HEDIS

Provider Reference Guide

2024-2025

CareSource®

Contents

Prevention and Screenings

Product Lines: Medicaid and Commercial

WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

- BMI Percentile Documentation*
- Counseling for Nutrition
- Counseling for Physical Activity

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI Value

Codes

Need evidence of **all three** components

BMI Percentile	**ICD-10:** Z68.51-Z68.54 **LOINC:** 59576-9, 59575-1, 59574-4	**OR**	BMI% value or BMI% plotted on an age growth chart with notation of HT and WT included. **BMI percentile** NOT **BMI value** BMI percentile documented as a value (e.g., 85th percentile). BMI percentile plotted on an age-growth chart.
		AND	
Nutrition Counseling	**CPT:** 97802-97804 **HCPCS:** G0447, G0270-1, S9449, S9452, S9470 **AND** Counseling for Nutrition	**OR**	Documentation of nutrition counseling – MUST include the date and type of counseling provided.
		AND	
Physical Activity	**HCPCS:** S9451, G0447	**OR**	Documentation of counseling for physical activity – MUST include a note indicating the date and type of activity counseling provided.

Documentation of the above in one of the following:

- Checklist
- Anticipatory guidance
- Counseling or referral
- Discussion of nutritional behaviors
- Education materials/handouts
- Weight/obesity counseling

Tips:

- Height, weight, and BMI percentile must come from the same data source.
- Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators.
- Member-collected/ reported biometric values (height, weight, BMI percentile) are acceptable only if collected by a PCP (or specialist providing primary care services) while taking a patient's history. The information must be recorded, dated and maintained in the member's legal health record.

EXCLUSIONS:

- Those with diagnosis of pregnancy
- Those who use hospice services

CIS: Childhood Immunization Status

The percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

The measure calculates a rate for each vaccine and three combination rates.

Combo 3: DTaP, IPV, MMR, HiB, HepB, VZV and PCV
Combo 7: DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA and RV
Combo 10: All Immunizations including two flu shots

Codes

Immunization claim must include the vaccine code and one of the following Administration Codes: 90460, 90471-90474

DTaP	**CPT:** 90697. 90698, 90700, 90723
IPV	**CPT:** 90697, 90698, 90713, 90723
MMR	**CPT:** 90707, 90710
HIB	**CPT:** 90644, 90647-8, 90697, 90698, 90748
Hep B	**CPT:** 90697, 90723, 90740, 90744, 90747-8 **HCPCS:** G0010
PCV	**CPT:** 90670, 90671 **HCPCS:** G0009
VZV	**CPT:** 90710, 90716
Hep A	**CPT:** 90633
Rotavirus (2 Dose)	**CPT:** 90681
Rotavirus (3 Dose)	**CPT:** 90680
Influenza CPT	**CPT:** 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756 **HCPCS:** G0008
Influenza LAIV Nasal flu vaccine may only be given on or after the 2nd birthday	**CPT:** 90660, 90672 (on 2nd birthday)

Tips:

Immunizations must be administered on or before child's second birthday. Even one day after they reach that age will be too late for gap closure on this measure.

For immunization evidence obtained from the medical record, evidence that the antigen was rendered from one of the following:

- A note indicating the name of the specific antigen **and** the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.
- Rotovirus – remember to bill correctly for Totarix two dose vaccine for DTap

EXCLUSIONS:

- Those who used hospice services.
- Those who had a contraindication to a childhood vaccine. Does not include laboratory claims (claims with POS 81).

Product Lines: Medicaid and Commercial

IMA: Immunizations for Adolescents

The percentage of adolescents 13 years of age who received the following vaccines by their 13th birthday.

Combo 2:

- 1 meningococcal (11-13 years of age)
- 1 Tdap (10-13 years of age)
- 2 or 3 human papillomavirus (HPV) - males and females (9-13 years of age)

Codes

Immunizations must be administered by child's 13th birthday and claim must include the vaccine code and one of the following Administration Codes:
90460, 90471-90474

Meningococcal	**CPT:** 90619, 90733, 90734
Tdap	**CPT:** 90715
HPV	**CPT:** 90649-90651

Tips:

- Educate staff to schedule immunizations prior to the child's 13th birthday. Even one day after their birthday is too late for gap closure.
- Document both the name of the specific antigen and the date of the immunization.
- A certificate of immunization must be prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.
- Start HPV vaccines at 9 years old and try to complete the series by age 11
- Get the vaccines now to prevent anal, penile, throat, oral, vaginal, vulvar, and cervical cancer when they are adults.

EXCLUSION:

- Those who use hospice services.

LSC: Lead Screening in Children

Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. Note: Even one day after the 2nd birthday, is too late; please complete on or before the 2nd birthday.

Codes	
Lead Test	**CPT:** 83655

Tips:

Documentation in the medical record must include ***both*** of the following:

- A note indicating the date the test was performed.
- The result or finding of the test.

Complete the blood lead screening at the 9 month, 12 month, 15 month or 18 month check up.

If possible, instead of sending the patient to a lab, draw their blood while they are the office for their sick or well visit.

EXCLUSION:

- Those who use hospice services.

Product Lines: Medicaid and Commercial

CCS: Cervical Cancer Screening

Women 21-64 years of age who were screened for cervical cancer using one of the following methods:

- Women 21-61 years of age who had cervical cytology performed within the last three years
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed during the measurement year or the four years prior, and who were 30 years or older as of the date of testing
- Women 30-64 years of age who had cervical cytology/hrHPV co-testing during the measurement year or the four years prior

Codes	
High Risk HPV (30-64)	**CPT:** 87624, 87625 **HCPCS:** G0476
Cervical Cytology Lab Test (20-64)	**CPT:** 88141-3, 88147-8, 88150, 88152-3, 88164-7, 88174-5 **HCPCS:** G0123, G0124, G0141, G0143-5, G0147-8, Q0091, P3000-1

Tips and Best Practices to Help Improve Performance:

Help your patients with scheduling their routine cervical cancer screening.

Request results for tests performed by another provider.

Complete screening during well woman OB/GYN visit, sick visits, urine pregnancy tests, UTI or screening for STDs.

Review and document the patient's surgical and preventive screenings history with results

Cervical cytology during the measurement year or the two years prior is acceptable; Document in the progress notes, the Pap test with results or findings, AND the date of service; submit the applicable codes.

Documentation of Pap/HPV cotest must include: Pap tests with the date of service, results, AND documentation of a HPV test with results which has the same collection date of service as the pap test (The women MUST be ages 30-64 years of age on the date of testing)

POTENTIAL EXCLUSION *for* **Hysterectomy in patient history**

ICD-10: Q51.5, Z90.710, Z90.712

CPT: *57530-1, 57540, 57545, 57550, 57555-6, 58150, 58152, 58200, 58210, 58240, 58260, 58262-3, 58267, 58270, 58275, 58280, 58285, 58290-4, 58548, 58550, 58552-4, 58570-3, 58575, 58951, 58953-4, 58956, 59135*

Product Lines: Medicaid and Commercial

BCS-E: Breast Cancer Screenings

The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer. Women who have had a bilateral mastectomy are exempt from this measure. Diagnostic screenings are not compliant.

Codes	
MAMMOGRAPHY	**CPT:** 77061-77063, 77065-77067
BILATERAL MASTECTOMY	**ICD-10:** Z90.13

Tips and Best Practices to Help Improve Performance:

- Order and schedule mammogram appointments *before* the patient leaves the office. Have a list of facilities available to share with patients.
- Use correct diagnosis and procedure codes; submit claims and encounter data in a timely manner.
- Document medical and surgical history in the record, including dates and procedure names.
- Document all screenings in the medical record, noting the specific dates and results.
- Breast MRIs, ultrasounds, and biopsies do not count for this measure.
- Keep breast cancer screening educational materials in patient waiting areas; materials can be found at: cdc.gov

EXCLUSION:

- History of Bilateral Mastectomy (Z90.13)

Product Lines: Commercial, Medicaid, Medicare

COL-E: Colorectal Cancer Screening

Adults 45-75 years of age who had appropriate screening for colorectal cancer.

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

- Fecal occult blood test **Yearly**
- FIT sDNA test **Every 3 Years**
- CT Colonography **Every 5 Years**
- Flexible sigmoidoscopy **Every 5 years**
- Colonoscopy **Every 10 Years**

Codes	
FOBT	**CPT:** 82270, 82274 **HCPCS:** G0328
FIT sDNA	**CPT:** 81528
CT Colonography	**CPT:** 74261-74263
Flex. Sigmoidoscopy	**CPT:** 45330-35, 45337-8, 45340-42, 45346-7, 45349, 45350 **HCPCS:** G0104
Colonoscopy	**CPT:** 44388-94, 44401-8, 45378-82, 45384-6, 45388-93, 45398 **HCPCS:** G0105, G0121

Tips:

Documentation in the medical record must include a note indicating the date the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the "medical history" section of the record; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).

POTENTIAL EXCLUSIONS:

- **Colorectal Cancer ICD-10:** Z85.038, Z85.048, C18.0-9, C19, C20, C21.2, C21.8, C78.5
- **Total Colectomy CPT:** 44150-3, 44155-8, 44210-12

CHL: Chlamydia Screening in Women

Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Codes	
Chlamydia Screening	**CPT:** 87110, 87270, 87320, 87490-87492, 87810, 0353U

Tips:

Women are considered sexually active if there is evidence of one of the following:

- Contraceptives are prescribed
- Via medical coding

EXCLUSION:

- Those who use hospice services.

Product Lines: Medicare (only SNP and MMP benefit packages).

COA: Care for Older Adults

Adults 66 years and older who had each of the following during the measurement year:

- Medication Review
- Functional Status Assessment
- Pain Assessment

Codes		
Medication Review	**CPT:** 90863, 99483, 99605-6 **CPTII:** 1160F	**Medication Review:** A complete medication list, signed and dated during the measurement year by the appropriate practitioner type; member is not required to be present
Medication List	**HCPCS:** G8427 **CPTII:** 1159F	
Transitional Care Management	**CPT:** 99495-96	
Functional Status Assessment	**CPT:** 99483 **HCPCS:** G0438, G0439 **CPTII:** 1170F	**Functional Status Assessment:** Documentation must include evidence of a complete functional status assessment and the date it was performed. Must include one of the following: • ADLs • IADLs • Standardized Functional Assessment Tool
Pain Assessment	**CPTII:** 1125F, 1126F	Evidence of assessment and date performed. Must include one of the following: • Documentation that patient was assessed for pain • Use of standardized assessment tool and result

Tips:

Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for Functional Assessments and Pain Assessment indicators.

EXCLUSION:

- Those who use hospice services.

OED: Oral Evaluation, Dental Services

The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Codes	
Any Claim with a Dental Provider	**CDT:** D0120, D0145, D0150

EXCLUSION:

- Those who use hospice services.

TFC: Topical Fluoride for Children

The percentage of members 1-4 years of age who received at least two topical fluoride applications during the measurement year.

Codes
CDT: D1206
CPT: 99188

EXCLUSION:

- Those who use hospice services.

Respiratory Conditions

Product Lines: Commercial, Medicaid, Medicare

CWP: Appropriate Testing for Pharyngitis

Those 3 and older with a diagnosis of pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Codes	
Strep Test	**CPT:** 87070-1, 87081, 87430, 87650-87652, 87880
WITH	
Pharyngitis	**ICD-10:** J02.0, J02.8-9, J03.00-1, J03.80-1, J03.90-1
AND	
Prescribed antibiotic dispensed on or up to three days after date of service by a pharmacy.	

Tips:

- Telephone visits, an e-visit or virtual check-in can be used to diagnose pharyngitis.
- Strep tests can be either a rapid strep test or a lab test.
- Strep testing MUST be done in conjunction with dispensing of antibiotics for pharyngitis.
- If prescribing an antibiotic for a bacterial infection, use the diagnosis code for the bacterial infection and/or comorbid condition.
- Discourage the use of antibiotics for routine treatment of sore throat, unless clinically indicated.

EXCLUSION:

- Those who use hospice services.

Product Lines: Commercial, Medicaid

AMR: Asthma Medication Ratio

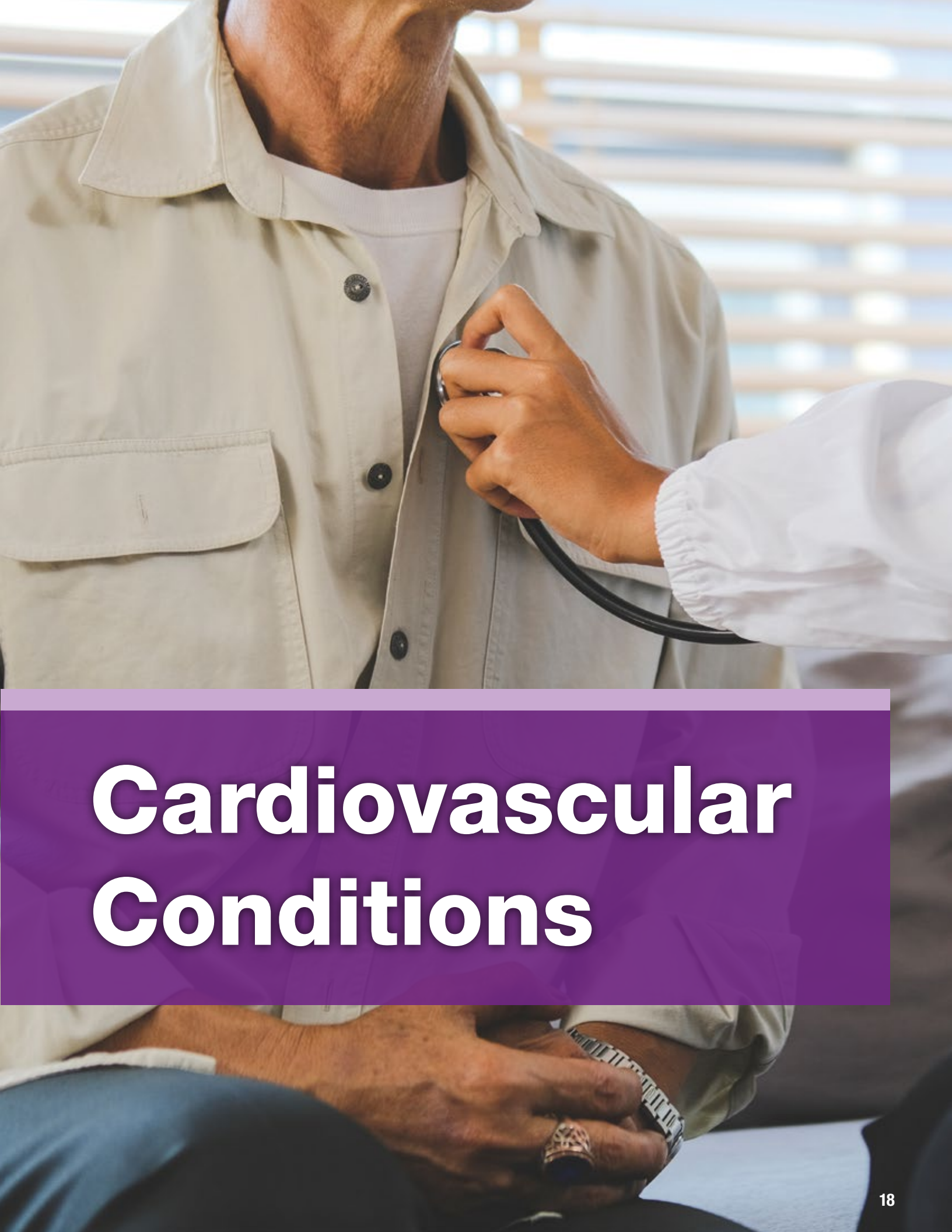
The percentage of members 5-64 years with persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Tips:

- Medications given as oral, inhaler, or as an injection are counted.
- Controller medication(s) should account for ≥0.50 of total asthma medications dispensed.
- Compliance occurs only if patient fills prescription. **Encourage patient to fill prescriptions on time and take medications as prescribed.**

EXCLUSION:

- Those who use hospice services.



Cardiovascular Conditions

Product Lines: Commercial, Medicaid, Medicare

CBP: Controlling High Blood Pressure (BP)

Adults 18-85 years with a diagnosis of essential hypertension and whose BP was adequately controlled during the measurement year.

Codes

Record Review notation of the **most recent BP** in the medical record.

Blood Pressure	**CPT II:** 3074F	Most recent systolic blood pressure less than 130 mm Hg
	CPT II: 3075F	Most recent systolic blood pressure 130 – 139 mm Hg
	CPT II: 3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
	CPT II: 3078F	Most recent diastolic pressure less than 80 mm Hg
	CPT II: 3079F	Most recent diastolic pressure 80 – 89 mm Hg
	CPT II: 3080F	Most recent diastolic pressure greater than or equal to 90 mm Hg

OR Taken during

Outpatient, without Revenue Code	**CPT:** 99202-5, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99429, 99441-3,99455-8, 99483, 98980-1, 99429 **HCPCS:** G0402, G0438-9, G0463, T1015, G2251-2, G2250

OR

Telephone Visit	98966-8, 99441-3

OR

Online Assessment	**CPT:** 98969-72, 99421-3, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-3

Tips:

Criteria for control BP < 140/90 on or after the date of the second diagnosis of hypertension.

- Document blood pressure(s) at every visit.
- Advise the patient to rest for at least 5 minutes before taking BP.
- Use the proper size blood pressure cuff.
- Do not round up blood pressure readings.
- Repeat blood pressure at the end of the visit if initial blood pressure is ≥140/90.
- Remind patients that they must use a digital device for any self-reported BPs.
- BPs can be taken by any digital device.
- Telephone visits, e-visits, and virtual check-ins are appropriate settings for BP readings.
- Educate member on the importance of medication adherence for hypertension, educate member on DASH diet, increased physical activity and healthy food choices/nutrition. Educate members on the effects of caffeine on BP readings.

EXCLUSIONS:

- Palliative Care
- Patients with evident ESRD.
- Diagnosis of pregnancy during the current year.
- Patients who had an admission to a non-acute inpatient setting in the current year.

Product Lines: Commercial, Medicaid, Medicare

SPC: Statin Therapy for Patients with Cardiovascular Disease

Adults (Males 21-75 years/Females 40-75 years) who were identified as having clinical ASCVD and met the following criteria:

- Received statin therapy
- Were adherent to therapy at least 80% of treatment period

Tips:

- **Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.**
- Telehealth can be used to prescribe to eligible patients, if appropriate for the patient.
- Patients should be dispensed at least one high or moderate-intensity statin and stay on medication for at least 80% of treatment period.
- Includes patients with a **discharge diagnosis** of MI.
- Patients with a diagnosis of CABG, PCI or any other revascularization process are automatically **included** in measure.

EXCLUSIONS:

- Frailty and advanced illness (must meet both)
- Palliative care
- ESRD
- Cirrhosis
- Pregnancy or IVF (current or prior year)
- Muscular pain or disease

Diabetes

Product Lines: Commercial, Medicaid, Medicare

GSD: Glycemic Status Assessment for Patients with Diabetes

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

Note: Must use the same data collection method (Administrative or Hybrid) to report these indicators.

Codes		
HbA1c	**CPT: 83036-7**	
	CPT II: 3044F	Most recent HbA1c level < 7.0%
	CPT II: 3046F	Most recent HbA1c level >9.0%
	CPT II: 3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
	CPT II: 3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

Tips:

- Notation of the most recent HbA1c screening, noting date performed and result performed in current year.
- Ranges and thresholds do not meet criteria for this indicator.
- A distinct numeric result is required for numerator compliance when documented in the medical record.

Product Lines: Commercial, Medicaid, Medicare

BPD: Blood Pressure Control for Patients with Diabetes

Adults (18-75 years with type 1 or type 2 diabetes) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.

Product Lines: Commercial, Medicaid, Medicare

EED: Eye Exam for Patients with Diabetes

Adults (18-75 years with type 1 or type 2 diabetes) who had a screening or monitoring for diabetic retinal disease in the measurement year.

Codes	
Eye Exam by Eye Care Professional	**CPT:** 67028, 67030-1, 67036, 67039-43, 67101, 67105, 67107-8, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-1, 67227-8, 92002, 92004, 92012, 92014, 92018-9, 92134, 92201-2, 92227-8, 92230, 92235, 92240, 92250, 92260, 99203-5, 99213-5, 99242-5 **HCPCS:** S0620, S0621, S3000
Eye Exam by any Professional	**CPT:** 92229 (automated eye exam)
CPT II: 2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
CPT II: 2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
CPT II: 2024F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
CPT II: 2025F	Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
CPT II: 2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
CPT II: 2033F	Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
CPT II: 3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

Tips:

A retinal or dilated eye exam by an optometrist or ophthalmologist in current year. A negative retinal or dilated exam (negative for retinopathy) done by an optometrist or ophthalmologist in previous year.

EXCLUSION:

- Palliative Care

Product Lines: Commercial, Medicaid, Medicare

KED: Kidney Health Evaluation for Patients with Diabetes

Percentage of adults (18-85 years) with type 1 or type 2 diabetes who received a kidney health evaluation during the measurement year.

Codes	
eGFR	**CPT:** 80047-8, 80050, 80053, 80069, 82565 **With Urine Albumin Creatinine Ratio Lab Test (uACR)**
OR	
Quantitative Urine Albumin	**CPT:** 82043
With	
Urine Creatinine CPT:	**CPT:** 82570

Tips:

Defined by an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR; both quantitative urine albumin test and urine creatinine test with service dates four or less days apart).

EXCLUSIONS:

- Palliative Care
- ESRD or dialysis at any time during patients' history.

Product Lines: Commercial, Medicaid, Medicare

SPD: Statin Therapy for Patients with Diabetes

Adults (40-75 years) who were identified as having diabetes and DO NOT HAVE clinical ASCVD, and met the following criteria:

- Received statin therapy
- Were adherent to therapy at least 80% of treatment period

Tips:

- **Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.**
- Patients who were identified as having diabetes with diagnosis of MI, CABG, PCI, or any other revascularization process are automatically **excluded** in measure.
- Patients should be dispensed at least one high or moderate-intensity statin and stay on medication for at least 80% of treatment period.
- Telehealth can be used to prescribe to eligible patients, if appropriate for the patient.

EXCLUSION:

- Palliative Care

Behavioral Health

ADD-E: Follow-Up After Care for Children Prescribed ADHD Medication

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.

The following two rates are reported:

1. Initiation Phase: The percentage of members **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.
2. Phase. 2. Continuation and Maintenance (C&M) Phase: The percentage of members **6-12 years of age** 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.

Codes

Evidence of three visits within 10 months, one of the three within the first 30 days

Initiation Phase: Any of the following Outpatient with POS	**CPT:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99252-55 **With POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
BH Outpatient	**CPT:** 98960-62, 99078, 99202-05, 99211-15, 99242-45, 99341-2. 99344-5, 99347-50, 99382-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510 **HCPCS:** G0155, G0176-77, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, T1015 **Revenue Code:** 0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83
Health and Behavior Assessment or Intervention	**CPT:** 96156, 96158-59, 96164-65, 96167-68, 96170-71
Intensive Outpatient or Partial Hospitalization:	**CPT:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 **With Partial Hospitalization POS:** 52
Partial Hospitalization/ Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484-85 **Revenue Code:** 0905, 0907, 0912-13
Community Mental Health and POS	**CPT:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55 **With POS:** 53

Telehealth and POS	**CPT:** 90791-94, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 98970-2, 98980-1, 99221-23, 99231-33, 99238-39, 99251-55, 99421-3, 99457-8 **HCPCS:** G0071, G2010, G2012, G2250-2 **With POS:** 02, 10
Telephone Visit	**CPT:** 98966-68, 99441-43
Continuation and Maintenance (C&M) Phase: Any of the above codes, or one visit can be e-visit or virtual check-in	**CPT:** 98969-72, 99421-24, 99457 HCPCS: G0071, G2010, G2012, G2061-63

Tips:

- Do not count a visit on the earliest prescription dispensing date for ADHD medication as the Initiation Phase visit.
- One of the C&M visits must be face-to-face with the patient.
- Members need to be monitored to ensure that prescription was filled during first 30 days and adjusted to optimal therapeutic effect. Monitoring during an episode is important for adherence, response to treatment, and monitoring for adverse effects so that adjustments can be made as needed.

Product Lines: Commercial, Medicaid, Medicare

AMM: Antidepressant Medication Management

The percentage of members 18 years of age 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:

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

Codes

Major Depression:	F32.0-F32.4, F32.9, F33.0-F33.3. F33.41, F33.9

Tips:

- Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.

FUH: Follow-Up After Hospitalization for Mental Illness

The percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses AND who had a follow-up visit with a mental health provider.

Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within seven days after discharge.

Codes	
Outpatient Visit, Visit Setting Unspecified	**CPT:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-23, 99231-33, 99238-39, 99252-5 ***– WITH –*** **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
OR	
Telehealth Visit, Visit Setting Unspecified	**CPT:** 98966-8, 99441-3 ***– WITH –*** **POS:** 02, 10
OR	
Behavioral Health (BH) Outpatient Visit	**CPT:** 98960-62, 99087, 99202-05, 99211-15, 99242-5, 99341-45, 99347-50, 99381-87, 99391-97, 99401-4, 99411-2, 99483, 99492-4, 99510 ***– OR –*** **HCPCS:** G0463, G0155, G0176-7, G0409, G0512, H0002, H0004, H0031, H0034, H0036-7, H0039, H0040, H2000, H2010, H2011, H2013-20, T1015
OR	
Intensive Outpatient/Partial Hospitalization	Option 1: **HCPCS:** G0410-1, H0035, H2001, H2012, S0201, S9484-5, S9480 Option 2: Visit Setting Unspecified CPT – WITH POS: 52 – OR CMHC Visit POS: 53 – WITH Visit Setting Unspecified CPT – OR BH Outpatient Codes – OR Observation Visit CPT: 99217-20 – OR Electroconvulsive Therapy CPT: 90870 ICD-10-PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ– WITH POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72

Tips:

- Follow-up within seven days after date of inpatient discharge with a qualified mental health provider*. Do not include visits that occur on the date of discharge.
- Follow-up with a PCP does NOT fulfill the follow-up requirement for this measure unless they meet criteria listed above.
- Telehealth visits with appropriate codes and any listed mental health provider type is sufficient to qualify for this measure.

Mental Health Providers include:

- Psychiatrist
- Psychologist
- Psychiatric Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS)
- Masters-prepared Social Worker (MSW)
- Certified or Licensed Marital and Family Therapist (MFT) or Licensed Professional Counselor (PC, PCC, PCC-S)
- Physician Assistant certified to practice psychiatry, an authorized Certified Community Mental Health Center (CMHC or the comparable term used within the state in which it is located), or an authorized Certified Community Behavioral Health Clinic (CCBHC).

Note: Only authorized CMHCs and CCBHCs are considered mental health providers.

Product Lines: Commercial, Medicaid, Medicare

FUM: Follow-Up After Emergency Department Visit for Mental Illness (FUM)

The percentage of emergency department (ED) visits for members six years of age and older with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for a mental illness.

Two rates are reported.

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the member received follow-up within seven days of the ED visit.

Codes	
Outpatient Visit, Visit Setting Unspecified	**CPT:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-23, 99231-33, 99238-39, 99252-5 ***– WITH –*** **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Telehealth Visit, Visit Setting Unspecified	**CPT:** 98966-8, 99441-3 ***– WITH –*** **POS:** 02, 10

OR

BH Outpatient Visit	**CPT:** 98960-62, 99078, 99202-05, 99211-15, 99242-5, 99341-2, 99344-5, 99347-50, 99381-87, 99391-97, 99401-4, 99411-2, 99483, 99492-4, 99510 **HCPCS:** G0155, G0176-7, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, T1015

OR

Intensive Outpatient/Partial Hospitalization	Option 1: **HCPCS:** G0410-1, H0035, H2001, H2012, S0201, S9480, S9484-5 Option 2: Visit Setting Unspecified CPT ***– WITH –*** **POS:** 52

OR

CMHC Visit, Visit Setting Unspecified	**CPT** ***– AND –*** **POS:** 53

OR

Electroconvulsive Therapy	**CPT:** 90870 **ICD-10-PCS:** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ ***– WITH –*** **POS:** 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72

OR

Observation Visit	**CPT:** 99217-20

OR

Online Assessments	**CPT:** 98970-2, 98980-1, 99421-3, 99457-58 **HCPCS:** G0071, G2010. G2012, G02250-2

Tips:

- Follow-up within seven days after date of ED visit with any practitioner. The follow-up visit must list a primary mental illness diagnosis or intentional self-harm.
- Telehealth visits with appropriate codes and primary mental illness diagnoses or intentional self-harm are sufficient to qualify for this measure.

Product Lines: Commercial, Medicaid, Medicare

FUI: Follow-Up After High-Intensity Care for Substance Use Disorder

The percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of SUD among members 13 years of age and older that result in a follow-up visit or service for SUD.

Two rates are reported.

1. The percentage of visits or discharges for which the member received follow-up for SUD within the 30 days after the visit or discharge.
2. The percentage of visits or discharges for which the member received follow-up for SUD within seven days after the visit or discharge.

Codes	
Alcohol Abuse and Dependence	**ICD-10-CM:** F10.10, F10.120-21, F10.129-32, F10.139, F10.14, F10.150-51, F10.159, F10.180-82, F10.188, F10.19, F10.20, F10.220-1, F10.230-32, F10.239, F10.24, F10.250-51, F10.259, F10.26, F10.27, F10.280-82, F10.288, F10.29
Opioid Abuse and Dependence	**ICD-10-CM:** F11.10, F11.120-22, F11.129, F11.13-14, F11.150-51, F11.159, F11.181-82, F11.188, F11.19, F11.20, F11.220-22, F11.229, F11.23-24, F11.250-51, F11.259, F11.281-82, F11.288, F11.29
SUD Medication Treatment	**HCPCS:** G2069-70, G2072-73, H0020, H0033, J0570-75, J2315, Q9991-92, S0109
SUD Services	**CPT:** 99408-09 **HCPCS:** G0396-7. G0443, H0001, H0005-7, H0015-6, H0022, H0028, H0047, H0050, H2035-6 T1006, T1012 **UBREV:** 0906, 0944-45
OUD Monthly Office-Based Treatment	**HCPCS:** G2086-87
OUD Weekly Drug Treatment Service	**HCPCS:** G2067-70, G2072-73
BH Outpatient	**CPT:** 98960-62, 99078, 99202-05, 99211-15, 99242-5, 99341-45, 99347-50, 99381-87, 99391-97, 99401-4, 99411-2, 99483, 99492-4, 99510 **HCPCS:** G0155, G0176-7, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039-40, H2000, H2010-1, H2013-20, T1015
Residential BH Treatment	**HCPCS:** H0017-19, T2048

Partial Hospitalization/ Intensive Outpatient	**HCPCS:** G0410-1, H0035, H2001, H2012, S0201, S9480, S9484-5
Observation	**CPT:** 99217-20
Visit Setting Unspecified	**CPT:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90852-3, 90875-6, 99221-23, 99231-33, 99238-39, 99252-5
Online Assessments	**CPT:** 98970-2, 98980-1, 99421-23, 99457-58 **HCPCS:** G0071, G2010, G2012, G2250-2

Tips:

- Discuss importance of timely recommended follow-up visits.
- Outreach to members who cancel appointments and assist with rescheduling as soon as possible.
- Schedule follow-up appointments as soon as possible, particularly for recent discharges.
- Coordinate care and share progress notes/updates between BH and PMP.
- Document substance abuse diagnosis and consistently document at each follow-up.

For both indicators, any of the following meet criteria for a follow-up visit:

- An inpatient admission or residential BH stay with a principal diagnosis of SUD
- Outpatient, intensive outpatient encounter, observation visit, partial hospitalization, non-residential substance abuse treatment facility, or CMHC visit with a principal diagnosis of SUD
- Telehealth visits or SUD service with a principal diagnosis of SUD
- Opioid treatment service that bills monthly or weekly or residential BH treatment with a principal diagnosis of SUD
- Telephone, e-visit, or virtual check-in with a principal diagnosis of SUD
- Pharmacotherapy dispensing event or medication treatment event Note: Follow-up does not include detoxification.

NOTE: Follow-up does not include detoxification.

EXCLUSIONS:

- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.

Product Lines: Commercial, Medicaid, Medicare

FUA: Follow-Up After Emergency Department Visit for Substance Use

The percentage of ED visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose.

Two rates are reported.

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the member received follow-up within seven days of the ED visit.

Codes	
Outpatient Visit, Visit Setting Unspecified	**CPT:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-23, 99231-33, 99238-39, 99252-5 ***WITH*** **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
OR	
BH Outpatient Visit	**CPT:** 98960-62, 99078, 99202-05, 99211-15, 99242-5, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99492-94, 99510 **HCPCS:** G0155, G0176-7, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, T1015
OR	
Intensive Outpatient Encounter or Partial Hospitalization	**Option 1:** Visit Setting Unspecified CPT ***WITH*** **POS:** 52 Option 2: **Intensive Outpatient or Partial Hospitalization** **HCPCS:** H0035, H2012, S9480
OR	
Non-Residential Substance Abuse Treatment Facility Visit, Visit Setting Unspecified	**CPT** ***WITH*** **POS:** 57, 58
OR	
CMHC Visit, Visit Setting Unspecified	**POS:** 53
OR	

Observation Visit	**CPT: 99217-20**
Telehealth Visit, Visit Outpatient Setting Unspecified	**CPT:** 98966-8, 99441-3 ***WITH*** **Telehealth POS:** 02, 10

OR

Online Assessments	**CPT:** 98970-2, 98980-1, 99421-23, 99457-58 **HCPCS:** G0071, G2010, G2012, G2250-2

OR

Peer Support Services (requires a diagnosis in one of the lists above)	**HCPCS:** H0038, H2014, H2023, T1016
SUD Services	**CPT:** 99408-09 **HCPCS:** H0005, H0015, H2035

OR

BH Assessment	**CPT:** 99408-09 **HCPCS:** G0396-7, G0442, G2011, H0001-2, H0031, H0049
Pharmacotherapy Dispensing Event AOD Medication Treatment	**HCPCS:** G2069-70, G2072-3, H0020, H0033, J0570-75, J2315, Q9991-92, S0109

Tips:

- Pharmacotherapy dispensing events count toward follow-up:
  - Alcohol use disorder (AUD) treatment medications
  - Opioid use disorder (OUD) treatment medications
  - Alcohol or other drug (AOD) medication treatment
  - OUD weekly drug treatment service
  - Substance use service
- Follow-up within seven days after date of emergency department visit with any practitioner. The follow-up visit must list a principal diagnosis of SUD (alcohol or other drug [AOD] abuse or dependence) or any diagnosis of drug overdose.
- Telehealth visits with any diagnosis of SUD or drug overdose are sufficient to qualify for this measure.

AUD treatment medications:

- Disulfiram (oral)
- Naltrexone (oral and injectable)
- Acamprosate (oral; delayed-release tablet)

OUD treatment medications:

- Naltrexone (oral and injectable)
- Buprenorphine (sublingual tablet)
- Buprenorphine (injection)
- Buprenorphine (implant)
- Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Using Antipsychotic Medications

Coding Instructions Use ICD-10, CPT® and HCPCS to close gaps.

Glucose Test Codes CPT:	80047-80048, 80050, 80053, 80069, 82947, 82950-82951
HgbA1c Codes CPT:	83036-83037 CPT-CAT II: 3044F-3046F
Long-Acting Injections HCPCS:	C9035, C9037, J0401, J1631, J1942, J2358, J2426, J2794
Schizophrenia Codes ICD-10:	F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9
Bipolar Disorder Codes ICD-10:	F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4-F31.5, F31.60-F31.64, F31.70-F31.78
BH Codes CPT:	90791-90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90867-90870, 90875-90876, 99291

Tips:

Encourage shared decision-making by educating members and caregivers about:

- Increased risk of diabetes with antipsychotic medications
- Importance of screening for diabetes and symptoms of new-onset diabetes
- Order a diabetes screening test every year and build care gap “alerts” in your electronic medical record
- Communicate and coordinate care between behavioral health and primary care physicians (PCPs) by requesting test results, communicating test results or scheduling an appointment for testing
- Reach out to members who cancel appointments and assist them with rescheduling as soon as possible

SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

The percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Codes		
HbA1c	**CPT:** 83036-37	
	CPT II: 3044F	Most recent hemoglobin A1c level less than 7.0%
	CPT II: 3046F	Most recent hemoglobin A1c level greater than 9.0%
	CPT II: 3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
	CPT II: 3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
LDL	**CPT:** 80061, 83700-01, 83704, 83721	
	CPT II: 3048F	Most recent LDL C test level of less than 100 mg/dL
	CPT II: 3049F	Most recent LDL-C 100-129 mg/dL
	CPT II: 3050F	Represents the most recent LDL C level of greater than or equal to 130 mg/dL

Product Line: Medicaid

SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

The percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

Codes		
LDL	**CPT:** 80061, 83700-01, 83704, 83721	
	CPT II: 3048F	Most recent LDL C test level of less than 100 mg/dL
	CPT II: 3049F	Most recent LDL-C 100-129 mg/dL
	CPT II: 3050F	Represents the most recent LDL C level of greater than or equal to 130 mg/dL

Product Lines: Commercial, Medicaid, Medicare

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

The percentage of members 18 years and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed, and remained on, an antipsychotic medication for at least 80% of their treatment period.

Tips:

- **Compliance occurs only if patient has prescriptions filled 80% of days from their initial antipsychotic medication prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.**
- This measure addresses the need for adults who begin an antipsychotic medication to treat schizophrenia to remain on medication for at least 80% of their treatment period.
- The treatment period is the period of time beginning on the earliest antipsychotic medication prescription date through the last day of the measurement year.
- Adherence to medication increases likelihood of recovery.

TRC: Transitions of Care

The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:

- Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days).
- Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through two days after the discharge (three total days).
- Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Codes

Any of following meet patient engagement:		
Outpatient Visit	**CPT:** 99201-5, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99421-3, 99429, 99441-3, 99455-8, 99483 **HCPCS:** G0402, G0438-9, G0463, T1015	
Telephone Visit	**CPT:** 98966-8, 99441-3	
Transitional Care Management (TCM) Services	**CPT:** 99495-6	
Online Assessment CPT:	**CPT:** 98966-72, 98980-1, 99421-3, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2250-2	
Medication Reconciliation	**CPT:** 99483, 99495-6	
	CPT II: 1111F	Discharge medications are reconciled with the current medication list in outpatient medical record

Tips:

Notification of inpatient admission requires documentation in medical record of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days). Receipt of discharge information documented in medical record on the day of discharge through two days after the discharge (three total days). Patient Engagement provided within 30 days after discharge. Medication reconciliation by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge.

FMC: Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

The percentage of adult emergency department (ED) visits who have multiple high-risk chronic conditions who had a follow-up service within seven days of the ED visit.

Codes	
Outpatient Visit	**CPT:** 99201-05, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-04, 99411-2, 99429, 99455-6, 99483, 99492-4 **HCPCS:** G0402, G0438-9, G0463, G2250-2, T1015 **UBREV:** 0450-2, 0456, 0459, 0510-23, 0526-29, 0981-83
Telephone Visit	**CPT:** 98966-8, 99441-3
TMC Services	**CPT:** 99495-6
Case Management	**CPT:** 99366 **HCPCS:** T1016-17, T2022-23
Complex Care Management	**CPT:** 99439, 99487, 99489-91 **HCPCS:** G0506
Outpatient/Telehealth Behavioral Visit, Setting Unspecified	**CPT:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98980-1, 99221-3, 99231-3, 99238-9, 99251-5, 99281-5, 99304-10, 99315-6, 99441-3, 99455-8 **With POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
BH Outpatient	**CPT:** 98960-2, 99078, 99201-5, 99211-5, 99241-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99483, 99510 **HCPCS:** G0155, G0176-7, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-7, H0039, H0040, H2000, H2010, H2011, H2013-20, T1015 **Revenue:** 0510, 0513, 0515-17, 0519-23, 0526-9, 0900, 0902-4, 0911, 0914-17, 0919, 0981-3
CMHC Outpatient Visit Setting, Unspecified	**CPT** With CMHC POS: 53
Telehealth Visit Outpatient Setting, Unspecified	**CPT** With Telehealth POS: 02, 10
Observation Visit	**CPT:** 99217-20
Online Assessment	**CPT:** 98969-72, 99421-3, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-3

APM-E: Metabolic Monitoring for Children and Adolescents on Antipsychotics

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported.

The percentage of children and adolescents on antipsychotics who:

1. Received blood glucose testing
2. Received cholesterol testing
3. Received blood glucose and cholesterol testing

Codes		
Glucose/HbA1c	**CPT:** 80047-48, 80050, 80053, 80069, 82947, 82950-51, 83036	
	CPT II: 3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
	CPT II: 3046F	Most recent HbA1c level greater than 9.0% (DM)
	CPT II: 3051F	Most recent HbA1c level greater than or equal to 7.0% and less than 8.0%
	CPT II: 3052F	Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0%
LDL/Other Cholesterol	**CPT:** 80061, 82465, 83700-01, 83704, 83718, 83721, 84478	
	CPT II: 3048F	Most recent LDL-C less than 100 mg/dL
	CPT II: 3049F	Most recent LDL-C 100-129 mg/dL
	CPT II: 3050F	Most recent LDL-C greater than or equal to 130 mg/dL

Tips:

Certain antipsychotic medications can increase risk for development of diabetes and hyperlipidemia. Metabolic monitoring increases recognition and allows for early intervention.

Overuse/ Appropriateness

Product Lines: Commercial, Medicaid, Medicare

URI: Appropriate Treatment for Upper Respiratory Infection

The percentage of episodes for those three months of age and older with a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. Outpatient, telephone visit, an e-visit or virtual check-in, an observation visit or an ED visit with URI diagnosis counts.

The common cold is a frequent reason for visiting the doctor's office. Clinical practice guidelines do not recommend antibiotics for a majority of upper respiratory tract infections because of the viral etiology of these infections, including the common cold. A higher rate indicates appropriate treatment of children with URI without antibiotic prescription (i.e., the proportion for whom antibiotics were not prescribed).

Codes

This measure includes patients who have no co-morbid or competing diagnosis for the day of the office visit and three days following.

Upper respiratory diagnoses	**ICD-10:** J00, J06.0, J06.9

Tips:

Compliance occurs only if patient is not prescribed an antibiotic medication.

DBO: Deprescribing of Benzodiazepines in Older Adults

The percentage of members 67 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose.

There is growing concern about the use of benzodiazepines in older adults. Benzodiazepines are one of several medications recommended in the 2019 AGS Beers Criteria to be avoided in all older adults.

EXCLUSIONS:

- Members with a diagnosis of seizure disorders
- Members in hospice or using hospice services
- Members receiving palliative care

Product Lines: Commercial, Medicaid, Medicare

HDO: Use of Opioids at High Dosage

The proportion of members 18 years and older receiving prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90mg) for ≥ 15 days during the measurement year.

Tips:

Patients are considered out of compliance if their prescription average MME was ≥ 90mg during the treatment period.

Reduce the number of adults prescribed high dose opioids for ≥15 days. *A lower rate indicates* better performance. Increasing total MME dose of opioids is related to increased risk of overdose and adverse events. Necessity of use of high doses should be clear. Patients with cancer, sickle cell disease, or members receiving palliative care are excluded from this measure.

This measure does not include the following opioid medications:

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

EXCLUSION:

- Palliative Care

Product Lines: Commercial, Medicaid, Medicare

UOP: Use of Opioids from Multiple Providers

The proportion of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported: Multiple Prescribers Patients receiving prescriptions for opioids from four or more different prescribers during the calendar year. Multiple Pharmacies Patients receiving prescriptions for opioids from four or more different pharmacies during the current calendar year. Multiple Prescribers and Multiple Pharmacies Patients receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the calendar year.

Reduce the number of adults prescribed opioids for ≥ 15 days by multiple providers. A **lower rate indicates better** performance for all three rates. Member use of increasing number of prescribers or pharmacies may signal risk for uncoordinated care. Clinical correlation is encouraged so that providers can evaluate for risk of diversion, misuse, or a substance use disorder. Providers are encouraged to communicate with each other for ideal management of member.

Multiple Prescribers Patients are considered out of compliance if they received prescription opioids from four or more different prescribers.

Multiple Pharmacies Patients are considered out of compliance if they received prescription opioids from four or more different pharmacies.

Multiple Prescribers and Multiple Pharmacies Patients are considered out of compliance if they received prescription opioids from four or more different prescribers and four or more different pharmacies.

The following opioid medications are excluded from this measure:

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

Access/ Availability of Care

Product Lines: Commercial, Medicaid, Medicare

AAP: Adults' Access to Preventive/Ambulatory Health

Adults (20 years and over) who had an ambulatory or preventive care visit.

Codes	
CPT	92002, 92004, 98966-8, 98970-2, 98980-1, 99202-5, 99211-5, 99241-5, 99304-10, 99318, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99421-3, 99429, 99441-3, 99457-8, 99483, 92012, 92014, 99304-10, 99315-6, 99318, 99324-8, 99334-7
HCPCS	G0071, G0402, G0438-9, G0463, G2010, G2012, G2250-2, S0620-1, T1015
ICD10	Z00.00-01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-6, Z02.71, Z02.79, Z02.81-3, Z02.89, Z02.9, Z76.1, Z76.2

Services

This measure looks at whether adult patients receive preventive and ambulatory services. To qualify, the patient must receive an evaluation and management care during an ambulatory visit with a medical professional. Care received in an Emergency Department or inpatient setting does not qualify. Telehealth option available for this measure.

Product Lines: Commercial, Medicaid, Medicare

IET: Initiation and Engagement of Substance Use Disorder Treatment

The percentage of new SUD episodes that result in treatment initiation and engagement for those 13 years and over.

The following two rates are reported:

1. 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 or partial hospitalization, telehealth visit or medication assisted treatment (MAT) within 14 days.
2. Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Codes	
Alcohol Abuse and Dependence	**ICD-10:** F10.10-.29
Opioid Abuse and Dependence	**ICD-10:** F11.10-.29
Other Drug Abuse and Dependence	**ICD-10:** F12.10-F19.29
	With any of the following:
Outpatient Visit, Visit Setting Unspecified	**CPT:** 90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-23, 99231-3, 99238-39 **WITH POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	**CPT:** 98960-62, 99078, 99202-05, 99211-15, 99242-5, 99252-5, 99341-45, 99347-50, 99381-87, 99391-97, 99401-4, 99411-2, 99483, 99492-4, 99510– **OR HCPCS:** G0155, G0176-7, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-7, H0039-40, H2000, H2010-1, H2013-20, H2019-20, T1015
Intensive Outpatient/Partial Hospitalization Option 1:	**HCPCS:** G0410-1, H0035, H2001, H2012, S0201, S9480, S9484-5
Option 2: Visit Setting Unspecified	**CPT– WITH POS:** 52
Non-Residential Substance Abuse Treatment Facility Visit, Visit Setting Unspecified	**CPT– WITH POS:** 57, 58
CMHC Visit, Visit Setting Unspecified	**CPT– WITH CMHC POS:** 53

Telehealth Visit, Visit Outpatient Setting Unspecified	**CPT:** 98966-8, 99441-3 **– WITH Telehealth POS:** 02, 10 **– OR SUD Service CPT:** 99408-09 **HCPCS:** G0443, H0005, H0015, H2035 **– OR Observation CPT:** 99217-20
Online Assessments	**CPT:** 98970-2, 98980-1, 99421-3, 99457-58 **HCPCS:** G2010, G2012, G2250-2

Weekly or Monthly Opioid Treatment Service (Criteria does not require a diagnosis in the lists above) SUD Episodes in the AUD Cohort (criteria does not require a diagnosis in the lists above) Naltrexone Injection HCPCS: J2315

Adolescents and adults with new episodes of SUD abuse or dependence, who initiated and engaged in SUD treatment..

For all initiation events except medication treatment, initiation on the same day as the earliest diagnosis of SUD abuse or dependence *must be with different providers to count.*

Timely access to SUD services increases the chance that the member will engage into services when they demonstrate readiness.

SUD episodes in the opioid use disorder cohort (criteria does not require a diagnosis in the lists to the right).

Naltrexone Injection
HCPCS: G2073, J2315

Buprenorphine Oral
HCPCS: H0033, J0571

Buprenorphine Oral, Weekly
HCPCS: G2068, G2079

Buprenorphine Injection
HCPCS: G2069, Q9991-92

Buprenorphine Implant
HCPCS: G2070, G2072, J0570

Buprenorphine Naloxone
HCPCS: J0572-75

Methadone Oral
HCPCS: H0020, S0109

Methadone Oral, Weekly
HCPCS: G2067, G2078

Product Lines: Commercial, Medicaid

PPC: Prenatal and Postpartum Care: Prenatal Care

The percentage of deliveries that received a prenatal care visit in the first trimester.

Codes		
Stand-Alone Prenatal Visit	**CPT:** 99500 **HCPCS:** H1000-4	
	CPT II: 0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)
	CPT II: 0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)
	CPT II: 0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]
Prenatal Bundled Services	**CPT:** 59400, 59425-6, 59510, 59610, 59618 **HCPCS:** H1005	
OR Any of the following WITH an appropriate pregnancy diagnosis:		
Prenatal Visit	98966-8, 98970-2, 98980-1, 99202-5, 99211-5, 99241-5, 99421-3, 99457-8, 99483 HCPCS: G0463, G2010, G2012, G2250-2, T1015	

Tips:

A qualified prenatal care visit with an OB/GYN or other prenatal care practitioner or PMP. Documentation must include the date the visit occurred and include **at least one of the following**:

- Auscultation for fetal heart tones
- Pelvic exam with OB observations (a pap test alone does not count)
- Measurement of fundal height
- Basic OB visit that includes one of the following prenatal procedures: – Complete OB lab panel – TORCH antibody panel – Rubella antibody with Rh incompatibility blood typing – Ultrasound of pregnant uterus
- Documentation indicating pregnancy which includes: – Standardized prenatal flow sheet – LMP or EDD or gestational age – Prenatal risk assessment and counseling/education – A complete obstetrical history – Gravidity and parity – Positive pregnancy test result
- Visits with a PMP or other family practitioner must follow the same guidelines but also include a documented diagnosis of pregnancy

Services provided via telephone, e-visit, or virtual check-in are eligible for both PPC measures.

Product Lines: Commercial, Medicaid

Prenatal and Postpartum Care: Postpartum Care (PPC)

The percentage of women who had a live birth and had a postpartum visit on or between seven and 84 days after delivery.

Codes		
Postpartum Visit	**CPT:** 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 99501	
	CPT II: 0503F	Postpartum care visit
	ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 **HCPCS:** G0101	
Cervical Cytology	**CPT:** 88141-3, 88147-8, 88150, 88152-3, 88164-7, 88174-5 : G0123-4, G0141, G0143-5, G0147-8, P3000-1, Q0091	

Tips:

Services provided via telephone, e-visit, or virtual check-in are eligible for both PPC measures.

A qualified postpartum visit must include a note indicating the date the visit occurred and include **at least one** of the following:

- Notation of postpartum care
- Pelvic exam
- Evaluation of weight, blood pressure, breasts, and abdomen (must have all four components)
- Perineal or cesarean incision/ wound check
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
- Glucose screening for women with gestational diabetes
- Documentation of infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity, or attainment of healthy weight

APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first line treatment.

Note: Psychosocial care must occur between 90 days before initial RX through 30 days after in order to be compliant.

Codes	
Psychosocial Care	**CPT:** 90832-34, 90836-40, 90845-47, 90849, 90853, 90875-6, 90880 **HCPCS:** G0176-77, G0409-11, H0004, H0035-40, H2000-1, H2011-14, H2017-20, S0201, S9480, S9484-5

EXCLUSIONS:

- At least one acute inpatient encounter with diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder.
- At least two visits in an outpatient, intensive outpatient, or partial hospitalization setting.

Utilization and Risk Adjusted Utilization

Product Lines: Commercial, Medicaid

W30: Well-Child Visits in the First 30 Months of Life

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. Well-Child Visits in the First 15 Months: Six or more well-child visits.
2. Well-Child Visits for Age 15-30 Months: Two or more well-child visits.

Codes	
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z401.419, Z02.5, Z76.1, Z76.2
Well Care	**CPT:** 99381-5, 99391-5, 99461 **HCPCS:** G0438-9, S0302, S0610, S0612-3

Tips:

Telehealth may be used to close gaps in care. Please check with your health partner team to verify if telehealth is an option. AAP recommends in-person visits for those 0-24 months.

Must include documentation of the following elements:

(1) physical exam,
(2) health and developmental history (physical and mental) and
(3) health education/anticipatory guidance. Documentation of “handouts given” without evidence of discussion noted does not meet criteria.

Product Lines: Commercial, Medicaid

WCV: Child and Adolescent Well-Care Visits

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 during the measurement year

Codes	
ICD-10	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
Well Care	**CPT:** 99381-5, 99391-5, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612-3

Tips:

Telehealth can be used to close gaps.

Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward this measure.

Must include documentation of the following elements:

(1) physical exam,
(2) health and developmental history (physical and mental) and
(3) health education/anticipatory guidance. Documentation of “handouts given” without evidence of discussion noted does not meet criteria.

Product Lines: Commercial, Medicaid, Medicare

AIS-E: Adult Immunization Status

Adult Immunization Status (AIS-E) 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.

Codes	
Adult Influenza Immunization	**CVX:** 88,135,140,141,144,150, 153, 155,158,166,168,171,185,186,197
Adult Influenza Vaccine Procedure	**CPT:** 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, and 90756
Adult Pneumococcal Immunization	**CVX:** 33, 109, 133, 152, 215, and 216 **CPT:** 90670, 90671, 90677, and 90732 **HCPCS:** G0009
Herpes Zoster Live Vaccine Procedure	**CPT:** 90736
Herpes Zoster Recombinant Vaccine Procedure	**CPT:** 90750
Influenza Virus LAIV Immunization	**CVX:** 111, 149
Influenza Virus LAIV Vaccine Procedure	**CPT:** 90660, 90672
Td Immunization	**CVX:** 09, 113, 115, 138, 139
Td Vaccine Procedure	**CPT:** 90714
Tdap Vaccine Procedure	**CPT:** 90715

Numerator Compliance

Numerator 1—Immunization Status: Influenza

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

Numerator 2—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 period and the end of the measurement period.

Numerator 3—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 50th birthday and before or during the measurement period.

Numerator 4—Immunization Status: Pneumococcal

Members who were administered at least one dose of an adult pneumococcal vaccine on or after the member's 19th birthday and before or during the measurement period.

Tips:

- Schedule appointments to coincide with required timeframes for immunization administration
- Use electronic medical record (EMR) system to set reminder flags
- Ensure the member's medical record includes immunization history from all sources (NOTE: "Up to date with all immunizations" does not meet compliance)
- Reference the CDC Immunization Vaccine Schedule: cdc.gov/vaccines/schedules

Please Note: The codes in this document are derived from the 2024 NCQA HEDIS Volume 2 Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment. CPT II codes are for quality reporting purposes only. Submitting claims using these codes helps improve reporting of quality measure performance.

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