220

ICD-10CM: M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M48.061-M48.062, M51.16-M51.17, M51.26-M51.27, M51.36-M51.37, M51.86-M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.5, M54.9, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.89, M99.03-M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83-M99.84, S33.5XXA-S33.6XXA, S33.8XXA-S33.9XXA, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S,

UNBREV: 320, 329, 350, 352, 359, 610, 612, 614, 619, 972

Denominator

The eligible population.

Numerator

An imaging study (Imaging Study Value Set) with a diagnosis of uncomplicated low back pain (Uncomplicated Low Back Pain Value Set) on the IESD or in the 28 days following the IESD.

Exclusions/ Negative Conditions

A period of 180 days (6 months) prior to the IESD when the member had no claims/encounters with any diagnosis of low back pain.

Exclude any member who had a diagnosis for which imaging is clinically appropriate. Any of the following meet criteria:

- Cancer. Cancer any time during the member's history through 28 days after the IESD. Any of the following meet criteria:
  - Malignant Neoplasms Value Set.
  - Other Neoplasms Value Set.
  - History of Malignant Neoplasm Value Set.
- Recent trauma. Trauma (Trauma Value Set) any time during the 3 months (90 days) prior to the IESD through 28 days after the IESD.
- Intravenous drug abuse. IV drug abuse (IV Drug Abuse Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.
- Neurologic impairment. Neurologic impairment (Neurologic Impairment Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.
- HIV. HIV (HIV Value Set) any time during the member's history through 28 days after the IESD.
- Spinal infection. Spinal infection (Spinal Infection Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.
- Major organ transplant. Major organ transplant (Organ Transplant Other Than Kidney Value Set; Kidney Transplant Value Set) any time in the member's history through 28 days after the IESD.
- Prolonged use of corticosteroids. 90 consecutive days of corticosteroid treatment any time during the 12 months (1 year) prior to and including the IESD.

1) Coding may change periodically without notification

Well-Child Visits in the First 15 Months of Life (W15)

Description
The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.

Eligible Population
Members who turn 15 months old during the measurement year with continuous enrollment of no more than one gap in enrollment of up to 45 days from when turning 31 days of age to 15 months of age.

Coding[1]
CPT: 99381-99385, 99391-99395, 99461
ICD-10CM: Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9
ICD-9CM: V20.2, V20.31-V20.32, V70.0, V70.3, V70.5-V70.6, V70.8-V70.9
HCPCS: G0438-G0439

Denominator
The eligible population.

Numerator
Members who received 6 or more well-child visits, on different dates of service, with a PCP during their first 15 months of life.

The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Exclusions/ Negative Conditions
No exclusions.

1) Coding may change periodically without notification

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Description The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.
Eligible Population Members age 3-6 as of December 31 of the measurement year with continuous enrollment (no more than one gap in enrollment of up to 45 days in the measurement year).
Coding[1] CPT: 99381-99385, 99391-99395, 99461 ICD-10CM: Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9 ICD-9CM: V20.2, V20.31-V20.32, V70.0, V70.3, V70.5-V70.6, V70.8-V70.9 HCPCS: G0438-G0439
Denominator The eligible population.
Numerator At least one well-child visit with a PCP during the measurement year. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.
Exclusions/ Negative Conditions No exclusions.

1) Coding may change periodically without notification

Appendix A: Definitions

- Denominator – Eligible members of the population
- Numerator – Members who met the criteria of a measure
- HEDIS (Healthcare Effectiveness Data and Information Set) – Tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.
- Intake Period – The period of time (typically the measurement year) used to identify the first eligible encounter.
- Index Episode Start Date (IESD) – The earliest date of service for an eligible encounter during the intake period.
- Anchor Date – The specific date the member is required to be enrolled to be eligible for the measure
- Measurement Year – HEDIS designated time period defined by current technical specifications (generally Jan. 1 – Dec. 31 of previous calendar year).
- Continuous Enrollment – A period of time, during the measurement timeline, where a member must be enrolled in order to be counted towards the measure.
- Primary Care Physician (PCP) – A physician or non-physician (e.g., nurse practitioner, physician assistant) who offers primary care medical services.
  - LPNs and RNs are not considered PCPs

Appendix B: Changes

Version	Description	Date
2018.v1	Initial Release	3/22/17
2018.v2	Updated with new coding value sets and formatting changes.	6/27/2017
2019.v1	Updated to include 2019 QBRP measures including code sets. Added negative conditions to CWP, AAB, LBP.	8/10/2018

BlueCross BlueShield of Kansas

An independent licensee of the Blue Cross Blue Shield Association.