

HEDIS™

Quick Reference Guide



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HEDIS™ Quick Reference Guide

Updated to reflect NCQA HEDIS 2020 Technical Specifications

Absolute Total Care strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS Quick Reference Guide to help you increase your practice's HEDIS rates. Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.

WHAT IS HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.

WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Physician-specific scores are also used to measure your practice's preventive care efforts.

HOW ARE RATES CALCULATED?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

HOW CAN I IMPROVE MY HEDIS SCORES?

- Submit claim/encounter data for each and every service rendered
 - Make sure that chart documentation reflects all services billed
 - Bill (or report by encounter submission) for all delivered services, regardless of contract status
 - Ensure that all claim/encounter data is submitted in an accurate and timely manner
 - Consider including CPT II codes to provide additional details and reduce medical record requests
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QUESTIONS?



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1-866-433-6041

Providers and other healthcare staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary staff:

Please check the tabular list for the most specific ICD-10 code choice.

This guide has been updated with information from the release of the HEDIS 2020 Volume 2 Technical Specifications by NCQA and is subject to change.



For more information, visit www.ncqa.org

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Adult Health



(AAP) ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit. Services that count include outpatient evaluation and management (E&M) Visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

CPT	HCPCS	ICD-10
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 98966 - 98968, 99441-99443, 98969, 99444, 99483	G0402, G0438, G0439, G0463, T1015, S0620, S0621	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

*Codes subject to change.



(ABA) ADULT BMI ASSESSMENT

This measure demonstrates the percentage of members ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented.

- 1) For patients 20 and over: Code the BMI value on the date of service.
- 2) For patients younger than 20 (ages 18 or 19 on the DOS): Code the BMI percentile on the date of service.
- 3) Ranges and thresholds do NOT meet criteria; a distinct BMI value or percentile is required.

ICD-10 (FOR MEMBERS 20 YEARS OF AGE OR OLDER)	ICD-10 (FOR MEMBERS YOUNGER THAN 20 YEARS OF AGE/AGES 18 OR 19 ON DOS)
Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	Z68.51, Z68.52, Z68.53, Z68.54



(AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT

Measure evaluates 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: Percentage of members who remained on an

antidepressant medication for at least 84 days (12 weeks)

2) Effective Continuation Phase Treatment: Percentage of members who remained on an antidepressant medication for at least 180 days (six months)

Antidepressant Medications

DESCRIPTION	PRESCRIPTION
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

*Subject to change.



(CBP) CONTROLLING HIGH BLOOD PRESSURE

Measure evaluates the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg).

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote blood pressure monitoring	CPT: 93784, 93788, 93790, 99091

Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-acute inpatient	CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337

*Codes subject to change.



(CDC) COMPREHENSIVE DIABETES CARE

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- HbA1c control (<7.0%)
- Eye exam (retinal) performed
- Medical attention for nephropathy
- BP control (<140/90 mm Hg)

DESCRIPTION	CODES
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015 CPT-CAT-II: 3077F
Non-acute inpatient	CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334, -99337
Remote blood pressure monitoring	CPT: 93784, 93788, 93790, 99091
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic less than 80	CPT-CAT-II: 3078F
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F

Diabetic retinal screening with eye care professional	CPT-CAT-II: 2022F, 2024F, 2026F
Unilateral eye enucleation with a bilateral modifier	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 CPT Modifier: 50
HbA1c lab test	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F
HbA1c level greater than/equal to 7 and less than 8	CPT-CAT-II: 3051F
HbA1c level greater than/equal to 8 and less than/equal to 9	CPT-CAT-II: 3052F
HbA1c greater than 9.0	CPT: 83036, 83037 CPT-CAT-II: 3046F
Urine protein tests	CPT: 81000-81003, 81005, 82042 82044, 84156 CPT-CAT-II: 3060F, 3061F, 3062F
Nephropathy treatment	CPT-CAT-II: 3066F, 4010F

*Codes subject to change.



(COA) CARE FOR OLDER ADULTS

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

- Advanced care planning
- Medication review
- Functional status assessment
- Pain assessment

DESCRIPTION	CODES
Advanced care planning	CPT: 99483, 99497 CPT-CAT-II: 1123F, 1124F, 1157F, 1158F HCPCS: S0257 ICD-10: Z66
Medication review	CPT: 90863, 99605, 99606, 99483
Would need both CPT-CAT II codes to get credit. 1159F (Medication List) and 1160F (Medication Review).	CPT-CAT-II: 1159F, 1160F HCPCS: G8427

Functional status assessment	CPT: 99483 CPT-CAT-II: 1170F CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337 HCPCS: G0438, G0439
Pain assessment	CPT-CAT-II: 1125F, 1126F

*Codes subject to change.



(COL) COLORECTAL CANCER SCREENING

Measure evaluates the percentage of members 50 to 75 years of age who has appropriate screening for colorectal cancer.

DESCRIPTION	CODES
Colonoscopy	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 HCPCS: G0105, G0121
CT colonography	CPT: 74261-74263
FIT-DNA lab test	CPT: 81528 HCPCS: G0464
Flexible sigmoidoscopy	CPT: 45330-45335, 45337-45342, 45345-45347, 45349-45350 HCPCS: G0104
FOBT lab test	CPT: 82270, 82274 HCPCS: G0328 CPT-CAT-II: 2022F, 2024F, 2026F
Colorectal cancer	HCPCS: G0213, G0214, G0215, G0231 ICD-10: C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total colectomy	CPT: 44150-44153, 44155-44158, 44210-44212

*Codes subject to change.



(MRP) MEDICATION RECONCILIATION POST DISCHARGE

Measure evaluates the percentage of discharges from January 1 to December 1 for members 18 years of age or older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

CPT	CPT-CAT-II
99495, 99496, 99483	1111F

*Codes subject to change.



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

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

Beta-Blocker Medications

DESCRIPTION	PRESCRIPTION
Noncardioselective beta-blockers	·Carvedilol ·Labetalol ·Nadolol ·Pindolol ·Propranolol ·Timolol ·Sotalol
Cardioselective beta-blockers	·Acebutolol ·Atenolol ·Betaxolol ·Bisoprolol ·Metoprolol ·Nebivolol
Antihypertensive combinations	·Atenolol-chlorthalidone ·Bendroflumethiazide-nadolol ·Bisoprolol-hydrochlorothiazide ·Hydrochlorothiazide-metoprolol ·Hydrochlorothiazide-propranolol

*Subject to change.



(PCE) PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

Measure evaluates percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 to November 30 and were dispensed appropriate medications.

Two rates are reported:

- 1) Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event
- 2) Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event

Systemic Corticosteroid Medications

DESCRIPTION	PRESCRIPTION
Glucocorticoids	<ul style="list-style-type: none"> ·Cortisone-acetate ·Dexamethasone ·Hydrocortisone ·Methylprednisolone ·Prednisolone ·Prednisone

*Subject to change.

Bronchodilator Medications

DESCRIPTION	PRESCRIPTION
Anticholinergic agents	<ul style="list-style-type: none"> ·Albuterol-ipratropium ·Acclidinium-bromide ·Ipratropium ·Tiotropium ·Umeclidinium
Beta 2-agonists	<ul style="list-style-type: none"> ·Albuterol ·Arformoterol ·Budesonide-formoterol ·Fluticasone-salmeterol ·Fluticasone-vilanterol ·Formoterol ·Formoterol-glycopyrrolate ·Indacaterol ·Indacaterol-glycopyrrolate ·Levalbuterol ·Formoterol-mometasone ·Metaproterenol ·Olodaterol hydrochloride ·Olodaterol-tiotropium ·Salmeterol ·Umeclidinium-vilanterol
Antiasthmatic combinations	<ul style="list-style-type: none"> ·Dyphylline-guaifenesin

*Subject to change.



(SMD) DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA

Measure evaluates the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

DESCRIPTION	CODES
HbA1c lab tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3045F, 3046F

LDL-C lab tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F
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*Codes subject to change.



(SPR) USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD

Measure evaluates the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis.

CPT
94010, 94014-94016, 94060, 94070, 94375, 94620

*Codes subject to change.



(SSD) DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS

Measure evaluates percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

DESCRIPTION	CODES
HbA1c lab tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3045F, 3046F
Glucose lab tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

*Codes subject to change.

Women's Health



(BCS) BREAST CANCER SCREENING

Measure evaluates the percentage of women 50 to 74 years of age who had a mammogram to screen for breast cancer.

CPT	HCPCS	ICD-10 (BILATERAL MASTECTOMY)
77055-77057, 77061-77063, 77065-77067	G0202, G0204, G0206	Z90.13

*Codes subject to change.



(CCS) CERVICAL CANCER SCREENING

Measure demonstrates the percentage of women 21 to 64 years of age who were screened for cervical cancer using any of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed within last three years.
- Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- Women 30 to 64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last five years.

DESCRIPTION	CODES
Cervical cytology lab test (20-64)	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV tests (30-64)	CPT: 87620-87622, 87624, 87625
Hysterectomy with no residual cervix and absence of cervix diagnosis	CPT: 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 ICD-10: Q51.5, Z90.710, Z90.712

*Codes subject to change.



(CHL) CHLAMYDIA SCREENING IN WOMEN

Measure evaluates the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia.

CPT
87110, 87270, 87320, 87490 - 87492, 87810

*Codes subject to change.



(OMW) OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

Measure evaluates the percentage of women 67 to 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

DESCRIPTION	CODES
Bone mineral density tests	CPT: 76977, 77078, 77080 - 77082, 77085, 77086
Osteoporosis medications	HCPCS: J0897, J1740, J3110, J3489
Long-acting osteoporosis medications during inpatient stay	HCPCS: J0897, J1740, J3489

*Codes subject to change.

Osteoporosis Medications

DESCRIPTION	PRESCRIPTION
Bisphosphonates	·Alendronate ·Alendronate-cholecalciferol ·Ibandronate ·Risedronate ·Zoledronic acid
Other agents	·Abaloparatide ·Denosumab ·Raloxifene ·Teriparatide

*Subject to change.



(PPC) PRENATAL AND POSTPARTUM CARE

Measure evaluates 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. For these women, the measure assesses the following facets of prenatal and postpartum care.

- 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
- 2) Postpartum Care: Percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery

DESCRIPTION	CODES
Prenatal visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99483 CPT-CAT-II: G0463, T1015
Stand-alone prenatal visits	CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical cytology lab test	CPT: 88141-88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

*Codes subject to change.

Pediatric Health



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

Measure evaluates 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.

Two rates are reported:

- 1) Initiation Phase: Percentage of members 6 to 12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase
- 2) Continuation and Maintenance (C&M) Phase: Percentage of members 6 to 12 years of age as of the IPSP with an ambulatory 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 (nine months) after the Initiation Phase

DESCRIPTION	CODES
Outpatient visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH outpatient visit	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241 - 99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, MO064, T1015
Observation visit	CPT: 99217-99220
Health and behavior assessment/intervention	CPT: 96150-96154
Visit setting unspecified value set with partial hospitalization POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 52

Partial hospitalization/intensive outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit setting unspecified value set with community mental health center POS	CPT: 90791, 90792, 90832 - 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 53

*Codes subject to change.



(APM) METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

Measure demonstrates the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

- 1) Percentage of children and adolescents on antipsychotics who received blood glucose testing
- 2) Percentage of children and adolescents on antipsychotics who received cholesterol testing
- 3) Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

DESCRIPTION (NEED EITHER A1C OR GLUCOSE AND LDL-C)	CODES
HbA1c lab tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3045F, 3046F
Glucose lab tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C lab tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F

*Codes subject to change.



(CAP) CHILDREN’S AND ADOLESCENTS ACCESS TO PRIMARY CARE PRACTITIONERS

Measure demonstrates the percentage of members 12 months to 19 years of age who had a visit with a PCP:

- Children 12-24 months to 6 years who has a visit with a PCP during the measurement year
- Children 7 to 11 years and adolescents 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year

CPT	HCPCS	ICD-10
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483, 98969, 99444, 98966, 98967, 98968, 98969, 99441, 99442, 99443, 99444	G0402, G0438, G0439, G0463, T1015	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

*Codes subject to change.



(CIS) CHILDHOOD IMMUNIZATION STATUS

Measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child’s second birthday.

DESCRIPTION	CODES
DTAP (four dose)	CPT: 90698, 90700, 90721, 90723 CVX: 20, 50, 106, 107, 110, 120
HIB (three dose)	CPT: 90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148
Newborn Hep B (three dose)	CPT: 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110 HCPCS: G0010 ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
IPV (three dose)	CPT: 90698, 90713, 90723 CVX: 10, 89, 110, 120

MMR (one dose)	CPT: 90705, 90707, 90710, 90708, 90704, 90706 CVX: 05, 03, 94, 04, 07, 06 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (four dose)	CPT: 90670 CVX: 133, 152 HCPCS: G0009
Varicella VZV (one dose)	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, 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
Hep A (one dose)	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Influenza Flu (two dose)	CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672 CVX: 88, 135, 140, 141, 150, 153, 155, 158, 161, 111, 149 HCPCS: G0008
Rotavirus (two dose)	CPT: 90681 CVX: 119
Rotavirus (three dose)	CPT: 90680 CVX: 116, 122

*Codes subject to change. Rotavirus is either two dose or three dose for compliancy.



(IMA) IMMUNIZATIONS FOR ADOLESCENTS

Measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member's 13th birthday.

DESCRIPTION	CODES
Meningococcal-serogroup A,C,W, and Y (one dose)	CPT: 90734 CVX: 108, 114, 136, 147, 167
Tdap (one dose)	CPT: 90715 CVX: 115
HPV (two or three dose series)	CPT: 90649-90651 CVX: 62, 118, 137, 165

*Codes subject to change.

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(LSC) LEAD SCREENING IN CHILDREN

Measure evaluates percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

CPT
83655

*Codes subject to change.

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(W15/W34/AWC) WELL-CHILD AND ADOLESCENT WELL-CARE VISITS

Components of a comprehensive well-care visit include: A health history, a physical developmental history, a mental developmental history, a physical exam, and health education/anticipatory guidance. Visits must be with a PCP and assessment or treatment of an acute or chronic condition do not count towards the measure. Be sure to use age-appropriate codes.

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

Children who turned 15 months old and who had at least 6 well-child visits with a PCP prior to turning 15 months

CPT	HCPCS	ICD-10
99381, 99382, 99391, 99392, 99461	G0438, G0439	Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.71, Z02.82, Z00.5

*Codes subject to change.

(W34) Well-Child Visits First 3 to 6 Years of Life

Children 3-6 years of age who had one or more well-child visits with a PCP

CPT	HCPCS	ICD-10
99382, 99383, 99392, 99393	G0438, G0439	Z00.121, Z00.129, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82

*Codes subject to change.

(AWC) Adolescent Well-Care Visit

Members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN

CPT	HCPCS	ICD-10
99381-99383, 99384 - 99385, 99391-99393, 99394 - 99395, 99461	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

*Codes subject to change.



(WCC) WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS

Measure demonstrates the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

- BMI percentile
- Counseling for nutrition
- Counseling for physical activity

DESCRIPTION	CODES
BMI percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z58.54
Nutrition counseling	CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10: Z71.3
Physical activity	HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82

*Codes subject to change.

General Health



(AMR) ASTHMA MEDICATION RATIO

Measure evaluates the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

- 1) For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.
- 2) For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.

For each member, sum the units calculated in step one and step two to determine units of total asthma medications

For each member, calculate ratio using the below:

- Units of controller medications/Units of total asthma medications

Asthma Controller Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LIST	ROUTE
Antiasthmatic combinations	• Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Subcutaneous
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Subcutaneous
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Subcutaneous
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Intravenous
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation

Inhaled corticosteroids	· Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	· Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	· Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	· Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	· Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	· Zileuton	Zileuton Medications List	Oral
Methylxanthines	· Theophylline	Theophylline Medications List	Oral

*Subject to change.

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LIST	ROUTE
Short-acting, inhaled beta-2 agonists	· Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	· Levalbuterol	Levalbuterol Medications List	Inhalation



(CWP) APPROPRIATE TESTING FOR PHARYNGITIS

Measure demonstrates the percentage of episodes for members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

CPT
87070, 87071, 87081, 87430, 87650 - 87652, 87880

*Codes subject to change.



(FUH) FOLLOW- UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Measure evaluates percentage of discharges for members 6 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 practitioner.

Two rates are reported:

- 1) Discharges for which the member received follow-up within 30 days after discharge
- 2) Discharges for which the member received follow-up within seven days after discharge

DESCRIPTION	CODES
Visit setting unspecified value set with outpatient POS with mental health practitioner	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH outpatient Vvisit with mental health practitioner	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015
Visit setting unspecified value set with partial hospitalization POS with mental health practitioner	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 52
Partial hospitalization/intensive outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit setting unspecified value set with community mental health center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 53

Electroconvulsive therapy with ambulatory surgical center POS/community mental health center POS/outpatient POS/partial hospitalization POS	CPT: 90870 Ambulatory POS: 24 Comm. POS: 53 Partial Hosp. POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52
Telehealth visit	CPT: 90791, 90792, 90832 - 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 02
Observation	CPT: 99217-99220
Transitional care management	CPT: 99495, 99496

*Codes subject to change.



(IET) INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT

Measure evaluates percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Initiation of AOD Treatment: Percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis
- Engagement of AOD Treatment: Percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit

CPT	HCPCS	POS
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, 99217-99220	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 71-72

*Codes subject to change



(MMA) MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

Measure demonstrates the percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

- The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
- The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period

Asthma Controller Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LIST	ROUTE
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

*Subject to change.

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LIST	ROUTE
Short-acting, inhaled beta-2 agonists	• Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	• Levalbuterol	Levalbuterol Medications List	Inhalation

*Subject to change.