

# HEDIS 101

## WHAT IS HEDIS?

Network Health partners with providers to offer quality healthcare to our members, as measured through HEDIS (Healthcare Effectiveness Data and Information Set) quality measures. The National Committee of Quality Assurance (NCQA) defines HEDIS as “a set of standardized performance measures designed to ensure that the public has the information it needs to compare organization performance.” HEDIS MY2022 examines care provided for several conditions across all body systems; addresses members’ access to and satisfaction with various health care services; and measures utilization for specific procedures and care settings.

## HOW ARE THE SCORES USED?

Results from HEDIS data collection are used to measure quality improvement processes and preventive care programs.

## HOW CAN I IMPROVE MY HEDIS SCORES?

- Submit claims with proper ICD-10 or CPT codes for all services rendered.
- Document services completely to accurately reflect all services billed.

## SOCIAL NEED SCREENING AND INTERVENTION (SNS-E)

*Product lines: Commercial, Medicare, Medicaid*

Measure evaluates the percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

- **Food Screening.** The percentage of members who were screened for food insecurity.
- **Food Intervention.** The percentage of members who received a corresponding intervention within 1 month of screening positive for food insecurity.
- **Housing Screening.** The percentage of members who were screened for housing instability, homelessness or housing inadequacy.
- **Housing Intervention.** The percentage of members who received a corresponding intervention within 1 month of screening positive for housing instability, homelessness or housing inadequacy.
- **Transportation Screening.** The percentage of members who were screened for transportation insecurity.
- **Transportation Intervention.** The percentage of members who received a corresponding intervention within 1 month of screening positive for transportation insecurity.

<b>Food Insecurity Instruments</b>	<b>Screening Item LOINC Codes</b>	<b>Positive Finding LOINC Codes</b>
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
Health Leads Screening Panel <sup>®1</sup>	95251-5	LA33-6
Hunger Vital Sign <sup>™1</sup> (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] <sup>®1</sup>	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK) <sup>®1</sup>	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey—Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

<b>Housing Instability and Homelessness Instruments</b>	<b>Screening Item LOINC Codes</b>	<b>Positive Finding LOINC Codes</b>
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
Children's Health Watch Housing Stability Vital Signs <sup>™1</sup>	98976-4	LA33-6
	98977-2	≥3
	98978-0	LA33-6
Health Leads Screening Panel <sup>®1</sup>	99550-6	LA33-6
	93033-9	LA33-6

Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2

<b>Transportation Insecurity Instruments</b>	<b>Screening Item LOINC Codes</b>	<b>Positive Finding LOINC Codes</b>
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel®1	99553-0	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93030-5	LA30133-5 LA30134-3
PROMIS®1	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

Exclusions: Members in hospice or using hospice services any time during the measurement period.  
 Medicare members 66 years of age and older by the end of the measurement period who meet either of the following:

Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.

Living long-term in an institution any time during the measurement period, as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement period.

## Preventive Care

### ADVANCE CARE PLANNING (ACP)

This is a new measure for MY 2022.

*Product lines: Medicare*

Measure evaluates the percentage of adults 66-80 years of age with advanced illness, and indication or frailty or who are receiving palliative care, and adults 81 years of age and older who has advance care planning during the measurement year.

CPT/CPT II	HCPCS	ICD-10 Diagnosis
99483, 99497, 1123F, 1124F, 1157F, 1158F	S0257	Z66

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year.

### CARE FOR OLDER ADULTS (COA)

*Product lines: SNP*

Measure evaluates the percentage of adults 66 years and older who had each of the following during the measurement year:

- 1) Medication review-at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record, as documented through either administrative data or medical record review. A medication list, signed and dated during the measurement year by the appropriate practitioner type (prescribing practitioner or clinical pharmacist), meets criteria. Transitional care management services during the measurement year meets criteria. Exclude service provided in an acute inpatient setting.
- 2) Functional status assessment-documented annually, utilizing a standard assessment tool or notation of one of the following:
  - Notation that Activities of Daily Living (ADLs) were assessed or at least five of the following were assessed-bathing, dressing, eating, transferring, toileting, walking.
  - Notation that Instrumental Activities of Daily Living (IADL) were assessed, or at least four of the following were assessed-shopping for groceries, driving or using public transportation, use of telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances.
- 3) Pain assessment-documentation of dated annual assessment or result of standardized pain assessment tool.

#### Medication List

CPT/CPT II	HCPCS
1159F This code must be submitted with 1160F (review of all medications by a prescribing practitioner or clinical pharmacist) on the same date of service	G8427

### Medication Review

CPT/CPT II
99605, 99606, 90863, 99483, 1160F

### Transitional Care Management

CPT/CPT II
99495, 99496

### Functional Status Assessment

CPT/CPT II	HCPCS
1170F, 99483	G0438, G0439

### Pain Assessment

CPT/CPT II
1125F, 1126F

Functional Status Assessment and Pain Assessment indicators do not require a specific setting. Therefore, services rendered during a telephone, e-visit or virtual check-in meet criteria.

### Telephone Visits

CPT/CPT II
98966, 98967, 98968, 99441, 99442, 99443

### E-visit or Virtual Check-in

CPT/CPT II	HCPCS
98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year.

## COLORECTAL CANCER SCREENING (COL)

*Product lines: Commercial, Medicare, Medicaid*

Measure evaluates the percentage of members ages 45-75 who had appropriate screening for Colorectal Cancer. Any of the following meet criteria:

- Fecal occult blood test during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year
- Colonoscopy during the measurement year or the nine years prior to the measurement year
- CT colonography during the measurement year or the four years prior to the measurement year
- FIT-DNA test during the measurement year or the two years prior to the measurement year

## FOBT

CPT/CPT II	HCPCS	LOINC
82270	G0328	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6

## Flexible Sigmoidoscopy

CPT/CPT II	HCPCS
45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350	G0071, G2010, G2012, G2061, G2062, G2063

## Colonoscopy

CPT/CPT II	HCPCS
44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398	G0105, G0121

## CT Colonography

CPT/CPT II	LOINC
74261, 74262, 74263	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3

## FIT-DNA Test

CPT/CPT II	LOINC
81528	77353-1, 77354-9

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness. Members with total colectomy or colorectal cancer.

## ADULT IMMUNIZATION STATUS (AIS-E)

*Product lines-Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

### Immunization Status: Influenza

Members who received an influenza vaccine on or between July 1 of the year prior to the Measurement Year and June 30 of the Measurement Year.

#### Adult Influenza Immunization

CVX
88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205

#### Adult Influenza Vaccine Procedure

CPT/CPT II
90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756

#### Influenza Virus LAIV Immunization

CVX
111, 149

#### Influenza Virus LAIV Vaccine Procedure

CVX
90660, 90672

### Immunization Status: Td/Tdap

Members who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the Measurement Year and the end of the Measurement Year, **or**

Members who a history of at least one of the following contraindications any time before or during the Measurement Year:

- Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine.
- Encephalitis due to the diphtheria, tetanus or pertussis vaccine.

#### Td Immunization

CVX
09, 113, 115, 138, 139

#### Td Vaccine Procedure

CPT/CPT II
90714, 90718

#### Tdap Immunization

CVX
115

Tdap Vaccine Procedure

<b>CPT/CPT II</b>
90715

**Immunization Status: Zoster**

Members who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the member’s 50<sup>th</sup> birthday and before or during the Measurement Year.

Herpes Zoster Live Immunization

<b>CVX</b>
121

Herpes Zoster Live Vaccine Procedure

<b>CPT/CPT II</b>
90736

Herpes Zoster Recombinant Immunization

<b>CVX</b>
187

Herpes Zoster Recombinant Vaccine Procedure

<b>CPT/CPT II</b>
90750

**Immunization Status: Pneumococcal**

Members who were administered the 23-valent pneumococcal polysaccharide vaccine on or after the member’s 60<sup>th</sup> birthday and before or during the Measurement year.

Pneumococcal Polysaccharide 23 Immunization

<b>CVX</b>
33

Pneumococcal Polysaccharide 23 Vaccine Procedure

<b>CPT/CPT II</b>
90732

**Exclusions:** Members with active chemotherapy any time during the Measurement Year. Members with bone marrow transplant any time during the Measurement year. Members with history of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member’s history through the end of the Measurement Year. Members in hospice or using hospice services any time during the Measurement Year.



## WOMEN'S HEALTH

### BREAST CANCER SCREENING (BCS)

*Product lines-Commercial, Medicaid, Medicare*

Measure evaluates the percentage of women ages 50–74 who had a mammogram screening October 1, 2 years prior to the measurement year through December 31 of the measurement year.

#### Mammography Screening:

CPT	LOINC
77061, 77062, 77063, 77065, 77066, 77067	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness.

**Optional Exclusions:** Bilateral mastectomy, History of bilateral mastectomy, Unilateral mastectomy with bilateral modifier, any combination of the following that indicate a mastectomy on both the left and right side (absence of the left and right breast, unilateral mastectomy with left-side modifier, unilateral mastectomy with a right-side modifier, left unilateral mastectomy, right unilateral mastectomy) any time in members history through December 31 of measurement year.

### CERVICAL CANCER SCREENING (CCS)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of women ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women 21-64 years of age who had cervical cytology performed in the measurement year or 2 years prior
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measurement year or four years prior
- Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in measurement year or four years prior

### Cervical Cytology

CPT	HCPS
88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
LOINC	
10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5	

### High Risk HPV Test

CPT	HCPCS
87624, 87625	G0476
LOINC (HPV)	
21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3	

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care.

**Optional Exclusions:** Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix

## CHLAMYDIA SCREENING (CHL)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of women ages 16 to 24 identified as sexually active who had at least one test for chlamydia during the measurement year.

### Chlamydia Screening Test

CPT	LOINC
87110, 87270, 87320, 87490, 87491, 87492, 87810	144463-4, 144464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year.

## OSTEOPOROSIS MANAGEMENT in Women Who Had a Fracture (OMW)

*Product lines: Medicare*

Measure evaluates the percentage of women age 67–85 years of age who suffered a fracture and had a bone mineral density (BMD) test or were prescribed medication to treat osteoporosis within 6 months following the fracture (does not include fractures to the finger, toe, face or skull).

### Bone Density Tests:

CPT	ICD-10	APPROPRIATE MEDICATIONS
76977, 77078, 77080, 77081, 77085, 77086	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1	alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid, abaloparatide, calcitonin, denosumab, raloxifene, teriparatide

### Osteoporosis Medication Therapy

HCPCS
J0897, J1740, J3110, J3111, J3489

### Long-Acting Osteoporosis Medications (during inpatient stay only)

HCPCS
J0897, J1740, J3489

Dispensed at least one of the following osteoporosis medications within 180 days of their discharge for a fracture:

DRUG CATEGORY	MEDICATIONS
Bisphosphonates	Alendronate Alendronate-cholecalciferol Ibandronate Risedronate Zoledronic acid
Other agents	Abaloparatide Denosumab Raloxifene Romosozumab Teriparatide

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Medicare members 67 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 67-80 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness. Members ages 81 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty during the intake period through end of the measurement year. Members who had a BMD test 24 months prior to the fracture. Members who had osteoporosis therapy 12 months prior to the fracture. Members who were dispensed a medication or had an active prescription for the medication to treat osteoporosis 12 months prior to the fracture.

## PRENATAL AND POSTPARTUM CARE (PPC)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. The measure includes the following 2 indicators:

### 1. Timeliness of Prenatal Care

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 in the organization.

**Acceptable Provider Types to Render Prenatal Care Services:**

- OB-GYN
- Physician

Any of the following who deliver prenatal care services under the direction of an OB-GYN or certified provider:

- Certified Nurse Midwife (CNM)
- Nurse Practitioner (NP)
- Physician’s Assistant (PA)

**Prenatal Bundled Services Code**

(because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated)

CPT	HCPCS
59400, 59425, 59426, 59510, 59610, 59618	H1005

**Stand Alone Prenatal Visit Codes**

CPT/CPT II	HCPCS
99500, 0500F, 0501F, 0502F	H1000, H1001, H1002, H1003, H1004

**Prenatal Visit Codes (to Use with Pregnancy Diagnosis)**

CPT	HCPCS
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483	G0463, T1015

**Telephone Visit with Diagnosis of Pregnancy**

CPT
98966, 98967, 98968, 99441, 99442, 99443

**Online Assessment with Diagnosis of Pregnancy**

CPT	HCPCS
98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063

**2. Postpartum Care**

Measure evaluates the percentage of women who delivered a baby and who had their postpartum visit on or between 7 and 84 days after delivery. Any of the following meet criteria:

**Postpartum Bundled Services**

CPT
59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

### Postpartum Visit:

CPT/CPT II	ICD-10	HCPCS
57170, 58300, 59430, 99501, 0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	G0101

### Telephone Visits

CPT
98966, 98967, 98968, 99441, 99442, 99443

### Online Assessment

CPT	HCPCS
98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063

### Cervical Cytology Procedure

CPT	HCPCS	LOINC
88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Pregnancy didn't result in a live birth. Member wasn't pregnant. Delivery wasn't in date parameters.

## Management of Chronic Conditions

### BLOOD PRESSURE CONTROL FOR PATIENT WITH DIABETES (BPD)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members ages 18-75 with diabetes (types 1 & 2) who have a blood pressure reading <140/90 mmHg

#### Important Notes:

- Blood pressure reading must be performed within the measurement year—last blood pressure result of the year is the one measured.
- Blood pressure readings taken on the same day the member received a common low-intensity or preventive procedure can be used. Examples include, but aren't limited to:
  - Vaccinations
  - Injections (allergy, vitamin B-12, insulin, steroid, Toradol, Depo-Provera, testosterone, lidocaine)
  - TB test
  - IUD insertion
  - Eye exam with dilating agents
  - Wart or mole removal
- Do not include BP readings:
  - Taken during an acute inpatient stay or an ED visit.

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests. Examples include, but are not limited to:
  - Colonoscopy
  - Dialysis, infusions and chemotherapy
  - Nebulizer treatment with albuterol
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

#### Diastolic Blood Pressure Levels

CPT/CPT II
3078F, 3079F

#### Systolic Blood Pressure Levels

CPT/CPT II
3074F, 3075F

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness.

### EYE EXAM FOR PATIENTS WITH DIABETES (EED)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members ages 18-75 with diabetes (types 1 & 2) who had a retinal eye exam

This includes diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year
- A negative retinal or dilated eye exam (negative for retinopathy) by an optometrist or ophthalmologist in the year prior to the measurement year
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year

#### Diabetic Eye Exam

CPT/CPT II	HCPCS
67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245	S0620, S0621, S3000

### Diabetic Eye Exam without Evidence of Retinopathy in Prior Year

CPT/CPT II
3072F

### Eye Exam without Evidence of Retinopathy

CPT/CPT II
2023F, 2025F, 2033F

### Eye Exam with Evidence of Retinopathy

CPT/CPT II
2022F, 2024F, 2026F

### Automated Eye Exam

CPT/CPT II
92229

### Unilateral Eye Enucleation

CPT/CPT II
65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

### Unilateral Eye Enucleation—Left

ICD-10 Procedure
08T1XZZ

### Unilateral Eye Enucleation—Right

ICD-10 Procedure
08T0XZZ

### Bilateral Modifier

CPT Modifier
50

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Members who have no diagnosis of diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during measurement year or year prior. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness.

## HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (HBD)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members ages 18-75 with diabetes (types 1 & 2) whose Hemoglobin A1c was at the following levels during the measurement year:

HbA1c control (<8%)

HbA1c poor control (>9.0%)

Important Notes: HbA1c test must be performed during the measurement year. If multiple tests were performed in the measurement year, the result from the last test is used.

### HbA1c Level < 7.0%

CPT/CPT II
3044F

### HbA1c ≥ 7.0% and < 8.0%

CPT/CPT II
3051F

### HbA1c ≥ 8.0% and ≤ 9.0%

CPT/CPT II
3052F

### HbA1c > 9.0%

CPT/CPT II
3046F

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Members who have no diagnosis of diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during measurement year or year prior. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness.

## KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members ages 18-75 with diabetes (types 1 & 2) who had a kidney health evaluation in the measurement year. **Both** an eGFR and uACR test is required one same or different dates of service.

- At least 1 estimated glomerular filtration rate (eGFR); **AND**
- At least 1 urine albumin-creatinine ratio (uACR) test identified by one of the following:
  - A quantitative urine albumin test AND a urine creatinine test 4 or less days apart; OR
  - A uACR

### Estimated Glomerular Filtration Rate Lab Test

CPT/CPT II	LOINC
80047, 80048, 80050, 80053, 80069, 82565	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1

### Quantitative Urine Albumin Lab Test

CPT/CPT II	LOINC
82043	14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7



### Urine Creatinine Lab Test

CPT/CPT II	LOINC
82570	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

### Urine Albumin Creatinine Ratio Test

LOINC
13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Members with evidence of ESRD or dialysis. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness. Members age 81 years of age and older as of December 31 of the measurement year with frailty diagnosis during the measurement year.

**Optional Exclusions:** Members who have no diagnosis of diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during measurement year or year prior.

## CONTROLLING HIGH BLOOD PRESSURE (CBP)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

### Essential Hypertension

ICD-10
I10

### Diastolic Blood Pressure

CPT/CPT II
3078F, 3079F, 3080F

### Systolic Blood Pressure

CPT/CPTII
3074F, 3075F, 3077F

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness.

**Optional Exclusions:** Dialysis, End-stage renal disease (ESRD), kidney transplant, nephrectomy on or before Dec. 31 of the measurement year. Female members with a diagnosis of pregnancy during the measurement year. Members who had a non-acute inpatient admission during the measurement year.

## COPD EXACERBATION (*Pharmacotherapy Management*) (PCE)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of COPD exacerbations for members age 40 and older who had an acute inpatient stay or ED visit on or between January 1—November 30 of the measurement year and were dispensed appropriate medications. Intent is to measure compliance with recommended pharmacotherapy management for those with COPD exacerbations.

Two rates are reported:

1. Percentage of members dispensed a systemic corticosteroid—or with evidence of an active prescription—within 14 days of the event
2. Percentage of members dispensed a bronchodilator—or with evidence of an active prescription—within 30 days of the event

RATES	APPROPRIATE MEDICATIONS
<b>Systemic Corticosteroid:</b> Dispensed prescription for systemic corticosteroid within 14 days after the episode.	Glucocorticoids: Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone
<b>Bronchodilator:</b> Dispensed prescription for a bronchodilator within 30 days after the episode date.	Anticholinergic agents, Beta 2-agonists, Bronchodilator combinations

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year

## PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK (PBH)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members age 18 and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

DRUG CATEGORY	MEDICATIONS
<b>Non-cardioselective beta-blockers</b>	Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol
<b>Cardioselective beta-blockers</b>	Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol
<b>Antihypertensive combinations</b>	Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness.

## Medication Management

### ASTHMA MEDICATION RATIO (AMR)

*Product lines: Commercial, Medicaid*

Percentage of members ages 5-64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

#### Asthma Controller Medication

DRUG CATEGORY	MEDICATIONS
Antibody inhibitors	Omalizumab
Anti-interleukin-4	Dupilumab
Anti-interleukin-5	Benralizumab, Mepolizumab, Reslizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone
Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton
Methylxanthines	Theophylline

#### Asthma Reliever Medications

DRUG CATEGORY	MEDICATIONS
Short-acting, inhaled beta-2 agonists	Albuterol, Levalbuterol

**Exclusions:** Members in hospice or using hospice services any time during the measurement year. Members who had any diagnosis during the member's history through December 31 of the measurement year: Emphysema, Chronic obstructive pulmonary disease (COPD), Chronic respiratory conditions due to fumes/vapors, Cystic fibrosis, Obstructive chronic bronchitis, or Acute respiratory failure. Members who had no asthma controller or reliever medications dispensed during the measurement year.

### STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members 40-75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

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

**Important note:** The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication at any intensity through the last day of the measurement year.

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Female members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year. In vitro fertilization in the measurement year or year prior to the measurement year. Members with ESRD or dialysis. Members dispensed at least one prescription for clomiphene during the measurement year or the year prior. Members with cirrhosis during the measurement year or year prior. Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. Any of the following during the year prior to the measurement year to be excluded from measure: Myocardial infarction, Coronary artery bypass grafting (CABG), Percutaneous Coronary Intervention (PCI), or other revascularization procedure. A diagnosis of ischemic vascular disease (IVD) via outpatient visit, telephone visit, e-visit or virtual check-in, acute inpatient encounter without

telehealth modifier or acute inpatient discharge. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness.

**Optional Exclusions:** Members who have no diagnosis of diabetes and have a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during measurement year or year prior.

## STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of males 21-75 years of age and females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

1. **Received Statin Therapy.** Members who were dispensed at least one high-intensity or moderate-intensity statin medication.
2. **Statin Adherence 80%.** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care. Female members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year. In vitro fertilization in the measurement year or year prior to the measurement year. Members with ESRD or dialysis. Members dispensed at least one prescription for clomiphene during the measurement year or the year prior. Members with cirrhosis during the measurement year or year prior. Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. Medicare members 66 years of age and older as of Dec. 31 of the measurement year who either: enrolled in an Institutional Special Needs Plan (I-SNP) or living long term in an institution. Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty **and** advanced illness.

## ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members ages 18 and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

### Antidepressant Medications

To comply with this measure, member must remain on any of the following medications for the required duration of time:

Drug Category	Medications
Miscellaneous antidepressants	Bupropion Vilazodone Vortioxetine
Monoamine oxidase inhibitors	Isocarboxazid Phenelzine Selegiline Tranylcypromine
Phenylpiperazine antidepressants	Nefazodone Trazodone

Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine Fluoxetine-olanzapine
SNRI antidepressants	Desvenlafaxine Duloxetine Levomilnacipran Venlafaxine
SSRI antidepressants	Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline
Tetracyclic antidepressants	Maprotiline Mirtazapine
Tricyclic antidepressants	Amitriptyline Amoxapine Clomipramine Desipramine Doxepin (>6 mg) Imipramine Nortriptyline Protriptyline Trimipramine

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year.

## APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of episodes for members 3 years and older diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test between July 1 of the year prior to the measurement year through June 30 of the measurement year. Document rapid strep test or throat culture performed to confirm diagnosis. Document secondary diagnosis requiring an antibiotic if testing for pharyngitis was not completed but antibiotics were prescribed.

### Group A Strep Test

CPT/CPT II	LOINC
87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880	11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2

### Pharyngitis

ICD-10 DIAGNOSIS
J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

**Exclusions:** Members in hospice or using hospice services any time during the measurement year. Exclude any diagnosis for a comorbid condition during the 12 months prior to or on the Episode Date. Comorbid conditions include: HIV, Malignant Neoplasms, Malignant Neoplasms of the Skin, Emphysema, COPD, Disorders of the Immune System.

## APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members age 3 months and older who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription on for 3 days after the diagnosis day (4 days total). A higher rate indicates appropriate URI treatment. Document secondary diagnoses code requiring an antibiotic.

### Upper Respiratory Infection Codes That Do Not Need Antibiotics

ICD-10
J00, J06.0, J06.9

**Exclusions:** Members in hospice or using hospice services any time during the measurement year. Exclude any diagnosis for a comorbid condition during the 12 months prior to or on the Episode Date. Comorbid conditions include: HIV, Malignant Neoplasms, Malignant Neoplasms of the Skin, Emphysema, COPD, Disorders of the Immune System.

## AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS (AAB)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members age 3 months and older with diagnosis of acute bronchitis/bronchiolitis between July 1 of the year prior to the measurement year through June 30 of the measurement year who were not dispensed an antibiotic medication on or 3 days after the episode. A higher rate indicates appropriate treatment. Document secondary diagnoses code requiring an antibiotic.

### Acute Bronchitis Codes That Do Not Need Antibiotics

ICD-10
J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9

**Exclusions:** Members in hospice or using hospice services any time during the measurement year.

## Utilization

### FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS (FMC)

*Product lines: Medicare*

Measure evaluates the percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit. Include visits that occur on the date of the ED visit. The following meet criteria for follow-up:

### Outpatient Visits

CPT/CPT II	HCPCS	UBREV
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015	0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

### Telephone Visit

CPT/CPT II
98966, 98967, 98968, 99441, 99442, 99443

### Transitional Care Management

CPT/CPT II
99495, 99496

### Case Management Visits

CPT/CPT II	HCPCS
99366	T1016, T1017, T2022, T2023

### Complex Care Management Services

CPT/CPT II	HCPCS
99439, 99487, 99489, 99490, 99491	G0506

**Outpatient or Telehealth Behavioral Health Visits with Outpatient Place of Service (POS) code**

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	03 School 05 Indian Health Service free-standing facility 07 Tribal 638 free-standing facility 09 Prison/Correctional facility 11 Office 12 Home 13 Assisted living facility 14 Group home 15 Mobile unit 16 Temporary lodging 17 Walk-in retail health clinic 18 Place of employment - worksite 19 Off-campus outpatient hospital 20 Urgent care facility 22 On-campus outpatient hospital 33 Custodial care facility 49 Independent clinic 50 Federally qualified health center 71 Public health clinic 72 Rural health clinic

**Outpatient or Telehealth Behavioral Health Visit**

CPT/CPT II	HCPCS	UBREV
98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983



**Intensive Outpatient Encounter or Partial Hospitalization with Partial Hospitalization Place of Service Code**

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	52 Psychiatric facility – partial hospitalization

**Intensive Outpatient Encounter or Partial Hospitalization**

HCPCS	UBREV
G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913

**Community Mental Health Center Visit with Community Mental Health Center Place of Service Code**

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	53 Community mental health center

### Electroconvulsive Therapy with Appropriate Place of Service Code

CPT/CPT II	ICD-10 Procedure	POS
90870	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ GZB3ZZZ, GZB4ZZZ	03 School 05 Indian Health Service free-standing facility 07 Tribal 638 free-standing facility 09 Prison/Correctional facility 11 Office 12 Home 13 Assisted living facility 14 Group home 15 Mobile unit 16 Temporary lodging 17 Walk-in retail health clinic 18 Place of employment - worksite 19 Off-campus outpatient hospital 20 Urgent care facility 22 On-campus outpatient hospital 24 Ambulatory surgical center 33 Custodial care facility 49 Independent clinic 50 Federally qualified health center 52 Psychiatric facility – partial hospitalization 53 Community mental health center 71 Public health clinic 72 Rural health clinic

### Telehealth Visit with Telehealth Place of Service Code

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	02 Telehealth

### Observation Visit

CPT/CPT II	POS
99217, 99218, 99219, 99220	53 Community mental health center

### Substance Use Disorder Service

CPT/CPT II	HCPCS	UBREV
99408, 99409	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, N0050, H2035, H2036, T1006, T1012	0906, 0944, 0945

### E-visit or Virtual Check-in

CPT/CPT II	HCPCS
98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year.

## INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT (IET)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

- *Initiation of SUD Treatment.* The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days.
- *Engagement of SUD Treatment.* The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

For follow up treatments, a diagnosis for Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence is required.

### Acute or Nonacute Inpatient Stay

UBREV
0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002

### Outpatient Visits with Outpatient Place of Service Code(s)

Use service codes below with the diagnosis code AND a place of service (POS) code:

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255,	03 School 05 Indian Health Service free-standing facility 07 Tribal 638 free-standing facility 09 Prison/Correctional facility 11 Office 12 Home 13 Assisted living facility 14 Group home 15 Mobile unit 16 Temporary lodging 17 Walk-in retail health clinic 18 Place of employment - worksite 19 Off-campus outpatient hospital 20 Urgent care facility 22 On-campus outpatient hospital 33 Custodial care facility 49 Independent clinic 50 Federally qualified health center 71 Public health clinic 72 Rural health clinic

### Behavioral Health Outpatient Visit

CPT/CPT II	HCPCS	UBREV
98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H1015	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983

### Intensive Outpatient Encounter or Partial Hospitalization with Partial Hospitalization Place of Service Code

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	52 Psychiatric facility – partial hospitalization

### Intensive Outpatient Encounter or Partial Hospitalization

HCPSC	UBREV
G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	0905, 0907, 0912, 0913

### Non-Residential Substance Abuse Treatment Facility with Non-Residential Substance Abuse Treatment Facility Place of Service Code

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	57 Non-residential substance abuse treatment facility 58 Non-residential opioid treatment facility

### Community Mental Health Center Visit with Community Mental Health Place of Service Code

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255,	53 Community mental health center

### Telehealth Visit with Telehealth Place of Service Code

CPT/CPT II	POS
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255,	02 Telehealth

### Substance Use Disorder Services

CPT/CPT II	HCPSC	UBREV
99408, 99409	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	0906, 0944, 0945

### Observation Visits

CPT/CPT II
99217, 99218, 99219, 99220

### E-Visit or Virtual Check-In

CPT/CPT II	HCPSC
98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063

### Telephone Visit

CPT/CPT II
98966, 98967, 98968, 99441, 99442, 99443

**Opioid Treatment Service  
 OUD Monthly Office Based Treatment**

HCPCS
G2086, G2087

**OUD Weekly Drug Treatment Service**

HCPCS
G2067, G2068, G2069, G2070, G2072, G2073

**OUD Weekly Non-Drug Service**

HCPCS
G2071, G2074, G2075, G2076, G2077, G2080

**Medication Treatment for Alcohol Use Disorder**

HCPCS
J2315

**One or more medication dispensing event for alcohol use disorder:**

Drug Category	Medications
Aldehyde dehydrogenase inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral; delayed-release tablet)

**Medication Treatment for Opioid Use Disorder**

HCPCS
J2315, G2070, G2072, J0570, G2069, Q9991, Q9992, J0572, J0573, J0574, J0575, H0033, J0571, G2068, G2079, H0020, S0109, G2067, G2078

**One or more medication dispensing events for opioid use disorder:**

Drug Category	Medications
Antagonist	Naltrexone (oral and injectable)
Partial agonist	Buprenorphine (sublingual tablet, injection or implant) Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

**TRANSITIONS OF CARE (TRC)**

*Product lines: Medicare*

Measures evaluates percentage of acute or non-acute inpatient discharges for members 18 years of age and older who had each of the following:

- **Notification of Inpatient Admission:** Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission.
- **Receipt of Discharge Information:** Documentation of receipt of discharge information on the day of discharge or through 2 days after the discharge, including:
  - Practitioner responsible for the member’s care during inpatient stay
  - Procedures or treatment provided

- Diagnoses at discharge
  - Current medication list
  - Testing results, or documentation of pending tests or no tests pending
  - Instructions for patient care post-discharge
- **Patient Engagement After Inpatient Discharge:** Documentation of patient engagement (e.g., office visits, home visit, telehealth) provided within 30 days after discharge. Do not include patient engagement that happens on the day of discharge. Patient engagement can include any of the following: Outpatient visit, Transitional Care Management, Synchronous telephone, e-visit or virtual check-in

#### Outpatient Visits

CPT/CPT II	HCPCS
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015

#### Telephone Visits

CPT/CPT II
98966, 98967, 98968, 99441, 99442, 99443

#### Online Assessments (e-visit/virtual check-in)

CPT/CPT II	HCPCS
98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010, G2012, G2061, G2062, G2063

#### Transitional Care Management

CPT/CPT II
99495, 99496

- **Medication Reconciliation Post-Discharge:** Documentation of medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge

#### Medication Reconciliation

CPT/CPT II
1111F, 99483, 99495, 99496

**Exclusions:** Members in hospice or using hospice services anytime during the measurement year.

## BEHAVIORAL HEALTH

### DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF-E)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive received follow-up care.

- **Depression Screening.** The percentage of members who were screened for clinical depression using a standardized instrument.
- **Follow-Up on Positive Screen.** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

#### Depression Screening

Members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 1 of the Measurement Year. A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (12-17 years)	Positive Finding	LOINC Code
Patient Health Questionnaire (PHQ-9)	Total Score $\geq$ 10	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M)	Total Score $\geq$ 10	89204-2
Patient Health Questionnaire-2 (PHQ-2)	Total Score $\geq$ 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)*	Total Score $\geq$ 8	89208-3
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score $\geq$ 17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	Total Score $\geq$ 10	71354-5
PROMIS Depression	Total Score (T Score) $\geq$ 60	71965-8
Instruments for Adults (18+ years)	Positive Finding	LOINC Code
Patient Health Questionnaire (PHQ-9)	Total Score $\geq$ 10	44261-6
Patient Health Questionnaire-2 (PHQ-2)	Total Score $\geq$ 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)*	Total Score $\geq$ 8	89208-3
Beck Depression Inventory (BDI-II)	Total Score $\geq$ 20	89209-1
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score $\geq$ 17	89205-9
Duke Anxiety-Depression Scale (DADS)*	Total Score $\geq$ 30	90853-3
Geriatric Depression Scale Short Form (GDS)	Total Score $\geq$ 5	48545-8



Geriatric Depression Scale Long Form (GDS)	Total Score $\geq$ 10	48544-1
Edinburgh Postnatal Depression Scale (EPDS)	Total Score $\geq$ 10	71354-5
My Mood Monitor (M-3)	Total Score $\geq$ 5	71777-7
PROMIS Depression	Total Score (T Score) $\geq$ 60	71965-8
Clinically Useful Depression Outcome Scale	Total Score $\geq$ 31	90221-3

\*Proprietary; may be cost or licensing requirement associated with use.

### Follow-Up on Positive Screen

Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 days).

Any of the following on or 30 days after the first positive screen:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management
- A dispensed antidepressant medication **OR**
- Documentation of additional depressing screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument

Exclusions: Members with bipolar disorder in the year prior to the Measurement Period; Members with depression that starts during the year prior to the Measurement Period; and Members in hospice or using hospice services during the Measurement Period.

### UTILIZATION OF THE PHQ-9 TO MONITOR DEPRESSION SYMPTOMS FOR ADOLESCENTS AND ADULTS (DMS-E)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

**Measurement Period: January 1-December 31** is divided into three assessment periods with specific dates of service:

- Assessment Period 1: January 1-April 30
- Assessment Period 2: May 1-August 31
- Assessment Period 3: September 1-December 31

Instruments for Adolescents (12-17 years)	Positive Finding	LOINC Code
Patient Health Questionnaire (PHQ-9)	Total Score $\geq$ 10	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M)	Total Score $\geq$ 10	89204-2
Instruments for Adults (18+ years)	Positive Finding	LOINC Code
Patient Health Questionnaire (PHQ-9)	Total Score $\geq$ 10	44261-6

Exclusions: Members with any of the following at any time during the Measurement Period: Bipolar disorder, Personality disorder, Psychotic disorder, Pervasive developmental disorder; In hospice or using hospice services

## POSTPARTUM DEPRESSION SCREENING AND FOLLOW-UP (PDS-E)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported.

- **Depression Screening.** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period (7 to 84 days following the date of delivery).
- **Follow-Up on Positive Screen.** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone or e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication. **OR**
- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument

Instruments for Adolescents (12-17 years)	Positive Finding	LOINC Code
Patient Health Questionnaire (PHQ-9)	Total Score $\geq$ 10	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M)	Total Score $\geq$ 10	89204-2
Patient Health Questionnaire-2 (PHQ-2)	Total Score $\geq$ 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)*	Total Score $\geq$ 8	89208-3
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score $\geq$ 17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	Total Score $\geq$ 10	71354-5
PROMIS Depression	Total Score (T Score) $\geq$ 60	71965-8

Instruments for Adults (18+ years)	Positive Finding	LOINC Code
Patient Health Questionnaire (PHQ-9)	Total Score $\geq$ 10	44261-6
Patient Health Questionnaire-2 (PHQ-2)	Total Score $\geq$ 3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)*	Total Score $\geq$ 8	89208-3
Beck Depression Inventory (BDI-II)	Total Score $\geq$ 20	89209-1
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score $\geq$ 17	89205-9
Duke Anxiety-Depression Scale (DADS)*	Total Score $\geq$ 30	90853-3
Edinburgh Postnatal Depression Scale (EPDS)	Total Score $\geq$ 10	71354-5
My Mood Monitor (M-3)	Total Score $\geq$ 5	71777-7
PROMIS Depression	Total Score (T Score) $\geq$ 60	71965-8
Clinically Useful Depression Outcome Scale	Total Score $\geq$ 31	90221-3

\*Proprietary; may be cost or licensing requirement associated with use.

## PRENATAL DEPRESSION SCREENING AND FOLLOW-UP (PND-E)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported.

- **Depression Screening.** The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- **Follow-Up on Positive Screen.** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

Exclusions: Deliveries that occurred at less than 37 weeks gestation. Deliveries in which members were in hospice or using hospice services during the Measurement Period.

Instruments for Adolescents (12-17 years)	Positive Finding	LOINC Code	Quality Measures Impacted
Patient Health Questionnaire (PHQ-9)	Total Score $\geq$ 10	44261-6	PDS-E, PND-E, DSF-E DMS-E, DRR-E
Patient Health Questionnaire Modified for Teens (PHQ-9M)	Total Score $\geq$ 10	89204-2	PDS-E, PND-E, DSF-E DMS-E, DRR-E
Patient Health Questionnaire-2 (PHQ-2)	Total Score $\geq$ 3	55758-7	PDS-E, PND-E, DSF-E
Beck Depression Inventory-Fast Screen (BDI-FS)*	Total Score $\geq$ 8	89208-3	PDS-E, PND-E, DSF-E
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score $\geq$ 17	89205-9	PDS-E, PND-E, DSF-E
Edinburgh Postnatal Depression Scale (EPDS)	Total Score $\geq$ 10	71354-5	PDS-E, PND-E, DSF-E
PROMIS Depression	Total Score (T Score) $\geq$ 60	71965-8	PDS-E, PND-E, DSF-E

Instruments for Adults (18+ years)	Positive Finding	LOINC Code	Quality Measure Impacted
Patient Health Questionnaire (PHQ-9)	Total Score $\geq$ 10	44261-6	PDS-E, PND-E, DSF-E DMS-E, DRR-E
Patient Health Questionnaire-2 (PHQ-2)	Total Score $\geq$ 3	55758-7	PDS-E, PND-E, DSF-E
Beck Depression Inventory-Fast Screen (BDI-FS)*	Total Score $\geq$ 8	89208-3	PDS-E, PND-E, DSF-E
Beck Depression Inventory (BDI-II)	Total Score $\geq$ 20	89209-1	PDS-E, PND-E, DSF-E
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score $\geq$ 17	89205-9	PDS-E, PND-E, DSF-E
Duke Anxiety-Depression Scale (DADS)*	Total Score $\geq$ 30	90853-3	PDS-E, PND-E, DSF-E
Edinburgh Postnatal Depression Scale (EPDS)	Total Score $\geq$ 10	71354-5	PDS-E, PND-E, DSF-E
My Mood Monitor (M-3)	Total Score $\geq$ 5	71777-7	PDS-E, PND-E, DSF-E
PROMIS Depression	Total Score (T Score) $\geq$ 60	71965-8	PDS-E, PND-E, DSF-E
Clinically Useful Depression Outcome Scale	Total Score $\geq$ 31	90221-3	PDS-E, PND-E, DSF-E

\*Proprietary; may be cost or licensing requirement associated with use.

## UNHEALTHY ALCOHOL USE SCREENING AND FOLLOW-UP (ASF-E)

*Product lines: Commercial, Medicaid, Medicare*

Measure evaluates the percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.

- **Unhealthy Alcohol Use Screening.** The percentage of members who had a systemic screening for unhealthy alcohol use.
  - A standard assessment instrument that has been normalized and validated for the adult patient population to include AUDIT, AUDIT-C and a Single-Question Screen. Screening requires completion of one or more instruments. The threshold for a positive finding is indicated below for each instrument.

Screening Instrument	Positive Finding	LOINC Code
Alcohol Use Disorders Identification Test (AUDIT) Screening Instrument	Total score $\geq$ 8	75624-7
Alcohol Use Disorders Identification Test Consumption (AUDIT-C) Screening Instrument	Total score $\geq$ 4 for men Total score $\geq$ 3 for women	75626-2
Single-Question Screen: "How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day?"	Response $\geq$ 1	88037-7 75889-6

- **Alcohol Counseling or Other Follow-up Care.** The percentage of members receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use.
  - An encounter on, or up to 60 days after, the date of the first positive screening that includes at least one of the following:

- Feedback on alcohol use and harms
- Identification of high-risk situations for drinking and coping strategies
- Increase the motivation to reduce drinking
- Development of a personal plan to reduce drinking
- Documentation of receiving alcohol misuse treatment

Exclusions: Members with alcohol use disorder that starts during the year prior to the Measurement Period. Members with history of dementia any time during the member's history through the end of the Measurement Period. Members in hospice or using hospice services any time during the Measurement Period.

## PEDIATRIC HEALTH

### FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. A new prescription is defined as having no new or refill ADHD medications 120 days prior to an ADHD medication dispense date. Two rates are reported:

1. **Initiation Phase.** The percentage of children 6-12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
  
2. **Continuation and Maintenance (C&M) Phase.** The percentage of children 6-12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

#### ADHD Medications

DESCRIPTION	PRESCRIPTION
CNS stimulants	dexmethylphenidate, dextroamphetamine, lisdexamfetamine, methylphenidate, methamphetamine
Alpha-2 receptor agonists	Clonidine, guanfacine
Miscellaneous ADHD medications	atomoxetine

#### Initiation Phase

Outpatient Visit with a Practitioner with Prescribing Authority and with Appropriate Place of Service Code (Place of Service Code must be billed with visit code)

CPT/CPT II
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

AND

Place of Service Code

CODE	LOCATION		LOCATION
03	School	17	Walk-in retail health clinic
05	Indian Health Service free-standing facility	18	Place of employment—worksites
07	Tribal 638 free-standing facility	19	Off—campus outpatient hospital
09	Prison/Correctional facility	20	Urgent care facility
11	Office	22	On-campus outpatient hospital
12	Home	33	Custodial care facility
13	Assisted living facility	49	Independent clinic
14	Group home	50	Federally qualified health center
15	Mobile unit	71	Public health clinic
16	Temporary lodging	72	Rural health clinic

Behavioral Health Outpatient Visit with a Practitioner with Prescribing Authority

CPT/CPT II	HCPCS
98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

Observation Visit with a Practitioner with Prescribing Authority

CPT/CPT II
99217, 99218, 99219, 99220

Intensive Outpatient Encounter or Partial Hospitalization with Place of Service Code

CPT/CPT II
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

AND

Place of Service Code

CODE	LOCATION
52	Psychiatric facility – partial hospitalization

A Health and Behavior Assessment or Intervention with a Practitioner with Prescribing Authority

CPT/CPT II
96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

**Intensive Outpatient Encounter or Partial Hospitalization with a Practitioner with Prescribing Authority**

HCPSCS
G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

**Community Mental Health Center with a Practitioner with Prescribing Authority and with Appropriate Place of Service Code**

CPT/CPT II
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

AND

**Place of Service Code**

CODE	LOCATION
53	Community mental health center

**Telehealth Visit with Practitioner with Prescribing Authority and with Appropriate Place of Service Code**

CPT/CPT II
90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

AND

**Place of Service Code**

CODE	LOCATION
02	Telehealth

**Telephone Visit with a Practitioner with Prescribing Authority**

CPT/CPT II
98966, 98967, 98968, 99441, 99442, 99443

**Continuation and Maintenance Phase**

All visit types and codes listed in the Initiation Phase meet criteria for the Continuation and Maintenance Phase in addition to E-visit or virtual check-in. Only one of the two visits during days 31-300 may be an e-visit or virtual check-in.

**Online Assessment**

CPT/CPT II	HCPSCS
98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457	G0071, G2010,

## CHILDHOOD IMMUNIZATION STATUS (CIS)

*Product lines: Commercial, Medicaid*

Measure evaluates percentage of children age 2 who had (on or before their second birthday):

- 4 doses of diphtheria, tetanus and acellular pertussis (DTaP) vaccine
- 1 hepatitis A (Hep A) vaccine
- 3 doses of polio (IPV) vaccine
- 3 doses of hepatitis B (HepB) vaccine
- 3 doses of haemophilus influenza type B (HiB) vaccine
- 2 doses of influenza (flu) vaccine
- 1 measles, mumps and rubella (MMR) vaccine
- 4 doses of pneumococcal conjugate (PCV) vaccine
- 2 or 3 doses of rotavirus (RV) vaccine
- 1 chicken pox (VZV) vaccine

IMMUNIZATION	DETAILS	CPT	HCPCS	CVX	ICD-10 DIAGNOSIS
DTaP	At least 4 doses with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.	90697, 90698, 90700, 90723	---	20, 50, 106, 107, 110, 120, 146	
IPV	At least 3 doses with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.	90697, 90698, 90713, 90723	---	10, 89, 110, 120, 146	
MMR	At least 1 dose on or between the child's first and second birthdays. All of the following anytime on or before the child's second birthday: History of measles History of mumps History of rubella	90707, 90710	---	03, 94	Measles: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 Mumps: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 Rubella: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Hib	At least 3 doses with different dates of service on or before the child's second birthday. Do not count a vaccination	90644, 90647, 90648, 90697 90698, 90748	---	17, 46, 47, 48, 49, 50, 51, 120, 146, 148	



	administered prior to 42 days after birth.				
Hepatitis B	Any of the following on or before the child's second birthday: at least 3 doses with different dates of service. (one of the 3 doses can be administered during the eight-day period that begins on the date of birth and ends seven days after the date of birth). History of Hepatitis B Anaphylaxis due to Hep B vaccine	90697, 90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110, 146	Newborn Hep B: ICD-10 Procedure code: 3E0234Z  Hepatitis B: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
VZV	Either of the following: at least 1 dose with the date of service on or between the child's first and second birthdays. History of varicella zoster on or before the child's second birthday.	90710, 90716	---	21, 94	Varicella Zoster: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Pneumococcal	At least 4 doses with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 42 days after birth.	90670	G0009	109, 133, 152	
Hepatitis A	Either of the following: at least one hepatitis A vaccination with a date of service on or between the child's first and second birthdays. History of Hepatitis A on or before the child's second birthday.	90633	---	31, 83, 85	
Rotavirus <sup>1</sup>	Any of the following on or before the child's second birthday: -2 doses of two-dose vaccine on	Rotavirus two-dose: 90681, Rotavirus three-dose: 90680	---	Rotavirus 2-dose: 119, Rotavirus 3-dose: 116, 122	Rotavirus two dose: 119,

	different dates of service -1 dose of the two-dose vaccine and 2 doses of the three-dose vaccine all on different dates of service or -3 doses of the three-dose vaccine on different dates of service				
Influenza	At least two influenza vaccinations with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 6 months (180 days) after birth. One of the two vaccinations can be a Live Attenuated Influenza Virus (LAIV) administered on the child's second birthday. Do not count an LAIV vaccination administered before the child's second birthday.	90655, 90657 90661, 90673 90685, 90686 90687, 90688 90689  LAIV: 90660, 90672	G0008	88, 140, 141, 150, 153, 155, 158, 161  LAIV: 111, 149	

<sup>1</sup> Record must document if Rotavirus is 2 or 3 dose vaccine.

Exclusions: Members in hospice or using hospice services any time during the measurement year. Members who had any of the following on or before their second birthday: Severe combined immunodeficiency, Immunodeficiency, HIV, Lymphoreticular cancer, Multiple myeloma or Leukemia or Intussusception

## IMMUNIZATIONS FOR ADOLESCENTS (IMA)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of adolescents 13 years of age 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 13<sup>th</sup> birthday. The measure calculates a rate for each vaccine and two combination rates.

IMMUNIZATION	DETAILS	CPT	HCPCS	CVX
Meningococcal	1 dose on or between 11 <sup>th</sup> – 13 <sup>th</sup> birthdays	90619, 90733, 90734	---	32, 108, 114, 136, 147, 167, 203
Tdap	1 dose on or between 10 <sup>th</sup> – 13 <sup>th</sup> birthdays	90715	---	115
Human Papillomavirus (HPV)	Two doses at least 146 days apart or three doses between 9 <sup>th</sup> -13 <sup>th</sup> birthdays	90649, 90650, 90651	---	62, 118, 137, 165

**Exclusions:** Members in hospice or using hospice services any time during the measurement year.

## WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY (WCC)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of members ages 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following completed during the measurement year:

- Body mass index (BMI) percentile
- Counseling for nutrition
- Counseling for physical activity

DESCRIPTION	CPT	ICD-10	LOINC	HCPCS
BMI Percentile	---	Z68.51, Z68.52, Z68.53, Z68.54	59574-4, 59575-1, 59576-9	---
Counseling for Nutrition	97802, 97803, 97804	Z71.3		G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	---	Z02.5, Z71.82		G0447, S9451
	Notes indicating services rendered for obesity or eating disorders also meet criteria for Counseling for Nutrition and Counseling for Physical Activity.			

**Exclusions:** Members in hospice or using hospice services any time during the measurement year.

Important Notes: For ages 3-17, a BMI percentile or BMI percentile plotted on an age growth chart meets compliance. A BMI value will not meet compliance for the age range. BMI percentile ranges or thresholds will not meet compliance. Weight assessment and counseling for nutrition and physical activity can be completed at any appointment – not just a well-child visit. However, services specific to an acute or chronic condition will not meet compliance for counseling for nutrition or physical activity.

## WELL CHILD AND ADOLESCENT WELL CARE VISITS

Components of a comprehensive well visit include:

- a health history
- a physical developmental history
- a mental developmental history
- a physical exam
- health education/anticipatory guidance

Visits must be with a primary care provider, but it doesn't have to be with the member's assigned primary care provider. Assessment or treatment of an acute or chronic condition do not count toward the measure. Use age-appropriate codes when submitting well child visits.

### Well Child Visits in the First 30 Months of Life (W30)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of children who turned 15-30 months old during the measurement year and had the recommended number of well-child visits with a primary care provider.

1. Children who turned 15 months old during the measurement year: 6 or more well-child visits in the first 15 months of life.
2. Children who turned 30 months old during the measurement year: 2 or more well-child visits between 15-30 months of age.

CPT	ICD-10	HCPCS
99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2	G0438, G0439, S0302, S0610, S0612, S0613

**Exclusions:** Members in hospice or using hospice services any time during the measurement year.

### Child and Adolescent Well-Care Visits (WCV)

*Product lines: Commercial, Medicaid*

Measure evaluates the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner per year.

CPT	ICD-10	HCPCS
99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2	G0438, G0439, S0302, S0610, S0612, S0613

**Exclusions:** Members in hospice or using hospice services any time during the measurement year.

## EXCLUSION CODES

### HOSPICE

Exclude members who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These members may be identified using various methods, which may include but are not limited to enrollment data, medical record, claims/encounter data or supplemental data for this required exclusion. Documentation that a member is near the end of life (e.g. comfort care, DNR, DNI) or is in palliative care does not meet criteria for the hospice exclusion.

CPT	HCPCS
99377, 99378	G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046

### PALLIATIVE CARE

Members receiving palliative care are excluded from measures **BCS, CCS, COL, CBP, HBD, BPD, EED, KED, SPC, SPD, and OMW** when coded appropriately.

ICD-10	HCPCS
Z51.5	G9054, M1017

### FRAILITY AND ADVANCED ILLNESS

Members 66 years of age and older with frailty and advanced illness are excluded from measures **BCS, CBP, HBD, BPD, EED, KED, COL, OMW, SPC, SPD and PBH** when coded appropriately. Members must meet **BOTH** of the following frailty and advanced illness to be excluded.

Members 81 years of age and older are excluded from measures **CBP, KED, PBH, and OMW** with only frailty coded appropriately.

#### Frailty

CPT	ICD-10	HCPCS
99504, 99509	L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200,	E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147-E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290-E0297, E0301-E0304, E0424, E0425, E0430, E0431, E0433-E0435, E0439-E0444, E0462, E0465, E0466, E0470-E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295-E1298, G0162, G0299, G0300, G0493,

<p>L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602, L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.24, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, R26.0, R26.1, R26.2, R26.89, R26.9, R41.81, R53.1, R53.81, R53.83, R54, R62.7, R63.4, R63.6, R64, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD,</p>	<p>G0494, S0271, S0311, S9123, S9124, T1000-T1005, T1019-T1022, T1030, T1031</p>
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<p>W18.2XXS, W18.30XA, W18.30XD,  W18.30XS, W18.31XA, W18.31XD,  W18.31XS, W18.39XA, W18.39XD,  W18.39XS, W19.XXXA, W19.XXXD,  W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01,  Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9,  Z91.81, Z99.11, Z99.3, Z99.81, Z99.89</p>	
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### Advanced Illness

ICD-10
<p>A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8,  C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, 71.9,  C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01,  C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80,  C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31,  C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63,  C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02,  C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30,  C94.32, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.96,  F10.97, G10, G12.21, G20, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09,  G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21,  I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43,  I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9,  J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.17, J84.170,  J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91,  J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41,  K70.9, K74.0, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60,  K74.69, N18.5, N18.6</p>