

# HEDIS® 2020

## Quick Reference Guide



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# HEDIS® Quick Reference Guide

Updated to reflect NCQA HEDIS 2020 Technical Specifications

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

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## **WHAT IS HEDIS®?**

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

## **HOW ARE THE SCORES USED?**

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

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS® score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance or Quality Bonus Funds.

## HOW ARE RATES CALCULATED?

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

## HOW CAN I IMPROVE MY HEDIS SCORES?

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

## PAY FOR PERFORMANCE (P4P)



P4P is an activity-based reimbursement, with a bonus payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction and clinical outcomes.

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## QUESTIONS?



[www.CoordinatedCareHealth.com](http://www.CoordinatedCareHealth.com)



1-877-644-4613

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

Ancillary staff:

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

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



For more information, visit [www.ncqa.org](http://www.ncqa.org)

# ADULT HEALTH



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

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

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

\*Codes subject to change



## (ABA) ADULT BMI ASSESSMENT

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

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

ICD-10 : BMI VALUE SET (AGE 20+)	ICD-10: BMI PERCENTILE VALUE SET (AGE YOUNGER THAN 20)
Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	Z68.51, Z68.52, Z68.53, Z68.54

\*Codes subject to change

## (AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT

Measure evaluates percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

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

### Antidepressant Medications

DESCRIPTION	PRESCRIPTION		
Miscellaneous Antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine Oxidase Inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine	
Phenylpiperazine Antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic Combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine		• Fluoxetine-olanzapine
SNRI Antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine	
SSRI Antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine	• Paroxetine • Sertraline
Tetracyclic Antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic Antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Desipramine • Doxepin (>6 mg) • Imipramine	• Nortriptyline • Protriptyline • Trimipramine

\*Subject to change

## (CBP) CONTROLLING HIGH BLOOD PRESSURE

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

DESCRIPTION	CODES
Hypertension	<b>ICD-10:</b> I10
Systolic Greater than/Equal to 140	<b>CPT-CAT-II:</b> 3077F
Systolic Less than 140	<b>CPT-CAT-II:</b> 3074F, 3075F
Diastolic Greater than/Equal to 90	<b>CPT-CAT-II:</b> 3080F
Diastolic 80-89	<b>CPT-CAT-II:</b> 3079F
Diastolic Less than 80	<b>CPT-CAT-II:</b> 3078F
Remote Blood Pressure Monitoring Codes	<b>CPT:</b> 93784, 93788, 93790, 99091
Outpatient Codes	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 -99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient Codes	<b>CPT:</b> 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 -99337

\*Codes subject to change



## (CDC) COMPREHENSIVE DIABETES CARE

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

- Hemoglobin A1c (HbA1c) testing
- HgA1c poor control (>9.0%)
- HgbA1c control (<8.0%)
- HbA1c control (<7.0%)
- Eye exam (retinal) performed
- Medical attention for nephropathy
- BP control (<140/90 mm Hg)

DESCRIPTION	CODES
Outpatient Codes	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient	<b>CPT:</b> 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337
Remote BP Monitoring	<b>CPT:</b> 93784, 93788, 93790, 99091
Diastolic 80-89	<b>CPT-CAT-II:</b> 3079F
Diastolic Greater than/Equal to 90	<b>CPT-CAT-II:</b> 3080F
Diastolic Less than 80	<b>CPT-CAT-II:</b> 3078F
Systolic Greater than/Equal to 140	<b>CPT-CAT-II:</b> 3077F
Systolic Less than 140	<b>CPT-CAT-II:</b> 3074F, 3075F
Diabetic Retinal Screening with Eye Care Professional	<b>CPT-CAT-II:</b> 2022F, 2024F, 2026F
Unilateral Eye Enucleation with a Bilateral Modifier	<b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 <b>CPT Modifier:</b> 50
HbA1C Lab Test	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3045F, 3046F
HbA1c Level Greater than/Equal to 7 and Less than 8	<b>CPT-CAT-II:</b> 3051F
HbA1c Level Greater than/Equal to 8 and Less than/Equal to 9	<b>CPT-CAT-II:</b> 3052F
HbA1C Greater than 9.0	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3046F
Urine Protein Tests	<b>CPT:</b> 81000 - 81003, 81005, 82042 - 82044, 84156 <b>CPT-CAT-II:</b> 3060F, 3061F, 3062F
Nephropathy Treatment	<b>CPT-CAT-II:</b> 3066F, 4010F

\*Codes subject to change



## (COA) CARE FOR OLDER ADULTS

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

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

DESCRIPTION	CODES
Advanced Care Planning	<b>CPT:</b> 99483, 99497 <b>CPT-CAT-II:</b> 1123F, 1124F, 1157F, 1158F <b>HCPCS:</b> S0257 <b>ICD-10:</b> Z66
Medication Review Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review)	<b>CPT:</b> 90863, 99605, 99606, 99483 <b>CPT-CAT-II:</b> 1159F, 1160F <b>HCPCS:</b> G8427
Functional Status Assessment	<b>CPT:</b> 99483 <b>CPT-CAT-II:</b> 1170F <b>HCPCS:</b> G0438, G0439
Pain Assessment	<b>CPT-CAT-II:</b> 1125F, 1126F

\*Codes subject to change



## (COL) COLORECTAL CANCER SCREENING

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

DESCRIPTION	CODES
Colonoscopy	<b>CPT:</b> 44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398 <b>HCPCS:</b> G0105, G0121
CT Colonography	<b>CPT:</b> 74261 - 74263
FIT- DNA Lab Test	<b>CPT:</b> 81528 <b>HCPCS:</b> 60464
Flexible Sigmoidoscopy	<b>CPT:</b> 45330 - 45335, 45337 - 45342, 45345 - 45347, 45349 - 45350 <b>HCPCS:</b> 60104
FOBT Lab Test	<b>CPT:</b> 82270, 82274 <b>HCPCS:</b> G0328
Colorectal Cancer	<b>HCPCS:</b> G0213, G0214, G0215, G0231 <b>ICD-10:</b> C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	<b>CPT:</b> 44150 - 44153, 44155 - 44158, 44210 - 44212

\*Codes subject to change

## (MRP) MEDICATION RECONCILIATION POST DISCHARGE

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

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

\*Codes subject to change



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

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

### Beta-Blocker Medications

DESCRIPTION	PRESCRIPTION
Noncardioselective beta-blockers	<ul style="list-style-type: none"> <li>• Carvedilol</li> <li>• Labetalol</li> <li>• Nadolol</li> <li>• Pindolol</li> </ul> <ul style="list-style-type: none"> <li>• Propranolol</li> <li>• Timolol</li> <li>• Sotalol</li> </ul>
Cardioselective beta-blockers	<ul style="list-style-type: none"> <li>• Acebutolol</li> <li>• Atenolol</li> </ul> <ul style="list-style-type: none"> <li>• Betaxolol</li> <li>• Bisoprolol</li> </ul> <ul style="list-style-type: none"> <li>• Metoprolol</li> <li>• Nebivolol</li> </ul>
Antihypertensive combinations	<ul style="list-style-type: none"> <li>• Atenolol-Chlorthalidone</li> <li>• Bendroflumethiazide-Nadolol</li> <li>• Bisoprolol-Hydrochlorothiazide</li> </ul> <ul style="list-style-type: none"> <li>• Hydrochlorothiazide-Metoprolol</li> <li>• Hydrochlorothiazide-Propranolol</li> </ul>

\*Subject to change

## (PCE) PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

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

Two rates are reported:

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

### Systemic Corticosteroid Medications

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

\*Subject to Change

### Bronchodilator Medications

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

\*Subject to Change

**(SMD) DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA**

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

DESCRIPTION	CODES
HbA1C Lab Tests	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3045F, 3046F
LDL-C Lab Tests	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F

\*Codes subject to Change



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

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

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

\*Codes subject to change



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

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

DESCRIPTION	CODES
HbA1C Lab Tests	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3045F, 3046F
Glucose Lab Tests	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

\*Codes subject to change



# WOMEN'S HEALTH



## (BCS) BREAST CANCER SCREENING

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

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

\*Codes subject to change

## (CCS) CERVICAL CANCER SCREENING

This measure demonstrates the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21-64 years of age who had cervical cytology performed within last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

DESCRIPTION	CODES
Cervical Cytology Lab Test (20-64)	<b>CPT:</b> 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30-64)	<b>CPT:</b> 87620 - 87622, 87624, 87625 <b>HCPCS:</b> G0476
Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	<b>CPT:</b> 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, 59135 <b>ICD-10:</b> Q51.5, Z90.710, Z90.712

\*Codes subject to change

## (CHL) CHLAMYDIA SCREENING IN WOMEN

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

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

\*Codes subject to change



## (OMW) OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

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

DESCRIPTION	CODES
Bone Mineral Density Tests	<b>CPT:</b> 76977, 77078, 77080 - 77082, 77085, 77086
Osteoporosis Medications	<b>HCPCS:</b> J0897, J1740, J3110, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	<b>HCPCS:</b> J0897, J1740, J3489

\*Codes subject to change

### Osteoporosis Medications

DESCRIPTION	PRESCRIPTION	
Bisphosphonates	<ul style="list-style-type: none"> <li>• Alendronate</li> <li>• Alendronate-cholecalciferol</li> <li>• Ibandronate</li> </ul>	<ul style="list-style-type: none"> <li>• Risedronate</li> <li>• Zoledronic acid</li> </ul>
Other Agents	<ul style="list-style-type: none"> <li>• Abaloparatide</li> <li>• Denosumab</li> </ul>	<ul style="list-style-type: none"> <li>• Raloxifene</li> <li>• Teriparatide</li> </ul>

\*Subject to Change



## (PPC) PRENATAL AND POSTPARTUM CARE

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeless of Prenatal Care:** percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization
- **Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

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

\*Codes subject to change

# PEDIATRIC HEALTH



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

Measure evaluates percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- Initiation Phase:** percentage of members 6-12 years of age as of the IPSD (Index Prescription Start Date) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase
- Continuation and Maintenance (C&M) Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase

DESCRIPTION	CODES
An Outpatient Visit	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	<b>CPT:</b> 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015
Observation Visit	<b>CPT:</b> 99217 - 99220
Health and Behavior Assessment/ Intervention	<b>CPT:</b> 96150 - 96154
Visit Setting Unspecified Value Set with Partial Hospitalization POS	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 <b>POS:</b> 52
Partial Hospitalization/Intensive Outpatient	<b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 <b>POS:</b> 53

\*Codes subject to change

## (APM) METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

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

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

DESCRIPTION (NEED EITHER A1C OR GLUCOSE AND LDL C)	CODES
HbA1C Lab Tests	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3045F, 3046F
Glucose Lab Tests	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F

\*Codes subject to change



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

This measure demonstrates the percentage of members 12 months-19 years of age who had a visit with a PCP

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

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

\*Codes subject to change

## (CIS) CHILDHOOD IMMUNIZATION STATUS

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday:

DESCRIPTION	CODES
DTAP (4 dose)	<b>CPT:</b> 90698, 90700, 90721, 90723 <b>CVX:</b> 20, 50, 106, 107, 110, 120
HIB (3 dose)	<b>CPT:</b> 90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748 <b>CVX:</b> 17, 46, 47, 48, 49, 50, 51, 120, 148
Newborn Hep B (3 dose)	<b>CPT:</b> 90723, 90740, 90744, 90747, 90748 <b>CVX:</b> 08, 44, 45, 51, 110 <b>HCPCS:</b> G0010 <b>ICD-10:</b> B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
IPV (3 dose)	<b>CPT:</b> 90698, 90713, 90723 <b>CVX:</b> 10, 89, 110, 120
MMR (1 dose)	<b>CPT:</b> 90705, 90707, 90710, 90708, 90704, 90706 <b>CVX:</b> 05, 03, 94, 04, 07, 06 <b>ICD-10:</b> B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4 dose)	<b>CPT:</b> 90670 <b>CVX:</b> 133, 152 <b>HCPCS:</b> G0009
Varicella VZV (1 dose)	<b>CPT:</b> 90710, 90716 <b>CVX:</b> 21, 94 <b>ICD-10:</b> 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

\*Immunization continues on the next page

## (CIS) CHILDHOOD IMMUNIZATION STATUS - CONTINUED

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday:

DESCRIPTION	CODES
Hep A (1 dose)	<b>CPT:</b> 90633 <b>CVX:</b> 31, 83, 85 <b>ICD-10:</b> B15.0, B15.9
Influenza Flu (2 dose)	<b>CPT:</b> 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672 <b>CVX:</b> 88, 135, 140, 141, 150, 153, 155, 158, 161, 111, 149 <b>HCPCS:</b> G0008
Rotavirus (2 Dose)	<b>CPT:</b> 90681 <b>CVX:</b> 119
Rotavirus (3 Dose)	<b>CPT:</b> 90680 <b>CVX:</b> 116, 122

\*Codes subject to change \*Rotavirus is either 2 dose **OR** 3 dose for compliancy



## (IMA) IMMUNIZATIONS FOR ADOLESCENTS

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

DESCRIPTION	CODES
Meningococcal -serogroup A,C,W, and Y: (1 dose)	<b>CPT:</b> 90734 <b>CVX:</b> 108, 114, 136, 147, 167
Tdap (1 dose)	<b>CPT:</b> 90715 <b>CVX:</b> 115
HPV (2 or 3 dose series)	<b>CPT:</b> 90649 - 90651 <b>CVX:</b> 62, 118, 137, 165

\*Codes subject to change

## (LSC) LEAD SCREENING IN CHILDREN

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

CPT
83655

\*Codes subject to change



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

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

**(W15) Well-Child Visits in the First 15 Months of Life:** Children who turned 15 months old and who had at least 6 well-child visits with a PCP prior to turning 15 months

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

\*Codes subject to change

**(W34) Well-Child Visits First 3-6 Years of Life:** Children 3-6 years of age who had one or more well-child visits with a PCP

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

\*Codes subject to change

**(AWC) Adolescent Well-Care Visit:** Members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN

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

\*Codes subject to change

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

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

- BMI Percentile
- Counseling for Nutrition
- Counseling for physical activity

<b>DESCRIPTION</b>	<b>CODES</b>
BMI Percentile	<b>ICD-10:</b> Z68.51, Z68.52, Z68.53, Z58.54
Nutrition Counseling	<b>CPT:</b> 97802, 97803, 97804 <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470 <b>ICD-10:</b> Z71.3
Physical Activity	<b>HCPCS:</b> G0447, S9451 <b>ICD-10:</b> Z02.5, Z71.82

\*Codes subject to change





# GENERAL HEALTH



## (AMR) ASTHMA MEDICATION RATIO

Measure evaluates 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 medication of 0.50 or greater.

- For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.
- For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.
  - For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications
  - For each member, calculate ratio using the below:
    - Units of Controller Medications / Units of Total Asthma Medications

### Asthma Controller Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS	ROUTE
Antiasthmatic Combinations	• Dyphylline-Guaifenesin	Dyphylline Guaifenesin Medications List	Oral
Antibody Inhibitors	• Omalizumab	Omalizumab Medications List	Subcutaneous
Anti-Interleukin-5	• Benralizumab	Benralizumab Medications List	Subcutaneous
Anti-Interleukin-5	• Mepolizumab	Mepolizumab Medications List	Subcutaneous
Anti-Interleukin-5	• Reslizumab	Reslizumab Medications List	Intravenous
Inhaled Steroid Combinations	• Budesonide-Formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled Steroid Combinations	• Fluticasone-Salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled Steroid Combinations	• Fluticasone-Vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled Steroid Combinations	• Formoterol-Mometasone	Formoterol Mometasone Medications List	Inhalation

\*Medications continue on next page

## (AMR) ASTHMA MEDICATION RATIO - CONTINUED

Measure evaluates 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 medication of 0.50 or greater.

### Asthma Controller Medications - *Continued*

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS	ROUTE
Inhaled Corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled Corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled Corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled Corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled Corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled Corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene Modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene Modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene Modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

\*Subject to Change

### Asthma Reliever Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS	ROUTE
Short-acting, Inhaled Beta-2 Agonists	• Albuterol	Albuterol Medications List	Inhalation
Short-acting, Inhaled Beta-2 Agonists	• Levalbuterol	Levalbuterol Medications List	Inhalation

\*Subject to Change

**(CWP) APPROPRIATE TESTING FOR PHARYNGITIS**

This measure demonstrates 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.

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

\*Codes subject to change



**(FUH) FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS**

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

Two rates are reported:

- Discharges for which the member received **follow-up within 30 days after discharge**
- Discharges for which the member received **follow-up within 7 days after discharge**

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Practitioner	<p><b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255</p> <p><b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p>
BH Outpatient Visit with Mental Health Practitioner	<p><b>CPT:</b> 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015</p>

\*Codes continue on next page

## (FUH) FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Practitioner	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 <b>POS:</b> 52
Partial Hospitalization/Intensive Outpatient	<b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 <b>POS:</b> 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS	<b>CPT:</b> 90870 <b>Ambulatory POS:</b> 24 <b>Comm. POS:</b> 53 <b>Partial Hosp. POS:</b> 52 <b>Outpatient POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52
Telehealth Visit	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 <b>POS:</b> 02
Observation	<b>CPT:</b> 99217-99220
Transitional Care Management	<b>CPT:</b> 99495, 99496

\*Codes subject to change

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

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

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

CPT	HCPCS	ICD-10
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, 99217-99220	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 71-72

\*Codes subject to change

\*For the follow-up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation and management consultation or counseling service.

## (MMA) MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

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

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

### Asthma Controller Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS	ROUTE
Antiasthmatic Combinations	• Dyphylline-Guaifenesin	Dyphylline Guaifenesin Medications List	Oral
Antibody Inhibitors	• Omalizumab	Omalizumab Medications List	Subcutaneous
Anti-Interleukin-5	• Benralizumab	Benralizumab Medications List	Subcutaneous
Anti-Interleukin-5	• Mepolizumab	Mepolizumab Medications List	Subcutaneous
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Intravenous
Inhaled Steroid Combinations	• Budesonide-Formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled Steroid Combinations	• Fluticasone-Salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled Steroid Combinations	• Fluticasone-Vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled Steroid Combinations	• Formoterol-Mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled Corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled Corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled Corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled Corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled Corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled Corticosteroids	• Mometasone	Mometasone Medications List	Inhalation

\*medications continue on next page



## (MMA) MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

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

### Asthma Controller Medications - *Continued*

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS	ROUTE
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

\*Subject to Change

### Asthma Reliever Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS	ROUTE
Short-acting, Inhaled Beta-2 Agonists	• Albuterol	Albuterol Medications List	Inhalation
Short-acting, Inhaled Beta-2 Agonists	• Levalbuterol	Levalbuterol Medications List	Inhalation

\*Subject to Change