

Quick Reference Guide HEDIS[®] MY 2020



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HEDIS[®] MY 2020

Quick Reference Guide

Updated to reflect NCQA HEDIS[®] MY 2020 Technical Specifications

MHS Health Wisconsin strives to provide quality healthcare to our membership as measured through HEDIS[®] quality metrics. We created the HEDIS[®] MY 2020 Quick Reference Guide to help you increase your practice's HEDIS[®] rates and to use to address care opportunities for your patients. Please always follow the State and/or CMS billing guidance and ensure the HEDIS[®] codes are covered prior to submission.

WHAT IS HEDIS[®]?

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

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

HOW CAN I IMPROVE MY HEDIS® SCORES?

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

PAY FOR PERFORMANCE (P4P)



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

QUESTIONS?



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

Ancillary staff:

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

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



For more information, visit www.ncqa.org

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ADULT HEALTH

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

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

CPT	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 98966 - 98968, 99441 - 99443, 98969, 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, 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



(AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT

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

Two rates are reported:

Effective Acute Phase Treatment: percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)

Effective Continuation Phase Treatment: percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

Antidepressant Medications

DESCRIPTION	PRESCRIPTION		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Tranylcypromine	• Selegiline	• Phenelzine
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine		• Fluoxetine-olanzapine
SNRI antidepressants	• Desvenlafaxine • Levomilnacipran	• Duloxetine	• Venlafaxine
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

*Codes subject to change





(CBP) CONTROLLING HIGH BLOOD PRESSURE

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

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring codes	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474.
Outpatient codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 -99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient codes	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 -99337
Online Assessments	CPT: 98969 - 98972, 99421 - 99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063.
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change

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(CDC) COMPREHENSIVE DIABETES CARE

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

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

DESCRIPTION	CODES
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Outpatient Codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, G9054, M1017, ICD-10: Z51.5, T1015
Non-acute Inpatient	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334, -99337
Remote BP Monitoring	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/Equal To 90	CPT-CAT-II: 3080F
Diastolic Less Than 80	CPT-CAT-II: 3078F
Systolic Greater Than/Equal To 140	CPT-CAT-II: 3077F
Systolic Less Than 140	CPT-CAT-II: 3074F, 3075F
Unilateral Eye Enucleation with a bilateral modifier	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 CPT Modifier: 50
HbA1C Lab Test	CPT: 83036, 83037
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: 83036, 83037 CPT-CAT-II: 3046F
Urine Protein Tests	CPT: 81000 - 81003, 81005, 82042 - 82044, 84156 CPT-CAT-II: 3060F, 3061F, 3062F
Nephropathy Treatment	CPT-CAT-II: 3066F, 4010F

*Codes subject to change

(COA) CARE FOR OLDER ADULTS

- Measure evaluates percentage of adults 66 years and older who had each of the following:
- Advanced care planning
 - Medication review
 - Functional status assessment
 - Pain assessment

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

*Codes subject to change



(COL) COLORECTAL CANCER SCREENING

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

DESCRIPTION	CODES
Colonoscopy	CPT: 44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261 – 74263
FIT- DNA Lab Test	CPT: 81528 HCPCS: G0464
Flexible Sigmoidoscopy	CPT: 45330 - 45335, 45337 - 45342, 45345 - 45347, 45349 – 45350 HCPCS: G0104
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328
Colorectal Cancer	HCPCS: G0213, G0214, G0215, G0231 ICD-10: C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Total Colectomy	CPT: 44150 - 44153, 44155 - 44158, 44210 - 44212

*Codes subject to change

(KED) KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES

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.

DESCRIPTION	CODES
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	CPT: 82043, 82570
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change

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

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

Beta-Blocker Medications

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

*Codes subject to change

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(PCE) PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

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

Two rates are reported:

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

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

Systemic Corticosteroid Medications

DESCRIPTION	PRESCRIPTION
Glucocorticoids	• Cortisone-acetate • Hydrocortisone • Prednisolone • Dexamethasone • Methylprednisolone • Prednisone

*Codes subject to change

Bronchodilator Medications

DESCRIPTION	PRESCRIPTION
Anticholinergic agents	• Acclidinium-bromide • Umeclidinium • Ipratropium • Tiotropium
Beta 2-agonists	• Albuterol • Levalbuterol • Arformoterol • Metaproterenol • Formoterol • Salmeterol • Indacaterol
Bronchodilator combinations	• Albuterol-ipratropium • Formoterol-acclidinium • Budesonide-formoterol • Formoterol-glycopyrrolate • Dyphylline-guaifenesin • Formoterol-mometasone • Fluticasone-salmeterol • Indacaterol-glycopyrrolate • Fluticasone-vilanterol • Olodaterol hydrochloride • Fluticasone furoate- • Olodaterol-tiotropium umeclidinium-vilanterol • Umeclidinium-vilanterol

*Codes subject to change

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(SMD) DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA

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

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

*Codes subject to change

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

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

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

*Codes subject to change

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

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

DESCRIPTION	CODES
HbA1C Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

*Codes subject to change





WOMEN'S HEALTH

(BCS) BREAST CANCER SCREENING

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

DESCRIPTION	CODES
Mammogram	CPT: 77055 - 77057, 77061 - 77063, 77065 - 77067 HCPCS: G0202, G0204, G0206 ICD-10 (bilateral mastectomy): Z90.13
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change



(CCS) CERVICAL CANCER SCREENING

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

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

DESCRIPTION	CODES
Cervical Cytology Lab Test (20-64)	CPT: 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

*Cervical Cancer Screenings continue on next page



For more information, visit www.ncqa.org

(CCS) CERVICAL CANCER SCREENING (CONTINUED)

DESCRIPTION	CODES
HPV Tests (30-64)	CPT: 87620 - 87622, 87624, 87625 HCPCS: G0476
Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CPT: 51925, 56308, 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, 59856, 59135 ICD-10: Q51.5, Z90.710, Z90.712
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change



(CHL) CHLAMYDIA SCREENING IN WOMEN

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

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

*Codes subject to change



(OMW) OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

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

DESCRIPTION	CODES
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Bone Mineral Density Tests	CPT: 76977, 77078, 77080, 77081, 77085, 77086
Osteoporosis Medications	HCPCS: J0897, J1740, J3110, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	HCPCS: J0897, J1740, J3111, J3489

*Codes subject to change

Osteoporosis Medications

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

*Codes subject to change



(OSW) OSTEOPOROSIS SCREENING IN OLDER WOMEN

The percentage of women 65–75 years of age who received osteoporosis screening.

DESCRIPTION	CODES
Osteoporosis Screening Tests	CPT: 76977, 77078, 77080, 77081, 77085
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5



(PPC) PRENATAL AND POSTPARTUM CARE

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

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

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 CPT-CAT-II: G0463, T1015

*(PPC) Prenatal and Postpartum Care Screenings continue on next page

(PPC) PRENATAL AND POSTPARTUM CARE (CONTINUED)

DESCRIPTION	CODES
Stand Alone Prenatal Visits	CPT: 99500 CPT-CAT-III: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical Cytology Lab Test	CPT: 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	CPT: 98966-98968, 99441-99443

*Codes subject to change

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





PEDIATRIC HEALTH

(ADD) FOLLOW UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

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

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

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

*ADHD Medications continue on next page

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

DESCRIPTION	CODES
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
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443
E-visit/Virtual Check-In	CPT: 98969 - 98972, 99421 - 99423, 99444, 99457. HCPCS: 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

*Codes subject to change



(APM) METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

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

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

DESCRIPTION (NEED EITHER A1C OR GLUCOSE AND 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



(CIS) CHILDHOOD IMMUNIZATION STATUS

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

DESCRIPTION	CODES
DTAP (4 dose)	CPT: 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120
HIB (3 dose)	CPT: 90644, 90647, 90648, 90698, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148
Newborn Hep B (3 dose)	CPT: 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110 HCPCS: G0010 ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV (3 dose)	CPT: 90698, 90713, 90723 CVX: 10, 89, 110, 120
MMR (1 dose)	CPT: 90705, 90706, 90707, 90710, 90708, 90704 CVX: 05, 03, 94, 04, 07, 06 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4 dose)	CPT: 90670 CVX: 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, 90661, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 111, 149 HCPCS: G0008
Rotavirus (2 Dose)	CPT: 90681 CVX: 119
Rotavirus (3 Dose)	CPT: 90680 CVX: 116, 122

*Codes subject to change

*Rotavirus is either 2 dose **OR** 3 dose for compliancy



P4P (IMA) IMMUNIZATIONS FOR ADOLESCENTS

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

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

*Codes subject to change

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P4P (LSC) LEAD SCREENING IN CHILDREN

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

CPT
83655

*Codes subject to change

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(W30/WCV) WELL CHILD AND ADOLESCENT WELL-CARE VISITS

The percentage of members within designated ages who had comprehensive well-care visit(s) as defined in each measure, with a PCP or an OB/GYN practitioner during the measurement year.

(W30) Well Child Vists in the First 30 Months of Life: Children who turned 15 months old and who had at least 6 well-child visits with a PCP prior to turning 15 months
Months of Life: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. Well-Child Visits in the First 15 Months. 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.

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

*Codes subject to change

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(WCV) Child and Adolescent Well-Care Visits: Members 3-21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/GYN

CPT	HCPCS	ICD-10
99382, 99383, 99384, 99385, 99391 - 99395	G0438, G0439, S0302	Z00.00, Z00.01, Z00121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

*Codes subject to change



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

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

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

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

*Codes subject to change





GENERAL HEALTH

(AMR) ASTHMA MEDICATION RATIO

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

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

Asthma Controller Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antiasthmatic combinations	• Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	• Dupilumab	Dupilumab	Injection
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Intravenous

*Asthma Controller Medications continue on next page

Asthma Controller Medications (Continued)

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

*Codes subject to change

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

*Codes subject to change

(CWP) APPROPRIATE TESTING FOR PHARYNGITIS

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

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

*Codes subject to change



(FUH) FOLLOW- UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

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

Two rates are reported:

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

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

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Practitioner	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 with Mental Health Practitioner	CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Practitioner	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 53

*Follow- Up After Hospitalization for Mental Illness continue on next page

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

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

DESCRIPTION	CODES
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
Observation	CPT: 99217-99220
Transitional Care Management	CPT: 99495, 99496
Telephone Visit	CPT: 98966, 98967, 98968, 99441, 99442, 99443

*Codes subject to change





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

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

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

DESCRIPTION	CODES
Initiation and Engagement/Treatment	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, 99217-99220 HCPS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, 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
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

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

