Quick Reference Guide

HEDIS® MY 2024

For more information, visit ncqa.org

Medicare = ● Medicaid = ●

WellCare of North Carolina is proud to serve Medicaid members in the state of North Carolina. The information presented here is also representative of our affiliated and newly refreshed Wellcare brand of Medicare Advantage products serving members across the country. If you have any questions, please contact Provider Relations.

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For a complete list of codes, please visit the NCQA website at ncqa.org, or see the HEDIS value sets. Only subsets of the NCQA-approved codes are listed in this document.

HEDIS® MY 2024 Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2024 Technical Specifications

WellCare of North Carolina strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2024 Quick Reference Guide to help you increase your practice's HEDIS® rates and 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.

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, healthcare providers, and policy makers.

What are the scores used for?

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

Physician-specific scores are also used to measure your practice's preventive care efforts. 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 are collected in various ways: administrative data, hybrid (medical record review data), and electronic clinical data systems (ECDS). *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 billed inaccurately, they are not included in the calculation.

Transition to ECDS Only Reporting

Over the last several years, NCQA has added the option to report the ECDS (Electronic Clinical Data Systems) reporting standard for several existing HEDIS measures alongside traditional HEDIS reporting. This allows health plans to assess their ECDS reporting capabilities and represents a step forward in adapting HEDIS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement. Based on these results, NCQA has announced the transition of several measures to ECDS-only. The major reporting change to be aware of is that traditional hybrid measures (COL, CIS, IMA, CCS) that transition to ECDS-only will no longer use the annual chart retrieval process to demonstrate compliance. All compliance from medical records must be processed through prospective supplemental data. The data sources for ECDS are Electronic Health Records, Health Information Exchanges, Case Management Systems, and Administrative Claims. For more information on ECDS and the data allowed for compliance, please visit **ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/**.

Effective for MY 2024

- ✓ Breast Cancer Screening (MCR*/MCD*)
- ✓ Colorectal Cancer Screening (MCR*/MCD*)
- ✓ Adult Immunization Status (MCR**/MCD*)
- ✓ Follow-Up Care for Children Prescribed ADHD Medication (MCD*)
- ✓ Metabolic Monitoring for Children and Adolescents on Antipsychotics (MCD*)
- ✓ Prenatal Immunization Status (MCD*)

Potential for MY 2025

- ✓ Childhood Immunization Status (MCD)
- ✓ Immunizations for Adolescents (MCD)
- ✓ Cervical Cancer Screening (MCD)

Other ECDS measures

(included in the MY 2024 NCQA HEDIS® Technical Specifications — no impact to quality programs at this time).

- Depression Screening and Follow-up for Adolescents and Adults (MCR/MCD).
- Prenatal Depression Screening and Follow-up (MCD).
- Postpartum Depression Screening and Follow-Up (MCD).
- Social Needs Screening and Intervention (MCR/MCD).
- Unhealthy Alcohol Use Screening and Follow-up (MCR/MCD).
- Depression Remission or Response for Adolescents or Adults (MCR/MCD).
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (MCR/MCD).

*Impact to Health Plan Rating/MA Stars/QRS Stars in MY 2024

**Required to be reported for Medicare plans with Accreditation

Reference:
ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/

How can I improve my HEDIS® scores?

- ✓ Speak with your patients about the availability of a transportation benefit (if applicable) to assist with access to care.
- ✓ Ensure that patients are aware of the option for mail-order prescription refills.
- ✓ Remember that you are now able to prescribe 100DS of medications for both retail and mail-order.
- ✓ Conduct preventive care visits annually and ensure your patients are up to date with their recommended screenings (i.e. mammograms, colonoscopies, etc.).
- ✓ 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.
- ✓ Include CPT II codes to provide additional details and reduce medical record requests.
- ✓ Respond timely to medical records requests.
- ✓ Submit supplemental data throughout the measurement year.
- ✓ Early Engagement with Pharmacy Adherence is key — once a member loses days on a prescription, those days cannot be recovered.
- ✓ Speak with the members about any barriers to adherence.
- ✓ Consider utilizing RxEffect — a free online portal for our network providers that will prioritize your high-risk patients more efficiently. This will save on resources as it lists your patients at highest risk for non-adherence.
- ✓ If you have any questions regarding pharmacy and member barriers, please reach out to your local Provider Relations Representative for assistance.

Updates to HEDIS® Measures

This guide has been updated with information from the release of the HEDIS® 2024 Volume 2 Technical Specifications by NCQA and is subject to change.

Retired Measures MY 2024:

- ✓ Colorectal Cancer Screening (COL).*
- ✓ Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR).
- ✓ Follow-Up Care for Children Prescribed ADHD Medication (ADD).*
- ✓ Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM).*
- ✓ Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS).
- ✓ Ambulatory Care (AMB).
- ✓ Inpatient Utilization — General Hospital/Acute Care (IPU).

**Only the COL-E, ADD-E and APM-E measures will be reported.*

Revised Measures:

- ✓ (HBD) Hemoglobin A1c Control for Patients with Diabetes, replaced with (GSD) Glycemic Status Assessment for Patients with Diabetes.

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Call To Action: Please refer to the provider portal where you will find a complete list of member care gaps as applicable for the measures in this document.

(AAP) Adults' Access to Preventive/ Ambulatory Health Services

Lines of Business: ● *Medicare,* ● *Medicaid*

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

Tips:

- Synchronous telehealth visits, asynchronous telehealth visits (e-visits and virtual check-ins), or telephone visits are acceptable.
- Assist or schedule member's appointments for preventive care visits.
- Document the date and the type of visit.
- Submit the applicable codes.

CPT*	HCPCS*	ICD-10*
99202–99205, 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, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99483	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015, S0620, S0621	Z00.00, Z00.01, Z00.3, Z00.5, Z00.8, Z00.121, Z00.129, 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.

(ACP) Advance Care Planning

Lines of Business: ● *Medicare*

Measure evaluates percentage of adults:

- ✓ 66 years of age and older with advanced illness, an indication of frailty, or who are receiving palliative care and had advance care planning during the measurement year.
- ✓ 81 years of age and older who had advance care planning during the measurement year.

Tips:

- Encourage members to consider an Advance Directive, Medical Power of Attorney, Health Care Power of Attorney, or POLST (Physician Orders for Life Sustaining Treatment).
- Assist members in scheduling an Annual Well-visit.
- Telephone visits, e-visits, or virtual check-ins are acceptable.
- Submit the applicable codes.

Description	Codes*
Advanced Care Planning	**CPT:** 99483, 99497 **CPT-CAT-II:** 1123F, 1124F, 1157F, 1158F **HCPCS:** S0257 **ICD-10:** Z66

*Codes subject to change.

(AIS-E) Adult Immunization Status

Lines of Business: ● *Medicare,* ● *Medicaid*

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

Tips:

- Schedule appointments within immunization timeframes.
- Discuss the importance of vaccinations during member appointments.
- Include immunization history from all sources in the member's medical record.
- Use EMR (electronic medical record) system to set reminders flags.

(continued)

(AIS-E) Adult Immunization Status *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Adult Influenza Vaccine Procedure	**CPT:** 90630, 90653–90654, 90656, 90658, 90661–90662, 90673–90674, 90682, 90686, 90688–90689, 90694, 90756
Adult Pneumoccocal Vaccine Procedure	**CPT:** 90670, 90671, 90677, 90732 **HCPCS:** G0009
Td Vaccine Procedure	**CPT:** 90714
Tdap Vaccine Procedure	**CPT:** 90715
Herpes Zoster Vaccine Procedure	**CPT:** 90736, 90750

*Codes subject to change.

(BPD) Blood Pressure Control for Patients with Diabetes

Lines of Business: ● *Medicare,* ● *Medicaid*

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Tips:

- Member reported BP readings can be documented in the medical record and are acceptable.
- Telehealth visits are acceptable as long as the BP reading is taken by an electronic device (Device does not have to be remote monitoring device). Use of a manual device does not meet criteria. Document in the note the reading is specifically from an electronic device.
- Retake BP readings, after patient rests quietly for 5 minutes, if the initial BP reading is >140 systolic or >90 diastolic on first measurement. Remember to record both the initial and second BP readings.
- Never round up BP readings.
- Use correct cuff size on bare arm.

(continued)

(BPD) Blood Pressure Control for Patients with Diabetes *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

- Check BP on both arms and record the lowest systolic and diastolic readings.
- Patients should rest quietly for at least 5 minutes before the first BP is taken.
- Submit applicable codes.

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Outpatient Codes (must include a diagnosis of diabetes)	**CPT:** 99202–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99987, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	**CPT:** 99304–99310, 99315–99316
Telephone Visits (must include a diagnosis of diabetes)	**CPT:** 98966–98968, 99441–99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	**CPT:** 98969–98972, 99421–99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012
Systolic Greater Than/ Equal to 140	**CPT-CAT-II:** 3077F
Systolic Less Than 140	**CPT-CAT-II:** 3074F, 3075F
Diastolic 80–89	**CPT-CAT-II:** 3079F
Diastolic Greater Than/ Equal to 90	**CPT-CAT-II:** 3080F
Diastolic Less Than 80	**CPT-CAT-II:** 3078F
Remote BP Monitoring — Supports Telehealth	**CPT:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

*Codes subject to change.

(CBP) Controlling High Blood Pressure

Lines of Business: ● *Medicare,* ● *Medicaid*

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).

Tips:

- Blood pressure reading can be collected via any telehealth visit and it does not require a remote monitoring device to be the source.
- Retake BP readings if the reading is >140/90 mm Hg.
- Help members schedule their hypertension follow-up appointments.
- Educate members on what a controlled blood pressure means.
- Talk with members about taking their own blood pressure via a digital device.
- If members use a digital device, and report the blood pressure reading, capture the reading in their medical record.
- Submit applicable codes.

Description	Codes*
Essential Hypertension	**ICD-10:** I10
Systolic Greater Than/ Equal to 140	**CPT-CAT-II:** 3077F
Systolic Less Than 140	**CPT-CAT-II:** 3074F, 3075F
Diastolic Greater Than/ Equal to 90	**CPT-CAT-II:** 3080F
Diastolic 80–89	**CPT-CAT-II:** 3079F
Diastolic Less Than 80	**CPT-CAT-II:** 3078F
Telephone Visits	**CPT:** 98966–98968, 99441–99443
Palliative Care	**HCPCS:** G9054, M1017
Remote BP Monitoring — Supports Telehealth	**CPT:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

*Codes subject to change.

(COA) Care for Older Adults

Lines of Business: ● *Medicare*

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

- ✓ Medication review.
- ✓ Functional status assessment.
- ✓ Pain assessment.

Tips:

- A Functional Status Assessment does not require a specific setting. Services rendered during a telephone visit, e-visit, or virtual check-in meets criteria.
- A complete medication list must be present if submitting a medical record for review (hybrid collection).
- Medication reviews must be completed by the prescribing practitioner or clinical pharmacist (reviews completed by RNs, LPNs, etc. are not acceptable for this measure).
- Medication review may be performed without the patient present.
- For pain assessment, the documentation of pain focusing on a single area will not count.
- Complete the COA assessment form annually during an annual wellness exam.
- Submit applicable codes.

Description	Codes*
Medication Review (would require both CPT-CAT II codes of 1159F(Medication List) and 1160F(Medication Review) to be billed simultaneously to get credit)	**CPT:** 90863, 99605, 99606, 99483, 99495, 99496 **CPT-CAT-II:** 1159F, 1160F **HCPCS:** G8427
Functional Status Assessment	**CPT:** 99483 **CPT-CAT-II:** 1170F **HCPCS:** G0438, G0439
Pain Assessment	**CPT-CAT-II:** 1125F, 1126F

*Codes subject to change.

(COL-E) Colorectal Cancer Screening

The Colorectal Cancer Screening measure has transitioned to exclusive use of the Electronic Clinical Data Systems reporting standard for measurement year 2024.

Summary of Changes:
Only COL-E measure will be reported. COL is a retired measure and replaced with the new COL-E measure.

Lines of Business: ● *Medicare,* ● *Medicaid*

Measure evaluates the percentage of members 45–75 years of age who has had an appropriate screening for colorectal cancer.

Tips:

- Educate patients on proper sample collection when distributing FIT or FOBT testing kits.
- Complete and document all screenings for patients.
- Educate members on the importance of colorectal cancer screenings for early detection and the options available to complete their screening.
- Talk with members about using the home screenings for colorectal cancer screening.
- Help members schedule their colonoscopy screening appointments.
- Submit applicable codes.

Description	Codes*
Colonoscopy	**CPT:** 44388–44392, 44394, 44401–44408, 45378–45382, 45384-45386, 45388–45393, 45398 **HCPCS:** G0105, G0121
CT Colonography	**CPT:** 74261–74263
sDNA FIT Lab Test	**CPT:** 81528
Flexible Sigmoidoscopy	**CPT:** 45330–45335, 45337–45338, 45340–45342, 45346–45347, 45349–45350 **HCPCS:** G0104
FOBT Lab Test	**CPT:** 82270, 82274 **HCPCS:** G0328
Colorectal Cancer	**ICD-10:** C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

(continued)

(COL-E) Colorectal Cancer Screening *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Total Colectomy	**CPT:** 44150–44153, 44155–44158, 44210–44212

*Codes subject to change.

(EED) Eye Exam for Patients with Diabetes

Lines of Business: ● *Medicare,* ● *Medicaid*

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam.

Tips:

- Members need the eye exam even if they don't wear glasses.
- Refer diabetic members to an acceptable eye care professional (optometrist or ophthalmologist) annually for a dilated or retinal diabetic eye exam.
- Educate members on the eye damage that could be caused by their diabetes.
- Help members to schedule their annual diabetic eye exam appointments.
- Submit applicable codes.

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Outpatient Codes (must include a diagnosis of diabetes)	**CPT:** 99202–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	**CPT:** 99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337

(continued)

(EED) Eye Exam for Patients with Diabetes *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Telephone Visits (must include a diagnosis of diabetes)	**CPT:** 98966–98968, 99441–99443
Interactive Outpatient Encounter	**CPT:** 98970–98972, 99421–99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012
Unilateral Eye Enucleation With a Bilateral Modifier	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110,65112, 65114 **CPT Modifier:** 50
Diabetic Retinal Screening Negative in Prior Year	**CPT-CAT-II:** 3072F**
Eye Exam With Retinopathy	**CPT-CAT-II:** 2022F, 2024F, 2026F HCPCS: S0620, S0621, S3000
Eye Exam Without Retinopathy	**CPT-CAT-II:** 2023F, 2025F, 2033F

*Codes subject to change.

**3072F corresponds to the result performed in prior year to the measurement period and not present year. For tests performed this year, please report 2022F–2033F.

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

Lines of Business: ● *Medicare*

The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Tips:

- Each ED visit requires a separate 7-day follow-up. If a member has more than one ED visit in an 8-day period, only the first eligible visit is included.
- Maintain reserved appointments so patients with an ED visit can be seen within 7 days of their discharge.

(continued)

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

Lines of Business: ● *Medicare*

- An in-person office visit is not required, follow-up may be provided via a telehealth, telephone, e-visit, or virtual check-in.
- Submit applicable codes.

Eligible chronic condition diagnoses:

- COPD, asthma or unspecified bronchitis.
- Alzheimer's disease and related disorders.
- Chronic kidney disease.
- Depression.
- Heart failure.
- Acute myocardial infarction.
- Atrial fibrillation.
- Stroke and transient ischemic attack.

Description	Codes*
Complex Care Management Services	**HCPCS:** G0506
Outpatient and Telehealth	**HCPCS:** G0071, G0402, G0438–G0439, G0463, G2010, G2012, G2250–G2252, T1015
Case Management Encounter	**HCPCS:** T1016–T1017, T2022–T2023
Substance Use Disorder Services	**HCPCS:** G0396–G0397, G0443, H0001, H0005, H0007, H0015–H0016, H0022, H0047, H0050, H2035–H2036, T1006, T1012
BH Outpatient	**HCPCS:** G0155, G0176–G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036–H0037, H0039–H0040, H2000, H2010–H2011, H2013–H2020, T1015

*Codes subject to change.

(GSD) Glycemic Status Assessment for Patients with Diabetes

Lines of Business: ● *Medicare,* ● *Medicaid*

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels:

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

Tips:

- Point of Care Testing is acceptable with appropriate coding and documentation with date of service and value.
- Member-reported A1c/GSD results are acceptable if documented in chart with test date and value.
- Conduct a diabetic visit with diabetic patients at least once per year.
- Document all A1c lab values with dates for diabetic members.
- Provide education to members regarding the need to monitor and manage their blood sugars (HgA1c).
- Assist members if needed to schedule lab visits for regular A1c testing to include transportation assistance.
- Submit applicable codes.

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Outpatient Codes (must include a diagnosis of diabetes)	**CPT:** 99202–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	**CPT:** 99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337
Telephone Visits (must include a diagnosis of diabetes)	**CPT:** 98966–98968, 99441–99443

(continued)

(GSD) Glycemic Status Assessment for Patients with Diabetes *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	**CPT:** 98970–98972, 99421–99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012
HbA1c Lab Test	**CPT:** 83036, 83037
HbA1c Level Less than 7 Codes	**CPT-CAT-II:** 3044F
HbA1c Level Greater Than/ Equal to 7 and Less than 8	**CPT-CAT-II:** 3051F
HbA1c Level Greater Than/ Equal to 8 and Less Than/ Equal to 9	**CPT-CAT-II:** 3052F
HbA1c Greater Than 9.0	**CPT-CAT-II:** 3046F

*Codes subject to change.

*Note: Do **not** include a modifier when using CPT-CAT-II codes.*

(KED) Kidney Health Evaluation for Patients with Diabetes

Lines of Business: ● *Medicare,* ● *Medicaid*

The percentage of members 18–85 years of age 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 ratio (uACR), during the measurement year.

Tips:

- Conduct a diabetic visit with diabetic patients at least once per year.
- Use CPT II coding when completing screening test to assist in administrative collection and gap closure.
- Educate members on why good kidney function is important as they work to manage their health and diabetes.
- Help members schedule their diabetes follow-up appointments and remind them of the care gaps that should be covered to include kidney function.
- Submit applicable codes.

(continued)

(KED) Kidney Health Evaluation for Patients with Diabetes *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR) — must be within 4 days or less of the uACR	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR) — must be within 4 days or less of the eGFR	**CPT:** 82043, 82570
Palliative Care	**HCPCS:** G9054, M1017

*Codes subject to change.

(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack

Lines of Business: ● *Medicare,* ● *Medicaid*

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 180 days (6 months) after discharge.

Note: The 180-day period that includes the discharge date and the 179 days after discharge.

Beta-Blocker Medication				
Description	**Prescription**			
Noncardioselective Beta-blockers	· Carvedilol · Propranolol	· Labetalol · Timolol	· Nadolol · Sotalol	· Pindolol
Cardioselective Beta-blockers	· Acebutolol · Atenolol	· Betaxolol · Bisoprolol	· Metoprolol · Nebivolol	
Antihypertensive Combinations	· Atenolol-chlorthalidone · Bendroflumethiazide-nadolol · Bisoprolol-hydrochlorothiazide · Hydrochlorothiazide-metoprolol · Hydrochlorothiazide-propranolol			

(PCE) Pharmacotherapy Management of COPD Exacerbation

Lines of Business: ● *Medicare,* ● *Medicaid*

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 Jan. 1 to Nov. 30 during the measurement year and were dispensed appropriate medications.

Two rates are reported:

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

Tips:

- The eligible population for this measure is based on acute inpatient discharges and ED visits.
- It is possible for there to be multiple events for the same individual.

Systemic Corticosteroid Medications		
Description	**Prescription**	
Glucocorticoids	· Cortisone · Prednisolone · Methylprednisolone	· Hydrocortisone · Dexamethasone · Prednisone

Bronchodilator Medications			
Description	**Prescription**		
Anticholinergic Agents	· Aclidinium-bromide · Ipratropium	· Umeclidinium · Tiotropium	
Beta 2-agonists	· Albuterol · Metaproterenol · Indacaterol	· Levalbuterol · Formoterol · Oledaterol	· Arformoterol · Salmeterol
Bronchodilator Combinations	· Albuterol-ipratropium · Budesonide-formoterol · Formoterol-mometasone · Glycopyrrolate-indacaterol · Umeclidinium-Vilanterol · Olodaterol-tiotropium	· Formoterol-aclidinium · Formoterol-glycopyrrolate · Fluticasone-salmeterol · Fluticasone-vilanterol · Fluticasone furoate-umeclidinium-vilarterol	

(PCR) Plan All-Cause Readmissions

Lines of Business: ● *Medicare,* ● *Medicaid*

For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Tips:

- Maintain reserved appointment availability for members to follow-up within 7 days after discharge to help avoid readmissions.
- Educate members on the importance of following discharge instructions, receiving adequate follow-up care, medication adherence, and improving health literacy.
- Address Social Determinants of Health (SDoH) to ensure patients can afford their medications, have sustainable housing, and that their nutrition and transportation needs are met, etc.
- Submit applicable codes.

Description	Codes*
Acute Inpatient	**CPT:** 99221–99223, 99231–99239, 99251–99255, 99291
Nonacute Inpatient	**CPT:** 99304–99310, 99315–99316
Inpatient or Observation	**CPT:** 99221–99223, 99231–99233, 99234–99236, 99238–99239

*Codes subject to change.

(SPC) Statin Therapy for Patients with Cardiovascular Disease

Lines of Business: ● *Medicare,* ● *Medicaid*

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

The following rates are reported:

1. **Received Statin Therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

2. **Statin Adherence 80%:** Members who remained on a high-intensity or moderate intensity statin medication for at least 80% of the treatment period.

Tips:

- Encourage patients to enroll in an auto-refill program at their pharmacy.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Offer tips to patients such as:
  - Taking the medication at the same time each day.
  - Use a pill box.
  - Discuss potential side effects and encourage the member to contact the provider and not stop usage.
- Review medication list during each visit with the patient.
- Discuss the importance of medication adherence with the patient.

High- and Moderate-Intensity Statin Medications		
Description	**Prescription**	**Medication Lists**
High-intensity Statin Therapy	• Atorvastatin 40–80 mg	Atorvastatin High Intensity Medications List
High-intensity Statin Therapy	• Amlodipine-atorvastatin 40–80 mg	Amlodipine Atorvastatin High Intensity Medications List

(continued)

(SPC) Statin Therapy for Patients with Cardiovascular Disease *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

High- and Moderate-Intensity Statin Medications		
Description	**Prescription**	**Medication Lists**
High-intensity Statin Therapy	· Rosuvastatin 20–40 mg	Rosuvastatin High Intensity Medications List
High-intensity Statin Therapy	· Simvastatin 80 mg	Simvastatin High Intensity Medications List
High-intensity Statin Therapy	· Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List
Moderate-intensity Statin Therapy	· Atorvastatin 10–20 mg	Atorvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	· Amlodipine-atorvastatin 10–20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	· Rosuvastatin 5–10 mg	Rosuvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	· Simvastatin 20–40 mg	Simvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	· Ezetimibe-simvastatin 20–40 mg	Ezetimibe Simvastatin Moderate Intensity Medication List
Moderate-intensity Statin Therapy	· Pravastatin 40–80 mg	Pravastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	· Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	· Fluvastatin 40–80 mg	Fluvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	· Pitavastatin 1–4 mg	Pitavastatin Moderate Intensity Medications List

(TRC) Transitions of Care

Lines of Business: ● *Medicare*

The percentage of discharges for members 18 years of age and older who had ***each*** of the following:

- ✓ **Notification of Inpatient Admission.**
  Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
- ✓ **Receipt of Discharge Information.**
  Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
- ✓ **Patient Engagement After Inpatient Discharge.**
  Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- ✓ **Medication Reconciliation Post-Discharge.**
  Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Tips:

- For this measure, medication reconciliation may be conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse.
- Ensure follow-up appointments are scheduled within 30 days after discharge.
- For hybrid medical record review, a comprehensive medication list must be included.
- Document medication reconciliation.
- Services may be performed during a telephone visit, e-visit, or virtual check-in.
- Submit applicable codes.

At 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.

(continued)

(TRC) Transitions of Care *(continued)*

Lines of Business: ● *Medicare*

- Current medication list.
- Testing results, or documentation of pending tests or no tests pending.
- Instructions for patient care post-discharge.

Description	Codes*
Medication Reconciliation	**CPT-CAT-II:** 1111F **CPT:** 99483, 99495–99496
Outpatient and Telehealth	**CPT:** 98966–98968, 98970–98972, 98980–98981, 99202–99205, 99211–99215, 99241–99245, 99341–99350, 99381–99387, 99391, 99397, 99401–99404, 99411–99412, 99421–99423, 99429, 99441–99443, 99455–99458, 99483 **HCPCS:** G0071, G0402, G0438–G0439, G0463, G2010, G2012, G2250–G2252, T1015
Transitional Care Management Services	99495, 99496

*Codes subject to change.

Pharmacy Measures

(PDC) Proportion of Days Covered

The percentage of members 18 years and older who met the PDC threshold of 80% during the measurement year.

Three rates are reported:

- ✓ Renin Angiotensin System Antagonists (PDC-RASA).
- ✓ Diabetes All Class (PDC-DR).
- ✓ Statins (PDC-STA).

1 (RASA) Adherence to Hypertensive Medications — Measure Overview

The percentage of members 18 years and older with a RASA medication with a Proportion of Days Covered (PDC) ≥ 80%.

- ✓ Higher rate indicates better performance.
- ✓ 2 fills needed to index into the measure.
- ✓ Targeted early in the year.

Gap Closure Requirements

PDC ≥ 80% per member

- **PDC calculated utilizing:** total days supplied of RASA pharmacy claims/Date of first RASA fill to the end of the reporting interval.
- Each medication claim must be submitted through the health plan insurance. Cash payment, samples or meds filled at out-of-network pharmacies do not count towards the measure.
- Final plan star score based upon the percentage of members with a PDC ≥ 80%.

(continued)

(PDC) Proportion of Days Covered *(continued)*

Other Criteria

- **Medication Inclusions:** RASA Medications — i.e., Lisinopril, Losartan, Enalapril, Valsartan.
- **Exclusions:** Members with a Sacubutril/valsartan claim; Hospice enrollees, ESRD.

2 (DIAB) Adherence to Diabetes Medications — Measure Overview

The percentage of members 18 years and older with a diabetes medication with a Proportion of Days Covered (PDC) ≥ 80%.

- ✓ Higher rate indicates better performance.
- ✓ 2 fills needed to index into the measure.
- ✓ Targeted early in the year.

Gap Closure Requirements

PDC ≥ 80% per member

- **PDC calculated utilizing:** total days supplied of diabetes pharmacy claims/Date of first diabetes fill to the end of the reporting interval
- Each medication claim must be submitted through the health plan insurance. Cash payment, samples or meds filled at out-of-network pharmacies do not count towards the measure.
- Final plan star score based upon the percentage of members with a PDC ≥ 80%

Other Criteria

- **Medication Inclusions:** Diabetes Medications — i.e., Metformin, Glipizide, Glimepiride, Januvia.
- **Exclusions:** Members with an insulin claim; Hospice enrollees, ESRD.

(continued)

3 (STAT) Adherence to Cholesterol Medications — Measure Overview

The percentage of members 18 years and older with a CHOL medication with a Proportion of Days Covered (PDC) ≥ 80%.

- ✓ Higher rate indicates better performance.
- ✓ 2 fills needed to index into the measure.
- ✓ Targeted early in the year.

Gap Closure Requirements

PDC ≥ 80% per member.

- **PDC calculated utilizing:** total days supplied of CHOL pharmacy claims/Date of first CHOL fill to the end of the reporting interval.
- Each medication claim must be submitted through the health plan insurance. Cash payment, samples or meds filled at out-of-network pharmacies do not count towards the measure.
- Final plan star score based upon the percentage of members with a PDC ≥ 80%.

Other Criteria

- **Medication Inclusions:** CHOL Medications — i.e., Atorvastatin, Simvastatin, Rosuvastatin, Pravastatin.
- **Exclusions:** Hospice enrollees, ESRD.

(SPD) Statin Therapy for Patients with Diabetes

The percentage of members 40–75 years of age during the measurement year 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 measurement year.
2. **Statin Adherence 80%.** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

(SUPD) Statin Use in Persons with Diabetes

The percentage of members ages 40–75 years of age with diabetes that have a single fill of a statin.

- ✓ Higher rate indicates better performance.
- ✓ Only 1 fill needed to index in the measure.
- ✓ Targeted later in the year vs. other measures (starting in late July or August).

Gap Closure Requirements

Member received a Statin Therapy:

- The number of members who had at least one dispensing event for a statin medication during the measurement year.

Other Criteria

- **Medication Inclusions:** Statin Medications — i.e., Atorvastatin, Simvastatin, Rosuvastatin, Pravastatin
- **Exclusions:** ESRD, Rhabdomyolysis, Pregnancy, Cirrhosis, Pre-Diabetes, Polycystic Ovary Syndrome.

Women's Health

(BCS-E) Breast Cancer Screening

Lines of Business: ● *Medicare,* ● *Medicaid*

The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Tips:

- Schedule member's mammogram screening.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit applicable codes.
- Submit the appropriate ICD-10 diagnosis code for a member's history of bilateral mastectomy, Z90.13.

Description	Codes*
Mammogram	**CPT:** 77061–77063, 77065–77067 **ICD-10 (bilateral mastectomy):** Z90.13
	SNOMED: 836381000000102 1106021000000101 1106641000000102 1106651000000104 1106661000000101 1111381000000105 1111411000000107 1111421000000101 1111791000000108
Palliative Care Encounter	**HCPCS:** G9054, M1017

*Codes subject to change.

(CCS) Cervical Cancer Screening

Lines of Business: ● *Medicaid*

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

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

Tips:

- Document and code if member has had a hysterectomy with no residual cervix or absence of cervix.
- Help members schedule their routine cervical cancer screening.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit the applicable codes.

Description	Codes*
Cervical Cytology Lab Test (20–64)	**CPT:** 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30–64)	**CPT:** 87624, 87625 **HCPCS:** G0476
Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	**CPT:** 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 58956, 59135 **ICD-10:** Q51.5, Z90.710, Z90.712 **SNOMED:** 1163275000
Palliative Care	**HCPCS:** G9054, M1017

*Codes subject to change.

(CHL) Chlamydia Screening in Women

Lines of Business: ● *Medicaid*

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.

Tips:

- Providers should order an annual chlamydia screening for female patients between the ages of 15 years old (who will turn 16 years old by December 31 of the measurement year).
- Perform chlamydia screening every year.
- Inform patient that chlamydia screening can be performed through a urine test. Offer this as an option for patients.
- Add chlamydia screening as a standard lab for women 16–24 years old. Use well-child exams and well-women exams for this purpose.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Meet with teens and young adults separately from their parents to allow open conversation.
- Advise members during wellness visits or when they are seen for birth control to get screened for chlamydia.
- Submit applicable codes.

CPT*
87110, 87270, 87320, 87490–87492, 87810, 0353U

*Codes subject to change.

(OMW) Osteoporosis Management in Women Who Had a Fracture

Lines of Business: ● *Medicare*

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.

**Fractures of fingers, toes, face, and skull are not included in this measure.*

Tips:

- Provide patients who have had a fracture with a referral for bone mineral density testing and encourage them to obtain the screening.
- When appropriate, prescribe medication to treat osteoporosis (bisphosphates).
- Check that fracture codes are used appropriately.
- Consider offering onsite bone density screening for patients at risk.
- Women at risk for osteoporosis should receive a bone density screening every two years.
- Submit applicable codes.

Description	Codes*
Palliative Care Encounter	**HCPCS:** G9054, M1017
Bone Mineral Density Tests	**CPT:** 76977, 77078, 77080, 77081, 77085, 77086
Osteoporosis Medications	**HCPCS:** J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	**HCPCS:** J0897, J1740, J3489

*Codes subject to change.

(continued)

(OMW) Osteoporosis Management in Women Who Had a Fracture *(continued)*

Lines of Business: ● *Medicare*

Osteoporosis Medications	
Description	**Prescription**
Bisphosphonates	· Alendronate · Alendronate-cholecalciferol · Ibandronate · Risedronate · Zoledronic acid
Other agents	· Abaloparatide · Romosozumab · Denosumab · Teriparatide · Raloxifene

(OSW) Osteoporosis Screening in Older Women

Lines of Business: ● *Medicare*

Measure evaluates the percentage of women 65–75 years of age who received an osteoporosis screening on or between the member's 65th birthday and Dec. 31 of the measurement year.

Tips:

- Provide a bone mineral density test for members without a diagnosis and have not previously been treated for osteoporosis.
- Educate members on bone health and how to adopt healthy practices.

Description	Codes*
Osteoporosis Screening Tests	**CPT:** 76977, 77078, 77080, 77081, 77085
Palliative Care	**HCPCS:** G9054, M1017

*Codes subject to change.

(PPC) Prenatal and Postpartum Care

Lines of Business: ● *Medicaid*

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

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

Tips:

- Schedule an initial prenatal visit within the first 12 weeks of pregnancy with an OB/GYN, PCP, or nurse midwife.
- Educate members on the importance of prenatal care throughout their pregnancy to include the postpartum visit.
- Ensure prenatal flow sheets and/or ACOGs are fully completed, with dates of services and provider initials (if applicable).
- Schedule postpartum visits prior to discharge after delivery.
- Submit applicable codes.

Description	Codes*
Online Assessments	**CPT:** 98969–98972, 99421–99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063
Prenatal Visits	**CPT:** 99201–99205, 99211–99215, 99241–99245, 99483 **HCPCS:** G0463, T1015
Stand-Alone Prenatal Visits	**CPT:** 99500 **CPT-CAT-II:** 0500F, 0501F, 0502F **HCPCS:** H1000, H1001, H1002, H1003, H1004
Cervical Cytology Lab Test	**CPT:** 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

(continued)

(PPC) Prenatal and Postpartum Care *(continued)*

Lines of Business: ● *Medicaid*

Description	Codes*
Postpartum Visits	**CPT:** 57170, 58300, 59430, 99501 **CPT-CAT-II:** 0503F **HCPCS:** G0101 **ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	**CPT:** 98966–98968, 99441–99443

*Codes subject to change.

Note: When using the Online Assessment, Telephone Visit, or Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.

(PRS-E) Prenatal Immunization Status

Lines of Business: ● *Medicaid*

The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

Measurement Period:

- ✓ **Flu** — on or between July 1 of the year prior to the measurement year and the delivery date.
- ✓ **Tdap** — vaccine received during the pregnancy (including the delivery date).

Description	Codes*
Adult Influenza Immunization	**CVX:** 88, 135, 140–141, 144, 150, 153, 155, 158, 166, 168, 171, 185–186, 197, 205
Adult Influenza Vaccine Procedure	**CPT:** 90630, 90653–90654, 90656, 90658, 90661–90662, 90673–90674, 90682, 90686, 90688–90689, 90694, 90756
Tdap Immunization	**CVX:** 115
Tdap Vaccine Procedure	**CPT:** 90715

*Codes subject to change.

Pediatric Health

(CIS) Childhood Immunization Status

Lines of Business: ● *Medicaid*

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.

Tips:

- Document both the name of the vaccine and the date it was administered in the medical record.
- Submit applicable codes.

Description	Codes*
DTaP (4 dose)	**CPT:** 90697, 90698, 90700, 90723 **CVX:** 20, 50, 106, 107, 110, 120, 146
HIB (3 dose)	**CPT:** 90644, 90647, 90648, 90697, 90698, 90748 **CVX:** 17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Newborn Hep B (3 dose)	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748 **CVX:** 08, 44, 45, 51, 110, 146 **HCPCS:** G0010 **ICD-10:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV (3 dose)	**CPT:** 90697, 90698, 90713, 90723 **CVX:** 10, 89, 110, 120, 146

(continued)

(CIS) Childhood Immunization Status *(continued)*

Lines of Business: ● *Medicaid*

Description	Codes*
MMR (1 dose)	**CPT:** 90707, 90710 **CVX:** 03, 94 **ICD-10:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82. B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4 dose)	**CPT:** 90670, 90671 **CVX:** 109, 133, 152 **HCPCS:** G0009
Varicella VZV (1 dose)	**CPT:** 90710, 90716 **CVX:** 21, 94 **ICD-10:** B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Hep A (1 dose)	**CPT:** 90633 **CVX:** 31, 83, 85 **ICD-10:** B15.0, B15.9
Influenza Flu (2 dose) LAIV vaccination must be administered on the child's 2nd birthday	**CPT:** 90655, 90657, 90660, 90661, 90672, 90673, 90674, 90685–90689, 90756 **CVX:** 88, 140, 141, 150, 153, 155, 158, 161, 111, 149, 171, 186 **HCPCS:** G0008
Rotavirus (2 Dose)	**CPT:** 90681 **CVX:** 119
Rotavirus (3 Dose)	**CPT:** 90680 **CVX:** 116, 122
Anaphylaxis	Use applicable SNOMED as indicated per vaccine

*Codes subject to change.

*Note: Rotavirus is either 2 dose **OR** 3 dose for compliancy.*

(IMA) Immunizations for Adolescents

Lines of Business: ● *Medicaid*

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Tips:

- Document both the name of the vaccine and the date it was administered in the medical record.
- Submit applicable codes.

Description	Codes*
Meningococcal — serogroup A,C,W, and Y: (1 dose) — must be administered between 11th and 13th birthday.	**CPT:** 90619, 90733, 90734 **CVX:** 32, 108, 114, 136, 147, 167, 203
Tdap (1 dose) — must be administered between the 10th and 13th birthday	**CPT:** 90715 **CVX:** 115
HPV (2 or 3 dose series) — must be administered between 9th and 13th birthday with services	**CPT:** 90649–90651 **CVX:** 62, 118, 137, 165
Anaphylaxis	Use applicable SNOMED as indicated per vaccine.

*Codes subject to change.

(LSC) Lead Screening in Children

Lines of Business: ● *Medicaid*

Measure evaluates percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning on or prior to their second birthday. Only one test is required.

Tips:

- LSC testing on or prior to the child's second birthday.
- Document both the date and results of the LSC screening.
- Any missed tests must be completed as soon as possible, but no later than six years of age.
- Results of 'unknown' are not acceptable.
- Submit applicable codes.

CPT*
83655

*Codes subject to change.

(OED) Oral Evaluation, Dental Services

Lines of Business: ● *Medicaid*

Time frame for measure: the measurement year.

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

Identify members without an annual comprehensive or periodic oral evaluation with a dental provider.

Tips:

- Refer patient to schedule with their Primary Care Dental Provider for dental services. Federally Qualified Health Centers (FQHC) and Rural Health Clinics/Centers (RHC) can serve as a Primary Care Dental Home.

(continued)

(OED) Oral Evaluation, Dental Services *(continued)*

Lines of Business: ● *Medicaid*

Description	Codes*
Dental Provider	**Provider Taxonomy:** 122300000X, 1223D0001X, 1223D0004X, 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 1223X2210X, 122400000X, 124Q00000X, 125J00000X, 125K00000X, 125Q00000X, 126800000X, 204E00000X, 261QD0000X, 261QF0400X, 261QR1300X, 261QS0112X
Oral Evaluation	**CDT:** D0120, D0145, D0150

*Codes subject to change.

(TFC) Topical Fluoride for Children

Lines of Business: ● *Medicaid*

Time frame for measure: the measurement year.

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

Children must receive two Fluoride varnish applications on different dates of services.

Description	Codes*
Topical application of fluoride varnish	**CPT:** 99188 **CDT:** D1206
Application of dental fluoride varnish (procedure)	**SNOMED CT US Edition:** 313042009

*Codes subject to change.

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

Lines of Business: ● *Medicaid*

Time frame for measure: the measurement year.

Children who had the following number of well-child visits with PCP during the last 15 months.

The following rates are reported:

1. **Well-Child Visits in the First 15 Months.**
   Children who turned 15 months old during the measurement year: Six or more well-child visits.

2. **Well-Child Visits for Age 15 Months-30 Months.**
   Children who turned 30 months old during the measurement year: Two or more well-child visits.

Tips:

- Remind caregivers of appointments by texts or phone calls.
- Educate the caregiver about the importance of preventive care visits.
- Consider using templates with checkboxes to ensure required information is documented.
- Submit applicable codes.

CPT*	HCPCS*	ICD-10*
99381, 99382, 99391, 99392, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

*Codes subject to change.

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

Lines of Business: ● *Medicaid*

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.

Tips:

- Be sure to document all components of the WCC measure on every visit.
- Nutrition pertains to eating habits, behaviors (not appetite).
- BMI values are not acceptable; only percentiles. Ranges are not acceptable. If plotted on chart, BMI chart must be used (not age-growth chart).
- Call members/caregivers to reschedule cancelled appointments.
- Include documentation if child/adolescent is counseled for weight or obesity.
- Submit applicable codes.

Description	Codes*
BMI Percentile	**ICD-10:** Z68.51, Z68.52, Z68.53, Z68.54
Nutrition Counseling	**CPT:** 97802–97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 **ICD-10:** Z71.3
Physical Activity	**HCPCS:** G0447, S9451 **ICD-10:** Z02.5, Z71.82

*Codes subject to change.

(WCV) Child and Adolescent Well-Care Visits

Lines of Business: ● *Medicaid*

Time frame for measure: the measurement year

Members 3–21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/GYN.

One or more comprehensive well-care visits with a PCP or OB/GYN within the measurement year. Visits occurring anytime in the measurement year, including prior to or after the patient's birthday, closes the gap.

Tips:

- Remind caregivers of appointments by texts or phone calls.
- Educate the caregiver about the importance of preventive care visits to assess growth and development and to provide immunizations and anticipatory guidance on nutrition, physical activity, and safety.
- Components of a WCV should include a health history, physical development history, and mental development history along with:
  - A physical exam (including height, weight, and BMI percentile).
  - Health education and anticipatory guidance.

CPT*	HCPCS*	ICD-10*
99382–99385, 99391–99395	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.2

*Codes subject to change.

(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Lines of Business: ● *Medicare,* ● *Medicaid*

Time frame for measure is July 1 of the year prior to the measurement year to June 30 of the measurement year.

Percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Tips:

- A higher rate indicates appropriate treatment (percent of episodes that were **not** prescribed an antibiotic).
- If patient needs prescription for antibiotic, include appropriate diagnosis to support use of antibiotic prescribed.
- Submit applicable codes.

Description	Codes*
Acute Bronchitis	J20.3-J20.9, J21.0, J21.1, J21.8, J21.9
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

*Codes subject to change.

For more information, visit **ncqa.org**

(AMR) Asthma Medication Ratio

Lines of Business: ● *Medicaid*

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.

Step 1: For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.

Step 2: For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.

- ✓ For each member, sum the units calculated in step 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	**Prescriptions**	**Medication Lists**	**Route**
Antibody Inhibitors	· Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	· Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	· Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	· Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	· Reslizumab	Reslizumab Medications List	Injection
Inhaled Steroid Combinations	· Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled Steroid Combinations	· Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation

(continued)

(AMR) Asthma Medication Ratio *(continued)*

Lines of Business: ● *Medicaid*

Asthma Controller Medications			
Description	**Prescriptions**	**Medication Lists**	**Route**
Inhaled Steroid Combinations	· Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled Steroid Combinations	· Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled Corticosteroids	· Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled Corticosteroids	· Budesonide	Budesonide Medications List	Inhalation
Inhaled Corticosteroids	· Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled Corticosteroids	· Flunisolide	Flunisolide Medications List	Inhalation
Inhaled Corticosteroids	· Fluticasone	Fluticasone Medications List	Inhalation
Inhaled Corticosteroids	· Mometasone	Mometasone Medications List	Inhalation
Leukotriene Modifiers	· Montelukast	Montelukast Medications List	Oral
Leukotriene Modifiers	· Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene Modifiers	· Zileuton	Zileuton Medications List	Oral
Methylxanthines	· Theophylline	Theophylline Medications List	Oral

(continued)

(AMR) Asthma Medication Ratio *(continued)*

Lines of Business: ● *Medicaid*

Asthma Reliever Medications			
Description	**Prescriptions**	**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

Tips:

- Nasal sprays cannot be defined as inhalation medications.

(CWP) Appropriate Testing for Pharyngitis

Lines of Business: ● *Medicare,* ● *Medicaid*

The time frame for the measure is July 1 of the year prior to the measurement year to June 30 of the measurement year.

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.

Tips:

- Review and document the group A streptococcus (strep) test in the member's health record.
- Provide tips for managing viral infections and their symptoms such as over the counter medications.
- Submit applicable codes.

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

*Codes subject to change.

(LBP) Use of Imaging Studies for Low Back Pain

Lines of Business: ● *Medicare,* ● *Medicaid*

Time frame for measure: Jan. 1 to Dec. 3 of the measurement year is used to identify an eligible encounter with a principal diagnosis of low back pain.

The percentage of members 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Identify members with back pain and complete an imaging study within 28 days of diagnosis.

Tips:

- If not medically required, avoid ordering diagnostic studies (X-rays, CT, MRI) within 28 days of the diagnosis of uncomplicated low back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- Use of correct exclusion codes as applicable.
- Use of complete and accurate Value Set Codes.
- Provide patient education on cautious measures for pain relief such as stretching exercises, activity level, and use of heat.
- If medically appropriate, provide a Physical Therapy referral, including massage, stretching, strengthening exercises and manipulation.
- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors), and address appropriately.
- Document and submit claims and encounter data in a timely manner.

Description	Codes*
Imaging Study	**CPT:** 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080–72084, 72100, 72110, 72114, 72120, 72125–72133, 72141–72142, 72146–72149, 72156–72158, 72200, 72202, 72220
Uncomplicated Low Back Pain	**ICD-10:** M47.26–M47.28, M47.816–M47.818, M47.896–M47.898, M48.061, M48.07–M48.08, M51.16–M51.17, M51.26–M51.27, M51.36–M51.37, M51.86–M51.87

*Codes subject to change.

(SNS-E) Social Needs Screening and Intervention

Lines of Business: ● *Medicare,* ● *Medicaid*

Time frame for measure: the measurement year.

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

Six rates are reported:

- ✓ **Food Screening.** The percentage of members who were screened for food insecurity.
- ✓ **Food Intervention.** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.
- ✓ **Housing Screening.** The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.
- ✓ **Housing Intervention.** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.
- ✓ **Transportation Screening.** The percentage of members who were screened for transportation insecurity.
- ✓ **Transportation Intervention.** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

The SNS-E screening numerator counts only screenings that use instruments in the measure specification as identified by the associated LOINC code(s). It is recognized that organizations might need to adapt or modify instruments to meet the needs of their membership.

The SNS-E measure specification does not prohibit cultural adaptations or linguistic translations from being counted toward the measure's screening numerators.

(continued)

(SNS-E) Social Needs Screening and Intervention *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Only screenings documented using the LOINC codes specified in the SNS-E measure count toward the measure's screening numerators.

Some screening tools are proprietary and may require licensing agreements or costs.

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

(continued)

(SNS-E) Social Needs Screening and Intervention *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool — Short Form	71802-3	LA31994-9 LA31995-6
Children's Health Watch Housing Stability Vital Signs™	98976-4 98977-2 98978-0	LA33-6 ≥3
Health Leads Screening Panel	99550-6	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)®	93033-9 71802-3	LA33-6 LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

(continued)

(SNS-E) Social Needs Screening and Intervention *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool — Short Form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool (NCHC)	99134-9 99135-6	LA33-6 LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4
Transportation Insecurity Instruments	**Screening Item LOINC Codes**	**Positive Finding LOINC Codes**
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool — Short Form	99594-4	LA33093-8 LA30134-3

(continued)

(SNS-E) Social Needs Screening and Intervention *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel®	99553-0	LA33-6
Inpatient Rehabilitation Facility — Patient Assessment Instrument (IRF-PAI) — version 4.0 (CMS Assessment)	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form — version E — Discharge from Agency (CMS Assessment)	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form — version E — Resumption of Care (CMS Assessment)	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form — version E — Start of Care (CMS Assessment)	101351-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)®	93030-5	LA30133-5 LA30134-3
PROMIS®	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

Identify members with positive screening and conduct an intervention corresponding to the type of need identified on or up to 30 days after the date of the first positive screening during the measurement year.

(continued)

(SNS-E) Social Needs Screening and Intervention *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Tips:

- Interventions may include any of the following categories: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision or referral.

Description	Codes*
Food Insecurity Procedures	**CPT:** 96156, 96160-96161, 97802-97804 **HCPCS:** S5170 (Home delivered meals, including preparation; per meal) **HCPCS:** S9470 (Nutritional counseling, dietitian visit)
Homelessness Procedures	**CPT:** 96156, 96160, 96161
Housing Instability Procedures	**CPT:** 96156, 96160, 96161
Inadequate Housing Procedures	**CPT:** 96156, 96160, 96161
Transportation Insecurity Procedures	**CPT:** 96156, 96160, 96161

*Codes subject to change.

(URI) Appropriate Treatment for Upper Respiratory Infection

Lines of Business: ● *Medicare,* ● *Medicaid*

The time frame for the measure is July 1 of the year prior to the measurement year to June 30 of the measurement year.

The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did **not** result in an antibiotic dispensing event.

(URI) Appropriate Treatment for Upper Respiratory Infection *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Tips:

- Discourage the use of antibiotics for routine treatment of uncomplicated acute bronchitis, unless clinically indicated.
- Submit applicable codes.

Description	Codes*
Acute Nasopharyngitis (common cold)	**ICD-10:** J00
Acute Laryngopharyngitis	**ICD-10:** J06.0
Acute Upper Respiratory Infection, unspecified	**ICD-10:** J06.9

*Codes subject to change.

Social Determinants of Health

(SDOH) Social Determinants of Health

Description	Codes*
Occupational Exposure to Risk Factors	**ICD-10:** Z57.0–Z57.9
Problems Related to Education and Literacy	**ICD-10:** Z55.0–Z55.9
Problems Related to Employment and Unemployment	**ICD-10:** Z56.0–Z56.9
Problems Related to Physical Environment	**ICD-10:** Z58.0–Z58.9
Problems Related to Housing and Economic Circumstances	**ICD-10:** Z59.0–Z59.9
Problems Related to Social Environment	**ICD-10:** Z60.0–Z60.9
Problems Related to Upbringing	**ICD-10:** Z62.0–Z62.9
Problems Related to Primary Support Group, Including Family Circumstances	**ICD-10:** Z63.0–Z63.9
Problems Related to Certain Psychosocial Circumstances	**ICD-10:** Z64.0–Z64.4
Problems Related to Other Psychosocial Circumstances	**ICD-10:** Z65.0–Z65.9
Problems Related to Substance Use	**ICD-10:** Z71.41, Z71.42, Z71.51, Z71.52
Problems Related to Sleep/Sleep Hygiene	**ICD-10:** Z72.820, Z72.821
Other Risk Factors	**ICD-10:** Z91.89
Patient/Caregiver Noncompliance with Dietary Regimen or Medical Treatment Due to Financial Hardship	**ICD-10:** Z911.10, Z911.90, Z91A.10, Z91A.20

(continued)

(SDOH) Social Determinants of Health *(continued)*

Description	Codes*
Transportation Insecurity Procedures	**CPT:** 96156
CPT/HCPCS Screening Codes Applicable to SDOH	**CPT:** 96156–96161, 97802–97804, 99377–99378 **HCPCS**: S5170, S9470, G0182, G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046

*Codes subject to change.

Best Practices: Include supplemental codes in the patient's diagnosis section on a claim form. Assign as many SDOH codes necessary to describe all the social problems, conditions, or risk factors documented during the current episode of care.

(ADD-E) Follow-up Care for Children Prescribed ADHD Medication

Lines of Business: ● *Medicaid*

Time frame is measurement year.

Measure evaluates percentage of children newly prescribed attention deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

1. **Initiation Phase:** percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

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

Tips:

- Complete a medical and psychiatric examination prior to diagnosing and prescribing ADHD medications.
- Limit the first prescription of ADHD medication to a 14-to-21-day supply.
- Have member or parent schedule a follow-up appointment before leaving the office when a new ADHD medication has been prescribed.

(continued)

(ADD-E) Follow-up Care for Children Prescribed ADHD Medication *(continued)*

Lines of Business: ● *Medicaid*

- Schedule a follow-up visit within 2–3 weeks when giving the first prescription, before the member leaves the office.
- Reschedule any canceled appointments right away.
- Schedule telehealth visits if office visits are not acceptable.
- Submit applicable codes.

Description	Codes*
An Outpatient Visit	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	**CPT:** 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510, 99483, 99492–99494 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Observation Visit	**CPT:** 99217–99220
Health and Behavior Assessment/ Intervention	**CPT:** 96150–96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Visit Setting Unspecified Value Set with Partial Hospitalization POS	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **POS:** 52
Partial Hospitalization/ Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telehealth Visit	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **POS:** 02, 10

(continued)

(ADD-E) Follow-up Care for Children Prescribed ADHD Medication *(continued)*

Lines of Business: ● *Medicaid*

Description	Codes*
Telephone Visits	**CPT:** 98966–98968, 99441–99443
E-visit/Virtual Check-In	**CPT:** 98969–98972, 99421–99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061, G2062, G2063
Visit Setting Unspecified Value Set with Community Mental Health Center POS	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **POS:** 53
Narcolepsy	**ICD-10:** G47.411, G47.419, G47.421, G47.429

*Codes subject to change.

(AMM) Antidepressant Medication Management

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Time frame for measure is May 1 of the year prior to the measurement year to April 30 of the measurement year.

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

Two rates are reported:

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

(continued)

(AMM) Antidepressant Medication Management *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Tips:

- Educate patients on the importance of taking antidepressants as prescribed and possible side effects.
- Monitor response to treatment with a standardized tool such as the Patient Healthcare Questionnaire (PHQ-9).
- Discuss the 988 Suicide & Crisis Lifeline (**988lifeline.org**) with patients and family.

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

(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics

Applicable Foster Care Measure:

Lines of Business: ● *Medicaid*

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 during the measurement year.

Three rates 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.

Tips:

- Provide members/caregivers with lab orders for HbA1c or glucose and cholesterol or LDL-C to be completed yearly.
- Educate the member and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow up care.
- Submit applicable codes.

Description (Need either A1c or Glucose and LCL-C or Cholesterol)	Codes*
HbA1c Lab Tests	**CPT:** 83036, 83037 **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	**CPT:** 80061, 83700, 83701, 83704, 83721 **CPT-CAT-II:** 3048F, 3049F, 3050F
Cholesterol Lab Tests	**CPT:** 82465, 83718, 83722, 84478

*Codes subject to change.

*Note: Do **not** include a modifier when using CPT-CAT-II codes.*

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

Lines of Business: ● *Medicaid*

Time frame for measure: Jan. 1 to Dec. 1 of measurement year.

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

Identify members eligible for antipsychotic medications and provide psychosocial care prior to beginning a medication.

Tips:

- Before prescribing antipsychotic medication, complete or refer for a trial of first-line psychosocial care.
- Antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- Periodically the ongoing need for continued therapy with antipsychotic medications should be reviewed.

Description	Codes*
Psychosocial Care	**CPT:** 90832–90839, 90840–90849, 90853, 90875, 90876, 90880 **HCPCS:** G0176, G0177, G0409–G0411, H0004, H0035–H0039, H0040, H2000–H2020, S0201, S9480–S9485
Residential Behavioral Health Treatment	**HCPCS:** H0017–H0019, T2048

*Codes subject to change.

(COU) Risk of Continued Opioid Use

Lines of Business: ● *Medicare,* ● *Medicaid*

The time frame for the measure is Nov. 1 of the year prior to the measurement year to Oct. 31 of the measurement year.

Measure evaluates the percentage of 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. The percentage of members with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of members with at least 31 days of prescription opioids in a 62-day period.

Note: A lower rate indicates better performance.

The following opioid medications are excluded from this measure:

- ✓ Injectables.
- ✓ Opioid-containing cough and cold products.
- ✓ Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
- ✓ Ionsys® (fentanyl transdermal patch).

Tips:

- Only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.
- Assess the risks and benefits with patients within one to four weeks of initiating opioid therapy for chronic pain.
- Educate on the risks of long-term opioid use.

(continued)

(COU) Risk of Continued Opioid Use *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Opioid Medications		
· Benzhydrocodone	· Fentanyl	· Morphine
· Buprenorphine (transdermal patch and buccal film)	· Hydrocodone	· Opium
· Butorphanol	· Hydromorphone	· Oxycodone
· Codeine	· Levorphanol	· Pentazocine
· Dihydrocodeine	· Meperidine	· Tapentadol
	· Methadone	· Tramadol

(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults

Lines of Business: ● *Medicare,* ● *Medicaid*

Time frame for measure: the measurement year.

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 within 30 days of a positive depression screen finding.

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

(continued)

(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60
Instruments for Adults (18+ years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety — Depression Scale (DUKE-AD)®	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10

(continued)

(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

Tips:

- Use age-appropriate screening instruments.
- Train staff on the importance of depression screenings and to recognize the risk factors for depression.
- Work with a care team to coordinate follow-up care for members with a positive screening.
- Ensure all services conducted during the visit are coded appropriately, including the depression screening LOINC codes.
- Coordinate file submissions to the health plan that include EHR data.

Description	Codes*
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832–90839, 90845–90849, 90853, 90865–90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
Bipolar Disorder	**ICD-10:** F30.10–F30.13, F30.2–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64, F31.70–F31.78

(continued)

(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Depression	**ICD-10:** F01.51, F01.511, F01.518, F32.0–F32.5, F32.81, F32.89, F32.9, F32.A, F33.0–F33.3, F33.40–F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340–O99.345
Depression Case Management Encounter	**CPT:** 99366, 99492–99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Depression or Other Behavioral Health Condition	**ICD-10:** F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0–F20.5, F20.81, F20.89, F20.9, F21–F24, F25.0–F25.9, F28, F29, F30.10–F30.13, F30.2–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64, F31.70–F31.78, F31.81, F31.89, F31.9, F32.0–F32.9, F32.A, F33.0–F33.9, F34.0–F34.9, F39, F40.00–F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230–F40.233, F40.240–F40.248, F40.290–F40.298, F40.8, F40.9, F41.0–F41.9, F42–F42.9, F43.0, F43.10–F43.12, F43.20–F43.29, F43.8–F43.89, F43.9, F44.89, F45.21, F51.5, F53–F53.1, F60.0–F60.9, F63.0–F63.9, F68.10–F68.13, F68.8, F68.A, F84.0–F84.9, F90.0–F90.9, F91.0–F91.9, F93.0–F93.9, F94.0–F94.9, O90.6, O99.340–O99.345
Follow Up Visit	**CPT:** 98960–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99349, 99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483

Description	Codes*
Hospice Encounter	**HCPCS:** G9473–G9479, Q5003–Q5010, S9126, T2042–T2046
Hospice Intervention	**CPT:** 99377, 99378 **HCPCS:** G0182
Other Bipolar Disorder	**ICD-10:** F31.81, F31.89, F31.9

*Codes subject to change.

(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Measure evaluates the percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose for which there was a follow up.

The measure is based on ED visits; members may appear in a measure sample more than once. Each ED visit requires separate follow up.

Two rates are reported:

1. **Discharges for which the member received follow-up within 30 days of discharge.** The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. **Discharges for which the member received follow-up within 7 days of discharge.** The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

(continued)

(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Tips:

- Offer virtual, telehealth, and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Discuss the benefits of seeing a primary or specialty provider.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

The visit can be with any practitioner if the claim includes a diagnosis of SUD (e.g., F10.xx–F19.xx) or drug overdose (e.g., T40–T43, T51). If the visit occurs with a mental health provider, the claim does not have to include the SUD or drug overdose diagnosis.

Description	Codes*
Outpatient Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017–H2020, T1015 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx **POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72

(continued)

(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx **POS:** 52
Non-residential Substance Abuse Treatment Facility with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx **POS:** 57, 58
Community Mental Health Center Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx **POS:** 53
Observation Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 99217, 99218, 99219, 99220 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx
Peer Support Service with any Diagnosis of SUD or Drug Overdose	**HCPCS:** G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx
Opioid Treatment Service That Bills Monthly or Weekly with any Diagnosis of SUD or Drug Overdose	**HCPCS:** G2086, G2087, G2071, G8074–G2077, G2080 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx

(continued)

(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Telehealth Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx **POS:** 02, 10
Telephone Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 98966–98968, 99441–99443 **ICD-10:** F10.xx–F19.xx or T40.xxxx–T43.xxxx, T51.xxxx
E-Visit or Virtual Check In with any Diagnosis of SUD or Drug Overdose	**CPT:** 98969–98972, 99421–99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061–G2063, G2250–G2252
Substance Use and Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** T1012, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, H0006, H0028
Behavioral Health Screening or Assessment for SUD or Mental Health Disorders	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, H2011, H0001, H0002, H0031, H0049
Pharmacotherapy Dispensing Event or Medication Treatment Event	**Medications:** Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J2315, Q9991, Q9992, S0109

*Codes subject to change.

(FUH) Follow-Up After Hospitalization for Mental Illness

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

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 provider during the measurement year.

Two rates are reported:

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

Tips:

- Schedule follow up appointments prior to discharge and include the date and time on discharge instructions.
- Submit applicable codes.
- Offer telehealth and phone visits.
- Reach out proactively to assist in (re)scheduling appointments within the required timeframes.
- Partner with the health plan to address social determinants, health equity, and quality care.

(continued)

(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Outpatient Visit with a Mental Health Provider	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 98960–98962, 99078,99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99492–99494, 99510, 99483 **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **POS:** 52
Partial Hospitalization/Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **POS:** 53

(continued)

(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/Outpatient POS/Partial Hospitalization POS	**CPT:** 90870 **Ambulatory POS:** 24 **Comm. POS:** 53 **Partial Hosp. POS:** 52 **Outpatient POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Telehealth Visit	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **POS:** 02, 10
Observation	**CPT:** 99217–99220
Transitional Care Management	**CPT:** 99495, 99496
Telephone Visit	**CPT:** 98966–98968, 99441–99443
Psychiatric Collaborative Care Management	**CPT:** 99492–99494 **HCPCS:** G0512

*Codes subject to change.

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

Lines of Business: ● *Medicare,* ● *Medicaid*

Measure evaluates percentage of acute inpatient hospitalizations, residential treatment or withdrawal management 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.

- ✓ For an acute inpatient discharge or residential treatment discharge or for withdrawal management that occurred during an acute inpatient stay or residential treatment stay, the episode date is the date of discharge.
- ✓ For direct transfers, the episode date is the discharge date from the transfer admission.
- ✓ For withdrawal management (other than withdrawal management that occurred during an acute inpatient stay or residential treatment stay), the episode date is the date of service.

Two rates are reported:

1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.
2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

Note: Follow-up does not include withdrawal management.

Tips:

- Offer virtual, telehealth and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

(continued)

(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
An Acute or Nonacute Inpatient Admission or Residential Behavioral Health Stay with a Principal Diagnosis of SUD on the Discharge Claim (does not include visits that occur on the date of the episode)	F10.xx-F19.xx
Outpatient Visit with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017–H2020, T1015 **ICD-10:** F10.xx–F19.xx **POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **ICD-10:** F10.xx–F19.xx **POS:** 52

(continued)

(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Non-residential Substance Abuse Treatment Facility with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** F10.xx–F19.xx **POS:** 57, 58
Community Mental Health Center Visit with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** F10.xx–F19.xx **POS:** 53
Telehealth Visit with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** F10.xx–F19.xx **POS:** 02, 10
Substance use Disorder Services with a Principal Diagnosis of SUD	**CPT:** 99408, 99409 **HCPCS:** : T1012, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, H0006, H0028
Opioid Treatment Service that Bills Monthly or Weekly with a Principal Diagnosis of SUD	**HCPCS:** G2086, G2087, G2071, G8074–G2077, G2080 **ICD-10:** F10.xx–F19.xx
Observation Visit with a Principal Diagnosis of SUD	**CPT:** 99217, 99218, 99219, 99220 **ICD-10:** F10.xx–F19.xx
Residential Behavioral Health Treatment with a Principal Diagnosis of SUD	**HCPCS:** H0017, H0018, H0019, T2048 **ICD-10:** F10.xx–F19.xx

(continued)

(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Telephone Visit with a Principal Diagnosis of SUD	**CPT:** 98966–98968, 99441–99443 **ICD-10:** F10.xx–F19.xx
E-Visit or Virtual Check in with a Principal Diagnosis of SUD	**CPT:** 98969–98972, 99421–99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061–G2063, G2250–G2252
Pharmacotherapy Dispensing Event or Medication Treatment Event	**Medications:** Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J2315, Q9991, Q9992, S0109

*Codes subject to change.

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

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Measure evaluates 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).

Tips:

- Offer virtual, telehealth and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Discuss the benefits of seeing a primary or specialty provider and appropriate ED utilization.
- Partner with the health plan to address social determinants, health equity, and quality care.

(continued)

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

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Outpatient Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017–H2020, T1015 **ICD-10:** F10.xx–F99 **POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **ICD-10:** F10.xx–F99 **POS:** 52
Community Mental Health Center Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** F10.xx–F99 **POS:** 53

(continued)

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

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Electroconvulsive therapy **with** an Outpatient POS **and with** a principal diagnosis of intentional self-harm **and with** any diagnosis of a mental health disorder	**CPT:** 90780 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx **POS:** 03, 05, 07, 09, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** F10.xx–F99 **POS:** 02, 10
Observation Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 99217, 99218, 99219, 99220 **ICD-10:** F10.xx–F99
Telephone Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 98966–98968, 99441–99443 **ICD-10:** F10.xx–F99
E-Visit or Virtual Check in with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 98969–98972, 99421–99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061–G2063, G2250–G2252

(continued)

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

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
An Outpatient with a Principal Diagnosis of Intentional Self-Harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017–H2020, T1015 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99 **POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99 **POS:** 52

(continued)

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

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Community Mental Health Center Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99 **POS:** 53
Electroconvulsive Therapy with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90780 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99 **POS:** 03, 05, 07, 09, 11–20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99 **POS:** 02, 10
Observation Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 99217, 99218, 99219, 99220 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99
Telephone Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 98966–98968, 99441–99443 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99

(continued)

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

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
E-Visit or Virtual Check In with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 98969–98972, 99421–99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061–G2063, G2250–G2252 **ICD-10:** T40.xxxx–T43.xxxx, T51.xxxx with F10.xx–F99

*Codes subject to change.

(IET) Initiation and Engagement of Substance Use Disorder Treatment

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Time frame for measure: (to capture episodes) Nov. 15 of the year prior to the measurement year through Nov. 14 of the measurement year.

Measure evaluates percentage of adolescent and adult members with a new episode of substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Two rates are reported:

1. **Initiation of SUD Treatment:** percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days.

2. **Engagement of SUD Treatment:** percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

(continued)

(IET) Initiation and Engagement of Substance Use Disorder Treatments *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Tips:

- Explain the importance of a follow-up to your patients.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule patients as soon as possible who do not keep initial appointments.
- Use telehealth where appropriate.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Submit applicable codes.

Alcohol Use Disorder Treatment Medications	
Description	**Prescription**
Aldehyde Dehydrogenase Inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosafe (oral; delayed-release tablet)

Opioid Use Disorder Treatment Medications		
Description	**Prescription**	**Medication Lists**
Antagonist	Naltrexone (oral)	Naltrexone Oral Medication List
Antagonist	Naltrexone (injectable)	Naltrexone Injection Medication List
Partial Agonist	Buprenorphine (sublingual tablet)	Buprenorphine Oral Medication List

(continued)

(IET) Initiation and Engagement of Substance Use Disorder Treatments *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Opioid Use Disorder Treatment Medications		
Description	**Prescription**	**Medication Lists**
Partial Agonist	Buprenorphine (injection)	Buprenorphine Injection Medication List
Partial Agonist	Buprenorphine (implant)	Buprenorphine Implant Medication List
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naloxone Medication List

Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder (OUD) administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

Description	Codes*
Initiation and Engagement/ Treatment	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99221–99223, 99231, 99232, 99233, 99238, 99239, 99241–99245, 99341–99345, 99347–99350, 99251–99255, 99381–99387, 99391–99397, 99401–99404, 99408, 99409, 99411, 99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409, G0443, G0463, G2086, G2087, G0512, G2067–G2078, G2080, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H0050, H2000, H2010, H2011, H2013–H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **POS:** 02, 03, 05, 07, 09, 11–20, 22, 33, 49–50, 52–53, 57, 58, 71–72

(continued)

(IET) Initiation and Engagement of Substance Use Disorder Treatments *(continued)*

Applicable Foster Care Measure:

Lines of Business: ● *Medicare,* ● *Medicaid*

Description	Codes*
Telephone Visits	**CPT:** 98966–98968, 99441–99443
E-visit/Virtual Check-In	**CPT:** 98969–98972, 99421–99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061–G2063

*Codes subject to change.

(PND-E) Prenatal Depression Screening

Lines of Business: ● *Medicaid*

Time frame for measure: the measurement year.

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

Note: Applicable LOINC codes are required for numerator 1 (Depression Screening).

(continued)

(PND-E) Prenatal Depression Screening *(continued)*

Lines of Business: ● *Medicaid*

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Positive Finding	LOINC Code (Required for numerator 1)
Patient Health Questionnaire (PHQ-9)®	Total score ≥10	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total score ≥10	89204-2
Patient Health Questionnaire-2 (PHQ-2)®[1]	Total score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	Total score ≥8	89208-3
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	Total score ≥17	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10	99046-5
PROMIS Depression	Total score (T Score) ≥60	71965-8
Instruments for Adults (18+ years)	**Positive Finding**	**LOINC Code (Required for numerator 1)**
Patient Health Questionnaire (PHQ-9)®	Total score ≥10	44261-6
Patient Health Questionnaire-2 (PHQ-2)®[1]	Total score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	Total score ≥8	89208-3
Beck Depression Inventory (BDI-II)	Total score ≥20	89209-1
Center for Epidemiologic Studies Depression Scale — Revised (CESD-R)	Total score ≥17	89205-9

[1]*Brief screening instrument. All other instruments are full-length.*

[2]*Proprietary; may be cost or licensing requirement associated with use.*

(continued)

(PND-E) Prenatal Depression Screening *(continued)*

Lines of Business: ● *Medicaid*

Instruments for Adults (18+ years)	Positive Finding	LOINC Code (Required for numerator 1)
Duke Anxiety-Depression Scale (DUKE-AD)®[2]	Total score ≥30	90853-3
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10	99046-5
My Mood Monitor (M-3)®	Total score ≥5	71777-7
PROMIS Depression	Total score (T Score) ≥60	71965-8
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥31	90221-3

Tips:

- Use age-appropriate screening instruments.
- If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.
- Train staff on the importance of depression screenings and to recognize the risk factors for depression in pregnancy.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit.
- Ask your provider relations representative about ways to submit data to the health plan directly from your EHR/EMR.

Description	Codes*
Perinatal	**ICD-10:** Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49, Z3A.01, Z3A.08, Z3A.09 Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36 **CPT:** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

(continued)

(PND-E) Prenatal Depression Screening *(continued)*

Lines of Business: ● *Medicaid*

Description	Codes*
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832–90839, 90845–90849, 90853, 90865–90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
Depression Case Management Encounter	**CPT:** 99366, 99492–99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Depression or Other Behavioral Health Condition	**ICD-10:** F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0–F20.5, F20.81, F20.89, F20.9, F21–F24, F25.0–F25.9, F28, F29, F30.10–F30.13, F30.2–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64, F31.70–F31.78, F31.81, F31.89, F31.9, F32.0–F32.9, F32.A, F33.0–F33.9, F34.0–F34.9, F39, F40.00–F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230–F40.233, F40.240–F40.248, F40.290–F40.298, F40.8, F40.9, F41.0–F41.9, F42–F42.9, F43.0, F43.10–F43.12, F43.20–F43.29, F43.8–F43.89, F43.9, F44.89, F45.21, F51.5, F53–F53.1, F60.0–F60.9, F63.0–F63.9, F68.10–F68.13, F68.8, F68.A, F84.0–F84.9, F90.0–F90.9, F91.0–F91.9, F93.0–F93.9, F94.0–F94.9, O90.6, O99.340–O99.345
Follow Up Visit	**CPT:** 98960–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99349, 99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483

*Codes subject to change.

(POD) Pharmacotherapy for Opioid Use Disorder

Lines of Business: ● *Medicare,* ● *Medicaid*

The time frame for the measure is July 1 of the year prior to the measurement year to June 30 of the measurement year.

Evaluates the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Tips:

- Closely monitor medication prescriptions and do not allow any gap in treatment of 8 or more consecutive days.
- Offer mutual help like peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.)
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.

Description	Codes*
Opioid Use Disorder (OUD)	F11.10, F11.120–122, F11.129, F11.13–14, F11.150–151, F11.159, F11.181–182, F11.188, F11.19–20, F11.220–222, F11.229, F11.23–24, F11.250–251, F11.259, F11.281–282, F11.288, F11.29
Description	**Prescription**
Antagonist	Naltrexone (oral or injectable)
Partial Agonist	Buprenorphine (sublingual tablet, injection, or implant)
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone (oral, medical claim codes H0020, S10109, G2067, G2078)

*Codes subject to change.

Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder (OUD) administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Lines of Business: ● *Medicare,* ● *Medicaid*

The index prescription start date (IPSD) is the earliest prescription dispensing data for any antipsychoctic medication during the measurement year.

The treatment period is defined as the time beginning on the IPSD through the last day of the measurement year.

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

If an oral medication and a long-acting injection are dispensed on the same day, calculate number of days covered by an antipsychotic medication using the prescription with the longest days supply.

Tips:

- Consider the use of long-acting injectable antipsychotic medications to increase adherence.
- Provide education on how to take the medication, expected side effects, and talking to the prescriber before stopping the medication.

Oral Antipsychotics		
· Aripiprazole	· Lumateperone	· Chlorpromazine
· Asenapine	· Lurasidone	· Fluphenazine
· Brexpiprazole	· Molindone	· Perphenazine
· Cariprazine	· Olanzapine	· Prochlorperazine
· Clozapine	· Paliperidone	· Thioridazine
· Haloperidol	· Quetiapine	· Trifluoperazine
· Iloperidone	· Risperidone	· Amitriptyline-perphenazine
· Loxapine	· Ziprasidone	· Thiothixene

(continued)

(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Long-Acting Injections		
Description	**Prescription**	
Long-acting Injections 14 Days Supply	· Risperidone (excluding Perseris®)	
Long-acting Injections 28 Days Supply	· Aripiprazole · Aripiprwazole lauroxil · Fluphenazine decanoate	· Haloperidol decanoate · Olanzapine · Paliperidone palmitate
Long-acting Injections 30 days Supply	· Risperidone (Perseris®)	

(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications

Lines of Business: ● *Medicaid*

Time frame for measure: the measurement year.

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.

Identify members with diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder and conduct a glucose or HbA1c lab test.

Tips:

- Provide members/caregivers with lab orders for HbA1c or glucose and cholesterol or LDL-C to be completed yearly.
- Educate the member and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow up care.
- Submit applicable codes.

(continued)

(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications *(continued)*

Lines of Business: ● *Medicaid*

- Consider using standing orders to get lab tests.
- Educate patients and their caregivers on the importance of completing annual visits and blood work.
- Discuss weight management options and encourage members to increase physical activity, improve sleep, and maintain a well-balanced diet.

Description	Codes*
Glucose Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
Glucose Test Result or Finding	**SNOMED:** 166890005 (Blood glucose within reference range), 166891009 (Blood sugar below reference range), 166892002 (Blood sugar above reference range), 442545002 (Blood glucose outside reference range), 444780001 (Glucose above reference range), 1179458001 (Blood glucose below reference range)
HbA1c Lab Test	**CPT:** 83036, 83037
HbA1c Test Result or Finding	**CPT CAT II:** 3044F, 3046F, 3051F, 3052F

*Codes subject to change.

*Note: Do **not** include a modifier when using CPT-CAT-II codes.*

(UOP) Use of Opioids from Multiple Providers

Lines of Business: ● *Medicare,* ● *Medicaid*

Assesses the percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers.

Three rates reported:

1. **Multiple Prescribers** — The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. **Multiple Pharmacies** — The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. **Multiple Prescribers and Multiple Pharmacies** — The percentage of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (i.e., the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note: A lower rate indicates better performance for all three rates.

Tips:

- Only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.
- Identify alternatives to opioids for pain management such as NSAIDs, physical therapy, acupuncture, massage therapy, and corticosteroids when clinically appropriate.
- Set expectations early-on regarding controlled-substance prescriptions from other providers and the use of multiple pharmacies.

(continued)

(UOP) Use of Opioids from Multiple Providers *(continued)*

Lines of Business: ● *Medicare,* ● *Medicaid*

Opioid Medications	
· Benzhydrocodone	· Meperidine
· Buprenorphine (transdermal patch and buccal film)	· Methadone
· Codeine	· Morphine
· Dihydrocodeine	· Opium
· Fentanyl	· Oxycodone
· Hydrocodone	· Oxymorphone
· Hydromorphone	· Pentazocine
· Levorphanol	· Tapentadol
	· Tramadol

(Opioid medications exclude injectables and opioid-containing cough and cold products).

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