HEDIS® 2021

Documentation and Coding Guidelines

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
Measure	**Measure description**	**Documentation required**	**Coding**
Adult BMI Assessment (ABA) Retired by NCQA but may still apply in state quality reporting. Consult with your Account Executive.			

AmeriHealth Caritas Florida

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Breast Cancer Screening (BCS) This is also a measure (BSC-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	Women 50 – 74 years of age who had a mammogram to screen for breast cancer during the MY or the two years prior to the MY.	All types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance. **Note:** Biopsies, breast ultrasounds, and MRIs do not count towards this measure. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services in the measurement year (MY). • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Bilateral mastectomy or unilateral mastectomy with bilateral modifier any time during the member's history through the end of the MY. • Deceased in the MY. **Common Chart Deficiencies:** • Documentation not clear if unilateral or bilateral mastectomy. • Missing clear documentation on transgender patients (not clear that member is appropriate for the screening or if the screening was ordered/completed).	**Mammography:** **CPT:** 77061, 77062, 77063, 77065, 77066, 77067 **HCPCS:** G0202, G0204, G0206 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Care for Older Adults (COA)	Members 66 years of age and older who had each of the following during the Measurement Year (MY): • Advance Care Planning (ACP) • Medication review • Functional Status Assessment (FSA) • Pain Assessment	**Advance Care Planning:** Evidence of an Advance Care Plan or discussion about an Advance Care Plan in the medical record on or before 12/31 of the MY: • Documentation of an advance care planning discussion with the provider and the date it was discussed. • Notation the member previously executed an Advance Care Plan. Notation must be dated before 12/31 of the MY. **Medication Review:** A review conducted by a prescribing practitioner or clinical pharmacist in the MY. The member does not need to be present for the medication review. Any of the following are acceptable: • The presence of a medication list in the medical record with notation of the date reviewed. • Dated notation that member is not taking any medications. • Transitional care management services documented during the MY. • Criteria is **not** met if review was performed by an R.N. **Functional Status Assessment:** At least one functional status assessment during the MY and date it was performed. Functional status assessment must include one of the following: • Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking. • Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances. • Result of an assessment using a standardized functional status assessment tool. • Criteria is **not** met by a fall assessment. **Pain Assessment:** At least one pain assessment during the MY and the date it was performed. • Documentation that the patient was assessed for pain (which may include positive or negative findings for pain). • Result of assessment using a standardized pain assessment tool. • Criteria is **not** met by notation of only a pain management plan, or only a pain treatment plan. • Criteria is **not** met by notation of only screening for chest pain, or only documentation of chest pain. **Note:** • Telephone, e-visit or virtual check-in visits are acceptable for ACP, FSA and Pain Assessment. • Exclude services provided in an acute inpatient setting except for ACP. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • ACP: Documentation that ACP was discussed, but not using Centers for Medicare & Medicaid Services (CMS) Annual Wellness Visit (AWV) template and billing code. • ACP: Documentation reflects only "Yes/No" for ACP without evidence of a discussion. • ACP: Documentation that handouts regarding ACP were given, but no evidence of a discussion. • Medication review: Notation that medications were reviewed, but no medication list on that date of service. • Medication review: Medication review completed by R.N. • FSA: Documentation referencing patient living alone, but not specifically that patient can perform activities of daily living (ADLs) or instrumental activities of daily living (IADLs). • FSA: Documentation of 'normal' under review of systems without specifically addressing ADLs/IADLs. • FSA: A functional status assessment limited to an acute or single condition, event, or body system. • Pain: Patient not assessed for pain at visit. • Pain: Diagnosis or medication related to pain or pain management plan, but no documentation of pain assessment.	**Advance Care Planning:** **CPT:** 99483 99497 **CPT-CAT-II:** 1123F, 1124F, 1157F, 1158F **HCPCS:** S0257 **ICD-10-CM:** Z66 **Functional Status Assessment:** **CPT:** 99483 **CPT-CAT-II:** 1170F **HCPCS:** G0438, G0439 **Pain Assessment:** **CPT-CAT-II:** 1125F, 1126F **Medication Review (with Medication List):** **CPT:** 90863, 99483, 99605, 99606 **CPT-CAT-II:** 1160F **Medication List (with Medication Review):** **CPT-CAT-II:** 1159F **HCPCS:** G8427 **Transitional Care Management:** **CPT:** 99495, 99496 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Cervical Cancer Screening (CCS) This is also a measure (CCS-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	Women 21 – 64 years of age who were screened for cervical cancer using the following criteria: • Age 21 – 64 years: At least one cervical cytology (Pap) test within the last three years • Age 30 – 64 years: At least one cervical cytology (Pap) test/high-risk human papillomavirus (hrHPV) co-testing in the last five years • Age 30 – 64 years: At least one cervical high-risk human papillomavirus (hrHPV) test performed within the last five years	**Documentation using either of the following criteria meet:** • A note indicating the date when the cervical cytology was performed and the findings. • A note indicating the date hrHPV test was performed and the findings. **Note:** Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting. **Do NOT Count:** • Lab results that indicate the sample was inadequate or that "no cervical cells were present" is not a valid screening. • Biopsies are diagnostic and are not valid as a primary cervical cancer screening. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following any time during the member's history through 12/31 of the MY: • Evidence of a hysterectomy with no residual cervix. Must specify "complete," "total," "radical," abdominal or "vaginal" hysterectomy. • "Cervical agenesis" or "acquired absence of the cervix." • Hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening. • Deceased in the MY. **Gender Exclusions:** • Evidence that a patient was born a male. • Documentation patient is "transitioning from male to female" or has undergone sex reassignment surgery from male to female. • Documentation of "binary,"' "non-binary," "transgender," or "transsexual" would NOT be considered an exclusion. **Common Chart Deficiencies:** • Hysterectomy is not documented in the chart sufficiently to exclude member from measure. • Member-reported data not captured within history in chart with sufficient information to show the screening was completed in the measure time frame. • Pap/HPV test completed, but results not documented. • Missing clear documentation on transgender patients (not clear that member is appropriate for the screening or if the screening was ordered/completed).	**Cervical Cytology (Pap):** **CPT:** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **High Risk HPV Testing:** **CPT:** 87624, 87625 **HCPCS:** G0476 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Childhood Immunization Status (CIS) When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014.	Children 2 years of age who had the following administered **by their second birthday**: • 1 MMR, 1 VZV, 1 HepA administered on or between the child's 1st and 2nd birthday. • 3 HepB with different DOS before the 2nd birthday or history of the illness. One of the 3 can be newborn (day of birth to 7 days after birth). • 3 IPV, 3 Hib, 4 PCV, 4 DTaP, 2 or 3 RV - Do not count a vaccination administered prior to 42 days after birth. • 2 influenza vaccines — Do not count vaccinations administered prior to 6 months (180 days) after birth. One of the two vaccinations can be LAIV administered ONLY on the child's 2nd birthday.	**Documentation:** • 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. • Initial Hep B given "at birth" or "nursery/hospital" should be documented in the medical record or indicated on the immunization record as appropriate. • Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following by the 2nd birthday: • A contraindication for a specific vaccine. • Anaphylactic reaction to a vaccine or it components. • DTaP – Encephalopathy with a vaccine adverse-side effect code. • MMR, VZV, and influenza – Immunodeficiency, HIV, Lymphoreticular cancer, multiple myeloma or leukemia, anaphylactic reaction to neomycin. • Rotavirus – Severe combined immunodeficiency or History of intussusception. • IPV – Anaphylactic reaction to streptomycin, polymyxin B or neomycin. • Hepatitis B – Anaphylactic reaction to common baker's yeast. • Deceased in the MY. **Common Chart Deficiencies:** • Immunizations administered after the second birthday. • PCP charts do not contain immunization records of vaccine(s) received elsewhere, such as a health department, or those given in the hospital at birth. • No documentation of contraindications/allergies. • Flu mist only meets criteria when administered on the second birthday. • A note that "member is up to date" with all immunization does not constitute compliance, due to insufficient data. • Parental refusal does not meet compliance. • Rotavirus documentation does not specify if two-dose or three-dose.	Use applicable vaccination code or diagnosis indicating history of disease. **Encounter for immunization:** **ICD-10-CM:** Z23 **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP):** **CVX:** 20, 50, 106, 107, 110, 120 **CPT:** 90698, 90700, 90723 **Haemophilus Influenza Type B (HiB):** **CVX:** 17, 46, 47, 48, 49, 50, 51, 120, 148 **CPT:** 90644, 90647, 90648, 90698, 90748 **Hepatitis A Vaccine (HepA):** **CVX:** 31, 83, 85 **CPT:** 90633 **Hepatitis A:** **ICD-10-CM:** B15.0, B15.9 **Hepatitis B Vaccine (HepB):** **CVX:** 08, 44, 45, 51, 110 **CPT:** 90723, 90740, 90744, 90747, 90748 **HCPCS:** G0010 **Hepatitis B Newborn Vaccine:** **ICD-10-PCS:** 3E0234Z **Hepatitis B:** **ICD-10-CM:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 **Inactivated Poliovirus Vaccine (IPV):** **CVX:** 10, 89, 110, 120 **CPT:** 90698, 90713, 90723 **Influenza Vaccine:** **CVX:** 88, 140, 141, 150, 153, 155, 158, 161 **CPT:** 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689 **HCPCS:** G0008

Coding continued

Childhood Immunization Status (CIS) When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014.	**LAIV Immunization:** **CVX:** 111, 149 **CPT:** 90660, 90672 **Measles Vaccine:** **CVX:** 05 **CPT:** 90705 **Measles:** **ICD-10-CM:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 **Measles, Mumps and Rubella Vaccine (MMR):** **CVX:** 03, 94 **CPT:** 90707, 90710 **Measles-Rubella Vaccine (MR):** **CVX:** 04 **CPT:** 90708 **Mumps Vaccine:** **CVX:** 07 **CPT:** 90704 **Mumps:** **ICD-10-CM:** B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9	**Rubella Vaccine:** **CVX:** 06 **CPT:** 90706 **Rubella:** **ICD-10-CM:** B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 **Pneumococcal Conjugate Vaccine (PCV):** **CVX:** 133, 152 **CPT:** 90670 **HCPS:** G0009 **Rotavirus Vaccine (RV):** **CVX:** 116, 122 (3 dose), 119 (2 dose) **CPT:** 90680 (3 dose), 90681 (2 dose) **Varicella Zoster Virus (VZV):** **CVX:** 21, 94 **CPT:** 90710, 90716 **Varicella Zoster:** **ICD-10-CM:** 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 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Chlamydia screening in Women (CHL)	Women ages 16 – 24 years who were identified as sexually active and who had at least one test for chlamydia during the MY.	Perform chlamydia screening every year on every 16 to 24 year old female identified as sexually active. Offer member the option to have the chlamydia screening performed through a urine test. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members, who qualified for the measure based solely on a pregnancy test may be excluded from the measure with documentation of any of the following: • A pregnancy test in the MY and a prescription for isotretinoin (Retinoid) on the date of the pregnancy test or 6 days after the pregnancy test. • A pregnancy test in the MY and an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test. • Deceased in the MY. **Common Chart Deficiencies:** • Not collecting/testing urine sample routinely at well visit. • Criteria is not met by notation of parental/patient refusal. • Criteria is not met by a notation that the patient is not sexually active.	**Chlamydia Tests:** **CPT:** 87110, 87270, 87320, 87490, 87491, 87492, 87810 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Colorectal Cancer Screening (COL) This is also a measure (COL-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of adults 50 –75 years of age who had appropriate screening for colorectal cancer.	The Measurement Year (MY) is 1/1 – 12/31. **Documentation in the medical record must include** a note indicating the date when 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). • Colonoscopy in past 10 years (the MY and 9 years prior) • Flexible Sigmoidoscopy in past 5 years (the MY and 4 years prior) • CT Colonography in past 5 years (the MY and 4 years prior) • FIT-DNA in past 3 years (the MY and 2 years prior) • Fecal Occult Blood Test (FOBT) in the MY **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following any time in the member's history through 12/31 of the MY: • Colorectal cancer. • Total colectomy. • Deceased in the MY. **Common Chart Deficiencies:** • Member-reported data not captured within history in chart with sufficient information to show the screening was completed in the measurement year time frame. • FOBTs performed in an office setting. • FOBTs performed on a sample collected via Digital Rectal Exam (DRE). • Fewer than three samples documented for guaiac fecal occult blood test (gFOBT). • Documentation not clear if FIT-DNA or FIT FOBT. • In situatons of incomplete colonoscopy or flexible sigmoidoscopy, the documentation is not clear as to the location to which the scope advanced. • Most recent screening dates are not documented in the record or updated in the patient history.	**Colonoscopy:** **CPT:** 44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398 **HCPCS:** G0105, G0121 **Flexible Sigmoidoscopy:** **CPT:** 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104 **CT Colonography:** **CPT:** 74261, 74262, 74263 **FIT-DNA Lab Test:** **CPT:** 81528 **HCPCS:** G0464 **FOBT Lab test:** **CPT:** 82270, 82274 **HCPCS:** G0328 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Immunizations for Adolescents (IMA) When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective 1/1/14 This is also a measure (IMA-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	Adolescents 13 years of age who have completed each: • Meningococcal MCV (on or between 11th and 13th birthdays). • Tdap or TD (on or between 10th and 13th birthdays). • HPV (3 doses with different dates of service on or between 9th and 13th birthdays) or (2 doses with at least 146 days between the 1st and 2nd dose on or between 9th and 13th birthdays).	**Documentation:** • 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. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following: • A contraindication for a specific vaccine. • Anaphylactic reaction to a vaccine or it components. • Tdap – Encephalopathy with a vaccine adverse-side effect code. • Deceased in the MY. **Common Chart Deficiencies:** • Immunizations administered outside of the appropriate time frames. • PCP charts do not contain records when immunizations were administered elsewhere (health departments, school clinics, urgent care facility). • HPV vaccine doses are less than 146 days apart. • A note that "member is up to date" with all immunizations does not constitute compliance, due to insufficient data. • Parental refusal does not meet compliance. • Td (tetanus, diphtheria toxoids) does not meet criteria for Tdap. • Meningococcal recombinant (serogroup B) (MenB) do not meet criteria for the meningococcal vaccine.	**Meningococcal Vaccine:** **CVX:** 108, 114, 136, 147, 167, 203 **CPT:** 90619, 90734 **Tetanus, Diphtheria & Acellular Pertussis Vaccine (Tdap):** **CVX:** 115 **CPT:** 90715 **HPV Vaccine:** **CVX:** 62, 118, 137, 165 **CPT:** 90649, 90650, 90651 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Lead Screening in Children (LSC)	Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning at any time by their second birthday.	**Documentation in the medical record must include both of the following on or before the second birthday:** • A note indicating the date the test was performed. • The result or finding. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • Lab results not documented in the record. • Documentation of a lead assessment versus a lead screening. • Lead screening not ordered, completed, or result not documented. • Lead screening after the child's second birthday. • Results of screening performed at an outside lab, health department, or WIC office not included in record.	**Lead Tests** **CPT:** 83655 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following during the Measurement Year (MY): • BMI percentile documentation. • Counseling for nutrition. • Counseling for physical activity.	**BMI Percentile:** • Documentation must include height, weight and BMI percentile during the MY. • The height, weight and BMI must be from the same data source. • BMI percentile can be documented as a value or plotted on an age-growth chart. • Member reported values (weight, height, BMI) can be captured during a telephone visit, e-visit or virtual check-in. **Counseling for Nutrition:** Documentation of counseling for nutrition or referral for nutrition education during the MY. Examples include: • Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors). • Checklist indicating nutrition was addressed. • Member received educational materials on nutrition during a face-to-face visit. • Anticipatory guidance for nutrition. • Weight or obesity counseling. • Referral to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). **Counseling for Physical Activity:** Documentation of counseling for physical activity or referral for physical activity during the MY. Examples include: • Checklist indicating physical activity was addressed. • Member received educational materials on physical activity during a face-to-face visit. • Anticipatory guidance for physical activity or weight/obesity counseling. • Weight or obesity counseling. • Discussion of current physical activity (e.g., sports activities, exercise routines). • Exam for sport participation/sports physical. **Notes:** • Services may be rendered during a visit other than a well-child visit however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the "Counseling for Nutrition" and "Counseling for Physical Activity" indicators. • Services for "Counseling for Nutrition" and "Counseling for Physical Activity" may be delivered during a telephone visit, e-visit or virtual check-in. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of: • Diagnosis of pregnancy during the MY. • Deceased in the MY. **Common Chart Deficiencies:** • Height, weight, and BMI percentile not documented each year. • BMI documented as a value and not as a percentile. • BMI percentile documented as a range or threshold. • Documentation of developmental milestones without notation of anticipatory guidance or education for physical activity. • Missing counseling/education on physical activity and/or nutrition. • Notation of "health education" or "anticipatory guidance" without specific mention of nutrition and/or physical activity. • Counseling on safety (e.g., "wears helmet" or "water safety") without specific mention of physical activity recommendations. • Notation solely related to "screen time" without specific mention of physical activity recommendations. • Documentation of diet or appetite 'regular' or 'good' without notation of counseling. • Criteria is not met by documentation specific to the assessment or treatment of an acute or chronic condition. • Well-child services delivered in sick visit but not coded on claim.	**BMI percentiles:** **ICD10-CM:** Z68.51, Z68.52, Z68.53, Z68.54 **Nutrition Counseling:** **CPT:** 97802, 97803, 97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 **ICD-10-CM:** Z71.3 **Physical Activity Counseling:** **HCPCS:** G0447, S9451 **ICD-10-CM:** Z02.5, Z71.82 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS

Measure	Measure description	Documentation required	Coding
Appropriate Testing for Pharyngitis (CWP) This is also a measure (CWP-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	Outpatient, telephone, observation or ED visit, e-visit, or virtual check-in with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period (IP) which is 3 days prior and 3 days after the diagnosis. Member is compliant with a Strep test during IP. Telehealth visits are included in event/diagnosis criteria. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.	**Group A Strep Test:** **CPT:** 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880 **Pharyngitis Diagnosis:** **ICD 10-CM:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81,J03.90, J03.91 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Asthma Medication Ratio (AMR)	The percentage of members 5 – 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the Measurement Year (MY).	**Oral Medication dispensing event:** Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events. If multiple prescriptions for the same medication are dispensed on the same day, sum the days supply and divide by 30. Use the Drug ID to determine if the prescriptions are the same or different. **Inhaler dispensing event:** All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different drug IDs dispensed on the same day are counted as different dispensing events. **Injection dispensing events:** Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events. **Units of medications:** When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Members who had no asthma medications dispensed during the MY. • Members who had a diagnosis anytime during the member's history through December 31 of the MY of any of the follow: emphysema, COPD, chronic respiratory conditions due to fumes/vapors, cystic fibrosis, or acute respiratory failure. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • No documentation of review of medications at every visit.	Population includes ED, IP and/or observation visits billed with asthma diagnosis or 4 non-controller asthma medication dispensing events during the MY and the year prior. **Asthma diagnoses** **ICD-10-CM:** J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998 **Asthma Controller Medications:** **Antiasthmatic combinations:** Dyphylline-guaifenesin **Antibody inhibitors:** Omalizumab **Anti-interleukin-4:** Dupilumab **Anti-interleukin-5:** Benralizumab, Mepolizumab, Reslizumab **Inhaled steroid combinations:** Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone **Inhaled corticosteroids:** Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone **Leukotriene modifiers:** Montelukast, Zafirlukast, Zileuton **Methylxanthines:** Theophylline **Asthma Reliever Medications:** **Short-acting, inhaled beta-2 agonists:** Albuterol, Levalbuterol **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Medication Management for People with Asthma (MMA) Retired by NCQA but may still apply in State quality reporting. Consult with your Account Executive.			
Pharmacotherapy Management of COPD Exacerbation (PCE)	Members 40 years of age and older who had an acute inpatient discharge or ER visit on or between 1/1 – 11/30 of MY and who have evidence of an active prescription for or were dispensed the appropriate medications : • A systemic corticosteroid within 14 days of the event. (No longer includes Betamethasone.) • A bronchodilator within 30 days of the event. (No longer includes Methylxathines.) This is an episode-based event so a member may be included multiple times.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	HEDIS rates are based on Pharmacy claims. **Systemic Corticosteroid Medications** **Glucocorticoids:** Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone **Bronchodilator Medications** **Anticholinergic agents:** Aclidinium bromide, Ipratropium, Tiotropium, Umeclidinium **Beta 2-agnonists:** Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, Salmeterol **Bronchodilator combinations:** Albuterol-ipratropium, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Fluticasone furoate-umeclidinium-vilanterol, Formoterol-aclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Indacaterol-glycopyrrolate, Olodaterol hydrochloride, Olodaterol-tiotropium, Umeclidinium-vilanterol

EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS

Measure	Measure description	Documentation required	Coding
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	The percentage of members 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.	Documentation of at least one claim/encounter for spirometry during the 730 days (2 years) prior to the index episode start date (IESD) through 180 days (6 months) after the IESD. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Spirometry Testing CPT:** 94010, 94014 – 94016, 94060, 94070, 94375, 94620 **COPD ICD-10-CM:** J44.0, J44.1, J44.9 **Chronic bronchitis ICD-10-CM:** J41.0, J41.1, J41.8, J42 **Emphysema ICD-10-CM:** J43.0 – J43.2, J43.8, J43.9 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

ACCESS AND AVAILABILITY

Measure	Measure description	Documentation required	Coding
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	Members 20 years and older who had an ambulatory or preventive care visit during the MY.	One or more ambulatory or preventive care visits during the MY. Telephone and e-visits are acceptable. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Ambulatory Visits:** **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 **ICD-10-CM:** Z00.00, 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 **Other Ambulatory Visits:** **CPT:** 92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 **HCPCS:** S0620, S0621 **UBREV:** 0524, 0525 **Telephone Visits:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments:** **CPT:** 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

Measure	Measure description	Documentation required	Coding
Children and Adolescents' Access to Primary Care (CAP) Retired by NCQA but may still apply in State quality reporting. Consult with your Account Executive.			

ACCESS AND AVAILABILITY

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	Adolescent and adult members with a new episode of alcohol or other drug abuse (AOD) dependence who received Initiation of AOD Treatment or Engagement of AOD Treatment. Two rates are reported: **1. Initiation of AOD Treatment:** 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. **2. Engagement of AOD Treatment:** The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.	The Measurement Year (MY) is 1/1-12/31. **Note:** • Methadone is not included in the medication lists for the measure. • Medication treatment meets criteria for members being treated for alcohol or opioid abuse or dependence. It does not meet the criteria for treatment of other drug abuse or dependence. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**IET Stand Alone Visits (with Alcohol Abuse & Dependence, Opioid Abuse & Dependence or Other Drug Abuse & Dependence):** **CPT:** 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983 **Observation (with Alcohol Abuse & Dependence, Opioid Abuse & Dependence or Other Drug Abuse & Dependence):** **CPT:** 99217, 99218, 99219, 99220 **Telephone Visit (with Alcohol Abuse & Dependence, Opioid Abuse & Dependence or Other Drug Abuse & Dependence):** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443

ACCESS AND AVAILABILITY

Coding continued

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Alcohol Abuse & Dependence:

ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29

Opioid Abuse & Dependence:

ICD-10-CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29

Other Drug Abuse & Dependence:

ICD-10-CM: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

IET Visits Group 1 (with IET POS Group 1 and Alcohol Abuse & Dependence, Opioid Abuse & Dependence or Other Drug Abuse & Dependence):

CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876

IET POS Group 1:

POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72

IET Visits Group 2 (with IET POS Group 2 and Alcohol Abuse & Dependence, Opioid Abuse & Dependence or Other Drug Abuse & Dependence):

CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

IET POS Group 2:

POS: 02, 52, 53

Online Assessments (with Alcohol Abuse & Dependence, Opioid Abuse & Dependence or Other Drug Abuse & Dependence):

CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457

HCPCS: G0071, G2010, G2012, G2061, G2062, G2063

OUD Monthly Office-Based Treatment (if service that bills monthly or diagnosis from Opioid Abuse & Dependence):

HCPCS: G2086, G2087

OUD Weekly Non Drug Service (if diagnosis from Opioid Abuse & Dependence):

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

OUD Weekly Drug Treatment Service (if diagnosis from Opioid Abuse & Dependence):

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

AOD Medication Treatment (if diagnosis from Alcohol Abuse & Dependence or Opioid Abuse & Dependence):

HCPCS: H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109

Alcohol Use Disorder Treatment Medications List (if diagnosis from Alcohol Abuse & Dependence):

Aldehyde dehydrogenase inhibitor: Disulfiram (oral)

Antagonist: Naltrexone (oral and injectable)

Other: Acamprosate (oral, delayed-release tablet)

Opioid Use Disorder Treatment Medications (if diagnosis from Opioid Abuse & Dependence):

Antagonist: Naltrexone (oral and injectable)

Partial Agonist: Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

ACCESS AND AVAILABILITY

Measure	Measure description	Documentation required	Coding
Prenatal and Postpartum Care (PPC)	The percentage of deliveries of live births on or between October 8 of the year prior to the Measurement Year (MY) and October 7 of the MY. For these women, the measure assesses the following facets of prenatal and postpartum care. • **Timeliness of Prenatal Care.** The 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. • **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	**Prenatal care visit** to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of **one** of the following: • Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of LMP, EDD, GA, a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment or counseling/education). • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. • Evidence that a prenatal care procedure was performed (OB panel, ultrasound, etc.). Postpartum visit to an OB/GYN or other prenatal care practitioner or PCP. Documentation in the medical record must include a note indicating the date when the post-partum care visit occurred, and evidence of one of the following: • Pelvic Exam: Colposcopy is not acceptable for a postpartum visit. • Evaluation of weight, BP, breast, and abdomen: Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component. • Notation of postpartum care, including, but not limited to: Notation of "postpartum care," "PP care," "PP Checks," "6-week check." • A preprinted "Postpartum Care" form in which information was documented during the visit. • 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 any of the following: infant care or breastfeeding; resumption of intercourse, birth spacing, family planning; sleep/fatigue; resumption of physical activity; attainment of healthy weight. **Note:** • Services provided during a telephone visit, e-visit or virtual check-in are acceptable. • Services that occur over multiple visits count toward Timeliness of Prenatal Care if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Non-live birth. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • Missing signature on charts, so unable to determine type of provider services. • Only initials on charts, so unable to determine type of provider type services. • Ultrasound and/or labs with no associated prenatal visit documentation in measure time frame. • Initial prenatal visit documented as intake with R.N., but no visit with OBGYN or PCP. • Diagnosis of pregnancy not documented in chart. • Dates of service in progress notes do not align with dates on Obstetrical Needs Assessment Form (ONAF). • ONAF not filled out completely.	**Prenatal Indicator:** **Standalone Prenatal Visits:** **CPT:** 99500 **CPT-CAT-II:** 0500F, 0501F, 0502F **HCPS:** H1000, H1001, H1002, H1003, H1004 **Bundled Prenatal Visits:** **CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005 **Prenatal Visits (with Diagnosis of Pregnancy):** **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483 **HCPS:** G0463, T1015 **Telephone Visit (with Diagnosis of Pregnancy):** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessment (with Diagnosis of Pregnancy):** **CPT:** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 **HCPCS:** G2010, G2012, G2061, G2062, G2063 **Pregnancy Diagnosis:** **ICD-10-CM:** O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41 O009.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.311, O10.312, O10.313, O10.319, O10.411, O10.411, O10.412, O10.413, O10.419, O10.911, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.311, O10.312, O10.313, O10.319, O10.411, O10.412, O10.413, O10.419, O10.912, O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O12.00, O12.01, O12.02, O12.03, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.111, O24.112, O24.113, O24.119, O24.311, O24.312, O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811, O24.812, O24.813, O24.819, O24.911, O24.912, O24.913, O24.919, O25.10, O25.11, O25.12, O25.13, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.30, O26.31, O26.32, O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619 O26.711, O26.712, O26.713, O26.719, O26.811, O26.812, O26.813 O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.872, O26.873, O26.879,

ACCESS AND AVAILABILITY

Coding continued

Prenatal and Postpartum Care (PPC) continued	**ICD-10-CM:** 026.842, 026.843, 026.849, 026.851, 026.852, 26.853, 026.859, 026.86, 026.872, 026.873, 026.879, 026.891, 026.892, 026.893, 026.899, 026.90, 026.91, 026.92, 026.93, 028.0, 028.1, 028.2 028.3,028.4,028.5, 028.8, 028.9, 029.011, 029.012, 023.013, 029.019,029.021, 029.022, 029.023, 029.029, 029.091, 029.092, 029.093, 029.099, 029.111, 029.112, 029.113, 029.119, 029.121, 029.122, 029.123, 029.129, 029.191, 029.192, 029.193, 029.199, 029.211, 029.212, 029.213, 029.219, 029.291, 029.292, 029.293, 029.299, 029.3X1, 029.3X2, 029.3X3, 029.3X9, 029.40, 029.41, 029.42, 029.43, 029.5X1, 029.5X2, 029.5X3, 029.5X9, 029.60, 029.61, 029.62, 029.63, 029.8X1, 029.8X2, 029.8X3, 029.8X9, 029.90, 029.91, 029.92, 029.93, 030.001, 030.002, 030.003, 030.009, 030.011, 030.012, 030.013, 030.019, 030.021, 030.022, 030.023, 030.029, 030.031, 030.032, 030.033, 030.039, 030.041, 030.042, 030.043, 030.049, 030.091, 030.092, 030.093, 030.099, 030.101, 030.102, 030.103, 030.109, 030.111, 030.112, 030.113, 030.119, 030.121, 030.122, 030.123, 030.129, 030.131, 030.132, 030.133, 030.139, 030.191, 030.192, 030.193, 030.199, 030.201, 030.202, 030.203, 030.209, 030.211, 030.212, 030.213, 030.219, 030.221, 030.222, 030.223, 030.239, 030.291, 030.292, 030.293, 030.299, 030.801, 030.802, 030.803, 030.809, 030.811, 030.812, 030.813, 030.819, 030.821, 030.822, 030.823, 030.829, 030.831, 030.832, 030.833, 030.839, 030.891, 030.892, 030.893, 030.899, 030.90, 030.91, 030.92, 030.93, 031.00X0, 031.00X1, 031.00X2, 031.00X3, 031.00X4, 031.00X5, 031.00X9, 031.01X0, 031.01X1, 031.01X2, 031.01X3, 031.01X4, 031.01X5, 031.01X9, 031.02X0, 031.02X1, 031.02X2, 031.02X3, 031.02X4, 031.02X5, 031.02X9, 031.03X0, 031.03X1, 031.03X2, 031.03X3, 031.03X4, 031.03X5, 031.03X9, 031.10X0, 031.10X1, 031.10X2, 031.10X3, 031.10X4, 031.10X5, 031.10X9, 031.11X0, 031.11X1, 031.11X2, 031.11X3, 031.11X4, 031.11X5, 031.11X9, 031.12X0, 031.12X1, 031.12X2, 031.12X3, 031.12X4, 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036.5933, 036.5934, 036.5935, 036.5939, 036.5990, 036.5991, 036.5992, 036.5993, 036.5994, 036.5995, 036.5999, 036.60X0, 036.60X1, 036.60X2, 036.60X3, 036.60X4, 036.60X5, 036.60X9, 036.61X0, 036.61X1, 036.61X2, 036.61X3, 036.61X4, 036.61X5, 036.61X9, 036.62X0, 036.62X1, 036.62X2, 036.62X3, 036.62X4, 036.62X5, 036.62X9, 036.63X0, 036.63X1, 036.63X2, 036.63X3, 036.63X4, 036.63X5, 036.63X9, 036.70X0, 036.70X1, 036.70X2, 036.70X3, 036.70X4, 036.70X5, 036.70X9, 036.71X0, 036.71X1, 036.71X2, 036.71X3, 036.71X4, 036.71X5, 036.71X9, 036.72X0, 036.72X1, 036.72X2, 036.72X3, 036.72X4, 036.72X5, 036.72X9, 036.73X0, 036.73X1, 036.73X2, 036.73X3, 036.73X4, 036.73X5, 036.73X9, 036.80X0, 036.80X1, 036.80X2, 036.80X3, 036.80X4, 036.80X5, 036.80X9, 036.8120, 036.8121, 036.8122, 036.8123, 036.8124, 036.8125, 036.8129, 036.8130, 036.8131, 036.8132, 036.8133, 036.8134, 036.8135, 036.8139, 036.8190, 036.8191, 036.8192, 036.8193, 036.8194, 036.8195, 036.8199, 036.8210, 036.8211, 036.8212, 036.8213, 036.8214, 036.8215, 036.8219, 036.8220, 036.8221, 036.8222, 036.8223, 036.8224, 036.8225, 036.8229, 036.8230, 036.8231, 036.8232, 036.8233, 036.8234, 036.8235, 036.8239, 036.8290, 036.8291, 036.8292, 036.8293, 036.8294, 036.8295, 036.8299, 036.8310, 036.8311, 036.8312, 036.8313, 036.8314, 036.8315, 036.8319, 036.8320, 036.8321, 036.8322, 036.8323, 036.8324, 036.8325, 036.8329, 036.8330, 036.8331, 036.8332, 036.8333, 036.8334, 036.8335, 036.8339, 036.8390, 036.8391, 036.8392, 036.8393, 036.8394, 036.8395, 036.8399, 036.8910, 036.8911, 036.8912, 036.8913, 036.8914, 036.8915, 036.8919, 036.8920, 036.8921, 036.8922, 036.8923, 036.8924, 036.8925, 036.8929, 036.8930, 036.8931, 036.8932, 036.8933, 036.8934, 036.8935, 036.8939, 036.8990, 036.8991, 036.8992, 036.8993, 036.8994, 036.8995, 036.8999, 036.90X0, 036.90X1, 036.90X2, 036.90X3, 036.90X4, 036.90X5, 036.90X9, 036.91X0, 036.91X1, 036.91X2, 036.91X3, 036.91X4, 036.91X5, 036.91X9, 036.92X0, 036.92X1, 036.92X2, 036.92X3, 036.92X4, 036.92X5, 036.92X9, 036.93X0, 036.93X1, 036.93X2, 036.93X3, 036.93X4, 036.93X5, 036.93X9, 040.1XX0, 040.1XX1, 040.1XX2, 040.1XX3, 040.1XX4, 040.1XX5, 040.1XX9, 040.2XX0, 040.2XX1, 040.2XX2, 040.2XX3, 040.2XX4, 040.2XX5, 040.2XX9, 040.3XX0, 040.3XX1, 040.3XX2, 040.3XX3, 040.3XX4, 040.3XX5, 040.3XX9, 040.9XX0, 040.9XX1, 040.9XX2, 040.9XX3, 040.9XX4, 040.9XX5, 040.9XX9, 041.00X0, 041.00X1, 041.00X2, 041.00X3, 041.00X4, 041.00X5, 041.00X9, 041.01X0, 041.01X1, 041.01X2, 041.01X3, 041.01X4, 041.01X5, 041.01X9, 041.02X0, 041.02X1, 041.02X2, 041.02X3, 041.02X4, 041.02X5, 041.02X9, 041.03X0, 041.03X1, 041.03X2, 041.03X3, 041.03X4, 041.03X5, 041.03X9, 041.1010, 041.1011, 041.1012, 041.1013, 041.1014, 041.1015, 041.1019, 041.1020, 041.1021, 041.1022, 041.1023, 041.1024, 041.1025, 041.1029, 041.1030, 041.1031, 041.1032, 041.1033, 041.1034, 041.1035, 041.1039, 041.1090, 041.1091, 041.1092, 041.1093, 041.1094, 041.1095, 041.1099, 041.1210, 041.1211, 041.1212, 041.1213, 041.1214, 0412.1215, 041.1219, 041.1220, 041.1221, 041.1222, 041.122,3 041.1224, 041.1225, 041.1229, 041.1230, 041.1231, 041.1232, 041.1233, 041.1234, 041.35, 041.1239, 041.1290, 041.1291, 041.1292, 041.1293, 041.1294, 041.1295, 041.129, 041.1410, 041.144, 041.1412, 041.1413, 041.1414, 041.1415, 041.1419, 041.1420, 041.1421, 041.1422, 041.1423, 041.1424, 041.1425, 041.1429, 041.1430, 041.1431, 041.1432, 041.1433, 041.1434, 041.1435, 041.1439, 041.1490, 041.1491, 041.1492, 041.1493, 041.1494, 041.1495, 041.1499, 041.8X10, 041.1420, 041.8X11, 041.8X12, 041.8X13, 041.8X14, 041.8X15, 041.8X19, 041.8X20, 041.8X21, 041.8X22, 041.8X23, 041.8X24, 041.8X25, 041.8X29, 041.8X30, 041.8X31,

ACCESS AND AVAILABILITY

Coding continued

Prenatal and Postpartum Care (PPC) continued	**ICD-10-CM:** O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O042.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.91,9 O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O432.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.0109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52 O44.53 O45.001 O45.002 O45.003 O45.009 O45.011 O45.012 O45.013 O45.019 O45.021 O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92 O45.93 O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O060.02, O60.03, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, O71.6, O71.7, O71.81, O71.82, O71.89, O71.9, O88.011, O88.012, O88.013, O88.019, O88.111, O88.112, O88.113, O88.119, O88.211, O88.212, O88.213, O88.219, O88.311, O88.312, O88.313, O88.319, O88.811, O88.812, O88.813, O88.819, O91.011, O91.012, O91.013, O91.019, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.23, O92.011, O92.012, O92.013, O92.019, O92.03, O92.111, O92.112, O92.113, O92.119, O92.13, O92.3, O92.4, O92.5, O92.6, O92.70, O92.79, O98.011, O98.012, O98.013, O98.019, O98.111, O98.112, O98.113, O98.119, O98.211, O98.212, O98.213, O98.219, O98.311, O98.312, O98.313, O98.319, O98.411, O98.412, O98.413, O98.419, O98.511, O98.512, O98.513, O98.519, O98.611, O98.612, O98.613, O98.619, O98.711, O98.712, O98.713, O98.719, O98.811, O98.812, O98.813, O98.819, O98.911, O98.912, O98.913, O98.919, O99.011, O99.012, O99.013, O99.019, O99.111, O99.112, O99.113, O99.119, O99.119, O99.210, O99.211, O99.212, O99.213, O99.280, O99.281, O99.282, O99.283, O99.310, O99.311, O99.312, O99.313, O99.320, O99.321, O99.322, O99.323, O99.330, O99.331, O99.332, O99.333, O99.340, O99.341, O99.342, O99.343, O99.350, O99.351, O99.352, O99.353, O99.411, O99.412, O99.413, O99.419, O99.511, O99.512, O99.513, O99.519, O99.611, O99.612, O99.613, O99.619, O99.711, O99.712, O99.713, O99.719, O99.810, O99.820, O99.830, O99.840, O99.841, O99.842, O99.843, O99.841, O9A.111, O9A.112, O9A.113, O9A.119, O9A.211, O9A.212, O9A.213, O9A.219, O9A.311, O9A.312, O9A.313, O9A.319, O9A.411, O9A.412, O9A.413, O9A.419, O9A.511, O9A.512, O9A.513, O9A.519, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9 **Postpartum Indicator:** **Postpartum Visits:** **CPT:** 57170, 58300, 59430, 99501 **CPT-CAT-II:** 0503F **ICD-10-CM:** Z01.411, Z01.419, Z01.42, Z430.430, Z39.1, Z39.2 **Bundled Postpartum Visits:** **CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 **Cervical Cytology Lab Test:** **CPT:** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS:** G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 P3000 P3001 Q0091 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

Measure	Measure description	Documentation required	Coding
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	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.	Documentation of psychosocial care in the 121-day period from 90 days prior to the Rx dispensing date through 30 days after the Rx dispensing date. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Psychosocial Care:** **CPT:** 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 **HCPCS:** G0176, G0177, G0409, G0410. G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS

Measure	Measure description	Documentation required	Coding
Controlling High blood Pressure (CBP)	Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the Measurement Year (MY).	• BP must be latest reading in the MY and must occur on or after the second diagnosis of HTN. • Do not include BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests. • Do not include BP readings taken during an inpatient stay or ED visit. • When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. • If no BP is recorded during the MY, the member is "not controlled." • Services provided during a telephone visit, e-visit or virtual check-in are acceptable. • Member reported data documented in medical record is acceptable if BP captured with a digital device. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Evidence of ESRD or kidney transplant on or prior to 12/31 of the MY. Documentation must include a dated note indicating evidence of ESRD, Kidney transplant or dialysis. • Diagnosis of pregnancy during the MY. • A nonacute inpatient admission during the MY. • Deceased in the MY. **Common Chart Deficiencies:** • Retake of BP that is 140/90 or above not documented. • Member-reported BP is not documented with sufficient detail. • Claim missing CPT II codes for BP results. • BP rounded up before documented in medical record. • BP documented as a range. • No documentation of follow-up appointment scheduled if BP is elevated. • Cardiology visits with no BP documented in the chart. • Flowsheets missing member name and second identifier such as date of birth.	Compliance = Both a representative (most recent during the MY) systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high–normal range) identified in documentation via medical record review. **Systolic and Diastolic Blood Pressure:** **CPT-CAT-II:** • Systolic Less Than 130: 3074F • Systolic 130-139: 3075F • Systolic Greater Than or Equal To 140: 3077F • Diastolic Less Than 80: 3078F • Diastolic 80-89: 3079F • Diastolic Greater Than or Equal To 90: 3080F **Outpatient without UBRev (with Systolic and Diastolic):** **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 **Telephone Visit (with Systolic and Diastolic):** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments (with Systolic and Diastolic):** **CPT:** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 **Nonacute Inpatient (with Systolic and Diastolic):** **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 **Remote Blood Pressure Monitoring (with Systolic and Diastolic):** **CPT:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474 **Hypertension Diagnosis:** **ICD-10-CM:** I10 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Persistence of Beta Blocker Treatment After a Heart Attack (PBH)	Members 18 years of age and older during the Measurement Year (MY) who were hospitalized and discharged from 7/1 of the year prior to the MY to 6/30 of the MY with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with advanced illness during the MY. • 81 years of age and older with frailty any time on or between 7/1 of the year prior to the MY and 12/31 of the MY. **Optional Exclusions:** Noncompliant members with documentation of any of the following: • Asthma. • COPD. • Obstructive Chronic Bronchitis. • Chronic Respiratory Conditions Due to Fumes or Vapors. • Hypotension • Heart block >1 degree • Sinus bradycardia • A medication dispensing event indicative of a history of asthma. • Intolerance or allergy to beta-blocker therapy. • Deceased in the MY. **Common Chart Deficiencies:** • Medication was ordered with no evidenced that it was dispensed.	HEDIS rates are based on Pharmacy claims. **Beta-Blocker Medications** **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 **AMI Diagnosis:** **ICD-10-CM:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS

Measure	Measure description	Documentation required	Coding
Statin Therapy for Patients With Cardiovascular Disease (SPC)	Males 21 – 75 years of age and females 40 – 75 years of age during the Measurement Year (MY), who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD), and met the following criteria. Two rates are reported: **1. Received Statin Therapy:** Members who were dispensed at least one high or moderate-intensity statin medication during the MY. **2. Statin Adherence 80%:** Members who remained on a high or moderate intensity statin medication for at least 80% of the treatment period.	The Index Prescription Start Date (IPSD) is the earliest dispensing date for any statin medication of at least moderate intensity during the MY. The Treatment Period (TP) is the period beginning on the IPSD through 12/31 of the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. • Myalgia, myositis, myopathy, or rhabdomyolysis during the MY. • Pregnancy, IVF treatment, clomiphene Rx, cirrhosis, end stage renal disease in the MY or the year prior to the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • No documentation of review of medications at every visit.	**High-intensity statin therapy:** Atorvastatin 40-80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg **Moderate-intensity statin therapy:** Atorvastatin 10-20mg, Amlodipine-Atorvastatin 10-20mg, Rosuvastatin 5-10mg, Simvastatin 20-40mg, Ezetimibe-simvastatin 20-40mg, Pravastatin 40-80mg, Lovastatin 40mg. Fluvastatin 40-80mg, Pitavastatin 1-4mg **MI Diagnosis:** **ICD-10-CM:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8, I25.2 **CABG Diagnosis:** **CPT:** 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536 **HCPCS:** S2205, S2206, S2207, S2208, S2209
Coding continued			
Statin Therapy for Patients With Cardiovascular Disease (SPC)	**ICD-10-PCS:** 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF **PCI Diagnosis:** **CPT:** 92920, 92924, 92928, 92933, 92937, 92941, 92943 **HCPCS:** C9600, C9602, C9604, C9606, C9607 **ICD-10-PCS:** 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02713E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 027234Z, 027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 027334Z, 027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734T6, 02734TZ, 02734Z6, 02734ZZ **Other Revascularization Diagnosis:** **CPT:** 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231 **IVD Diagnosis:** **ICD-10-CM:** I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.92, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89, T82.855A, T82.855D, T82.855S, T82.856A, T82.856D, T82.856S **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.	

EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS

Measure	Measure description	Documentation required	Coding
Cardiac Rehabilitation (CRE)	The percentage of members 18 year and older who attended cardiac rehabilitation following a qualifying cardiac event, including: • myocardial infarction • percutaneous coronary intervention • coronary artery bypass grafting • heart and heart/lung transplantation • heart valve replacement Four rates are reported as the percentage of members who attended the specified number of cardiac rehabilitation sessions within the specified time after a qualifying event: **1. Initiation:** 2 or more sessions within 30 days. **2. Engagement 1:** 12 or more sessions within 90 days. **3. Engagement 2:** 24 or more sessions within 180 days. **4. Achievement:** 36 or more sessions within 180 days.	The Measurement Year (MY) is 1/1-12/31. The Intake Period (IP) is a 12-month window that begins on July 1 of the year prior to the MY and ends on June 30 of the MY. The Episode Date (EP) is the most recent cardiac event during the IP, including myocardial infarction (MI), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), heart or heart/lung transplant, or heart valve repair/replacement. For MI, CABG, heart or heart/lung transplant or heart valve repair/replacement, the EP is the date of discharge. For PCI, the EP is the date of service. For inpatient claims, the EP is the date of discharge. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care during the IP through the end of the MY. • 66 years of age and older with frailty and advanced illness during the MY. • 81 years of age and older with frailty during the IP through the end of the MY. • Discharged from an inpatient setting with the following during the 180 days after the EP: MI, CABG, Heart or Heart/Lung Transplant, Heart value repair or replacement. • PCI in any setting during the 180 days after the EP. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Cardiac Rehabilitation:** **CPT:** 93797, 93798 **HCPCS:** G0422, G0423, S9472 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: DIABETES

Measure	Measure description	Documentation required	Coding
Comprehensive Diabetes Care (CDC) HbA1c Testing	Members 18-75 years of age with diabetes (type 1 or type 2) who had a HbA1c test done in the Measurement Year (MY): • HbA1c poor control (>9%) • HbA1c control (<8.0%) **A lower rate in Poor Control (>9%) indicates better performance.**	At a minimum, the documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or findings. Document MOST RECENT COLLECTION date of service in the MY. Ranges and thresholds DO NOT meet criteria - a distinct numeric result is required. Terms below count with a note and result: A1c, Hemoglobin A1c, Glycated Hemoglobin, HbA1c, Glycohemoglobin A1c, Glycosylated Hemoglobin, HgA1c, Glycohemoglobin, Hb1c **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior. • Deceased in the MY. **Common Chart Deficiencies:** • A1c noted in the chart, but without a specific date. • In-house A1c noted in visit, but no result documented. • Diabetes diagnosis and medication documented, but missing documentation of treatment, follow-up and/or progress. • Flowsheets missing member name and second identifier, such as date of birth. • Incomplete or missing information from specialists or consulting providers.	**HbA1c Lab Test:** **CPT:** 83036, 83037 **HbA1c Test Result or Finding:** **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F **HbA1c Level:** **CPT-CAT-II:** • **Less Than 7.0:** 3044F • **Greater than or Equal to 7.0 and Less Than 8.0:** 3051F • **Greater than or Equal to 8.0 and Less Than or Equal to 9.0:** 3052F • **Greater than 9.0:** 3046F **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: DIABETES

Measure	Measure description	Documentation required	Coding
Comprehensive Diabetes Care (CDC) Monitoring for Nephropathy	Members 18-75 years with diabetes (type 1 and type 2) who had a Nephropathy screening test during the Measurement Year (MY) or evidence of nephropathy during MY.	Documentation must include one of the following: • Urine test for albumin or protein (may be normal) in MY. • A visit to Nephrologist. • Renal Transplant. • Evidence of ACE /ARB prescription in MY. • Documentation of medical attention for Diabetic nephropathy, ESRD, CRF, CKD, Renal insufficiency, Proteinuria, Albuminuria, Renal dysfunction/ renal complication, ARF, Dialysis, hemodialysis or peritoneal dialysis. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior. • Deceased in the MY. **Common Chart Deficiencies:** • In-house urine analysis (UA) documented without results, or result listed without protein. • Urine drug screen documented, but no routine UA/microalbumin screen or screened and not documented. • Diabetes diagnosis and medication documented, but missing. documentation of treatment, follow-up and/or progress. • Incomplete or missing information from specialists or consulting providers. • A blood sample does not meet criteria for nephropathy screening.	**Urine Protein Test** **CPT:** 81000, 81001, 81002, 81003, 81005, 82042, 82043, 82044, 84156 **CPT-CAT-II:** 3060F, 3061F, 3062F **Nephropathy Treatment:** **CPT-CAT-II:** 3066F, 4010F **ICD-10-CM:** E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N00.A, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N01.A, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N02.A, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N03.A, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N04.A, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N05.A, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N06.A, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N07.A, N08, N14.0, N14.1, N14.2, N14.3, N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.30, N18.31, N18.32, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0, Q60.1, Q60.2, Q60.3, Q60.4, Q60.5, Q60.6, Q61.00, Q61.01, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q61.9, R80.0, R80.1, R80.2, R80.3, R80.8, R80.9

Coding continued

Comprehensive Diabetes Care (CDC) Monitoring for Nephropathy	**Chronic Kidney Disease Stage 4:** **ICD-10-CM:** N18.4, 585.4 **ESRD Diagnosis:** **ICD10:** N18.5, N18.6, Z99.2 **Dialysis Procedure:** **CPT:** 90935, 90937, 90945, 90947, 90997, 90999, 99512 **HCPCS:** G0257, S9339 **ICD-10-PCS:** 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z **Nephrectomy:** **CPT:** 50340, 50370 **ICD-10-PCS:** 0TB00ZX, 0TB00ZZ, 0TB03ZX, 0TB03ZZ, 0TB04ZX, 0TB04ZZ, 0TB07ZX, 0TB07ZZ, 0TB08ZX, 0TB08ZZ, 0TB10ZX, 0TB10ZZ, 0TB13ZX, 0TB13ZZ, 0TB14ZX, 0TB14ZZ, 0TB17ZX, 0TB17ZZ, 0TB18ZX, 0TB18ZZ **Kidney Transplant:** **CPT:** 50360, 50365, 50380 **HCPCS:** S2065 **ICD-10-PCS:** 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2 **Dialysis Procedure:** **CPT:** 90935, 90937, 90945, 90947, 90997, 90999, 99512 **HCPCS:** G0257, S9339	**Kidney Transplant:** **CPT:** 50360, 50365, 50380 **HCPCS:** S2065 **ACE Inhibitor and ARB Medications:** **Angiotensin converting enzyme inhibitors:** Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolapril **Angiotensin II inhibitors:** Azilsartan, Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan **Antihypertensive combinations:** Amlodipine-benazepril, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-hydrochlorothiazide-olmesartan, Amlodipine-olmesartan, Amlodipine-perindopril, Amlodipine-telmisartan, Amlodipine-valsartan, Azilsartan-chlorthalidone, Benazepril-hydrochlorothiazide, Candesartan-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-irbesartan, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-losartan, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-quinapril, Hydrochlorothiazide-telmisartan, Hydrochlorothiazide-valsartan, Nebivolol-valsartan, Sacubitril-valsartan, Trandolapril-verapamil **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: DIABETES

Measure	Measure description	Documentation required	Coding
Comprehensive Diabetes Care (CDC) Eye Exam	Members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam during the Measurement Year (MY), or an exam with a negative result in the year prior to the MY or documentation of bilateral eye enucleation any time prior to 12/31 of the MY.	**Documentation can include** any of the following noted in the medical record: • A note or letter during the MY prepared by an ophthalmologist, optometrist, PCP, or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed and the results. • Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the MY, where results indicate retinopathy was not present and the date when the exam was performed. • A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) or qualified reading center reviewed the results, or that results were read by a system that provides artificial intelligence (AI) interpretation. **Hypertensive retinopathy** is handled the same as diabetic retinopathy when reporting the Eye Exam indicator. • Positive for hypertensive retinopathy is counted as positive for diabetic retinopathy. • An eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy. **Common abbreviations for Retinopathy:** • NPDR Non-Proliferative Diabetic Retinopathy • PDR Proliferative Diabetic Retinopathy • BDR Background Diabetic Retinopathy • Mild BDR • Severe PDR **Examples of Negative Exam:** • Assessment of fundus and macula were "normal." • Diabetes Mellitus without Ophthalmic complication. • Retinal exam documented as "normal" is considered negative for Retinopathy. **Note:** Notation limited to a statement that included "Diabetes without complications" does not meet criteria. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • No diagnosis of Diabetes in any setting during the MY or the year prior **and** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior. • Deceased in the MY. Blindness is not an exclusion for a diabetic eye exam. **Common Chart Deficiencies:** • Documentation of diabetic exam without results, results, and/or provider (including credentials) of the exam. • Documentation is not clear that patient had a dilated or retinal exam. • Documentation not specific as to presence of retinopathy. • Documentation of 'diabetes without complications' does not meet criteria. • Incomplete or missing information from specialists or consulting providers.	**Diabetic Retinal Screening:** **CPT:** 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 **HCPCS:** S0620, S0621, S3000 **Automated Eye Exam:** **CPT:** 92229 **Diabetes Mellitus Without Complications** (in year Prior to MY with Diabetic Retinal Screening): **ICD10-CM:** E10.9, E11.9, E13.9 **Eye Exam Without Evidence of Retinopathy:** **CPT-CAT-II:** 2023F, 2025F, 2033F **Eye Exam With Evidence of Retinopathy** (in the MY only): **CPT-CAT-II:** 2022F, 2024F, 2026F **Diabetic Retinal Screening Negative In Prior Year** (in the MY only): **CPT-CAT-II:** 3072F **Unilateral Eye Enucleation** (with Bilateral Modifier or 2 Unilateral Enucleations more than 14 days prior apart): **CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 **Bilateral Modifier:** 50 **Unilateral Eye Enucleation Left** (with Unilateral Right or Unilateral Enucleation more than 14 days apart): **ICD-10-PCS:** 08T1XZZ **Unilateral Eye Enucleation Right** (with Unilateral Left or Unilateral Enucleation more than 14 days apart): **ICD-10-PCS:** 08T0XZZ **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: DIABETES

Measure	Measure description	Documentation required	Coding
Comprehensive Diabetes Care (CDC) BP Control	Members 18 – 75 years of age with diabetes (Type 1 and Type 2) who had a controlled blood pressure (BP) of <140/90 mm Hg during the MY.	• BP must be latest reading in the MY. • Do not include BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests. • Do not include BP readings taken during and inpatient stay or ED visit. • If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the MY, assume that the member is "not controlled." • Member reported data documented in medical record is acceptable if BP captured with a digital device. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior. • Deceased in the MY. **Common Chart Deficiencies:** • Retake of BP that is 140/90 or above not documented. • Member-reported BP is not documented with sufficient detail. • BP rounded up before documented in medical record. • BP documented as a range. • Claim missing CPT II codes for BP results. • Flowsheets missing member name and second identifier, such as date of birth. • Incomplete or missing information from specialists or consulting providers.	Compliance = Both a representative (most recent during the MY) systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high–normal range) identified in documentation via medical record review. **Systolic and Diastolic Blood Pressure:** **CPT-CAT-II:** • Systolic Less Than 130: 3074F • Systolic 130-139: 3075F • Systolic Greater Than or Equal To 140: 3077F • Diastolic Less Than 80: 3078F • Diastolic 80-89: 3079F • Diastolic Greater Than or Equal To 90: 3080F **Outpatient** (with Systolic and Diastolic): **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 **UBREV:** 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Telephone Visit** (with Systolic and Diastolic): **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments** (with Systolic and Diastolic): **CPT:** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 **Nonacute Inpatient** (with Systolic and Diastolic): **CPT:** 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 **Remote Blood Pressure Monitoring** (with Systolic and Diastolic): **CPT:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: DIABETES

Measure	Measure description	Documentation required	Coding
Kidney Evaluation for Patients With Diabetes (KED)	The percentage of member 18-85 with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR), during the Measurement Year (MY).	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • Evidence of ESRD or dialysis any time during the member's history through 12/31 of the MY. • 66 years of age and older with frailty and advanced illness during the MY. • 81 years of age and older with frailty during the MY. • Evidence of ESRD any time during the member's history through 12/31 of the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior. • Deceased in the MY.	**All three are required:** **Estimated Glomerular Filtration Rate Lab Test** (with uACR or with Quantitative Urine Albumin Lab Test and Urine Creatinine Test four or less days apart): **CPT:** 80047, 80048, 80050, 80053, 80069, 82565 **Quantitative Urine Albumin Lab Test** (with Urine Creatinine Lab Test): **CPT:** 82043 **Urine Creatinine Lab Test** (with Quantitative Urine Albumin Lab Test): **CPT:** 82570 Service dates of Quantitative Urine Albumin Lab Test and Urine Creatinine Lab Test must be four or less days apart. **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Statin Therapy for Patients With Diabetes (SPD)	The percentage of adults 40–75 years of age during the Measurement Year (MY) with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: **1. Received statin therapy:** Members who were dispensed at least one statin medication of any intensity during the MY. **2. Statin adherence 80%:** Remained on a statin medication of any intensity for at least 80% of the treatment period.	The Index Prescription Start Date (IPSD) is the earliest dispensing date for any statin medication of any intensity during the MY. The Treatment Period (TP) is the period beginning on the IPSD through 12/31 of the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. • Any of the following during MY or the prior year: MI (Myocardial Infarction), CABG (Coronary Artery Bypass Graft), PCI (Percutaneous Coronary Intervention), other revascularization, pregnancy, IVF, dispensed prescription of clomiphene, ESRD, cirrhosis. • Diagnosis of myalgia, myositis, myopathy or rhabdomyolysis during the MY. • Diagnosis of ischemic vascular disease during the MY or the year prior who had at least one outpatient visit, telephone visit, online assessment or acute inpatient encounter. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior. • Deceased in the MY.	**Low, Medium, or High Intensity Statin:** Amlodipine-Atorvastatin, Atorvastatin, Ezetimibe-Simvastatin, Fluvastatin Lovastatin, Pitavastatin, Pravastatin, Rosuvastatin, Simvastatin

EFFECTIVENESS OF CARE: MUSCULOSKELETAL CONDITIONS

Measure	Measure description	Documentation required	Coding
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) Retired by NCQA but may still apply in State quality reporting. Consult with your Account Executive.			

EFFECTIVENESS OF CARE: MUSCULOSKELETAL CONDITIONS

Measure	Measure description	Documentation required	Coding
Osteoporosis Management in Women Who Had a Fracture (OMW)	Women 67-85 years of age who suffered a fracture and who had either a bone or mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. Fractures of finger, toe, face and skull are not included in this measure.	The Measurement Year (MY) is 1/1-12/31. The Intake Period (IP) is a 12-month window beginning 7/1 of the year prior to the MY and ending 6/30 of the MY. The IP is used to capture the first fracture. The Episode Date(ED) is an eligible encounter during the IP with a diagnosis of fracture. • For outpatient, observation or ER visit, the ED is the date of service. • For inpatient stay, the ED is the date of discharge. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care during the IP through the end of the MY. • 67-80 years of age with frailty and advanced illness during the IP through the end of the MY. • 81 years of age and older with frailty during the IP through the end of the MY. • Had a BMD test during the 730 days prior to the ED. • Had a claim/encounter for osteoporosis therapy prior to the ED. • Received a dispensed prescription or had an active prescription to treat Osteoporosis during the 365 days prior to the ED. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	HEDIS rates are based on pharmacy claims/BMD testing. **Bone Mineral Density Tests:** **CPT:** 76977, 77078, 77080, 77081, 77085, 77086 **ICD-10-PCS:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 **Osteoporosis Medication Therapy:** **HCPCS:** J0897, J1740, J3110, J3111, J3489 **Long-Acting Osteoporosis Medications:** **HCPCS:** J0897, J1740, J3489 **Osteoporosis Medications List:** **Bisphosphonates:** Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid **Other Agents:** Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Osteoporosis Screening in Older Women (OSW)	The percentage of women ages 65-75 who received osteoporosis screening.	One or more osteoporosis screening tests on or between the member's 65th birthday and 12/31 of the Measurement Year (MY). **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the IP through the end of the MY. • Had a claim/encounter for osteoporosis therapy any time in the member's history through 12/31 of the year prior to the MY. • Had a dispensed dementia medication in the MY or the year prior to the MY. • Had a dispensed prescription to treat osteoporosis any time from 1/1 three years prior to the MY through 12/31 of the year prior to the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Osteoporosis Screening Tests:** **CPT:** 76977, 77078, 77080, 77081, 77085

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Antidepressant Medication Management (AMM)	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).	The Intake Period (IP) is the 12-month window starting on 5/1 of the year prior to the Measurement Year (MY) and ending on 4/30 of the MY. The Index Prescription Start Date (IPSD) is the earliest dispensing date for an antidepressant medication in the IP. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • No encounter with diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through 60 days after the IPSD. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	Members are identified through administrative claims and pharmacy claims. **Major Depression Diagnosis:** **ICD-10-CM:** F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9 **Antidepressant Medications:** **Miscellaneous antidepressants:** Bupropion, Vilazodone, Vortioxetine **Monoamine oxidase inhibitors:** Iscorboxazid, 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 (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Follow-Up Care for Children Prescribed ADHD Medication (ADD) This is also a measure (ADD-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests	The percentage of children 6-12 years of age who had a newly prescribed ADHD medication and 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:** Members who had one follow-up visit with practitioner with prescribing authority during the 30-days following the IPSD. **2. Continuation Phase:** Members who remained on the medication for at least 210 days, had a visit in the Initiation Phase, and had at least two follow-up visits within 270 days after the Initiation Phase ended.	The Intake Period (IP) is the 12-month window starting 3/1 of the year prior to the Measurement Year(MY) and ending the last calendar day of 2/MY. The Index Prescription start Date (ISPD) is the earliest prescription dispensing date for an ADHD medication in the IP. Telephone, telehealth visits are acceptable in both the Initiation and Continuation Phases. Only one of the 2 Continuation Phase visits can be e-visit or virtual check. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Acute inpatient encounter or discharge with principal diagnosis of mental, behavioral or neurodevelopmental disorder. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Diagnosis of narcolepsy. • Deceased in the MY. **Common Chart Deficiencies:** • Follow-up visit more than 30 days after initial medication dispensing date. • Two additional visits within nine months of starting medication are not documented.	Members are identified through administrative claims and pharmacy claims. **ADHD Medications:** **CNS Stimulants:** Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine. **Alpha-2 receptor agonists:** Clonidine, Guanfacine **Miscellaneous ADHD Medications:** Atomoxetine **Visit Setting Unspecified** (with Outpatient POS, Partial Hospitalization POS, Community Mental Health Center POS, or Telehealth POS): **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **Outpatient POS:** **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 **Partial Hospitalization POS:** **POS:** 52 **Community Mental Health Center POS:** **POS:** 53 **Telehealth POS:** **POS:** 02 **BH Outpatient:** **CPT:** 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510 **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, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Observation:** **CPT:** 99217, 99218,99219,99220 **Health and Behavior Assessment or Intervention:** **CPT:** 96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 **Partial Hospitalization or Intensive Outpatient:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905,0907,0912,0913 **Telephone Visit:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments:** (Continuation Phase one of two visits): **CPT:** 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Follow-Up After Hospitalization for Mental Illness (FUH)	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intention 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 (calendar) days of discharge. 2. The percentage of discharges for which the member received follow-up within 7 (calendar) days of discharge.	The Measurement Year (MY) is 1/1-12/31. An outpatient visit, with a mental health provider within 7 and 30 (calendar) days after discharge. Do not include visits that occur on the date of discharge. • A visit with a mental health provider in any of the following settings: – Outpatient – Behavioral Health Outpatient – Telehealth Visit – Telephone Visit – Observation Visit – Transitional Care Management Visit • A visit in any of the following settings: – Intensive Outpatient/Partial Hospitalization – Community Mental Health Center – Electroconvulsive Therapy Visit – Behavioral Healthcare Setting **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • Follow-up visit more than seven days or 30 days after discharge. • Criteria is not met by a follow-up on the date of discharge.	**Mental Illness Diagnosis:** **ICD 10-CM:** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9 **Intentional Self-Harm Diagnosis:** **ICD 10 CM:** T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D,

Coding	
Follow-Up After Hospitalization for Mental Illness (FUH) continued	**ICD 10 CM continued:** T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, T47.7X2D, T47.7X2S, T47.8X2A, T47.8X2D, T47.8X2S, T47.92XA, T47.92XD, T47.92XS, T48.0X2A, T48.0X2D, T48.0X2S, T48.1X2A, T48.1X2D, T48.1X2S, T48.202A, T48.202D, T48.202S, T48.292A, T48.292D, T48.292S, T48.3X2A, T48.3X2D, T48.3X2S, T48.4X2A, T48.4X2D, T48.4X2S, T48.5X2A, T48.5X2D, T48.5X2S, T48.6X2A, T48.6X2D, T48.6X2S, T48.902A, T48.902D, T48.902S, T48.992A, T48.992D, T48.992S, T49.0X2A, T49.0X2D, T49.0X2S, T49.1X2A, T49.1X2D, T49.1X2S, T49.2X2A, T49.2X2D, T49.2X2S, T49.3X2A, T49.3X2D, T49.3X2S, T49.4X2A, T49.4X2D, T49.4X2S, T49.5X2A, T49.5X2D, T49.5X2S, T49.6X2A, T49.6X2D, T49.6X2S, T49.7X2A, T49.7X2D, T49.7X2S, T49.8X2A, T49.8X2D, T49.8X2S, T49.92XA, T49.92XD, T49.92XS, T50.0X2A, T50.0X2D, T50.0X2S, T50.1X2A, T50.1X2D, T50.1X2S, T50.2X2A, T50.2X2D, T50.2X2S, T50.3X2A, T50.3X2D, T50.3X2S, T50.4X2A, T50.4X2D, T50.4X2S, T50.5X2A, T50.5X2D, T50.5X2S, T50.6X2A, T50.6X2D, T50.6X2S, T50.7X2A, T50.7X2D, T50.7X2S, T50.8X2A, T50.8X2D, T50.8X2S, T50.902A, T50.902D, T50.902S, T50.912A, T50.912D, T50.912S, T50.992A, T50.992D, T50.992S, T50.A12A, T50.A12D, T50.A12S, T50.A22A, T50.A22D, T50.A22S, T50.A92A, T50.A92D, T50.A92S, T50.B12A, T50.B12D, T50.B12S, T50.B92A, T50.B92D, T50.B92S, T50.Z12A, T50.Z12D, T50.Z12S, T50.Z92A, T50.Z92D, T50.Z92S, T51.0X2A, T51.0X2D, T51.0X2S, T51.1X2A, T51.1X2D, T51.1X2S, T51.2X2A, T51.2X2D, T51.2X2S, T51.3X2A, T51.3X2D, T51.3X2S, T51.8X2A, T51.8X2D, T51.8X2S, T51.92XA, T51.92XD, T51.92XS, T52.0X2A, T52.0X2D, T52.0X2S, T52.1X2A, T52.1X2D, T52.1X2S, T52.2X2A, T52.2X2D, T52.2X2S, T52.3X2A, T52.3X2D, T52.3X2S, T52.4X2A, T52.4X2D, T52.4X2S, T52.8X2A, T52.8X2D, T52.8X2S, T52.92XA, T52.92XD, T52.92XS, T53.0X2A, T53.0X2D, T53.0X2S, T53.1X2A, T53.1X2D, T53.1X2S, T53.2X2A, T53.2X2D, T53.2X2S, T53.3X2A, T53.3X2D, T53.3X2S, T53.4X2A, T53.4X2D, T53.4X2S, T53.5X2A, T53.5X2D, T53.5X2S, T53.6X2A, T53.6X2D, T53.6X2S, T53.7X2A, T53.7X2D, T53.7X2S, T53.92XA, T53.92XD, T53.92XS, T54.0X2A, T54.0X2D, T54.0X2S, T54.1X2A, T54.1X2D, T54.1X2S, T54.2X2A, T54.2X2D, T54.2X2S, T54.3X2A, T54.3X2D, T54.3X2S, T54.92XA, T54.92XD, T54.92XS, T55.0X2A, T55.0X2D, T55.0X2S, T55.1X2A, T55.1X2D, T55.1X2S, T56.0X2A, T56.0X2D, T56.0X2S, T56.1X2A, T56.1X2D, T56.1X2S, T56.2X2A, T56.2X2D, T56.2X2S, T56.3X2A, T56.3X2D, T56.3X2S, T56.4X2A, T56.4X2D, T56.4X2S, T56.5X2A, T56.5X2D, T56.5X2S, T56.6X2A, T56.6X2D, T56.6X2S, T56.7X2A, T56.7X2D, T56.7X2S, T56.812A, T56.812D, T56.812S, T56.892A, T56.892D, T56.892S, T56.92XA, T56.92XD, T56.92XS, T57.0X2A, T57.0X2D, T57.0X2S, T57.1X2A, T57.1X2D, T57.1X2S, T57.2X2A, T57.2X2D, T57.2X2S, T57.3X2A, T57.3X2D, T57.3X2S, T57.8X2A, T57.8X2D, T57.8X2S, T57.92XA, T57.92XD, T57.92XS, T58.02XA, T58.02XD, T58.02XS, T58.12XA, T58.12XD, T58.12XS, T58.2X2A, T58.2X2D, T58.2X2S, T58.8X2A, T58.8X2D, T58.8X2S, T58.92XA, T58.92XD, T58.92XS, T59.0X2A, T59.0X2D, T59.0X2S, T59.1X2A, T59.1X2D, T59.1X2S, T59.2X2A, T59.2X2D, T59.2X2S, T59.3X2A, T59.3X2D, T59.3X2S, T59.4X2A, T59.4X2D, T59.4X2S, T59.5X2A, T59.5X2D, T59.5X2S, T59.6X2A, T59.6X2D, T59.6X2S, T59.7X2A, T59.7X2D, T59.7X2S, T59.812A, T59.812D, T59.812S, T59.892A, T59.892D, T59.892S, T59.92XA, T59.92XD, T59.92XS, T60.0X2A, T60.0X2D, T60.0X2S,

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Coding

Follow-Up After Hospitalization for Mental Illness (FUH) continued	**ICD 10 CM continued:** T60.1X2A, T60.1X2D, T60.1X2S, T60.2X2A, T60.2X2D, T60.2X2S, T60.3X2A, T60.3X2D, T60.3X2S, T60.4X2A, T60.4X2D, T60.4X2S, T60.8X2A, T60.8X2D, T60.8X2S, T60.92XA, T60.92XD, T60.92XS, T61.02XA, T61.02XD, T61.02XS, T61.12XA, T61.12XD, T61.12XS, T61.772A, T61.772D, T61.772S, T61.782A, T61.782D, T61.782S, T61.8X2A, T61.8X2D, T61.8X2S, T61.92XA, T61.92XD, T61.92XS, T62.0X2A, T62.0X2D, T62.0X2S, T62.1X2A, T62.1X2D, T62.1X2S, T62.2X2A, T62.2X2D, T62.2X2S, T62.8X2A, T62.8X2D, T62.8X2S, T62.92XA, T62.92XD, T62.92XS, T63.002A, T63.002D, T63.002S, T63.012A, T63.012D, T63.012S, T63.022A, T63.022D, T63.022S, T63.032A, T63.032D, T63.032S, T63.042A, T63.042D, T63.042S, T63.062A, T63.062D, T63.062S, T63.072A, T63.072D, T63.072S, T63.082A, T63.082D, T63.082S, T63.092A, T63.092D, T63.092S, T63.112A, T63.112D, T63.112S, T63.122A, T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S **Visit Setting Unspecified** (with Outpatient POS Value Set including Mental Health Provider, Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, or Telehealth POS Value Set including Mental Health Provider): **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **BH Outpatient:** **CPT:** 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510 **HPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Partial Hospitalization or Intensive Outpatient:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Transitional Care Management Services** (with Community Mental Health Center POS with Mental Health Provider): **CPT:** 99495, 99496 **Electroconvulsive Therapy** (with Ambulatory Surgical Center POS, Community Mental Health POS, Outpatient POS, or Partial Hospitalization POS): **CPT:** 90870 **ICD-10-PCS:** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ **Observation** (with Mental Health Provider): **CPT:** 99217, 99218, 99219, 99220 **Behavioral Healthcare Setting:** **UBREV:** 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919 **Telephone Visits** (with Mental Health Provider): **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Ambulatory Surgical Center POS:** **POS:** 24 **Community Mental Health Center POS:** **POS:** 53 **Partial Hospitalization POS:** **POS:** 52 **Telehealth POS:** **POS:** 2 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) This is also a measure (APM-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	Children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.	Both of the following during the Measurement Year (MY). • At least one test for blood glucose or HbA1c and • At least one test for LDL-C or cholesterol **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • A1c and/or LDL-C ordered but not completed.	Members are identified through administrative claims and pharmacy claims. **Glucose Lab Test:** **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1C Lab Test:** **CPT:** 83036, 83037 **HbA1C Test Result or Finding:** **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F **Cholesterol Lab Test:** **CPT:** 82465, 83718, 83722, 84478 **LDL-C Lab Test:** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL-C Test Result or Finding:** **CPT-CAT-II:** 3048F, 3049F, 3050F **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	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 (MY).	A glucose test or HbA1c test performed during the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Diabetes. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Glucose Lab Test:** **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1C Lab Test:** **CPT:** 83036, 83037 **HbA1C Test Result or Finding:** **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F **Antipsychotics Medications:** **Miscellaneous antipsychotic agents:** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone **Phenothiazine antipsychotics:** Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine **Psychotherapeutic combinations:** Amitriptyline-perphenazine **Thioxanthenes:** Thiothixene **Long-acting injections:** Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	The percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder, and diabetes who had both a LDL-C test and an HbA1c test during the Measurement Year (MY).	An HbA1c test and an LDL-C test performed in the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Do not have diagnosis of diabetes during the MY and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes in the MY or the year prior. • Deceased in the MY.	**HbA1c Lab Test:** **CPT:** 83036, 83037 **HbA1C Test Result or Finding:** **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F **LDL-C Lab Test:** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL-C Test Result or Finding:** **CPT-CAT-II:** 3048F, 3049F, 3050F Must have both A1c and LDL. **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	The percentage of members 18 - 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular (IVD, CABG, PCI, AMI) disease who had a LDL-C test during the Measurement Year (MY).	An LDL-C test performed during the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**LDL-C Lab Test:** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL-C Test Result or Finding:** **CPT-CAT-II:** 3048F, 3049F, 3050F **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	The percentage of members 18 years of age and older during the Measurement Year (MY) with schizophrenia or schizoaffective disorder who were dispensed and remained on an oral or long acting injection antipsychotic medication at least 80% of their treatment period.	The Index Prescription Start Date (ISPD) is the earliest prescription dispensing date during the MY. The Treatment period is the ISPD through the last day of the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • 66-80 years of age with frailty and advanced illness during the MY. • 81 years of age and older with frailty. • Diagnosis of dementia in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Schizophrenia Diagnosis:** **ICD 10 CM:** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 **Long Acting Injections 14 Days Supply:** HCPCS: J2794 **Long Acting Injections 28 Days Supply:** **HCPCS:** J0401, J1631, J1943, J1944, J2358, J2426, J2680 **Long Acting Injections 30 Days Supply:** **HCPCS:** J2798 **Oral Antipsychotic Medications:** **Miscellaneous antipsychotic agents:** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone **Phenothiazine antipsychotics:** Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine **Psychotherapeutic combinations:** Amitriptyline-perphenazine **Thioxanthenes:** Thiothixene **Long-Acting Injections:** **14 days supply:** Risperidone (excluding Perseris®) Long Acting Injections 14 Days Supply **28 days supply:** Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone Palmitate **30 days supply:** Risperidone (Perseris®) **Schizophrenia Diagnosis:** **ICD-10-CM:** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for 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 (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	A follow up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 and 30 days after ED visit. Include outpatient visits, behavioral health outpatient visits, intensive outpatient visits, partial hospitalizations, community mental health visits, electroconvulsive therapy visits, telehealth visits, and observation visits. • Includes visits that occur on the date of the ED visit • Telephone visits, e-visits and virtual check-ins are acceptable. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Mental Illness Diagnosis:** **ICD 10-CM:** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Coding continued

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

continued

Intentional Self-Harm Diagnosis:

ICD 10 CM: T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, 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T54.1X2S, T54.2X2A, T54.2X2D, T54.2X2S, T54.3X2A, T54.3X2D, T54.3X2S, T54.92XA, T54.92XD, T54.92XS, T55.0X2A, T55.0X2D, T55.0X2S, T55.1X2A, T55.1X2D, T55.1X2S, T56.0X2A, T56.0X2D, T56.0X2S, T56.1X2A, T56.1X2D, T56.1X2S, T56.2X2A, T56.2X2D, T56.2X2S, T56.3X2A, T56.3X2D, T56.3X2S, T56.4X2A, T56.4X2D, T56.4X2S, T56.5X2A, T56.5X2D, T56.5X2S, T56.6X2A, T56.6X2D, T56.6X2S, T56.7X2A, T56.7X2D, T56.7X2S, T56.812A, T56.812D, T56.812S, T56.892A, T56.892D, T56.892S, T56.92XA, T56.92XD, T56.92XS, T57.0X2A, T57.0X2D, T57.0X2S, T57.1X2A, T57.1X2D, T57.1X2S, T57.2X2A, T57.2X2D, T57.2X2S, T57.3X2A, T57.3X2D, T57.3X2S, T57.8X2A, T57.8X2D, T57.8X2S, T57.92XA, T57.92XD, T57.92XS, T58.02XA, T58.02XD, T58.02XS, T58.12XA, T58.12XD, T58.12XS, T58.2X2A, T58.2X2D, T58.2X2S, T58.8X2A, T58.8X2D, T58.8X2S, T58.92XA, T58.92XD, T58.92XS, T59.0X2A, T59.0X2D, T59.0X2S, T59.1X2A, T59.1X2D, T59.1X2S, T59.2X2A, T59.2X2D, T59.2X2S, T59.3X2A, T59.3X2D, T59.3X2S, T59.4X2A, T59.4X2D, T59.4X2S, T59.5X2A, T59.5X2D, T59.5X2S, 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T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S

Visit Setting Unspecified (with Outpatient POS Value Set, Partial Hospitalization POS Value Set, Community Mental Health Center POS Value Set, or Telehealth POS Value Set and principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):

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

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Coding continued

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

continued

BH Outpatient (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):

CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510

HPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983

Partial Hospitalization or Intensive Outpatient (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):

HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

UBREV: 0905, 0907, 0912, 0913

Electroconvulsive Therapy (with Ambulatory Surgical Center POS, Community Mental Health POS, Outpatient POS, or Partial Hospitalization POS and principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):

CPT: 99495, 99496 , 99381, 99382, 99391, 99392

Observation (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):

CPT: 99217, 99218, 99219, 99220

Telephone Visits (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):

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

Online Assessments (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):

CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458

HCPCS: G0071, G2010, G2012, G2061, G2062, G2063

Ambulatory Surgical Center POS:

POS: 24

Community Mental Health Center POS:

POS: 53

Outpatient POS:

POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

Partial Hospitalization POS:

POS: 52

Telehealth POS:

POS: 2

Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

Measure	Measure description	Documentation required	Coding
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Includes visits that occur on the date of the ED visit. A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**AOD Abuse and Dependence Diagnosis:** **ICD10-CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Coding continued

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) continued	**IET Standalone Visits** (with a principal diagnosis of AOD Abuse or Dependence): **CPT:** 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983 **OUD Weekly Non Drug Service** (with a principal diagnosis of AOD Abuse or Dependence): **HCPCS:** G2071, G2074, G2075, G2076, G2077, G2080 **OUD Monthly Office Based Treatment** (with a principal diagnosis of AOD Abuse or Dependence): **HCPCS:** G2086, G2087 **OUD Weekly Drug Treatment Service** (with a principal diagnosis of AOD Abuse or Dependence): **HCPCS:** G2067, G2068, G2069, G2070, G2072, G2073 **IET Visits Group 1** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876	**IET POS Group 1:** **POS:** 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72 **IET Visits Group 2** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **IET POS Group 2:** **POS:** 02, 52, 53 **Observation** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 99217, 99218, 99219, 99220 **Telephone Visits** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	Members 13 years of age or older who had an acute inpatient hospitalization, residential treatment or detoxification visit for a diagnosis of substance use disorder that resulted in a follow-up visit or service for substance use disorder.	The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder: 7-Day Follow-Up: A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 7 days after an episode for substance use disorder. 30-Day Follow-Up: A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. **Note:** • Methadone is not included in the medication lists for the measure. • Follow-up does not include detoxification. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**AOD Abuse and Dependence Diagnosis:** **ICD10-CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Coding continued

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) continued	**IET Standalone Visits** (with a principal diagnosis of AOD Abuse or Dependence): **CPT:** 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983 **OUD Weekly Non Drug Service** (with a principal diagnosis of AOD Abuse or Dependence): **HCPCS:** G2071, G2074, G2075, G2076, G2077, G2080 **OUD Monthly Office Based Treatment** (with a principal diagnosis of AOD Abuse or Dependence): **HCPCS:** G2086, G2087 **IET Visits Group 1** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876 **IET POS Group 1:** **POS:** 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72 **IET Visits Group 2** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **IET POS Group 2:** **POS:** 02, 52, 53	**Observation** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 99217, 99218, 99219, 99220 **Residential Behavioral Health Treatment** (with a principal diagnosis of AOD Abuse or Dependence): **HCPCS:** H0017, H0018, H0019, T2048 **Telephone Visits** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments** (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence): **CPT:** 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 **AOD Medication Treatment:** **HPCPS:** H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109 **OUD Weekly Drug Treatment Service:** **HCPCS:** G2067, G2068, G2069, G2070, G2072, G2073 **Dispensing Event of:** **Alcohol Use Disorder Treatment Medications:** **Aldehyde dehydrogenase inhibitor:** Disulfiram (oral) **Antagonist:** Naltrexone (Oral and injectable) **Other:** Acamprosate (oral and delayed-release tablet) **Opioid Use Disorder Treatment Medications:** **Antagonist:** Naltrexone (oral and injectable) **Partial agonist:** Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Pharmacotherapy for Opioid Use Disorder (POD)	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.	Intake period: 12 month period that begins on 7/1 of the year prior to the MY and ends on 6/30 of the MY. The Treatment Period (TP) is the date of an OUD dispensing event or OUD medication administration event during the IP. No more than an 8-day gap is allowed during the TP. **Note:** • Methadone is not included in the medication lists for the measure. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Opioid Abuse and Dependence Diagnosis:** **ICD 10-CM:** F11.10, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29 **Opioid Use Disorder Treatment Medications:** **Antagonist:** Naltrexone (oral) **Antagonist:** Naltrexone (injectable) **Partial agonist:** Buprenorphine (sublingual tablet), Buprenorphine (injection), Buprenorphine (implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **Agonist:** Methadone (oral) is only acceptable when billed on a medical claim. A pharmacy claim would be indicative of treatment for pain rather than OUD. **Buprenorphine Implant:** **HCPCS:** G2070, G2072, J0570 **Buprenorphine Injection:** **HCPCS:** G2069, Q9991, Q9992 **Buprenorphine Naloxone:** **HCPCS:** J0572, J0573, J0574, J0575 **Buprenorphine Oral:** **HCPCS:** J0571 **Buprenorphine Oral Weekly:** **HCPCS:** G2068, G2079 **Methadone Oral:** **HCPCS:** H0020, H0033, S0109 **Methadone Oral Weekly:** **HCPCS:** G2067, G2078 **Naltrexone Injection:** **HCPCS:** J2315 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION

Measure	Measure description	Documentation required	Coding
Transition of Care (TRC)	Members 18 years of age and older who had an inpatient discharge for which each of the following occurred: 1. Notification of Inpatient Admission. 2. Receipt of Discharge Information. 3. Patient Engagement After Inpatient Discharge. 4. Medication Reconciliation Post-Discharge. Each qualifying discharge in the Measurement Year (MY) is measured.	**Notification of Inpatient Admission (NIA)** Documentation must include evidence of receipt of notification of inpatient admission on the day of admission through the 2 days following admission. Admission refers to the date of inpatient admission or date of admission for an observation stay that turns into an inpatient admission. Documentation must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the documentation **was received**. Any of the following examples meet criteria: • Communication between inpatient providers or staff and the member's PCP or ongoing care provider (e.g., phone call, email, fax). • Communication about admission between emergency department and the member's PCP or ongoing care provider (e.g., phone call, email, fax). • Communication about admission to the member's PCP or ongoing care provider through a health information exchange; an automated admission, discharge and transfer (ADT) alert system; or a shared electronic medical record system. • Communication about admission to the member's PCP or ongoing care provider from the member's health plan. • Indication that the member's PCP or ongoing care provider admitted the member to the hospital. • Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider. • Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay. • Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission. The time frame that the planned inpatient admission must be communicated is not limited to the day of admission or the 2 days following; documentation that the PCP or ongoing care provider performed a preadmission exam or received notification of a planned admission prior to the admit date also meets criteria. The planned admission documentation or preadmission exam must clearly pertain to the admission. **Receipt of Discharge Information (RDI)** Documentation must include **evidence of receipt** of discharge information on the day of discharge through the 2 days following discharge. Discharge information may be included in, but not limited to, a discharge summary or summary of care record or be located in structured fields in an EHR. At a minimum, the discharge information must include all of the following: • The practitioner responsible for the member's care during the inpatient stay. • Procedures or treatment provided. • Diagnoses at discharge. • Current medication list. • Testing results, or documentation of pending tests or no tests pending. • Instructions for patient care post-discharge. **Patient Engagement After Inpatient Discharge (PE)** Documentation must include evidence of patient engagement within 30 days following discharge. Any of the following meets criteria: • An outpatient visit, including office visits and home visits. • A telephone visit. • A synchronous telehealth visit where real-time interaction occurred between the member and provider via telephone or videoconferencing. Do not include patient engagement that occurs on the date of discharge. • An e-visit or virtual check-in.	**Patient Engagement Indicator:** **Outpatient:** **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015 **Telephone Visits:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Transitional Care Management Services:** **CPT:** 99495, 99496 **Online Assessments:** **CPT:** 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063 **Medication Reconciliation Post-Discharge Indicator:** **Medication Reconciliation Encounter:** **CPT:** 99483, 99495, 99496 **Medication Reconciliation Intervention:** **CPT-CAT-II:** 1111F The Notification of Inpatient Admission and Receipt of Discharge Information has no administrative reporting option. They are based on medical record review only. **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION

Documentation required continued

Transition of Care (TRC) continued	**Medication Reconciliation Post-Discharge (Med Rec)** Documentation in the outpatient medical record must include evidence of medication reconciliation and the date it was performed by a prescribing practitioner, clinical pharmacist or registered nurse, as documented on the date of discharge through 30 days after discharge (31 total days). Any of the following meet criteria: • Documentation of the current medications with a notation that the provider reconciled the current and discharge medications. • Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications). • Documentation of the member's current medications with a notation that the discharge medications were reviewed. • Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service. • Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. • Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days). • Notation that no medications were prescribed or ordered upon discharge. • Only documentation in the outpatient chart meets the intent of the rate, but an outpatient visit is not required and the member does not have to be present. The following notations or examples of documentation do not count as numerator compliant for– Notification of Inpatient Admission and Notification of Inpatient Discharge: • Documentation that the member or the member's family notified the member's PCP or ongoing care provider of the admission or discharge. **Note:** The TRC Medication Reconciliation Indicator captures the same information as the retired MRP (Medication Reconciliation Post-Discharge) measure. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Remain in an acute or nonacute facility from discharge through 12/1 of the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • NIA: Documentation that a provider sent the member to the ED does not meet criteria. • NIA: Documentation that the member or the member's family member notified the PCP or ongoing care provider of the admission does not meet criteria. • NIA: Documentation of notification that does not include a time frame or date when the documentation was received does not meet criteria. • NIA: Documentation that communication was sent to the PCP does not meet criteria — documentation of receipt is required. • RDI: Discharge summary not included in outpatient record or missing one or more of the six required elements. • RDI: Documentation on discharge summary that communication was sent to the PCP does not meet criteria — documentation of receipt is required. • PE: Patient engagement that occurs on the date of discharge, or more than 30 days after discharge, does not meet criteria. • Med Rec: Completed by incorrect provider type. • Med Rec: Documentation of current medications reviewed without reference to the hospitalization. • Med Rec: Medication list found in both the discharge summary and outpatient record, but no evidence the two were reconciled.

EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION

Measure	Measure description	Documentation required	Coding
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	Members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit. Each qualifying ED in the Measurement Period (MP) is measured.	The MP is 1/1 through 12/24. ED Visits that result in an inpatient stay or that are followed by admission to acute or nonacute inpatient care within 7 days are excluded. **Chronic Conditions include:** • COPD and Asthma • Alzheimer's Disease and related disorders (Dementia, Frontotemporal Dementia) • Chronic Kidney Disease • Major Depression • Dysthymic Disorder • Heart Failure and Chronic Heart Failure • Acute Myocardial Infarction • Atrial Fibrillation • Stroke and Transient Ischemic Attack **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**COPD Diagnosis:** **ICD-10-CM:** J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J47.0, J47.1, J47.9 **Asthma Diagnosis:** **ICD-10-CM:** J45.21, J45.22, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.901, J45.902, J45.990, J45.991, J45.998 **Dementia:** **ICD-10-CM:** F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83 **Frontotemporal Dementia:** **ICD-10-CM:** G31.01, G31.09 **Chronic Kidney Disease:** **ICD-10-CM:** A18.11, A52.75, B52.0, C64.1, C64.2, C64.9, C68.9, D30.00, D30.01, D30.02, D41.00, D41.01, D41.02, D41.10, D41.11, D41.12, D41.20, D41.21, D41.22, D59.3, E08.21, E08.22, E08.29, E08.65, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E10.65, E11.21, E11.22, E11.29, E11.65, E13.21, E13.22, E13.29, E74.8, E74.810, E74.818, E74.819, E74.89, I12.0, I13.11, I13.2, I70.1, I72.2, K76.7, M10.30, M10.311, M10.312, M10.319, M10.321, M10.322, M10.329, M10.331, M10.332, M10.339, M10.341, M10.342, M10.349, M10.351, M10.352, M10.359, M10.361, M10.362, M10.369, M10.371, M10.372, M10.379, M10.38, M10.39, M32.14, M32.15, M35.04, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N00.A, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N01.A, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N02.A, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N03.A, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N04.A, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9,N05.A, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N06.A, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, No7.A, N08, N13.1, N13.2, N13.30, N13.39, N14.0, N14.1, N14.2, N14.3, N14.4, N15.0, N15.8, N15.9, N16, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.30, N18.31, N18.32, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.9, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q62.0, Q62.10, Q62.11, Q62.12, Q62.2, Q62.31, Q62.32, Q62.39, R94.4

EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION

Coding continued

Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)

continued

Major Depression:
ICD-10-CM: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9

Dysthymic Disorder:
ICD-10-CM: F34.1

Chronic Heart Failure:
ICD-10-CM: I42.0, I42.1, I42.2, I42.3, I42.4, I42.5, I42.6, I42.7, I42.8, I42.9, I43, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9

Heart Failure Diagnosis:
ICD-10-CM: I09.81, I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9

MI:
ICD-10-CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8, I25.2

Atrial Fibrillation:
ICD-10-CM: I48.0, I48.2, I48.20, I48.21, I48.91

Stroke:
ICD-10-CM: G45.0, G45.1, G45.2, G45.8, G45.9, G46.0, G46.1, G46.2, G97.31, G97.32, I60.00, I60.01, I60.02, I61.0, I61.1, I61.2, I61.3, I61.4, I61.5, I61.6, I61.8, I61.9, I63.00, I63.011, I63.012, I63.019, I63.02, I63.031, I63.032, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.81, I63.89, I63.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.841, I67.848, I67.89, I97.810, I97.811, I97.820, I97.821

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

Telephone Visits:
CPT: 98966, 98967, 98968, 99441, 99442, 99443

Transitional Care Management:
CPT: 99495, 99496

Case Management Encounter:
CPT: 99366
HCPCS: T1016, T1017, T2022, T2023

Complex Care Management Services:
CPT: 99487, 99489, 99490, 99491
HCPCS: G0506

Visit Setting Unspecified (with Outpatient POS, Partial Hospitalization POS, Community Mental Health Center POS, or Telehealth POS):
CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Partial Hospitalization or Intensive Outpatient:
HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV: 0905,0907,0912,0913

Electroconvulsive Therapy (with Ambulatory Surgical Center POS, Community Mental Health Center POS, Outpatient POS, or Partial Hospitalization POS):
CPT: 90870
ICD-10-PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

Observation:
CPT: 99217, 99218,99219,99220

IET Stand Alone Visits:
CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510
HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015
UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983

Online Assessments:
CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458
HCPCS: G0071, G2010, G2012, G2061, G2062, G2063

Outpatient POS:
POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

Partial Hospitalization POS:
POS: 52

Community Mental Health Center POS:
POS: 53

Telehealth POS:
POS: 02
Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS

Measure	Measure description	Documentation required	Coding
Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) This is also a measure (AAB-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event. Higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were NOT prescribed).	The Intake Period (IP) is the 12-month window that begins 7/1 of the year prior to the Measurement Year (MY) and ends 6/30 of the MY. The Episode Date (ED) is the date of service for any outpatient, telephone, observation, or ED visit, e-visit or virtual check-in during the IP, with a diagnosis of acute bronchitis/bronchiolitis. Dispensed prescription for an antibiotic medication (AAB Antibiotic Medications List) on or three days after the ED. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.	**Acute Bronchitis Diagnosis:** **ICD-10-CM:** J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9 **AAB Antibiotic Medications:** **Aminoglycosides:** Amikacin, Gentamicin, Streptomycin, Tobramycin **Aminopenicillins:** Amoxicillin, Ampicillin **Beta-lactamase inhibitors:** Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam **First-generation cephalosporins:** Cefadroxil, Cefazolin, Cephalexin **Fourth-generation cephalosporins:** Cefepime **Ketolides:** Telithromycin **Lincomycin derivatives:** Clindamycin, Lincomycin **Macrolides:** Azithromycin. Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate **Miscellaneous antibiotics:** Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin **Natural penicillins:** Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine **Penicillinase resistant penicillins:** Dicloxacillin, Nafcillin, Oxacillin **Quinolones:** Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin **Rifamycin derivatives:** Rifampin **Second-generation cephalosporin:** Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime **Sulfonamides:** Sulfadiazine, Sulfamethoxazole-trimethoprim **Tetracyclines:** Doxycycline, Minocycline, Tetracycline **Third-generation cephalosporins:** Cefdinir, Cefditoren, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftibuten, Ceftriaxone **Urinary anti-infectives:** Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	Female members 16-20 years of age who were screened unnecessarily for cervical cancer. A lower rate indicates better performance.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the Measurement Year (MY). • History of cervical cancer, HIV or immunodeficiency any time during the member's history through December 31 of the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Cervical Cytology Lab Test:** **CPT:** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **High Risk HPV Lab Test:** **CPT:**, 87625 **HCPCS:** G0476 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Non-Recommended PSA-Based Screening in Older Men (PSA) This is also a measure (PSA-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	Male members 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)–based screening. A lower rate indicates better performance	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the Measurement Year (MY). • Prostate cancer diagnosis any time during the member's history through December 31 of the MY. • Dysplasia of the prostate during the MY or the year prior. • A PSA test during the year prior to the MY where lab data indicate an elevated result (>4.0 nanograms / milliliter) or an abnormal result. • Dispensed prescription for a 5-alpha reductase inhibitor during the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY	**PSA Lab Test:** **CPT:** 84152, 84153, 84154 **HCPCS:** G0103 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS

Measure	Measure description	Documentation required	Coding
Appropriate Treatment for Upper Respiratory Infection (URI) This is also a measure (URI-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of episodes for members 3 months of age an older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. This is an episode-based event so a member may be included multiple times Higher rate indicates appropriate treatment (i.e. the proportion for whom antibiotics were NOT prescribed.	The Intake Period (IP) is the 12-month window that begins July 1 of the year prior to the Measurement Year (MY) and ends on June 30 of the MY. The Episode Date (EP) is the Date of Service (DOS) for any outpatient, telephone, observation or ED visit, e-visit or virtual check-in during the IP with a diagnosis or URI. If a member has more than one EP in a 31-day period, only the first EP will be used. Members with a comorbid condition during the 12 months prior to the EP will be excluded. These include: • HIV, HIV Type 2 • Malignant Neoplasm • Emphysema • COPD • Disorders of the Immune System • Other comorbid conditions **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the Measurement Year (MY). **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.	**URI Diagnosis:** **ICD-10-CM:** J00, J06.0, J06.9 **Antibiotic Medications:** **Aminopenicillins:** Amoxicillin, Ampicillin **Beta-lactamase inhibitors:** Amoxicillin-clavulanate **First generation cephalosporins:** Cefadroxil, Cefazolin, Cephalexin **Folate antagonist:** Trimethoprim **Lincomycin derivatives:** Clindamycin **Macrolides:** Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate **Natural penicillins:** Penicillin G benzathine, Penicillin G potassium, Penicillin G sodium, Penicillin V potassium **Penicillinase-resistant penicillins:** Dicloxacillin **Quinolones:** Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin **Second generation cephalosporins:** Cefaclor, Cefprozil, Cefuroxime **Sulfonamides:** Sulfamethoxazole-trimethoprim **Tetracyclines:** Doxycycline, Minocycline, Tetracycline **Third-generation cephalosporins:** Cefdinir, Cefixime, Cefpodoxime, Ceftibuten Cefditoren, Ceftriaxone **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)	Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Three rates are reported: 1. A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, or tricyclic antidepressants. 2. Dementia and prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents. 3. Chronic kidney disease and prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs. Members with more than one disease or condition may appear in the measure multiple times. A lower rate indicates better performance.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • History of Falls and Dementia rates only: A diagnosis of psychosis, schizophrenia, schizoaffective disorder or bipolar disorder on or between 1/1 of the year prior to the MY and 12/1 of the MY. • History of Falls rate only: A diagnosis of major depressive disorder or seizure disorder on or between 1/1 of the year prior to the MY and 12/1 of the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	HEDIS rates are based on Diagnosis + Medications/Pharmacy Claims. **Potentially Harmful Drugs—History of Falls Medications:** **Antiepileptics:** Carbamazepine, Clobazam, Divalproex sodium, Ethosuximide, Ethotoin, Ezogabine, Felbamate, Fosphenytoin, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Methsuximide, Oxcarbazepine, Phenobarbital, Phenytoin. Pregabalin, Primidone, Rufinamide, Tiagabine HCL, Topiramate, Valproic acid, Vigabatrin, Zonisamide **SNRIs:** Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine, **SSRIs:** Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline **Potentially Harmful Drugs—History of Falls and Dementia Medications:** **Antipsychotics:** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone **Benzodiazepines:** Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate, Diazepam, Estazolam, Flurazepam, Lorazepam, Midazolam, Oxazepam, Quazepam, Temazepam, Triazolam **Nonbenzodiazepine hypnotics:** Eszopiclone, Zaleplon, Zolpidem **Tricyclic antidepressants:** Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine **Dementia Medications:** **Cholinesterase inhibitors:** Donepezil, Galantamine, Rivastigmine **Miscellaneous central nervous system agents:** Memantine **Dementia combinations:** Donepezil-Memantine

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS

Coding

Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) continued	**Potentially Harmful Drugs—Dementia Medications:** **Anticholinergic agents, antiemetics:** Prochlorperazine, Promethazine **Anticholinergic agents, antihistamines:** Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Dimenhydrinate, Diphenhydramine, Doxylamine, Pyrilamine, Triprolidine, Hydroxyzine, Meclizine **Anticholinergic agents, antispasmodics:** Atropine, Belladonna alkaloids, Clidinium-chlordiazepoxide, Dicyclomine, Homatropine, Hyoscyamine, Methscopolamine, Propantheline, Scopolamine **Anticholinergic agents, antimuscarinics (oral):** Darifenacin, Fesoterodine, Flavoxate, Oxybutynin, Solifenacin, Tolterodine, Trospium **Anticholinergic agents, anti-Parkinson agents:** Benztropine, Trihexyphenidyl **Anticholinergic agents, skeletal muscle relaxants:** Cyclobenzaprine, Orphenadrine **Anticholinergic agents, SSRIs:** Paroxetine **Anticholinergic agents, antiarrhythmic:** Disopyramide **Cox-2 Selective NSAIDs and Nonaspirin NSAIDs:** **Cox-2 Selective NSAIDS:** Celecoxib **Nonaspirin NSAIDs:** Diclofenac potassium, Diclofenac sodium, Etodolac, Fenoprofen, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac, Meclofenamate, Mefenamic acid, Meloxicam, Nabumetone, Naproxen, Naproxen sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin **Dementia Diagnosis:** **ICD10-CM:** F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83, **Diagnosis of ESRD:** **ICD10-CM:** N18.5, N18.6, Z99.2, **Dialysis Procedure:** **CPT:** 90935, 90937, 90945, 90947, 90997, 90999, 99512, **HCPCS:** G0257, S9339 **ICD10:** 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z **CKD Stage 4 Diagnosis:** **ICD10-CM:** N18.4 **Nephrectomy:** **CPT:** 50340, 50370 **ICD10:** 0TB00ZX, 0TB00ZZ, 0TB03ZX, 0TB03ZZ, 0TB04ZX, 0TB04ZZ, 0TB07ZX, 0TB07ZZ, 0TB08ZX, 0TB08ZZ, 0TB10ZX, 0TB10ZZ, 0TB13ZX, 0TB13ZZ, 0TB14ZX, 0TB14ZZ, 0TB17ZX, 0TB17ZZ, 0TB18ZX, 0TB18ZZ, **Kidney Transplant:** **CPT:** 50360, 50365, 50380 **HCPCS:** S2065 **ICD-10-PCS:** 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

Measure	Measure description	Documentation required	Coding
Risk of Continued Opioid Use (COU)*	Members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. Members whose new episode of opioid use lasts at least 15 days in a 30-day period. 2. Members whose new episode of opioid use lasts at least 31 days in a 62-day period. A lower rate indicates better performance.	The Measurement Year (MY) is 1/1/-12/31. The Index Prescription Start Date (ISPD) is the earliest prescription dispensing date during the IP. 15 day: Prescriptions covering more than 15 calendar days during the 30-day period beginning on the ISPD through 29 days after the ISPD. 62-day: Prescriptions covering more than 31 calendar days during the 62-day period beginning on the ISPD through 61 days after the ISPD. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care during 12 months prior to the IPSD through 61 days after the IPSD. • Cancer (Malignant Neoplasm) during 12 months prior to the IPSD through 61 days after the IPSD. • Sickle Cell Anemia or HB S Disease during 12 months prior to the IPSD through 61 days after the IPSD. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Opioid Medications:** Benzhydrocodone Acetaminophen, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol **The Opioid Medications List excludes:** • Methadone. • Injectables. • Opioid-containing cough and cold products. • Single-agent and combination buprenorphine products used to treat opioid use disorder for medication-assisted treatment (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products). • Ionsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS

Measure	Measure description	Documentation required	Coding
Use of High-Risk Medication in Older Adults (DAE)	The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications. Two rates are reported: 1. At least 2 dispensing events for high-risk medications to avoid from the same drug class. 2. At least 2 dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses. A lower rate indicates better performance.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common Chart Deficiencies:** • No documentation of review of medications at every visit.	HEDIS rates are based on Diagnosis + Medications/Pharmacy Claims **High-Risk Medications:** **Anticholinergics, first- generation antihistamines:** Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine. Cyproheptadine, Dexbrompheniramine. Dexchlorpheniramine, Diphenhydramine (oral), Dimenhydrinate, Doxylamine, Hydroxyzine, Meclizine, Promethazine, Pyrilamine, Triprolidine **Anticholinergics, anti- Parkinson agents:** Benztropine (oral), Trihexyphenidyl **Antispasmodics:** Atropine (exclude ophthalmic), Belladonna alkaloids, Chlordiazepoxide-clidinium, Dicyclomine, Hyoscyamine, Methscopolamine, Propantheline, Scopolamine **Antithrombotic:** Dipyridamole, oral short- acting **Cardiovascular, alpha agonists, central:** Guanfacine, Methyldopa **Cardiovascular, other:** Disopyramide, Nifedipine, immediate release **Central nervous system, antidepressants:** Amitriptyline, Amoxapine, Clomipramine, Desipramine, Imipramine, Nortriptyline, Paroxetine, Protriptyline, Trimipramine **Central nervous system, barbiturates:** Amobarbital, Butabarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital **Central nervous system, vasodilators:** Ergoloid mesylates, Isoxsuprine **Central nervous system, other:** Meprobamate **Endocrine system, estrogens with or without progestins; include only oral and topical patch products:** Conjugated estrogen, Esterified estrogen, Estradiol, Estropipate **Endocrine system, sulfonylureas, long-duration:** Chlorpropamide, Glimepiride, Glyburide **Endocrine system, other:** Desiccated thyroid, Megestrol **Nonbenzodiazepine hypnotics:** Eszopiclone, Zaleplon, Zolpidem **Pain medications, skeletal muscle relaxants:** Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine **Pain medications, other:** Indomethacin, Ketorolac, includes parenteral, Meperidine High-Risk Medications With Days Supply Criteria (<90 days): Anti-Infectives, other: Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals monohydrate High-Risk Medications With Average Daily Dose Criteria: Alpha agonists, central: Reserpine >0.1 mg/day Cardiovascular, other: Digoxin >0.125 mg/day Tertiary TCAs (as single agent or as part of combination products): Doxepin >6 mg/day High-Risk Medications Based on Prescription and Diagnosis Data: Antipsychotics, first (conventional) and second (atypical) generation: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimavanserin, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone Benzodiazepines, long, short and intermediate acting: Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate, Diazepam, Estazolam, Flurazepam, Lorazepam, Midazolam, Oxazepam, Quazepam, Temazepam, Triazolam Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS

Measure	Measure description	Documentation required	Coding
Use of Imaging Studies for Low Back Pain (LBP)	Members with a primary diagnosis of low back pain who **did not** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD. Do not include outpatient, ED or observation visits that result in an inpatient stay **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Any of the following anytime in the member's history through 28 days after the IESD: – Cancer. – HIV. – Major organ transplant. • Any of the following during 12 months (1 year) prior to the IESD through 28 days after the IESD: – IV drug abuse. – Neurologic impairment. – Spinal infection. • Trauma any time during the 3 months (90 days) prior to the IESD through 28 days after the IESD. • 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Imaging Study:** **CPT:** 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220 **Uncomplicated Low Back Pain:** **ICD-10-CM:** M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06, M48.061, M48.062, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Use of Opioids at High Dosage (HDO)	The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the Measurement Year (MY). A lower rate indicates better performance.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • Members with Cancer (Malignant Neoplasm) in the MY. • Members with Sickle Cell Anemia or HB S Disease in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Opioid Medications:** **Benzhydrocodone:** Acetaminophen Benzhydrocodone 4.08 mg, Acetaminophen Benzhydrocodone 6.12 mg, Acetaminophen Benzhydrocodone 8.16 mg **Butorphanol:** Butorphanol 10 mg/mL **Codeine:** Codeine Sulfate 15 mg, Codeine Sulfate 30 mg, Codeine Sulfate 60 mg, Codeine Phosphate 15 mg, Codeine Phosphate 2 mg/mL, Acetaminophen Codeine 2.4 mg/mL, Acetaminophen Codeine 15 mg, Acetaminophen Codeine 30 mg, Acetaminophen Codeine 60 mg, Acetaminophen Butalbital Caffeine Codeine 30 mg, Aspirin Butalbital Caffeine Codeine 30 mg, Aspirin Carisoprodol Codeine 16 mg, Aspirin Codeine 8 mg **Dihydrocodeine:** Acetaminophen Caffeine Dihydrocodeine 16 mg, Aspirin Caffeine Dihydrocodeine 16 mg

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS

Coding

Use of Opioids at High Dosage (HDO) continued	**Fentanyl buccal or sublingual tablet, transmucosal lozenge (mcg):** Fentanyl 100 mcg, Fentanyl 200 mcg, Fentanyl 300 mcg, Fentanyl 400 mcg, Fentanyl 600 mcg, Fentanyl 800 mcg, Fentanyl 1200 mcg, Fentanyl 1600 mcg **Fentanyl oral spray (mcg):** Fentanyl 100 micrograms per spray (mcgps), Fentanyl 200 mcgps, Fentanyl 400 mcgps, Fentanyl 600 mcgps, Fentanyl 800 mcgps **Fentanyl nasal spray (mcg):** Fentanyl 100 mcgps, Fentanyl 300 mcgps, Fentanyl 400 mcgps **Fentanyl transdermal film/patch (mcg/hr):** Fentanyl 12 mcg/hr, Fentanyl 25 mcg/hr, Fentanyl 37.5 mcg/hr, Fentanyl 50 mcg/hr, Fentanyl 62.5 mcg/hr, Fentanyl 75 mcg/hr, Fentanyl 87.5 mcg/hr, Fentanyl 100 mcg/hr **Hydrocodone:** Hydrocodone 10 mg, Hydrocodone 15 mg, Hydrocodone 20 mg, Hydrocodone 30 mg, Hydrocodone 40 mg, Hydrocodone 50 mg, Hydrocodone 60 mg, Hydrocodone 80 mg, Hydrocodone 100 mg, Hydrocodone 120 mg, Acetaminophen Hydrocodone .5 milligrams per milliliter (mg/mL), Acetaminophen Hydrocodone .67 mg/mL, Acetaminophen Hydrocodone 2.5 mg, Acetaminophen Hydrocodone 5 mg, Acetaminophen Hydrocodone 7.5 mg/mL, Acetaminophen Hydrocodone 10 mg, Hydrocodone Ibuprofen 2.5 mg, Hydrocodone Ibuprofen 5 mg, Hydrocodone Ibuprofen 7.5 mg, Hydrocodone Ibuprofen 10 mg **Hydromorphone:** Hydromorphone 1 mg/mL, Hydromorphone 2 mg, Hydromorphone 3 mg, Hydromorphone 4 mg, Hydromorphone 8 mg, Hydromorphone 12 mg, Hydromorphone 16 mg, Hydromorphone 32 mg **Levorphanol:** Levorphanol 2 mg, Levorphanol 3 mg **Meperidine:** Meperidine 10 mg/mL, Meperidine 50 mg, Meperidine 100 mg, Meperidine Promethazine 50 mg **Methadone:** Methadone 1 mg/mL, Methadone 2 mg/mL, Methadone 5 mg, Methadone 10 mg, Methadone 10 mg/mL, Methadone 40 mg **Morphine:** Morphine 2 mg/mL, Morphine 4 mg/mL, Morphine 5 mg, Morphine 10 mg, Morphine 15 mg, Morphine 20 mg/mL, Morphine 20 mg, Morphine 30 mg, Morphine 40 mg, Morphine 45 mg, Morphine 50 mg, Morphine 60 mg, Morphine 75 mg, Morphine 80 mg, Morphine 90 mg, Morphine 100 mg, Morphine 120 mg, Morphine 200 mg, Morphine Naltrexone 20 mg, Morphine Naltrexone 30 mg, Morphine Naltrexone 50 mg, Morphine Naltrexone 60 mg, Morphine Naltrexone 80 mg, Morphine Naltrexone 100 mg **Opium:** Belladonna Opium 30 mg, Belladonna Opium 60 mg **Oxycodone:** Oxycodone 1 mg/mL, Oxycodone 5 mg, Oxycodone 7.5 mg, Oxycodone 9 mg, Oxycodone 10 mg, Oxycodone 13.5 mg, Oxycodone 15 mg, Oxycodone 18 mg, Oxycodone 20 mg, Oxycodone 20 mg/mL, Oxycodone 27 mg, Oxycodone 30 mg, Oxycodone 36 mg, Oxycodone 40 mg, Oxycodone 60 mg, Oxycodone 80 mg, Acetaminophen Oxycodone 2.5 mg, Acetaminophen Oxycodone 5 mg, Acetaminophen Oxycodone 7.5 mg, Acetaminophen Oxycodone 10 mg, Oxycodone Aspirin Oxycodone 4.8355 mg, Oxycodone Ibuprofen Oxycodone 5 mg **Oxymorphone:** Oxymorphone 5 mg, Oxymorphone 7.5 mg, Oxymorphone 10 mg, Oxymorphone 15 mg, Oxymorphone 20 mg, Oxymorphone 30 mg, Oxymorphone 40 mg, **Pentazocine:** Naloxone Pentazocine 50 mg **Tapentadol:** Tapentadol 50 mg, Tapentadol 75 mg, Tapentadol 100 mg, Tapentadol 150 mg, Tapentadol 200 mg, Tapentadol 250 mg **Tramadol:** Tramadol 50 mg, Tramadol 100 mg, Tramadol 150 mg, Tramadol 200 mg, Tramadol 300 mg, Tramadol Acetaminophen Tramadol 37.5 mg **The HDO Opioid Medications List excludes:** • Injectables. • Opioid cough and cold products. • Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products). • Ionsys® (fentanyl transdermal patch). – This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). • Methadone for the treatment of opioid use disorder. **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

Measure	Measure description	Documentation required	Coding
Use of Opioids From Multiple Providers (UOP)	The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the Measurement Year (MY)who received opioids from multiple providers. Three rates are reported: 1. **Multiple Prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the MY. 2. **Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the MY. 3. **Multiple Prescribers and Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the MY (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates). A lower rate indicates better performance for all three rates.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Opioid Medications:** Benzhydrocodone Acetaminophen, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine , Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone , Pentazocine, Tapentadol, Tramadol **The UOP Opioid Medications List excludes:** • Injectables. • Opioid cough and cold products. • Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products). • Ionsys® (fentanyl transdermal patch), because: – It is only for inpatient use. – It is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). • Methadone is excluded when prescribed for the treatment of opioid use disorder. **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

UTILIZATION

Measure	Measure description	Documentation required	Coding
Well-Child Visits in the First 30 Months of Life (W30)	The percentage of members who had the recommended well-child visits with a PCP. Two rates are reported: 1. 6 or more visits on or before the 15-month birthday. 2. 2 or more visits between the 15-month birthday plus 1 day and the 30-month birthday.	Documentation from the medical record must include a note indicating a well visit with a PCP and the date the well-child visit occurred. Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/ Note: Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased in the MY. The Telehealth Exclusion was removed from W30. **Common Chart Deficiencies:** • Children being seen for sick visits only and no documentation/claims/encounter data related to well-visit services provided.	Use age-appropriate preventive E&M **Well-Care:** **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS:** G0438, G0439, **ICD10 CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Child and Adolescent Well-Care Visits (WCV)	The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the MY.	Documentation from the medical record must include a note indicating a visit with a PCP or OB/GYN, the date when the well-child visit occurred. Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/ Note: Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. The Telehealth Exclusion was removed from W30. **Common Chart Deficiencies:** • Children or adolescents being seen for sick visits only and no documentation/claims/encounter data related to well-visit services provided.	Use age-appropriate preventive E&M **Well-Care:** **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS:** G0438, G0439, S0302 **ICD10 CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Annual Dental Visit (ADV)	Members 2-20 years of age who had at least one dental visit during the Measurement Year (MY).	One or more dental visits with a dental practitioner during the MY. Any claim with a dental practitioner during the MY meets criteria. Visits with one-year-old may be counted if their second birthday is in the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	Any claim with a dental practitioner during the MY meets criteria.

MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS

Measure	Measure description	Documentation required	Coding
Adult immunization Status (AIS-E)* This is a measure collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	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.	The Measurement Period (MP) is 1/1 through 12/31. **Influenza:** Members who received an influenza vaccine on or between 7/1 of the year prior to the MP and 6/30 of the MP; or prior influenza virus vaccine adverse reaction any time during or before the MP. **Td/Tdap:** Members who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the MP and the end of the MP; or with history of at least one of the following contraindications any time during or before the MP: • Anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components. • Encephalopathy due to Tdap or Td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis). **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) anytime on or after the member's 50th birthday; or prior adverse reaction caused by zoster vaccine or its components any time during or before the MP. **Pneumococcal:** Members who were administered the 23-valent pneumococcal polysaccharide vaccine on or after the member's 60th birthday before or during the MP, or prior pneumococcal vaccine adverse reaction any time during or before the MP. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Active chemotherapy any time during the MP. • Bone marrow transplant any time during the MP. • History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia and HB-S disease or cerebrospinal fluid leaks any time during the member's history through the end of the MP. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Immunization Administered:** **Adult Influenza Immunization:** CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186 **Herpes Zoster Live Immunization:** CVX: 121 **Herpes Zoster Recombinant Immunization:** CVX: 187 **Influenza Virus LAIV Immunization:** CVX: 111, 149 **Pneumococcal Polysaccharide 23 Immunization:** CVX: 33 **Td Immunization:** CVX: 09, 113, 115, 138, 139 **Tdap Immunization:** CVX: 115 **Vaccine Procedure:** **Adult Influenza Vaccine Procedure:** CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90756 **Herpes Zoster Live Vaccine Procedure:** CPT: 90736 **Herpes Zoster Recombinant Vaccine Procedure:** CPT: 90750 **Influenza Virus LAIV Vaccine Procedure:** CPT: 90660, 90672 **Pneumococcal Polysaccharide 23 Vaccine Procedure:** CPT: 90732 **Td Vaccine Procedure:** CPT: 90714, 90718 **Tdap Vaccine Procedure:** CPT: 90715 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS

Measure	Measure description	Documentation required	Coding
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) This is a measure collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. Two rates are reported: **1. Depression Screening:** The percentage of members who were screened for clinical depression using a standardized instrument. **2. Follow-Up on Positive Screen:** The percentage of members who received follow-up care on or up to 30 days after the date of the first positive screen.	The Measurement Period (MP) is 1/1 through 12/31. This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. • Acceptable tools for the Adolescent 12-17 population include: PHQ-9; PHQ-9M; PHQ-2; BDI-FS; CESD-R; EPDS; PROMIS Depression. • Acceptable tools for the Adult 18+ population include: PHQ-9; PHQ-2; BDI-FS; BDI-II; CESD-R; DADS; GDS; EPDS; M-3; PROMIS Depression, CUDOS. Follow up which meets criteria: • Outpatient, telephone or virtual check-in visit. • Depression case management encounter. • A behavioral health encounter. • Dispensed antidepressant medication. • Additional depressing screening on a full-length instrument indicating no depression or no symptoms that require follow up on the same day as a positive screen on a brief screening instrument. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Bipolar disorder in the year prior to the MP. • Depression that starts during the year prior to the MP. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Encounter Performed:** **Behavioral Health Encounter:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **Depression Case Management Encounter:** **CPT:** 99366 **HCPCS:** T1016, T1017, T2022, T2023 **Follow Up Visit:** **CPT:** 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99432, 99441, 99442, 99443, 99444, 99457, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Dispensed Antidepressant Medication:** **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 (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)* This is a measure collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.	Measurement Periods (MP) are: • January 1-April 30 • May 1-August 31 • September 1-December 31 The PHQ-9 assessment does not need to occur during a face-to-face encounter; phone-based, e-visit, virtual check-in or electronic secure messaging is acceptable. **Note:** Standardized instruments are useful in identifying meaningful change in clinical outcomes over time. Guidelines for adults recommend that providers establish and maintain regular follow-up with patients diagnosed with depression and use a standardized tool to track symptoms. • For adolescents, guidelines recommend systematic and regular tracking of treatment goals and outcomes, including assessing depressive symptoms. • The PHQ-9 tool assesses the nine DSM, Fourth Edition, Text Revision (DSM-IV-TR) criterion symptoms and effects on functioning, and has been shown to be highly accurate in discriminating patients with persistent major depression, partial remission and full remission. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Bipolar disorder in the MP. • Personality disorder in the MP. • Psychotic disorder in the MP. • Pervasive development disorder in the MP. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Diagnosis:** Major Depression or Dysthymia **ICD-10-CM:** F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1 **Encounter Performed:** **Interactive Outpatient Encounter:** **CPT:** 90791, 90792, 90832, 90834, 90837, 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 97872, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99444, 99457, 99483, 99510 **HCPCS:** G0071, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G2010, G2012, G2061, G2062, G2063, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS

Measure	Measure description	Documentation required	Coding
Depression Remission or Response for Adolescents and Adults (DRR-E) This is a measure collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score. Three rates are reported: **1. Follow-Up PHQ-9:** The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score. **2. Depression Remission:** The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score. **3. Depression Response:** The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.	The Measurement Period (MP) is 1/1 through 12/31. The Intake Period (IP) is 5/1 of the year prior to the MP through 4/30 of the MP. The Episode Intake Start Date (IESD) is the earliest date in the IP where a member has a diagnosis of major depression or dysthymia and a PHQ-9 total score >9 documented. **Required Exclusions:** Members who meet any of the following criteria during the IP or during the MP are excluded from the measure: • In hospice or using hospice services. • Bipolar disorder. • Personality disorder. • Psychotic disorder. • Pervasive development disorder. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Diagnosis:** Major Depression or Dysthymia **ICD-10-CM:** F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1 **Encounter Performed:** **Interactive Outpatient Encounter:** **CPT:** 90791, 90792, 90832, 90834, 90837, 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 97872, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99444, 99457, 99483, 99510 **HCPCS:** G0071, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G2010, G2012, G2061, G2062, G2063, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E) This is a measure collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care. Two rates are reported: **1. Unhealthy Alcohol Use Screening:** The percentage of members who had a systematic screening for unhealthy alcohol use. **2. Alcohol Counseling or Other Follow-up Care:** The percentage of members receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use.	The Measurement Period (MP) is 1/1 through 12/31. Follow-up is an encounter on, or up to 60 days after, the date of the first positive screening that includes at least one of the following: • Feedback on alcohol use and harms • Identification of high-risk situations for drinking and coping strategies • Increase the motivation to reduce drinking • Development of a personal plan to reduce drinking • Documentation of receiving alcohol misuse treatment. **Required Exclusions:** Members who meet any of the following criteria during the MP are excluded from the measure: • In hospice or using hospice services. • Alcohol use disorder that starts during the year prior to the MP. • History of dementia any time during the member's history through the end of the MP. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	Diagnosis **Alcohol Use Disorder:** **ICD-10-CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, K29.20, K29.21, K70.10, K70.11 **Intervention Performed:** Alcohol Counseling or Other Follow Up Care; **CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012 **ICD-10-CM:** Z71.41, Z71.89 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS

Measure	Measure description	Documentation required	Coding
Prenatal Immunization Status (PRS-E) This is a measure collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of deliveries in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.	The Measurement Period (MP) is 1/1 through 12/31. **Influenza:** • Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the MP and the delivery date; or • Deliveries where members had an influenza virus vaccine adverse reaction any time during or before the MP. **Tdap:** Deliveries where the members had any of the following: • At least one Tdap vaccine during the pregnancy (including the delivery date. • Anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the MP. • Encephalopathy due to Td or Tdap vaccination any time during or before the MP. A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates of administration. Documented history of specific disease, anaphylactic reactions or contraindications for a specific vaccine. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Delivered at less than 37 weeks gestation. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Immunization Administered:** **Adult Influenza Immunization:** CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186 **Tdap Immunization:** CVX: 115 **Vaccine Procedure:** **Adult Influenza Vaccine Procedure:** CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90756 **Tdap Vaccine Procedure:** CPT: 90715 **Deliveries:** **CPT:** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 **HCPCS:** 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS

Measure	Measure description	Documentation required	Coding
Prenatal Depression Screening and Follow-Up (PND-E) This is a measure collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported: **1. Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the prenatal period. **2. Follow up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.	The Measurement Period (MP) is 1/1-12/31. This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. • Acceptable tools for the Adolescent 12-17 population include: PHQ-9; PHQ-9M; PHQ-2; BDI-FS; CESD-R; EPDS; PROMIS Depression. • Acceptable tools for the Adult 18+ population include: PHQ-9; PHQ-2; BDI-FS; BDI-II; CESD-R; DADS; EPDS; M-3; PROMIS Depression, CUDOS. Follow up which meets criteria: • Outpatient, telephone or virtual check-in visit. • Depression case management encounter. • A behavioral health encounter. • Dispensed antidepressant medication. • Additional depression screening on a full-length instrument indicating no depression or no symptoms that require follow up on the same day as a positive screen on a brief screening instrument. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Delivered at less than 37 weeks gestation. **Optional Exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Encounter Performed:** **Behavioral Health Encounter:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **Depression Case Management Encounter:** **CPT:** 99366 **HCPCS:** T1016, T1017, T2022, T2023 **Follow Up Visit:** **CPT:** 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99432, 99441, 99442, 99443, 99444, 99457, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Dispensed Antidepressant Medication:** **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 (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS

Measure	Measure description	Documentation required	Coding
Postpartum Depression Screening and Follow-Up (PDS-E) This is a measure collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	Postpartum Depression Screening and Follow-Up (PDS): The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported. **1. Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. **2. Follow up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.	The Measurement Period (MP) is 1/1-12/31. This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. • Acceptable tools for the Adolescent 12-17 population include: PHQ-9; PHQ-9M; PHQ-2; BDI-FS; CESD-R; EPDS; PROMIS Depression. • Acceptable tools for the Adult 18+ population include: PHQ-9; PHQ-2; BDI-FS; BDI-II; CESD-R; DADS; EPDS; M-3; PROMIS Depression, CUDOS. Follow up which meets criteria: • Outpatient, telephone or virtual check-in visit. • Depression case management encounter. • A behavioral health encounter. • Dispensed antidepressant medication. • Additional depression screening on a full-length instrument indicating no depression or no symptoms that require follow up on the same day as a positive screen on a brief screening instrument. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional Exclusions:** Non-compliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Encounter Performed:** **Behavioral Health Encounter:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **Depression Case Management Encounter:** **CPT:** 99366 **HCPCS:** T1016, T1017, T2022, T2023 **Follow Up Visit:** **CPT:** 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99432, 99441, 99442, 99443, 99444, 99457, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Dispensed Antidepressant Medication:** **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 (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

AmeriHealth Caritas Florida

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