

BHEHP Quality Measure	Measure Standard	Age	Frequency	Eligible Specialties	Required Documentation in Medical Record	CPT4 Category II, HCSPCS, and ICD10 Documentation Codes (for practices not connected to data aggregator or registry)
Comprehensive Diabetes Care						
BP Control (<140/90 mm Hg)	HEDIS - CDC	18-75 years	Annual	Internal Med, Family Med, Cardiology, Endocrinology, Ophthalmology, Nephrology	Documentation of the most recent blood pressure reading in measurement year. Date and value of <140/90 for individuals with Diabetes Type I or Type II	3074F: Most recent systolic blood pressure less than 130 mm Hg 3075F: Most recent systolic blood pressure 130-139 mm Hg 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg 3078F: Most recent diastolic blood pressure less than 80 mm Hg 3079F: Most recent diastolic blood pressure diastolic pressure 80-89 mm Hg 3080F: Most recent diastolic blood pressure diastolic pressure greater than or equal to 90 mm Hg
Eye Exam (retinal) Performed	HEDIS - CDC	18-75 years	Annual for positive retinopathy. Bi-Annual for negative retinopathy		Documentation of a retinal or dilated eye exam during current year or negative result in prior year by an optometrist or ophthalmologist for individuals with Diabetes Type I or Type II. Date and results must be documented.	2022F: Dilated retinal eye exam interpreted by ophthalmologist/optometrist documented/reviewed 2024F: 7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed 2026F: Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed 3072F: Low risk for retinopathy (no evidence of retinopathy in the prior year)
Medical Attention for Nephropathy	HEDIS - CDC	18-75 years	Annual		Documentation of nephropathy screening and/or treatment for individuals with Diabetes Type I or Type II. Document date of screening or treatment.	3060F: Positive microalbuminuria test result documented and reviewed 3061F: Negative microalbuminuria test result documented and reviewed 3062F: Positive macroalbuminuria test result documented and reviewed 3066F: Documentation of treatment for nephropathy 4010F: ACE / ARB therapy prescribed or currently being taken
Hemoglobin A1c (HbA1c) Testing	HEDIS - CDC	18-75 years	Annual		Date and Lab results documented	No additional documentation required.
HbA1c Level <7% (for a selected population)	HEDIS - CDC	18-75 years	Annual		Date and Lab results documented	3044F: Most recent HbA1c level less than 7.0%
HbA1c Control (<8.0%)	HEDIS - CDC	18-75 years	Annual		Date and Lab results documented	No Category II CPT4 exists for the < 8 measure. Laboratory data sources will be used for this measure.
HbA1c Poor Control (>9.0%)	HEDIS - CDC	18-75 years	Annual		Date and Lab results documented	3046F: Most recent HbA1c level greater than 9.0%
Pediatric Prevention and Screening						
Well child Visits 3rd, 4th, 5th, & 6th years of life	HEDIS - W34	3-6 years	Annual	Pediatrics	1 or more well-care visits with a primary care physician during the measurement year.	No additional documentation required.
BMI Percentile Documentation Children/Adolescents	HEDIS - WCC	3-17 years	Annual		At least one BMI result assessed and documented in the measurement year or the year prior to the measurement year.	Z68.51: Body mass index (BMI) pediatric, less than 5th percentile for age Z68.52: Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age Z68.53: Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age Z68.54: Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age
Counseling for Nutrition Children/Adolescents	HEDIS - WCC	3-17 years	Annual		Documentation of counseling for nutrition during the measurement year.	Z71.3: Dietary counseling and surveillance
Counseling for Activity Children/Adolescents	HEDIS - WCC	3-17 years	Annual		Documentation of counseling for activity during the measurement year.	Z71.82: Exercise counseling

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Adult Prevention and Screening						
Adult BMI Assessment	HEDIS - ABA	≥18 years	Annual	All Specialties except Pediatrics	At least one BMI result assessed and documented in the measurement year or the year prior to the measurement year.	Z68.20 - Body mass index (BMI) 20.0-20.9 Z68.32 - Body mass index (BMI) 32.0-32.9 Z68.21 - Body mass index (BMI) 21.0-21.9 Z68.33 - Body mass index (BMI) 33.0-33.9 Z68.22 - Body mass index (BMI) 22.0-22.9 Z68.34 - Body mass index (BMI) 34.0-34.9 Z68.23 - Body mass index (BMI) 23.0-23.9 Z68.35 - Body mass index (BMI) 35.0-35.9 Z68.24 - Body mass index (BMI) 24.0-24.9 Z68.36 - Body mass index (BMI) 36.0-36.9 Z68.25 - Body mass index (BMI) 25.0-25.9 Z68.37 - Body mass index (BMI) 37.0-37.9 Z68.26 - Body mass index (BMI) 26.0-26.9 Z68.38 - Body mass index (BMI) 38.0-38.9 Z68.27 - Body mass index (BMI) 27.0-27.9 Z68.39 - Body mass index (BMI) 39.0-39.9 Z68.28 - Body mass index (BMI) 28.0-28.9 Z68.41 - Body mass index (BMI) 40.0-44.9 Z68.29 - Body mass index (BMI) 29.0-29.9 Z68.42 - Body mass index (BMI) 45.0-49.9 Z68.30 - Body mass index (BMI) 30.0-30.9 Z68.43 - Body mass index (BMI) 50-59.9 Z68.31 - Body mass index (BMI) 31.0-31.9 Z68.44 - Body mass index (BMI) 60.0-69.9 Z68.45 - Body mass index (BMI) 70 or greater
Screening for High Blood Pressure and Follow-Up Documented	CMS22v6	≥18 years	Annual	Internal Med, Family Med, Cardiology	Patients seen during the submitting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated. Eligible clinicians who report the measure must perform the blood pressure screening at the time of a qualifying visit and may not obtain measurements from external sources.	G9744: Patient not eligible due to active diagnosis of hypertension G8783: Normal blood pressure reading documented, follow-up not required Normal BP: No follow-up required for: Systolic BP < 120 mmHg AND Diastolic BP <80 mmHg G8950: Pre-Hypertensive or Hypertensive blood pressure reading documented, AND the indicated follow-up is documented G9745: Documented reason for not screening or recommending a follow-up for high blood pressure G8785: Blood pressure reading not documented, reason not given G8952: Pre-Hypertensive or Hypertensive blood pressure reading documented
Breast Cancer Screening	HEDIS - BCS	50-74 years	Every 2 years	Internal Med, Family Med, OB/GYN	One or more mammograms any time between October 1 two years prior to the measurement year and December 31 of the measurement year. Document date completed.	No additional documentation required.
Cervical Cancer Screening	HEDIS - CCS	21-64 years	Every 3-5 years	Internal Med, Family Med, OB/GYN	Women age 21–64 who had cervical cytology performed every 3 years. Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. Document date completed.	No additional documentation required.
Colorectal Cancer Screening	HEDIS - COL	50-75 years	Test dependent	Internal Med, Family Med, Gastroenterology, General Surgery	Date of study: - FOBT q year; FIT-DNA q year (or 2 years prior) - Flex sig q 5 years - Colonoscopy q 10 years; CT Colonography q 5 years	No additional documentation required.
Depression						
Screening for Clinical Depression and Follow-Up Plan	NQF - 0418	≥12 years	Annual	Internal Med, Family Med, Pediatrics, OB/GYN	Patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool, such as PHQ2/PHQ9 AND follow-up plan documented for positive results on the same day.	G0444: Depression screen annual G8431: Screening for clinical depression is documented as being positive and a follow-up plan is documented G8510: Screening for clinical depression is documented as negative, a follow-up plan is not required G8433: Screening for clinical depression not documented, documentation stating the patient is not eligible G8940: Screening for clinical depression documented as positive, a follow-up plan not documented, documentation stating the patient is not eligible G8432: Clinical depression screening not documented, reason not given G8511: Screening for clinical depression documented as positive, follow-up plan not documented, reason not given
Some claims clearinghouses, such as Navicure, reject CPT Category II (codes ending in F) and HCSPCS (codes ending in G) with \$0.00 charge. This may require you to bill the code with a \$0.01 charge.						