

# HEDIS<sup>®</sup> 2022

## Documentation and Coding Guidelines




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### PROVIDER INCENTIVE MEASURES – THE QUALITY ENHANCEMENT PROGRAM FOR PRIMARY CARE PROVIDERS:

- Child and Adolescent Well-Care Visits (WCV)
- Controlling High Blood Pressure (CBP)
- Lead Screening for Children (LSC)
- Prenatal And Postpartum Care (PPC)
- Chlamydia Screening in Women (CHL)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Pharmacotherapy for Opioid Use Disorder (POD)

Measure	Measure description	Measure Information/Documentation required	Coding
<b>Child and Adolescent Well-Care Visits (WCV)</b> 	<p>The percentage of members 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the MY.</p>	<p>Documentation from the medical record must include a note indicating a visit with a PCP or OB/GYN, the date when the well-child visit occurred.</p> <p>Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. <a href="https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/">https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/</a></p> <p><b>Note:</b> Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul> <p>The Telehealth Exclusion was removed from W30.</p> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Children or adolescents being seen for sick visits only and no documentation/claims/encounter data related to well-visit services provided.</li> </ul>	<p>Use age-appropriate preventive E&amp;M</p> <p><b>Well Care:</b></p> <p><b>CPT:</b> 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461</p> <p><b>HCPCS:</b> G0438, G0439, S0302, S0610, S0512, S0613</p> <p><b>ICD-10-CM:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure/coding tips	Measure description	Measure Information/Documentation required	Coding
<p><b>Controlling High Blood Pressure (CBP)</b></p> 	<p>Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90) during the Measurement Year (MY).</p>	<ul style="list-style-type: none"> <li>BP must be latest reading in the MY and must occur on or after the second diagnosis of HTN.</li> <li>Do not include BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests.</li> <li>Do not include BP readings taken during an inpatient stay or ED visit.</li> <li>When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used.</li> <li>If no BP is recorded during the MY, the member is “not controlled.”</li> <li>Services provided during a telephone visit, e-visit or virtual check-in are acceptable.</li> <li>Member reported data documented in medical record is acceptable if BP captured with a digital device.</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the MY. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis.</li> <li>Diagnosis of pregnancy during the MY.</li> <li>A nonacute inpatient admission during the MY.</li> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Retake of BP that is 140/90 or above not documented.</li> <li>Member-reported BP is not documented with sufficient detail.</li> <li>Claim missing CPT II codes for BP results.</li> <li>BP rounded up before documented in medical record.</li> <li>BP documented as a range.</li> <li>No documentation of follow-up appointment scheduled if BP is elevated.</li> <li>Cardiology visits with no BP documented in the chart.</li> <li>Flowsheets missing member name and second identifier such as date of birth.</li> </ul>	<p><b>Systolic and Diastolic Blood Pressure:</b> <b>CPT-CAT-II:</b></p> <ul style="list-style-type: none"> <li>Systolic Less Than 130: 3074F</li> <li>Systolic 130-139: 3075F</li> <li>Systolic Greater Than or Equal To 140: 3077F</li> <li>Diastolic Less Than 80: 3078F</li> <li>Diastolic 80 – 89: 3079F</li> <li>Diastolic Greater Than or Equal To 90: 3080F</li> </ul> <p><b>ICD-10-CM:</b> I10</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

Measure/coding tips	Measure description	Measure Information/Documentation required	Coding
<p><b>Lead Screening in Children (LSC)</b></p> 	<p>Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning at any time by their second birthday.</p>	<p><b>Documentation in the medical record must include both of the following on or before the second birthday:</b></p> <ul style="list-style-type: none"> <li>A note indicating the date the test was performed.</li> <li>The result or finding.</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Lab results not documented in the record.</li> <li>Documentation of a lead assessment versus a lead screening.</li> <li>Lead screening not ordered, completed, or result not documented.</li> <li>Lead screening after the child’s second birthday.</li> <li>Results of screening performed at an outside lab, health department, or WIC office not included in record.</li> </ul>	<p><b>Lead Tests</b> <b>CPT:</b> 83655</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Prenatal and Postpartum Care (PPC)</b></p>	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the Measurement Year (MY) and October 7 of the MY. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> <li><b>Timeliness of Prenatal Care.</b></li> </ul> <p>The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.</p> <ul style="list-style-type: none"> <li><b>Postpartum Care.</b></li> </ul> <p>The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.</p>	<p><b>Prenatal care visit</b> to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of LMP, EDD, GA, a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment or counseling/education).</li> <li>A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height.</li> <li>Evidence that a prenatal care procedure was performed (OB panel, ultrasound, etc.).</li> </ul> <p><b>Postpartum visit</b> to an OB/GYN or other prenatal care practitioner or PCP. Documentation in the medical record must include a note indicating the date when the post-partum care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> <li>Pelvic Exam: Colposcopy is not acceptable for a postpartum visit.</li> <li>Evaluation of weight, BP, breast, and abdomen: Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.</li> <li>Notation of postpartum care, including, but not limited to: Notation of “postpartum care,” “PP care,” “PP Checks,” “6-week check.”</li> <li>A preprinted “Postpartum Care” form in which information was documented during the visit.</li> <li>Perineal or cesarean incision/wound check.</li> <li>Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.</li> <li>Glucose screening for women with gestational diabetes.</li> <li>Documentation of any of the following: infant care or breastfeeding; resumption of intercourse, birth spacing, family planning; sleep/fatigue; resumption of physical activity; attainment of healthy weight.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Services provided during a telephone visit, e-visit or virtual check-in are acceptable.</li> <li>Services that occur over multiple visits count toward Timeliness of Prenatal Care if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure.</li> </ul> <p><b>Required Exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Non-live birth.</li> </ul> <p><b>Optional Exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Missing signature on charts, so unable to determine type of provider services.</li> <li>Only initials on charts, so unable to determine type of provider type services.</li> <li>Ultrasound and/or labs with no associated prenatal visit documentation in measure time frame.</li> <li>Initial prenatal visit documented as intake with R.N., but no visit with OBGYN or PCP.</li> <li>Diagnosis of pregnancy not documented in chart.</li> <li>Dates of service in progress notes do not align with dates on Obstetrical Needs Assessment Form (ONAF).</li> <li>ONAF not filled out completely.</li> </ul>	<p><b>Prenatal Indicator:</b></p> <p><b>Standalone Prenatal Visits:</b></p> <p><b>CPT:</b> 99500  <b>CPT-CAT-II:</b> 0500F, 0501F, 0502F  <b>HCPS:</b> H1000, H1001, H1002, H1003, H1004</p> <p><b>Bundled Prenatal Visits:</b></p> <p><b>CPT:</b> 59400, 59425, 59426, 59510, 59610, 59618  <b>HCPCS:</b> H1005</p> <p><b>Prenatal Visits (with Diagnosis of Pregnancy):</b></p> <p><b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483  <b>HCPS:</b> G0463, T1015</p> <p><b>Telephone Visit (with Diagnosis of Pregnancy):</b></p> <p><b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online Assessment (with Diagnosis of Pregnancy):</b></p> <p><b>CPT:</b> 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458  <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p> <p><b>Pregnancy Diagnosis:</b></p> <p><b>ICD-10-CM:</b> 009.00, 009.01, 009.02, 009.03, 009.10, 009.11, 009.12, 009.13, 009.211, 009.212, 009.213, 009.219, 009.291, 009.292, 009.293, 009.299, 009.30, 009.31, 009.32, 009.33, 009.40, 009.41 0009.42, 009.43, 009.511, 009.512, 009.513, 009.519, 009.521, 009.522, 009.523, 009.529, 009.611, 009.612, 009.613, 009.619, 009.621, 009.622, 009.623, 009.629, 009.70, 009.71, 009.72, 009.73, 009.811, 009.812, 009.813, 009.819, 009.821, 009.822, 009.823, 009.829, 009.891, 009.892, 009.893, 009.899, 009.90, 009.91, 009.92, 009.93, 009. A0, 009.A1, 009.A2, 009.A3, 010.011, 010.012, 010.013, 010.019, 010.111, 010.112, 010.113, 010.119, 010.211, 010.212, 010.213, 010.219, 010.311, 010.312, 010.313, 010.319, 010.411, 010.412, 010.413, 010.419, 010.911, 010.912, 010.913, 010.919, 010.111, 010.112, 010.113, 010.119, 010.211, 010.212, 010.213, 010.219, 010.311, 010.312, 010.313, 010.319, 010.411, 010.412, 010.413, 010.419, 010.911, 010.912, 010.913, 010.919, 011.1, 011.2, 011.3, 011.9, 012.00, 012.01, 012.02, 012.03, 012.10, 012.11, 012.12, 012.13, 012.20, 012.21, 012.22, 012.23, 013.1, 013.2, 013.3, 013.9, 014.00, 014.02, 014.03, 014.10, 014.12, 014.13, 014.20, 014.22, 014.23, 014.90, 014.92, 014.93, 015.00, 015.02, 015.03, 015.1, 015.9, 016.1, 016.2, 016.3, 016.9, 020.0, 020.8, 020.9, 021.0, 021.1, 021.2, 021.8, 021.9, 022.00, 022.01, 022.02, 022.03, 022.10, 022.11, 022.12, 022.13, 022.20, 022.21, 022.22, 022.23, 022.30, 022.31, 022.32, 022.33, 022.40, 022.41, 022.42, 022.43, 022.50, 022.51, 022.52, 022.53, 022.8X1, 022.8X2, 022.8X3, 022.8X9, 022.90, 022.91, 022.92, 022.93, 023.00, 023.01, 023.02, 023.03, 023.10, 023.11, 023.12, 023.13, 023.20, 023.21, 023.22, 023.23, 023.30, 023.31, 023.32, 023.33, 023.40, 023.41, 023.42, 023.43, 023.511, 023.512, 023.513, 023.519, 023.521, 023.522, 023.523, 023.529, 023.591, 023.592, 023.593, 023.599, 023.90, 023.91, 023.92, 023.93, 024.011, 024.012, 024.013, 024.019, 024.111, 024.112, 024.113, 024.119, 024.311, 024.312, 024.313, 024.319, 024.410, 024.414, 024.415, 024.419, 024.811, 024.812, 024.813, 024.819, 024.911, 024.912, 024.913, 024.919, 025.10, 025.11, 025.12, 025.13, 026.00, 026.01, 026.02, 026.03, 026.10, 026.11, 026.12, 026.13, 026.20, 026.21, 026.22, 026.23, 026.30, 026.31, 026.32, 026.33, 026.40, 026.41, 026.42, 026.43, 026.50, 026.51, 026.52, 026.53, 026.611, 026.612, 026.613, 026.619 026.711, 026.712, 026.713, 026.719, 026.811, 026.812, 026.813 026.819, 026.821, 026.822,</p>







Coding continued	
<p><b>Prenatal and Postpartum Care (PPC)</b></p> <p>continued</p>	<p>ICD-10-CM: 041.8X32, 041.8X33, 041.8X34, 041.8X35, 041.8X39, 041.8X90, 041.8X91, 041.8X92, 041.8X93, 041.8X94, 041.8X95, 041.8X99, 041.90X0, 041.90X1, 041.90X2, 041.90X3, 041.90X4, 041.90X5, 041.90X9, 041.91X0, 041.91X1, 041.91X2, 041.91X3, 041.91X4, 041.91X5, 041.91X9, 041.92X0, 041.92X1, 041.92X2, 041.92X3, 041.92X4, 041.92X5, 041.92X9, 041.93X0, 041.93X1, 041.93X2, 041.93X3, 041.93X4, 041.93X5, 041.93X9, 0042.00, 042.011, 042.012, 042.013, 042.019, 042.02, 042.10, 042.111, 042.112, 042.113, 042.119, 042.12, 042.90, 042.911, 042.912, 042.913, 042.919, 042.92, 043.011, 043.012, 043.013, 043.019, 043.021, 0432.022, 043.023, 043.029, 043.101, 043.102, 043.103, 043.0109, 043.111, 043.112, 043.113, 043.119, 043.121, 043.122, 043.123, 043.129, 043.191, 043.192, 043.193, 043.199, 043.211, 043.212, 043.213, 043.219, 043.221, 043.222, 043.223, 043.229, 043.231, 043.232, 043.233, 043.239, 043.811, 043.812, 043.813, 043.819, 043.891, 043.892, 043.893, 043.899, 043.90, 043.91, 043.92, 043.93, 044.00, 044.01, 044.02, 044.03, 044.10, 044.11, 044.12, 044.13, 044.20, 044.21, 044.22, 044.23, 044.30, 044.31, 044.32, 044.33, 044.40, 044.41, 044.42, 044.43, 044.50, 044.51, 044.52, 044.53, 045.001, 045.002, 045.003, 045.009, 045.011, 045.012, 045.013, 045.019, 045.021, 045.022, 045.023, 045.029, 045.091, 045.092, 045.093, 045.099, 045.8X1, 045.8X2, 045.8X3, 045.8X9, 045.90, 045.91, 045.92, 045.93, 046.001, 046.002, 046.003, 046.009, 046.011, 046.012, 046.013, 046.019, 046.021, 046.022, 046.023, 046.029, 046.091, 046.092, 046.093, 046.099, 046.8X1, 046.8X2, 046.8X3, 046.8X9, 046.90, 046.91, 046.92, 046.93, 047.00, 047.02, 047.03, 047.1, 047.9, 048.0, 048.1, 060.00, 0060.02, 060.03, 071.00, 071.02, 071.03, 071.1, 071.3, 071.4, 071.5, 071.6, 071.7, 071.81, 071.82, 071.89, 071.9, 088.011, 088.012, 088.013, 088.019, 088.111, 088.112, 088.113, 088.119, 088.211, 088.212, 088.213, 088.219, 088.311, 088.312, 088.313, 088.319, 088.811, 088.812, 088.813, 088.819, 091.011, 091.012, 091.013, 091.019, 091.111, 091.112, 091.113, 091.119, 091.211, 091.212, 091.213, 091.219, 092.011, 092.012, 092.013, 092.019, 092.111, 092.112, 092.113, 092.119, 098.011, 098.012, 098.013, 092.019, 092.03, 092.111, 092.112, 092.113, 092.119, 092.13, 092.3, 092.4, 092.5, 092.6, 092.70, 092.79, 098.011, 098.012, 098.013, 098.019, 098.111, 098.112, 098.113, 098.119, 098.211, 098.212, 098.213, 098.219, 098.311, 098.312, 098.313, 098.319, 098.411, 098.412, 098.413, 098.419, 098.511, 098.512, 098.513, 098.519, 098.611, 098.612, 098.613, 098.619, 098.711, 098.712, 098.713, 098.719, 098.811, 098.812, 098.813, 098.819, 098.911, 098.912, 098.913, 098.919, 099.011, 099.012, 099.013, 099.019, 099.111, 099.112, 099.113, 099.119, 099.211, 099.212, 099.213, 099.280, 099.281, 099.282, 099.283, 099.310, 099.311, 099.312, 099.313, 099.320, 099.321, 099.322, 099.323, 099.330, 099.331, 099.332, 099.333, 099.340, 099.341, 099.342, 099.343, 099.350, 099.351, 099.352, 099.353, 099.411, 099.412, 099.413, 099.419, 099.511, 099.512, 099.513, 099.519, 099.611, 099.612, 099.613, 099.619, 099.711, 099.712, 099.713, 099.719, 099.810, 099.820, 099.830, 099.840, 099.841, 099.842, 099.843, 099.841, 099.841, 099.111, 099.112, 099.113, 099.119, 099.211, 099.212, 099.213, 099.219, 099.311, 099.312, 099.313, 099.411, 099.412, 099.413, 099.419, 099.511, 099.512, 099.513, 099.519, 203.71, 203.72, 203.73, 203.74, 203.75, 203.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.84, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9</p> <p><b>Postpartum Indicator:</b>  <b>Postpartum Visits:</b>  <b>CPT:</b> 57170, 58300, 59430, 99501  <b>CPT-CAT-II:</b> 0503F  <b>ICD-10-CM:</b> Z01.411, Z01.419, Z01.42, Z430.430, Z39.1, Z39.2</p> <p><b>Bundled Postpartum Visits:</b>  <b>CPT:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p> <p><b>Cervical Cytology Lab Test:</b>  <b>CPT:</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175  <b>HCPCS:</b> G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 P3000 P3001 Q0091</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

Measure/coding tips	Measure description	Measure Information/Documentation required	Coding
<p><b>Chlamydia Screening in Women (CHL)</b></p>	<p>Women ages 16 – 24 years who were identified as sexually active and who had at least one test for chlamydia during the MY.</p>	<p>Perform chlamydia screening each year on every 16- to 24-year-old female identified as sexually active. Chlamydia screening can be performed through a urine test.</p> <p><b>Required Exclusions:</b>                      Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b>                      Noncompliant members, who qualified for the measure based solely on a pregnancy test may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• A pregnancy test in the MY and a prescription for isotretinoin (Retinoid) on the date of the pregnancy test or six days after the pregnancy test.</li> <li>• A pregnancy test in the MY and an x-ray on the date of the pregnancy test or the six days after the pregnancy test.</li> <li>• Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Not collecting/testing urine sample routinely at well visit.</li> <li>• Criteria is not met by notation of parental/patient refusal.</li> <li>• Criteria is not met by a notation that the patient is not sexually active.</li> </ul>	<p><b>Chlamydia Tests:</b>  <b>CPT:</b> 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>




Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Hemoglobin A1c Control for Patients with Diabetes (HBD)</b></p> <p>Formerly the CDC A1c Control indicator.</p> 	<p>Members 18 – 75 years of age with diabetes (type 1 or type 2) whose hemoglobin A1c (HbA1c) was the following in the Measurement Year (MY):</p> <ul style="list-style-type: none"> <li>• HbA1c control (&lt;8%)</li> <li>• HbA1c poor control (&gt;9%)</li> </ul> <p><b>A lower rate in Poor Control (&gt;9%) indicates better performance.</b></p>	<p>At a minimum, the documentation in the medical record must include a note indicating the date when the most recent HbA1c test was performed in the MY and the result or findings.</p> <p>Ranges and thresholds DO NOT meet criteria — a distinct numeric result is required.</p> <p><b>Terms below count with a note and result:</b> A1c, Hemoglobin A1c, Glycated Hemoglobin, HbA1c, Glycohemoglobin A1c, Glycosylated Hemoglobin, HgA1c, Glycohemoglobin, Hb1c</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Receiving palliative care any time in the MY.</li> <li>• 66 years of age and older with frailty and advanced illness during the MY.</li> <li>• Members who did not have a diagnosis of diabetes in the MY or the year prior AND who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• A1c noted in the chart, but without a specific date.</li> <li>• In-house A1c noted in visit, but no result documented.</li> <li>• A1c result documented as a range.</li> <li>• Diabetes diagnosis and medication documented, but missing documentation of treatment, follow-up and/or progress.</li> <li>• Flowsheets missing member name and second identifier, such as date of birth.</li> <li>• Incomplete or missing information from specialists or consulting providers.</li> </ul>	<p><b>HbA1c Lab Test:</b> CPT: 83036, 83037</p> <p><b>HbA1c Test Result or Finding:</b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p><b>HbA1c Level:</b> CPT-CAT-II:</p> <ul style="list-style-type: none"> <li>• <b>Less Than 7.0:</b> 3044F</li> <li>• <b>Greater than or Equal to 7.0 and Less Than 8.0:</b> 3051F</li> <li>• <b>Greater than or Equal to 8.0 and Less Than or Equal to 9.0:</b> 3052F</li> <li>• <b>Greater than 9.0:</b> 3046F</li> </ul> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Pharmacotherapy for Opioid Use Disorder (POD)</b></p> 	<p>The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.</p>	<p>Intake period: 12-month period that begins on July 1 of the year prior to the MY and ends on June 30 of the MY.</p> <p>The Treatment Period (TP) is the date of an OUD dispensing event or OUD medication administration event during the IP. No more than an eight-day gap is allowed during the TP.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Methadone is not included in the medication lists for the measure.</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p>Members are identified through administrative and pharmacy claims.</p> <p><b>Opioid Abuse and Dependence Diagnosis:</b> ICD-10-CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29</p> <p><b>Opioid Use Disorder Treatment Medications:</b></p> <p><b>Antagonist:</b> Naltrexone (oral) <b>Antagonist:</b> Naltrexone (injectable)</p> <p><b>Partial agonist:</b> Buprenorphine (sublingual tablet), Buprenorphine (injection), Buprenorphine (implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p><b>Agonist:</b> Methadone (oral) is only acceptable when billed on a medical claim. A pharmacy claim would be indicative of treatment for pain rather than OUD.</p> <p><b>Buprenorphine Implant:</b> HCPCS: G2070, G2072, J0570</p> <p><b>Buprenorphine Injection:</b> HCPCS: G2069, Q9991, Q9992</p> <p><b>Buprenorphine Naloxone:</b> HCPCS: J0572, J0573, J0574, J0575</p> <p><b>Buprenorphine Oral:</b> HCPCS: J0571</p> <p><b>Buprenorphine Oral Weekly:</b> HCPCS: G2068, G2079</p> <p><b>Methadone Oral:</b> HCPCS: H0020, S0109</p> <p><b>Methadone Oral Weekly:</b> HCPCS: G2067, G2078</p> <p><b>Naltrexone Injection:</b> HCPCS: J2315</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>




**PRIORITY MEASURES:**

- Blood Pressure Control for Patients with Diabetes (BPD)
- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)
- Follow-Up Care for Children Prescribed ADHD Medications — Continuation (ADD-C)
- Initiation & Engagement of SUD Treatment — Engagement (IET-E)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)


Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Blood Pressure Control for Patients with Diabetes (BPD)</b></p> 	<p>Members 18 – 75 years of age with diabetes (Type 1 and Type 2) who had a controlled blood pressure (BP) of &lt;140/90 mm Hg during the MY.</p>	<ul style="list-style-type: none"> <li>• BP must be latest reading in the MY.</li> <li>• Do not include BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests.</li> <li>• Do not include BP readings taken during and inpatient stay or ED visit.</li> <li>• When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used.</li> <li>• If no BP is recorded during the MY, the member is “not controlled.”</li> <li>• Member reported data documented in medical record is acceptable if BP captured with a digital device.</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Receiving palliative care any time in the MY.</li> <li>• 66 years of age and older with frailty <b>and</b> advanced illness during the MY.</li> <li>• Members who did not have a diagnosis of diabetes in the MY or the year prior <b>AND</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior.</li> <li>• Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Retake of BP that is 140/90 or above not documented.</li> <li>• Member-reported BP is not documented with sufficient detail.</li> <li>• BP rounded up before documented in medical record.</li> <li>• BP documented as a range.</li> <li>• Claim missing CPT II codes for BP results.</li> <li>• Flowsheets missing member name and second identifier, such as date of birth.</li> <li>• Incomplete or missing information from specialists or consulting providers.</li> </ul>	<p>Compliance = Both a representative (most recent during the MY) systolic BP &lt;140 mm Hg and a representative diastolic BP &lt;90 mm Hg (BP in the normal or high-normal range) identified in documentation via medical record review.</p> <p><b>Systolic and Diastolic Blood Pressure:</b> <b>CPT-CAT-II:</b></p> <ul style="list-style-type: none"> <li>• Systolic Less Than 130: 3074F</li> <li>• Systolic 130 – 139: 3075F</li> <li>• Systolic Greater Than or Equal To 140: 3077F</li> <li>• Diastolic Less Than 80: 3078F</li> <li>• Diastolic 80 – 89: 3079F</li> <li>• Diastolic Greater Than or Equal To 90: 3080F</li> </ul> <p><b>Outpatient (with Systolic and Diastolic):</b> <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015 <b>UBREV:</b> 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Telephone Visit (with Systolic and Diastolic):</b> <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online Assessments (with Systolic and Diastolic):</b> <b>CPT:</b> 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Nonacute Inpatient (with Systolic and Diastolic):</b> <b>CPT:</b> 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337</p> <p><b>Remote Blood Pressure Monitoring (with Systolic and Diastolic):</b> <b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>




Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Childhood Immunization Status (CIS)</b></p> <p>When coding E&amp;M and vaccine administration services on the same date you must append modifier 25 to the E&amp;M code effective January 1, 2014.</p> <p>This is also a measure (CIS-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p> 	<p>Members 2 years of age in the measurement year (MY) who are up-to-date on recommended routine vaccines for diphtheria, tetanus, and acellular pertussis (DTaP), polio (IPV), measles, mumps, and rubella (MMR), <i>Haemophilus influenzae</i> type B (HiB), hepatitis B (HepB), chicken pox (VZV), pneumococcal conjugate (PCV), hepatitis A (HepA), rotavirus (RV) and influenza (flu).</p>	<p>Children 2 years of age who had the following:</p> <ul style="list-style-type: none"> <li>• One MMR on or between the first and second birthdays or history of measles, mumps, and rubella on or before the second birthday.</li> <li>• One VZV on or between the first and second birthdays or history of chicken pox on or before the second birthday.</li> <li>• One HepA on or between the first and second birthdays or history of hepatitis A on or before the second birthday.</li> <li>• Three HepB with different dates of service (DOS) on or before the second birthday or history of the illness or anaphylaxis due to the vaccine. One of the three can be newborn (DOB to seven days after birth).</li> <li>• Three IPV with different DOS on or before the second birthday. Do not count if administered prior to 42 days after birth.</li> <li>• Three Hib with different DOS on or before the second birthday or anaphylaxis due to the HiB vaccine. Do not count DOS prior to 42 days after birth.</li> <li>• Four PCV with different DOS on or before the second birthday. Do not count DOS prior to 42 days after birth.</li> <li>• Four DTaP different DOS on or before the second birthday, or anaphylaxis or encephalitis due to any of the vaccines. Do not count DOS prior to 42 days after birth.</li> <li>• Two or three RV on different DOS on or before the second birthday. Do not count DOS prior to 42 days after birth.</li> <li>• Two flu with different DOS on or before second birthday. Do not count DOS prior to six months (180 days) after birth. One of the two vaccinations can be LAIV administered ONLY on the second birthday.</li> </ul> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• A note indicating the name of the specific antigen and the date of the immunization.</li> <li>• A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> <li>• Initial Hep B given “at birth” or “nursery/hospital” should be documented in the medical record or indicated on the immunization record as appropriate.</li> <li>• Immunizations documented using a generic header (e.g., polio vaccine) or “IPV/OPV” can be counted as evidence of IPV.</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Any of the following on or before the child’s second birthday: <ul style="list-style-type: none"> <li>– Severe combined immunodeficiency.</li> <li>– Immunodeficiency.</li> <li>– HIV.</li> <li>– Lymphoreticular cancer, multiple myeloma, or leukemia.</li> <li>– Intussusception.</li> </ul> </li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Immunizations administered after the second birthday.</li> <li>• PCP charts do not contain immunization records of vaccine(s) received elsewhere, such as a health department, or those given in the hospital at birth.</li> <li>• No documentation of contraindications/allergies.</li> <li>• Flu mist only meets criteria when administered on the second birthday.</li> <li>• A note that “member is up to date” with all immunization does not constitute compliance, due to insufficient data.</li> <li>• Parental refusal does not meet compliance.</li> <li>• Rotavirus documentation does not specify if two-dose or three-dose.</li> </ul>	<p>Use applicable vaccination code or diagnosis indicating history of disease. <b>Encounter for immunization:</b> ICD-10-CM: Z23</p> <p><b>Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP):</b> CVX: 20, 50, 106, 107, 110, 120, 146 CPT: 90698, 90700, 90723</p> <p><b>Haemophilus Influenzae Type B (HiB):</b> CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148 CPT: 90967, 90644, 90647, 90648, 90698, 90748</p> <p><b>Hepatitis A Vaccine (HepA):</b> CVX: 31, 83, 85 CPT: 90633</p> <p><b>Hepatitis A:</b> CVX: 146 CPT: 90697 ICD-10-CM: B15.0, B15.9</p> <p><b>Hepatitis B Vaccine (HepB):</b> CVX: 08, 44, 45, 51, 110 CPT: 90723, 90740, 90744, 90747, 90748 HCPCS: G0010</p> <p><b>Hepatitis B Newborn Vaccine:</b> ICD-10-PCS: 3E0234Z</p> <p><b>Hepatitis B:</b> ICD-10-CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11</p> <p><b>Inactivated Poliovirus Vaccine (IPV):</b> CVX: 10, 89, 110, 120, 146 CPT: 90967, 90698, 90713, 90723</p> <p><b>Influenza Vaccine:</b> CVX: 88, 140, 141, 150, 153, 155, 158, 161 CPT: 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689 HCPCS: G0008</p>
Coding continued			
<p><b>Childhood Immunization Status (CIS)</b></p> <p>continued</p>	<p><b>LAIV Immunization:</b> CVX: 111, 149 CPT: 90660, 90672</p> <p><b>Measles:</b> ICD-10-CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9</p> <p><b>Measles, Mumps and Rubella Vaccine (MMR):</b> CVX: 03, 94 CPT: 90707, 90710</p> <p><b>Mumps:</b> ICD-10-CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9</p> <p><b>Rubella:</b> ICD-10-CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9</p> <p><b>Pneumococcal Conjugate Vaccine (PCV):</b> CVX: 109, 133, 152 CPT: 90670 HCPCS: G0009</p>	<p><b>Rotavirus Vaccine (RV):</b> CVX: 116, 122 (3 dose), 119 (2 dose) CPT: 90680 (3 dose), 90681 (2 dose)</p> <p><b>Varicella Zoster Virus (VZV):</b> CVX: 21, 94 CPT: 90710, 90716</p> <p><b>Varicella Zoster:</b> ICD-10-CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>	







Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Immunizations for Adolescents (IMA)</b></p>  <p>When coding E&amp;M and vaccine administration services on the same date you must append modifier 25 to the E&amp;M code effective 1/1/14. This is also a measure (IMA-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	<p>Adolescents 13 years of age in the measurement year (MY) who are up-to-date on recommended routine vaccines for meningococcal, tetanus, diphtheria toxoids and acellular pertussis (Tdap), and human papillomavirus (HPV).</p>	<p><b>Adolescents 13 years of age who had the following:</b></p> <ul style="list-style-type: none"> <li>Meningococcal conjugate vaccine (MCV) with date of service (DOS) on or between the 11th and 13th birthdays or anaphylaxis due to the vaccine on or before the 13th birthday.</li> <li>Tdap or TD with DOS on or between 10th and 13th birthdays or anaphylaxis or encephalitis due to the vaccine on or before the 13th birthday.</li> <li>Human papillomavirus (HPV) – any of the following:                             <ul style="list-style-type: none"> <li>Three doses with different dates of service on or between ninth and 13th birthday.</li> <li>Two doses with at least 146 days between the first and second dose on or between ninth and 13th birthdays.</li> <li>Anaphylaxis due to the vaccine on or before the 13th birthday.</li> </ul> </li> </ul> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>A note indicating the name of the specific antigen and the date of the immunization.</li> <li>A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who meet any of the following criteria are excluded from the measure:                             <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> </li> </ul> <p><b>Optional Exclusions:</b></p> <ul style="list-style-type: none"> <li>Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following:                             <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> </li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Immunizations administered outside of the appropriate time frames.</li> <li>PCP charts do not contain records when immunizations were administered elsewhere (health departments, school clinics, urgent care facility).</li> <li>HPV vaccine doses are less than 146 days apart.</li> <li>A note that “member is up to date” with all immunizations does not constitute compliance, due to insufficient data.</li> <li>Parental refusal does not meet compliance.</li> <li>Td (tetanus, diphtheria toxoids) does not meet criteria for Tdap.</li> <li>Meningococcal recombinant (serogroup B) (MenB) do not meet criteria for the meningococcal vaccine.</li> </ul>	<p><b>Meningococcal Vaccine:</b>  <b>CVX:</b> 32, 108, 114, 136, 147, 167, 203  <b>CPT:</b> 90619, 90733, 90734</p> <p><b>Tetanus, Diphtheria and Acellular Pertussis Vaccine (Tdap):</b>  <b>CVX:</b> 115  <b>CPT:</b> 90715</p> <p><b>HPV Vaccine:</b>  <b>CVX:</b> 62, 118, 137, 165  <b>CPT:</b> 90649, 90650, 90651</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)</b></p> 	<p>The percentage of members 18 – 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the Measurement Year (MY).</p>	<p>A glucose test or HbA1c test performed during the MY.</p> <p><b>Required Exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Diabetes.</li> </ul> <p><b>Optional Exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p>Members are identified through administrative and pharmacy claims.</p> <p><b>Glucose Lab Test:</b>  <b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1C Lab Test:</b>  <b>CPT:</b> 83036, 83037</p> <p><b>HbA1C Test Result or Finding:</b>  <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F</p> <p><b>Antipsychotics Medications:</b>  <b>Miscellaneous antipsychotic agents:</b> Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone</p> <p><b>Phenothiazine antipsychotics:</b> Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine</p> <p><b>Psychotherapeutic combinations:</b> Amitriptyline-perphenazine</p> <p><b>Thioxanthenes:</b> Thiothixene</p> <p><b>Long-acting injections:</b> Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Follow-Up Care for Children Prescribed ADHD Medication ADD-C</b></p>  <p>This is also a measure (ADD-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	<p>The percentage of children 6 – 12 years of age who had a newly prescribed ADHD medication and who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Two rates are reported:</p> <p><b>1. Initiation Phase:</b> Members who had one follow-up visit with practitioner with prescribing authority during the 30 days following the IPSPD.</p> <p><b>2. Continuation Phase:</b> Members who remained on the medication for at least 210 days, had a visit in the Initiation Phase, and had at least two follow-up visits within 270 days after the Initiation Phase ended.</p>	<p>The Intake Period (IP) is the 12-month window starting March 1 of the year prior to the Measurement Year(MY) and ending the last calendar day of February of the MY.</p> <p>The Index Prescription Start Date (IPSPD) is the earliest prescription dispensing date for an ADHD medication in the IP.</p> <p>Telephone, telehealth visits are acceptable in both the Initiation and Continuation Phases.</p> <p>Only one of the two Continuation Phase visits can be e-visit or virtual check-in.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Acute inpatient encounter or discharge with principal diagnosis of mental, behavioral, or neurodevelopmental disorder.</li> <li>• Diagnosis of narcolepsy.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Diagnosis of narcolepsy.</li> <li>• Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Follow-up visit more than 30 days after initial medication dispensing date.</li> <li>• Two additional visits within nine months of starting medication are not documented.</li> </ul>	<p>Members are identified through administrative and pharmacy claims.</p> <p><b>ADHD Medications:</b> <b>CNS Stimulants:</b> Dexamethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine. <b>Alpha-2 receptor agonists:</b> Clonidine, Guanfacine <b>Miscellaneous ADHD Medications:</b> Atomoxetine</p> <p><b>Visit Setting Unspecified</b> (with Outpatient POS, Partial Hospitalization POS, Community Mental Health Center POS, or Telehealth POS): <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>Outpatient POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>Partial Hospitalization POS:</b> 52</p> <p><b>Community Mental Health Center POS:</b> 53</p> <p><b>Telehealth POS:</b> 02</p> <p><b>BH Outpatient:</b> <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 <b>HCPCS:</b> 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 <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p><b>Observation:</b> <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Health and Behavior Assessment or Intervention:</b> <b>CPT:</b> 96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171</p> <p><b>Partial Hospitalization or Intensive Outpatient:</b> <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 <b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Telephone Visit:</b> <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online Assessments:</b> (Continuation Phase one of two visits): <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>





Measure	Measure description	Measure Information/Documentation required	Coding
<b>Initiation &amp; Engagement of SUD Treatment — Engagement (IET-E)</b> 	<p>Adolescent and adult members with a new episode of substance use disorder (SUD) who received Initiation of SUD Treatment or Engagement of SUD Treatment.</p> <p>Two rates are reported:  <b>1. Initiation of SUD Treatment:</b>                      Members who initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.  <b>2. Engagement of SUD Treatment:</b>                      The percentage of members who initiated treatment and who had two or more additional SUD services or medication treatment within 34 days of the initiation visit.</p> <p>Each qualifying episode between November 15 of the year prior to the measurement year (MY) and November 14 of the MY is included.</p>	<p>The Measurement Year (MY) is January 1 to December 31.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Methadone is not included in the medication lists for the measure.</li> <li>• Medication treatment meets criteria for members being treated for alcohol or opioid abuse or dependence. It does not meet the criteria for treatment of other drug abuse or dependence.</li> </ul> <p><b>Required Exclusions:</b>                      Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b>                      Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>ODD Monthly Office Based Treatment</b> (if service that bills monthly or diagnosis from Opioid Abuse &amp; Dependence):  <b>HCPCS: G2086, G2087</b></p> <p><b>IET Stand Alone Visits</b> (with Alcohol Abuse &amp; Dependence, Opioid Abuse &amp; Dependence or Other Drug Abuse &amp; Dependence):  <b>CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510</b></p> <p><b>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</b></p> <p><b>UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</b></p> <p><b>Observation</b> (with Alcohol Abuse &amp; Dependence, Opioid Abuse &amp; Dependence or Other Drug Abuse &amp; Dependence):  <b>CPT: 99217, 99218, 99219, 99220</b></p> <p><b>Telephone Visit</b> (with Alcohol Abuse &amp; Dependence, Opioid Abuse &amp; Dependence or Other Drug Abuse &amp; Dependence):  <b>CPT: 98966, 98967, 98968, 99441, 99442, 99443</b></p>

**Coding continued**

<b>Initiation and Engagement of Substance Abuse Treatment — Engagement (IET-E)</b>  continued	<p><b>Alcohol Abuse &amp; Dependence:</b>  <b>ICD-10-CM:</b> F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29</p> <p><b>Opioid Abuse &amp; Dependence:</b>  <b>ICD-10-CM:</b> F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29</p> <p><b>Other Drug Abuse &amp; Dependence:</b>  <b>ICD-10-CM:</b> F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29</p> <p><b>IET Visits Group 1</b> (with IET POS Group 1 and Alcohol Abuse &amp; Dependence, Opioid Abuse &amp; Dependence or Other Drug Abuse &amp; Dependence):  <b>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876</b></p> <p><b>IET POS Group 1:</b>  <b>POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</b></p>	<p><b>IET Visits Group 2</b> (with IET POS Group 2 and Alcohol Abuse &amp; Dependence, Opioid Abuse &amp; Dependence or Other Drug Abuse &amp; Dependence):  <b>CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</b></p> <p><b>IET POS Group 2:</b>  <b>POS: 02, 52, 53</b></p> <p><b>Online Assessments</b> (with Alcohol Abuse &amp; Dependence, Opioid Abuse &amp; Dependence or Other Drug Abuse &amp; Dependence):  <b>CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457</b>  <b>HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</b></p> <p><b>ODD Monthly Office-Based Treatment</b> (if service that bills monthly or diagnosis from Opioid Abuse &amp; Dependence):  <b>HCPCS: G2086, G2087</b></p> <p><b>ODD Weekly Non Drug Service</b> (if diagnosis from Opioid Abuse &amp; Dependence):  <b>HCPCS: G2071, G2074, G2075, G2076, G2077, G2080</b></p> <p><b>ODD Weekly Drug Treatment Service</b> (if diagnosis from Opioid Abuse &amp; Dependence):  <b>HCPCS: G2067, G2068, G2069, G2070, G2072, G2073</b></p> <p><b>AOD Medication Treatment</b> (if diagnosis from Alcohol Abuse &amp; Dependence or Opioid Abuse &amp; Dependence):  <b>HCPCS: H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109</b></p> <p><b>Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</b></p> <p><b>Partial Hospitalization POS: 52</b></p> <p><b>Non-Residential Substance Abuse POS: 57, 58</b></p> <p><b>Community Mental Health POS: 53</b></p> <p><b>Telehealth POS: 02</b></p> <p><b>Alcohol Use Disorder Treatment Medications List</b> (if diagnosis from Alcohol Abuse &amp; Dependence):  <b>Aldehyde dehydrogenase inhibitor: Disulfiram (oral)</b>  <b>Antagonist: Naltrexone (oral and injectable)</b>  <b>Naltrexone Injection: HCPCS: J2315</b>  <b>Other: Acamprosate (oral, delayed-release tablet)</b></p> <p><b>Opioid Use Disorder Treatment Medications</b> (if diagnosis from Opioid Abuse &amp; Dependence):  <b>Antagonist: Naltrexone (oral and injectable)</b>  <b>Partial Agonist: Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</b>  <b>Naltrexone Injection: HCPCS: J2315</b></p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
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Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b></p> 	<p>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.</p>	<p>Documentation of psychosocial care in the 121-day period from 90 days prior to the Rx dispensing date through 30 days after the Rx dispensing date.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Psychosocial Care:</b> <b>CPT:</b> 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 <b>HCPCS:</b> G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b></p> 	<p>Members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following during the Measurement Year (MY):</p> <ul style="list-style-type: none"> <li>BMI percentile documentation.</li> <li>Counseling for nutrition.</li> <li>Counseling for physical activity.</li> </ul>	<p><b>BMI Percentile:</b></p> <ul style="list-style-type: none"> <li>Documentation must include height, weight, and BMI percentile during the MY.</li> <li>The height, weight, and BMI must be from the same data source.</li> <li>BMI percentile can be documented as a value or plotted on an age-growth chart.</li> <li>Member reported values (weight, height, BMI) can be captured during a telephone visit, e-visit, or virtual check-in.</li> </ul> <p><b>Counseling for Nutrition:</b> Documentation of counseling for nutrition or referral for nutrition education during the MY. Examples include:</p> <ul style="list-style-type: none"> <li>Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).</li> <li>Checklist indicating nutrition was addressed.</li> <li>Member received educational materials on nutrition during a face-to-face visit.</li> <li>Anticipatory guidance for nutrition.</li> <li>Weight or obesity counseling.</li> <li>Referral to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).</li> </ul> <p><b>Counseling for Physical Activity:</b> Documentation of counseling for physical activity or referral for physical activity during the MY. Examples include:</p> <ul style="list-style-type: none"> <li>Checklist indicating physical activity was addressed.</li> <li>Member received educational materials on physical activity during a face-to-face visit.</li> <li>Anticipatory guidance for physical activity or weight/obesity counseling.</li> <li>Weight or obesity counseling.</li> <li>Discussion of current physical activity (e.g., sports activities, exercise routines).</li> <li>Exam for sport participation/sports physical.</li> </ul> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Services may be rendered during a visit other than a well-child visit; however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the “Counseling for Nutrition” and “Counseling for Physical Activity” indicators.</li> <li>Services may be delivered during a telephone visit, e-visit, or virtual check-in. This includes member-reported data (e.g., height, weight, BMI) documented in the chart.</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of:</p> <ul style="list-style-type: none"> <li>Diagnosis of pregnancy during the MY.</li> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Height, weight, and BMI percentile not documented each year.</li> <li>BMI documented as a value and not as a percentile.</li> <li>BMI percentile documented as a range or threshold.</li> <li>BMI documented on an appropriate age-growth chart but without name, DOB, or discernible DOS on the chart.</li> <li>BMI documented on weight or stature for age charts.</li> <li>Documentation of developmental milestones without notation of anticipatory guidance or education for physical activity.</li> <li>Missing counseling/education on physical activity and/or nutrition.</li> <li>Notation of “health education” or “anticipatory guidance” without specific mention of nutrition and/or physical activity.</li> <li>Counseling on safety (e.g., “wears helmet” or “water safety”) without specific mention of physical activity recommendations.</li> <li>Notation solely related to “screen time” without specific mention of physical activity recommendations.</li> <li>Documentation of diet or appetite “regular” or “good” without notation of counseling.</li> <li>Well-child services delivered in sick visit but not coded on claim.</li> </ul>	<p><b>BMI Percentile:</b> <b>ICD-10-CM:</b> Z68.51, Z68.52, Z68.53, Z68.54</p> <p><b>Nutrition Counseling:</b> <b>CPT:</b> 97802, 97803, 97804 <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470 <b>ICD-10-CM:</b> Z71.3</p> <p><b>Physical Activity Counseling:</b> <b>HCPCS:</b> G0447, S9451 <b>ICD-10-CM:</b> Z02.5, Z71.82</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>





**OTHER MEASURES:**

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Appropriate Testing for Pharyngitis (CWP)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Persistence of Beta Blocker Treatment After a Heart Attack (PBH)
- Statin Therapy for Patients With Cardiovascular Disease (SPC)
- Cardiac Rehabilitation (CRE)
- Kidney Evaluation for Patients With Diabetes (KED)
- Statin Therapy for Patients With Diabetes (SPD)
- Antidepressant Medication Management (AMM)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)
- Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)
- Appropriate Treatment for Upper Respiratory Infection (URI)
- Risk of Continued Opioid Use (COU)
- Use of Opioids From Multiple Providers (UOP)
- Well-Child Visits in the First 30 Months of Life (W30)
- Eye Exam for Patients with Diabetes (EED)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Emergency Department Visit for Substance Use (FUA)
- Use of Imaging for Low Back Pain (LBP)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Breast Cancer Screening (BCS)</b></p>  <p>This is also a measure (BCS-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	<p>Women 50 – 74 years of age who had a mammogram to screen for breast cancer during the MY or the two years prior to the MY.</p>	<p>All types and methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for numerator compliance.</p> <p><b>Note:</b> Biopsies, breast ultrasounds, and MRIs do not count towards this measure.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services in the measurement year (MY).</li> <li>• Receiving palliative care any time in the MY.</li> <li>• 66 years of age and older with frailty <b>and</b> advanced illness during the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy or unilateral mastectomy with bilateral modifier from same procedure any time during the member’s history through the end of the MY.</li> <li>• Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Documentation not clear if unilateral or bilateral mastectomy.</li> <li>• Missing clear documentation on transgender patients (not clear that member is appropriate for the screening or if the screening was ordered/completed).</li> </ul>	<p><b>Mammography:</b> <b>CPT:</b> 77061, 77062, 77063, 77065, 77066, 77067</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Cervical Cancer Screening (CCS)</b></p>  <p>This is also a measure (CCS-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	<p>Women 21 – 64 years of age who were screened for cervical cancer using the following criteria:</p> <ul style="list-style-type: none"> <li>Age 21 – 64 years: A cervical cytology (Pap) test within the last three years.</li> <li>Age 30 – 64 years: At least one cervical cytology (Pap) test/high-risk human papillomavirus (hrHPV) co-testing within the last five years.</li> <li>Age 30 – 64 years: At least one cervical high-risk human papillomavirus (hrHPV) test performed within the last five years.</li> </ul>	<p><b>Documentation using either of the following criteria meet:</b></p> <ul style="list-style-type: none"> <li>A note indicating the date when the cervical cytology was performed and the findings.</li> <li>A note indicating the date hrHPV test was performed and the findings.</li> </ul> <p><b>Note:</b> Evidence of hrHPV testing within the last five years also captures patients who had cotesting.</p> <p><b>Do NOT Count:</b></p> <ul style="list-style-type: none"> <li>Lab results that indicate the sample was inadequate or that “no cervical cells were present” is not a valid screening.</li> <li>Biopsies are diagnostic and are not valid as a primary cervical cancer screening.</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following any time during the member’s history through December 31 of the MY:</p> <ul style="list-style-type: none"> <li>Evidence of a hysterectomy with no residual cervix. Must specify “complete,” “total,” “radical,” “abdominal” or “vaginal” hysterectomy.</li> <li>“Cervical agenesis” or “acquired absence of the cervix.”</li> <li>Hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.</li> <li>Deceased in the MY.</li> </ul> <p><b>Gender Exclusions:</b></p> <ul style="list-style-type: none"> <li>Evidence that a patient was born a male.</li> <li>Documentation patient is “transitioning from male to female” or has undergone sex reassignment surgery from male to female.</li> <li>Documentation of “binary,” “non-binary,” “transgender,” or “transsexual” would NOT be considered an exclusion.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Hysterectomy is not documented in the chart sufficiently to exclude member from measure.</li> <li>Member-reported data not documented within history in chart with sufficient information to show the screening was completed in the measure time frame.</li> <li>Pap/HPV test completed, but results not documented.</li> <li>Missing clear documentation on transgender patients (not clear that member is appropriate for the screening or if the screening was ordered/completed).</li> </ul>	<p><b>Cervical Cytology (Pap):</b> CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b>High Risk HPV Testing:</b> CPT: 87624, 87625 HCPCS: G0476</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Appropriate Testing for Pharyngitis (CWP)</b></p>  <p>This is also a measure (CWP-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	<p>The percentage of episodes for members three years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</p> <p>This is an episode-based event so a member may be included multiple times.</p>	<p>Outpatient or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period (IP) which is three days prior and three days after the diagnosis.</p> <p>Visits that result in an inpatient stay are excluded.</p> <p>Telehealth visits are included in event/diagnosis criteria.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.</li> </ul>	<p><b>Group A Strep Test:</b> CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</p> <p><b>Pharyngitis Diagnosis:</b> ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure	Measure description	Measure Information/Documentation required	Coding
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>	<p>Members 40 years of age and older who had an acute inpatient discharge or ER visit on or between January 1 and November 30 of MY and who have evidence of an active prescription for or were dispensed the appropriate medications :</p> <ul style="list-style-type: none"> <li>A systemic corticosteroid within 14 days of the event. (No longer includes Betamethasone.)</li> <li>A bronchodilator within 30 days of the event. (No longer includes Methylxathines.)</li> </ul> <p>This is an episode-based event so a member may be included multiple times.</p>	<p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p>HEDIS rates are based on pharmacy claims.</p> <p><b>Systemic Corticosteroid Medications</b> <b>Glucocorticoids:</b> Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone</p> <p><b>Bronchodilator Medications</b> <b>Anticholinergic agents:</b> Acclidinium bromide, Ipratropium, Tiotropium, Umeclidinium</p> <p><b>Beta 2-agonists:</b> Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, olodaterol, Salmeterol</p> <p><b>Bronchodilator combinations:</b> Albuterol-ipratropium, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Fluticasone furoate-umeclidinium-vilanterol, Formoterol-acclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Indacaterol, Olodaterol-tiotropium, Umeclidinium-vilanterol</p>
<b>Persistence of Beta Blocker Treatment After a Heart Attack (PBH)</b>	<p>Members 18 years of age and older during the Measurement Year (MY) who were hospitalized and discharged from July 1 of the year prior to the MY to June 30 of the MY with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.</p>	<p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with advanced illness during the MY.</li> <li>81 years of age and older with frailty any time on or between July 1 of the year prior to the MY and December 31 of the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Asthma.</li> <li>COPD.</li> <li>Obstructive Chronic Bronchitis.</li> <li>Chronic Respiratory Conditions Due to Fumes or Vapors.</li> <li>Hypotension</li> <li>Heart block &gt;1 degree</li> <li>Sinus bradycardia</li> <li>A medication dispensing event indicative of a history of asthma.</li> <li>Intolerance or allergy to beta-blocker therapy.</li> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Medication was ordered with no evidence that it was dispensed.</li> </ul>	<p>HEDIS rates are based on pharmacy claims.</p> <p><b>Beta-Blocker Medications</b> <b>Noncardioselective beta-blockers:</b> Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol</p> <p><b>Cardioselective beta-blockers:</b> Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol Nebivolol</p> <p><b>Antihypertensive combinations:</b> Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol</p> <p><b>AMI Diagnosis:</b> <b>ICD-10-CM:</b> I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<b>Statin Therapy for Patients With Cardiovascular Disease (SPC)</b>	<p>Males 21 – 75 years of age and females 40 – 75 years of age during the Measurement Year (MY), who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD), and met the following criteria.</p> <p>Two rates are reported:</p> <p><b>1. Received Statin Therapy:</b> Members who were dispensed at least one high or moderate-intensity statin medication during the MY.</p> <p><b>2. Statin Adherence 80%:</b> Members who remained on a high or moderate intensity statin medication for at least 80% of the treatment period.</p>	<p>The Index Prescription Start Date (IPSD) is the earliest dispensing date for any statin medication of at least moderate intensity during the MY.</p> <p>The Treatment Period (TP) is the period beginning on the IPSD through December 31 of the MY.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> <li>Myalgia, myositis, myopathy, or rhabdomyolysis during the MY.</li> <li>Pregnancy, IVF treatment, clomiphene Rx, cirrhosis, end stage renal disease in the MY or the year prior to the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>No documentation of review of medications at every visit.</li> </ul>	<p><b>High-intensity statin therapy:</b> Atorvastatin 40 mg – 80 mg, Amlodipine-atorvastatin 40 mg – 80 mg, Rosuvastatin 20 mg – 40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg</p> <p><b>Moderate-intensity statin therapy:</b> Atorvastatin 10 mg – 20 mg, Amlodipine-Atorvastatin 10 mg – 20 mg, Rosuvastatin 5 mg – 10 mg, Simvastatin 20 mg – 40mg, Ezetimibe-simvastatin 20 mg – 40 mg, Pravastatin 40 mg – 80 mg, Lovastatin 40 mg. Fluvastatin 40 mg – 80 mg, Pitavastatin 1 mg – 4 mg</p> <p><b>MI Diagnosis:</b> <b>ICD-10-CM:</b> I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8</p> <p><b>CABG Diagnosis:</b> <b>CPT:</b> 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536 <b>HCPCS:</b> S2205, S2206, S2207, S2208, S2209</p>






Coding continued	
<p><b>Statin Therapy for Patients With Cardiovascular Disease (SPC)</b></p> <p>continued</p>	<p><b>ICD-10-PCS:</b> 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF</p> <p><b>PCI Diagnosis:</b>  <b>CPT:</b> 92920, 92924, 92928, 92933, 92937, 92941, 92943  <b>HCPCS:</b> C9600, C9602, C9604, C9606, C9607</p> <p><b>ICD-10-PCS:</b> 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704E6, 02704E6, 02704F6, 02704F6, 02704GZ, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714E6, 02714E6, 02714F6, 02714F6, 02714GZ, 02714GZ, 02714H6, 02714H6, 02714I6, 02714I6, 02714J6, 02714J6, 02714K6, 02714K6, 02714L6, 02714L6, 02714M6, 02714M6, 02714N6, 02714N6, 02714O6, 02714O6, 02714P6, 02714P6, 02714Q6, 02714Q6, 02714R6, 02714R6, 02714S6, 02714S6, 02714T6, 02714T6, 02714U6, 02714U6, 02714V6, 02714V6, 02714W6, 02714W6, 02714X6, 02714X6, 02714Y6, 02714Y6, 02714Z6, 02714Z6, 027234Z, 027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724E6, 02724E6, 02724F6, 02724F6, 02724GZ, 02724GZ, 02724H6, 02724H6, 02724I6, 02724I6, 02724J6, 02724J6, 02724K6, 02724K6, 02724L6, 02724L6, 02724M6, 02724M6, 02724N6, 02724N6, 02724O6, 02724O6, 02724P6, 02724P6, 02724Q6, 02724Q6, 02724R6, 02724R6, 02724S6, 02724S6, 02724T6, 02724T6, 02724U6, 02724U6, 02724V6, 02724V6, 02724W6, 02724W6, 02724X6, 02724X6, 02724Y6, 02724Y6, 02724Z6, 02724Z6, 027334Z, 027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734E6, 02734E6, 02734F6, 02734F6, 02734GZ, 02734GZ, 02734H6, 02734H6, 02734I6, 02734I6, 02734J6, 02734J6, 02734K6, 02734K6, 02734L6, 02734L6, 02734M6, 02734M6, 02734N6, 02734N6, 02734O6, 02734O6, 02734P6, 02734P6, 02734Q6, 02734Q6, 02734R6, 02734R6, 02734S6, 02734S6, 02734T6, 02734T6, 02734U6, 02734U6, 02734V6, 02734V6, 02734W6, 02734W6, 02734X6, 02734X6, 02734Y6, 02734Y6, 02734Z6, 02734Z6</p> <p><b>Other Revascularization Diagnosis:</b>  <b>CPT:</b> 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231</p> <p><b>IVD Diagnosis:</b>  <b>ICD-10-CM:</b> I20.0, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.1, 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I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.92, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89, T82.855A, T82.855D, T82.855S, T82.856A, T82.856D, T82.856S</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>


Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Cardiac Rehabilitation (CRE)</b></p>	<p>The percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including:</p> <ul style="list-style-type: none"> <li>Myocardial infarction.</li> <li>Percutaneous coronary intervention.</li> <li>Coronary artery bypass grafting.</li> <li>Heart and heart/lung transplantation.</li> <li>Heart valve replacement.</li> </ul> <p>Four rates are reported as the percentage of members who attended the specified number of cardiac rehabilitation sessions within the specified time after a qualifying event:</p> <ol style="list-style-type: none"> <li><b>Initiation:</b> Two or more sessions within 30 days.</li> <li><b>Engagement 1:</b> 12 or more sessions within 90 days.</li> <li><b>Engagement 2:</b> 24 or more sessions within 180 days.</li> <li><b>Achievement:</b> 36 or more sessions within 180 days.</li> </ol>	<p>The Measurement Year (MY) is January 1 to December 31.</p> <p>The Intake Period (IP) is a 12-month window that begins on July 1 of the year prior to the MY and ends on June 30 of the MY.</p> <p>The Episode Date (EP) is the most recent cardiac event during the IP, including myocardial infarction (MI), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), heart or heart/lung transplant, or heart valve repair/replacement.</p> <p>For MI, CABG, heart or heart/lung transplant or heart valve repair/replacement, the EP is the date of discharge.</p> <p>For PCI, the EP is the date of service. For inpatient claims, the EP is the date of discharge.</p> <p><b>Required Exclusions:</b>  Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care during the IP through the end of the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> <li>81 years of age and older with frailty during the IP through the end of the MY.</li> <li>Discharged from an inpatient setting with the following during the 180 days after the EP: MI, CABG, Heart or Heart/Lung Transplant, Heart valve repair or replacement.</li> <li>PCI in any setting during the 180 days after the EP.</li> </ul> <p><b>Optional Exclusions:</b>  Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Cardiac Rehabilitation:</b>  <b>CPT:</b> 93797, 93798  <b>HCPCS:</b> G0422, G0423, S9472</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>






Measure	Measure description	Measure Information/Documentation required	Coding
<b>Kidney Evaluation for Patients With Diabetes (KED)</b> 	<p>The percentage of members aged 18 – 85 with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the Measurement Year (MY).</p>	<p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>Evidence of ESRD or dialysis any time during the member's history through December 31 of the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> <li>81 years of age and older with frailty during the MY.</li> <li>Evidence of ESRD any time during the member's history through December 31 of the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul>	<p><b>All three are required:</b></p> <p><b>Estimated Glomerular Filtration Rate Lab Test:</b> CPT: 80047, 80048, 80050, 80053, 80069, 82565</p> <p><b>Quantitative Urine Albumin Lab Test:</b> CPT: 82043</p> <p><b>Urine Creatinine Lab Test:</b> CPT: 82570</p> <p>Service dates of Quantitative Urine Albumin Lab Test and Urine Creatinine Lab Test must be four days apart or less.</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<b>Statin Therapy for Patients With Diabetes (SPD)</b> 	<p>The percentage of adults 40 – 75 years of age during the Measurement Year (MY) with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.</p> <p>Two rates are reported:</p> <p><b>1. Received statin therapy:</b> Members who were dispensed at least one statin medication of any intensity during the MY.</p> <p><b>2. Statin adherence 80%:</b> Remained on a statin medication of any intensity for at least 80% of the treatment period.</p>	<p>The Index Prescription Start Date (IPSD) is the earliest dispensing date for any statin medication of any intensity during the MY.</p> <p>The Treatment Period (TP) is the period beginning on the IPSD through December 31 of the MY.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> <li>Any of the following during MY or the prior year: MI (Myocardial Infarction), CABG (Coronary Artery Bypass Graft), PCI (Percutaneous Coronary Intervention), other revascularization, pregnancy, IVF, dispensed prescription of clomiphene, ESRD, cirrhosis.</li> <li>Diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the MY.</li> <li>Diagnosis of ischemic vascular disease during the MY or the year prior who had at least one outpatient visit, telephone visit, online assessment, or acute inpatient encounter.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>No diagnosis of diabetes in any setting during the MY or the year prior, and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul>	<p><b>Low, Medium, or High Intensity Statin:</b> Amlodipine-Atorvastatin, Atorvastatin, Ezetimibe-Simvastatin, Fluvastatin Lovastatin, Pitavastatin, Pravastatin, Rosuvastatin, Simvastatin</p>
<b>Antidepressant Medication Management (AMM)</b> 	<p>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.</p> <p>Two rates are reported:</p> <p><b>1. Effective Acute Phase Treatment:</b> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p><b>2. Effective Continuation Phase. Treatment:</b> The percentage of members who remained on an antidepressant medication for at least 180 days (six months).</p>	<p>The Intake Period (IP) is the 12-month window starting on May 1 of the year prior to the Measurement Year (MY) and ending on April 30 of the MY.</p> <p>The Index Prescription Start Date (IPSD) is the earliest dispensing date for an antidepressant medication in the IP.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>No encounter with diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through 60 days after the IPSD.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p>Members are identified through administrative and pharmacy claims.</p> <p><b>Major Depression Diagnosis:</b> ICD-10-CM: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p><b>Antidepressant Medications:</b> <b>Miscellaneous antidepressants:</b> Bupropion, Vilazodone, Vortioxetine <b>Monoamine oxidase inhibitors:</b> Iscortoxazid, Phenelzine, Selegiline, Tranylcypromine <b>Phenylpiperazine antidepressants:</b> Nefazodone, Trazodone <b>Psychotherapeutic combinations:</b> Amitriptyline-chloridiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine <b>SNRI antidepressants:</b> Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine <b>SSRI antidepressants:</b> Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline <b>Tetracyclic antidepressants:</b> Maprotiline, Mirtazapine <b>Tricyclic antidepressants:</b> Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>




Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b></p> 	<p>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.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>The percentage of discharges for which the member received follow-up within 30 (calendar) days of discharge.</li> <li>The percentage of discharges for which the member received follow-up within seven (calendar) days of discharge.</li> </ol>	<p>The Measurement Year (MY) is January 1 to December 31.</p> <p>An outpatient visit, with a mental health provider within seven and 30 (calendar) days after discharge. Do not include visits that occur on the date of discharge.</p> <ul style="list-style-type: none"> <li>A visit with a mental health provider in any of the following settings:                             <ul style="list-style-type: none"> <li>Outpatient.</li> <li>Behavioral health outpatient.</li> <li>Telehealth visit.</li> <li>Telephone visit.</li> <li>Observation visit.</li> <li>Transitional care management visit.</li> </ul> </li> <li>A visit in any of the following settings:                             <ul style="list-style-type: none"> <li>Intensive outpatient/partial hospitalization.</li> <li>Community mental health center.</li> <li>Electroconvulsive therapy visit.</li> <li>Behavioral health care setting.</li> </ul> </li> </ul> <p><b>Required Exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Follow-up visit more than seven days or 30 days after discharge.</li> <li>Criteria is not met by a follow-up on the date of discharge.</li> </ul>	<p><b>Mental Illness Diagnosis:</b></p> <p><b>ICD-10-CM:</b> F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9</p> <p><b>Intentional Self-Harm Diagnosis:</b></p> <p><b>ICD-10-CM:</b> T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.9X2A, T36.9X2D, T36.9X2S, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.9X2A, T37.9X2D, T37.9X2S, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D,</p>
<p><b>Coding continued</b></p>			
<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b></p> <p>continued</p>	<p><b>ICD-10-CM continued:</b> T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.9X2A, T39.9X2D, T39.9X2S, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.7X2A, T42.7X2D, T42.7X2S, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.9X2A, T43.9X2D, T43.9X2S, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92X2A, T45.92X2D, T45.92X2S, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, T47.7X2D, T47.7X2S, T47.8X2A, T47.8X2D, T47.8X2S, T47.9X2A, T47.9X2D, T47.9X2S, T48.0X2A, T48.0X2D, T48.0X2S, T48.1X2A, T48.1X2D, T48.1X2S, T48.202A, T48.202D, T48.202S, T48.292A, T48.292D, T48.292S, T48.3X2A, T48.3X2D, T48.3X2S, T48.4X2A, T48.4X2D, T48.4X2S, T48.5X2A, T48.5X2D, T48.5X2S, T48.6X2A, T48.6X2D, T48.6X2S, T48.802A, T48.802D, T48.802S, T48.892A, T48.892D, T48.892S, T48.992A, T48.992D, T48.992S, T49.0X2A, T49.0X2D, T49.0X2S, T49.1X2A, T49.1X2D, T49.1X2S, T49.2X2A, T49.2X2D, T49.2X2S, T49.3X2A, T49.3X2D, T49.3X2S, T49.4X2A, T49.4X2D, T49.4X2S, T49.5X2A, T49.5X2D, T49.5X2S, T49.6X2A, T49.6X2D, T49.6X2S, T49.7X2A, T49.7X2D, T49.7X2S, T49.8X2A, T49.8X2D, T49.8X2S, T49.9X2A, T49.9X2D, T49.9X2S, T50.0X2A, T50.0X2D, T50.0X2S, T50.1X2A, T50.1X2D, T50.1X2S, T50.2X2A, T50.2X2D, T50.2X2S, T50.3X2A, T50.3X2D, T50.3X2S, T50.4X2A, T50.4X2D, T50.4X2S, T50.5X2A, T50.5X2D, T50.5X2S, T50.6X2A, T50.6X2D, T50.6X2S, T50.7X2A, T50.7X2D, T50.7X2S, T50.8X2A, T50.8X2D, T50.8X2S, T50.902A, T50.902D, T50.902S, T50.912A, T50.912D, T50.912S, T50.992A, T50.992D, T50.992S, T50.A12A, T50.A12D, T50.A12S, T50.A22A, T50.A22D, T50.A22S, T50.A92A, T50.A92D, T50.A92S, T50.B12A, T50.B12D, T50.B12S, T50.B92A, T50.B92D, T50.B92S, T50.Z12A, T50.Z12D, T50.Z12S, T50.Z92A, T50.Z92D, T50.Z92S, T51.0X2A, T51.0X2D, T51.0X2S, T51.1X2A, T51.1X2D, T51.1X2S, T51.2X2A, T51.2X2D, T51.2X2S, T51.3X2A, T51.3X2D, T51.3X2S, T51.8X2A, T51.8X2D, T51.8X2S, T51.9X2A, T51.9X2D, T51.9X2S, T52.0X2A, T52.0X2D, T52.0X2S, T52.1X2A, T52.1X2D, T52.1X2S, T52.2X2A, T52.2X2D, T52.2X2S, T52.3X2A, T52.3X2D, T52.3X2S, T52.4X2A, T52.4X2D, T52.4X2S, T52.8X2A, T52.8X2D, T52.8X2S, T52.9X2A, T52.9X2D, T52.9X2S, T53.0X2A, T53.0X2D, T53.0X2S, T53.1X2A, T53.1X2D, T53.1X2S, T53.2X2A, T53.2X2D, T53.2X2S, T53.3X2A, T53.3X2D, T53.3X2S, T53.4X2A, T53.4X2D, T53.4X2S, T53.5X2A, T53.5X2D, T53.5X2S, T53.6X2A, T53.6X2D, T53.6X2S, T53.7X2A, T53.7X2D, T53.7X2S, T53.9X2A, T53.9X2D, T53.9X2S, T54.0X2A, T54.0X2D, T54.0X2S, T54.1X2A, T54.1X2D, T54.1X2S, T54.2X2A, T54.2X2D, T54.2X2S, T54.3X2A, T54.3X2D, T54.3X2S, T54.4X2A, T54.4X2D, T54.4X2S, T54.5X2A, T54.5X2D, T54.5X2S, T54.6X2A, T54.6X2D, T54.6X2S, T54.7X2A, T54.7X2D, T54.7X2S, T54.8X2A, T54.8X2D, T54.8X2S, T54.9X2A, T54.9X2D, T54.9X2S, T55.0X2A, T55.0X2D, T55.0X2S, T55.1X2A, T55.1X2D, T55.1X2S, T55.2X2A, T55.2X2D, T55.2X2S, T55.3X2A, T55.3X2D, T55.3X2S, T55.4X2A, T55.4X2D, T55.4X2S, T55.5X2A, T55.5X2D, T55.5X2S, T55.6X2A, T55.6X2D, T55.6X2S, T55.7X2A, T55.7X2D, T55.7X2S, T55.8X2A, T55.8X2D, T55.8X2S, T55.9X2A, T55.9X2D, T55.9X2S, T56.0X2A, T56.0X2D, T56.0X2S, T56.1X2A, T56.1X2D, T56.1X2S, T56.2X2A, T56.2X2D, T56.2X2S, T56.3X2A, T56.3X2D, T56.3X2S, T56.4X2A, T56.4X2D, T56.4X2S, T56.5X2A, T56.5X2D, T56.5X2S, T56.6X2A, T56.6X2D, T56.6X2S, T56.7X2A, T56.7X2D, T56.7X2S, T56.812A, T56.812D, T56.812S, T56.892A, T56.892D, T56.892S, T56.92XA, T56.92XD, T56.92XS, T57.0X2A, T57.0X2D, T57.0X2S, T57.1X2A, T57.1X2D, T57.1X2S, T57.2X2A, T57.2X2D, T57.2X2S, T57.3X2A, T57.3X2D, T57.3X2S, T57.8X2A, T57.8X2D, T57.8X2S, T57.9X2A, T57.9X2D, T57.9X2S, T58.0X2A, T58.0X2D, T58.0X2S, T58.1X2A, T58.1X2D, T58.1X2S, T58.2X2A, T58.2X2D, T58.2X2S, T58.8X2A, T58.8X2D, T58.8X2S, T58.9X2A, T58.9X2D, T58.9X2S, T59.0X2A, T59.0X2D, T59.0X2S, T59.1X2A, T59.1X2D, T59.1X2S, T59.2X2A, T59.2X2D, T59.2X2S, T59.3X2A, T59.3X2D, T59.3X2S, T59.4X2A, T59.4X2D, T59.4X2S, T59.5X2A, T59.5X2D, T59.5X2S, T59.6X2A, T59.6X2D, T59.6X2S, T59.7X2A, T59.7X2D, T59.7X2S, T59.812A, T59.812D, T59.812S, T59.892A, T59.892D, T59.892S, T59.92XA, T59.92XD, T59.92XS, T60.0X2A, T60.0X2D, T60.0X2S,</p>		




Coding continued	
<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b></p> <p>continued</p>	<p><b>ICD-10-CM continued:</b> T60.1X2A, T60.1X2D, T60.1X2S, T60.2X2A, T60.2X2D, T60.2X2S, T60.3X2A, T60.3X2D, T60.3X2S, T60.4X2A, T60.4X2D, T60.4X2S, T60.8X2A, T60.8X2D, T60.8X2S, T60.92XA, T60.92XD, T60.92XS, T61.02XA, T61.02XD, T61.02XS, T61.12XA, T61.12XD, T61.12XS, T61.772A, T61.772D, T61.772S, T61.782A, T61.782D, T61.782S, T61.8X2A, T61.8X2D, T61.8X2S, T61.92XA, T61.92XD, T61.92XS, T62.0X2A, T62.0X2D, T62.0X2S, T62.1X2A, T62.1X2D, T62.1X2S, T62.2X2A, T62.2X2D, T62.2X2S, T62.8X2A, T62.8X2D, T62.8X2S, T62.92XA, T62.92XD, T62.92XS, T63.002A, T63.002D, T63.002S, T63.012A, T63.012D, T63.012S, T63.022A, T63.022D, T63.022S, T63.032A, T63.032D, T63.032S, T63.042A, T63.042D, T63.042S, T63.062A, T63.062D, T63.062S, T63.072A, T63.072D, T63.072S, T63.082A, T63.082D, T63.082S, T63.092A, T63.092D, T63.092S, T63.112A, T63.112D, T63.112S, T63.122A, T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S</p> <p><b>Visit Setting Unspecified</b> (with Outpatient POS Value Set and with a mental health provider, with Partial Hospitalization POS, with Community Mental Health Center POS, or with Telehealth POS Value Set and with a mental health provider):</p> <p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>BH Outpatient:</b> (with a mental health provider): (with Community Mental Health Center POS):</p> <p><b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99492, 99493, 99494, 99483, 99510</p> <p><b>HCPCS:</b> G0152, 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</p> <p><b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p><b>Partial Hospitalization or Intensive Outpatient:</b></p> <p><b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Transitional Care Management Services:</b> (with a mental health provider): (with Community Mental Health Center POS):</p> <p><b>CPT:</b> 99495, 99496</p> <p><b>Electroconvulsive Therapy:</b> (with Ambulatory Surgical Center POS): (with Community Mental Health POS): (with Outpatient POS): (with Partial Hospitalization POS):</p> <p><b>CPT:</b> 90870</p> <p><b>ICD10PCS:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p><b>Observation Visit:</b> (with Community Mental Health Center POS): (with a mental health provider):</p> <p><b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Behavioral Healthcare Setting Visit:</b></p> <p><b>UBREV:</b> 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919</p> <p><b>Telephone Visit:</b> (with a mental health provider):</p> <p><b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Psychiatric Collaborative Care Management:</b></p> <p><b>CPT:</b> 99492, 99493, 99494</p> <p><b>HCPCS:</b> G0512</p> <p><b>Ambulatory Surgical Center POS:</b> <b>POS:</b> 24</p> <p><b>Community Mental Health Center POS:</b> <b>POS:</b> 53</p> <p><b>Partial Hospitalization POS:</b> <b>POS:</b> 52</p> <p><b>Telehealth POS:</b> <b>POS:</b> 2</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

Measure	Measure description	Measure Information/Documentation required	Coding
 <p><b>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</b></p>	<p>The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular (IVD, CABG, PCI, AMI) disease who had a LDL-C test during the Measurement Year (MY).</p>	<p>An LDL-C test performed during the MY.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>LDL-C Lab Test:</b> <b>CPT:</b> 80061, 83700, 83701, 83704, 83721</p> <p><b>LDL-C Test Result or Finding:</b> <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</b></p> 	<p>The percentage of members 18 years of age and older during the Measurement Year (MY) with schizophrenia or schizoaffective disorder who were dispensed and remained on an oral or long acting injection antipsychotic medication at least 80% of their treatment period.</p>	<p>The Index Prescription Start Date (ISPD) is the earliest prescription dispensing date during the MY. The Treatment period is the ISPD through the last day of the MY.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• 66 – 80 years of age with frailty and advanced illness during the MY.</li> <li>• 81 years of age and older with frailty.</li> <li>• Diagnosis of dementia in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Schizophrenia Diagnosis:</b> <b>ICD-10-CM:</b> F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p><b>Long-Acting Injections, 14-Day Supply:</b> HCPCS: J2794</p> <p><b>Long-Acting Injections, 28-Day Supply:</b> <b>HCPCS:</b> J0401, J1631, J1943, J1944, J2358, J2426, J2680</p> <p><b>Long-Acting Injections, 30-Day Supply:</b> <b>HCPCS:</b> J2798</p> <p><b>Oral Antipsychotic Medications:</b> <b>Miscellaneous antipsychotic agents:</b> Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone</p> <p><b>Phenothiazine antipsychotics:</b> Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine</p> <p><b>Psychotherapeutic combinations:</b> Amitriptyline-perphenazine</p> <p><b>Thioxanthenes:</b> Thiothixene</p> <p><b>Long-Acting Injections:</b> <b>14-day supply:</b> Risperidone (excluding Perseris®) Long-Acting Injections, 14 Days Supply <b>28-day supply:</b> Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone Palmitate</p> <p><b>30-day supply:</b> Risperidone (Perseris®)</p> <p><b>Schizophrenia Diagnosis:</b> <b>ICD-10-CM:</b> F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>





Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)</b></p> 	<p>Members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within seven days of the ED visit.</p> <p>Each qualifying ED in the Measurement Period (MP) is measured.</p>	<p>The MP is January 1 through December 24.</p> <p>ED visits that result in an inpatient stay or that are followed by admission to acute or nonacute inpatient care within seven days are excluded.</p> <p><b>Chronic Conditions include:</b></p> <ul style="list-style-type: none"> <li>• COPD and Asthma.</li> <li>• Alzheimer’s Disease and related disorders (Dementia, Frontotemporal Dementia).</li> <li>• Chronic Kidney Disease.</li> <li>• Major Depression.</li> <li>• Dysthymic Disorder.</li> <li>• Heart Failure and Chronic Heart Failure.</li> <li>• Acute Myocardial Infarction.</li> <li>• Atrial Fibrillation.</li> <li>• Stroke and Transient Ischemic Attack.</li> </ul> <p><b>Required Exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>COPD Diagnosis:</b></p> <p><b>ICD-10-CM:</b> J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J47.0, J47.1, J47.9</p> <p><b>Asthma Diagnosis:</b></p> <p><b>ICD-10-CM:</b> J45.21, J45.22, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.901, J45.902, J45.990, J45.991, J45.998</p> <p><b>Unspecified Bronchitis Diagnosis:</b></p> <p><b>ICD-10-CM:</b> J40</p> <p><b>Dementia:</b></p> <p><b>ICD-10-CM:</b> F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83</p> <p><b>Frontotemporal Dementia:</b></p> <p><b>ICD-10-CM:</b> G31.01, G31.09</p> <p><b>Chronic Kidney Disease:</b></p> <p><b>ICD-10-CM:</b> A18.11, A52.75, B52.0, C64.1, C64.2, C64.9, C68.9, D30.00, D30.01, D30.02, D41.00, D41.01, D41.02, D41.10, D41.11, D41.12, D41.20, D41.21, D41.22, D59.3, E08.21, E08.22, E08.29, E08.65, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E10.65, E11.21, E11.22, E11.29, E11.65, E13.21, E13.22, E13.29, E74.8, E74.810, E74.818, E74.819, E74.89, I12.0, I13.11, I13.2, I70.1, I72.2, K76.7, M10.30, M10.311, M10.312, M10.319, M10.321, M10.322, M10.329, M10.331, M10.332, M10.339, M10.341, M10.342, M10.349, M10.351, M10.352, M10.359, M10.361, M10.362, M10.369, M10.371, M10.372, M10.379, M10.38, M10.39, M32.14, M32.15, M35.04, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N00.A, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N01.A, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N02.A, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N03.A, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N04.A, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N05.A, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N06.A, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N07.A, N08, N13.1, N13.2, N13.30, N13.39, N14.0, N14.1, N14.2, N14.3, N14.4, N15.0, N15.8, N15.9, N16, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.30, N18.31, N18.32, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.9, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q62.0, Q62.10, Q62.11, Q62.12, Q62.2, Q62.31, Q62.32, Q62.39, R94.4</p>





Measure	Coding continued
<p><b>Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)</b></p> <p>continued</p>	<p><b>Major Depression:</b>  <b>ICD-10-CM:</b> F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p><b>Dysthymic Disorder:</b>  <b>ICD-10-CM:</b> F34.1</p> <p><b>Chronic Heart Failure:</b>  <b>ICD-10-CM:</b> I42.0, I42.1, I42.2, I42.3, I42.4, I42.5, I42.6, I42.7, I42.8, I42.9, I43, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9</p> <p><b>Heart Failure Diagnosis:</b>  <b>ICD-10-CM:</b> I09.81, I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9</p> <p><b>MI:</b>  <b>ICD-10-CM:</b> I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8</p> <p><b>Atrial Fibrillation:</b>  <b>ICD-10-CM:</b> I48.0, I48.2, I48.20, I48.21, I48.91</p> <p><b>Stroke:</b>  <b>ICD-10-CM:</b> G45.0, G45.1, G45.2, G45.8, G45.9, G46.0, G46.1, G46.2, G97.31, G97.32, I60.00, I60.01, I60.02, I61.0, I61.1, I61.2, I61.3, I61.4, I61.5, I61.6, I61.8, I61.9, I63.00, I63.011, I63.012, I63.019, I63.02, I63.031, I63.032, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.81, I63.89, I63.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.841, I67.848, I67.89, I97.810, I97.811, I97.820, I97.821</p> <p><b>Follow-Up Service:</b>  <b>Outpatient visits:</b>  <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015  <b>UBREV:</b> 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Telephone Visits:</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Transitional Care Management:</b>  <b>CPT:</b> 99495, 99496</p> <p><b>Case Management Encounter:</b>  <b>CPT:</b> 99366  <b>HCPCS:</b> T1016, T1017, T2022, T2023</p> <p><b>Complex Care Management Services:</b>  <b>CPT:</b> 99487, 99489, 99490, 99491  <b>HCPCS:</b> G0506</p> <p><b>Visit Setting Unspecified (with Outpatient POS, Partial Hospitalization POS, Community Mental Health Center POS, or Telehealth POS):</b>  <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>BH Outpatient:</b>  <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510  <b>HCPCS:</b> 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  <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p><b>Partial Hospitalization or Intensive Outpatient:</b>  <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485  <b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Electroconvulsive Therapy (with Ambulatory Surgical Center POS, Community Mental Health Center POS, Outpatient POS, or Partial Hospitalization POS):</b>  <b>CPT:</b> 90870  <b>ICD-10-PCS:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p><b>Observation:</b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Substance Use Disorder Services:</b>  <b>CPT:</b> 99408, 99409  <b>HCPCS:</b> G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012  <b>UBREV:</b> 0906, 0944, 0945</p> <p><b>IET Stand Alone Visits:</b>  <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510  <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015  <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</p> <p><b>Online Assessments:</b>  <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Outpatient POS:</b>  <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>Partial Hospitalization POS:</b>  <b>POS:</b> 52</p> <p><b>Community Mental Health Center POS:</b>  <b>POS:</b> 53</p> <p><b>Telehealth POS:</b>  <b>POS:</b> 02  <b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)</b></p>  <p>This is also a measure (AAB-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	<p>The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.</p> <p><b>Higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were NOT prescribed).</b></p>	<p>The Intake Period (IP) is the 12-month window that begins July 1 of the year prior to the Measurement Year (MY) and ends June 30 of the MY.</p> <p>The Episode Date (ED) is the date of service for any outpatient, telephone, observation, or ED visit, e-visit or virtual check-in during the IP, with a diagnosis of acute bronchitis/bronchiolitis.</p> <p>Dispensed prescription for an antibiotic medication (AAB Antibiotic Medications List) on or three days after the ED.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.</li> </ul>	<p><b>Acute Bronchitis Diagnosis:</b> ICD-10-CM: J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9</p> <p><b>AAB Antibiotic Medications:</b></p> <p><b>Aminoglycosides:</b> Amikacin, Gentamicin, Streptomycin, Tobramycin</p> <p><b>Aminopenicillins:</b> Amoxicillin, Ampicillin</p> <p><b>Beta-lactamase inhibitors:</b> Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam</p> <p><b>First-generation cephalosporins:</b> Cefadroxil, Cefazolin, Cephalexin</p> <p><b>Fourth-generation cephalosporins:</b> Cefepime</p> <p><b>Lincomycin derivatives:</b> Clindamycin, Lincomycin</p> <p><b>Macrolides:</b> Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate</p> <p><b>Miscellaneous antibiotics:</b> Aztreonam, Chloramphenicol, Dalbopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin</p> <p><b>Natural penicillins:</b> Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine</p> <p><b>Penicillinase resistant penicillins:</b> Dicloxacillin, Nafcillin, Oxacillin</p> <p><b>Quinolones:</b> Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin</p> <p><b>Rifamycin derivatives:</b> Rifampin</p> <p><b>Second-generation cephalosporin:</b> Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime</p> <p><b>Sulfonamides:</b> Sulfadiazine, Sulfamethoxazole-trimethoprim</p> <p><b>Tetracyclines:</b> Doxycycline, Minocycline, Tetracycline</p> <p><b>Third-generation cephalosporins:</b> Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone</p> <p><b>Urinary anti-infectives:</b> Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>


Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Appropriate Treatment for Upper Respiratory Infection (URI)</b></p>  <p>This is also a measure (URI-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	<p>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.</p> <p>This is an episode-based event so a member may be included multiple times</p> <p><b>Higher rate indicates appropriate treatment (i.e. the proportion for whom antibiotics were NOT prescribed).</b></p>	<p>The Intake Period (IP) is the 12-month window that begins July 1 of the year prior to the Measurement Year (MY) and ends on June 30 of the MY.</p> <p>The Episode Date (EP) is the Date of Service (DOS) for any outpatient, telephone, observation or ED visit, e-visit or virtual check-in during the IP with a diagnosis of URI.</p> <p>If a member has more than one EP in a 31-day period, only the first EP will be used.</p> <p>Members with a comorbid condition during the 12 months prior to the EP will be excluded. These include:</p> <ul style="list-style-type: none"> <li>HIV, HIV Type 2</li> <li>Malignant Neoplasm</li> <li>Emphysema</li> <li>COPD</li> <li>Disorders of the Immune System</li> <li>Other comorbid conditions</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the Measurement Year (MY).</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.</li> </ul>	<p><b>URI Diagnosis:</b> ICD-10-CM: J00, J06.0, J06.9</p> <p><b>Antibiotic Medications:</b></p> <p><b>Aminoglycosides:</b> Amikacin, Gentamicin, Streptomycin, Tobramycin</p> <p><b>Aminopenicillins:</b> Amoxicillin, Ampicillin</p> <p><b>Beta-lactamase inhibitors:</b> Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam</p> <p><b>First generation cephalosporins:</b> Cefadroxil, Cefazolin, Cephalexin</p> <p><b>Fourth generation cephalosporins:</b> Cefepime</p> <p><b>Lincomycin derivatives:</b> Clindamycin, Lincomycin</p> <p><b>Macrolides:</b> Azithromycin, Clarithromycin, Erythromycin</p> <p><b>Miscellaneous antibiotics:</b> Aztreonam, Chloramphenicol, Dalbopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin</p> <p><b>Natural penicillins:</b> Penicillin G benzathine, Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium</p> <p><b>Penicillinase-resistant penicillins:</b> Dicloxacillin, Nafcillin, Oxacillin</p> <p><b>Quinolones:</b> Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin</p> <p><b>Rifamycin derivatives:</b> Rifampin</p> <p><b>Second generation cephalosporins:</b> Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime</p> <p><b>Sulfonamides:</b> Sulfadiazine, Sulfamethoxazole-trimethoprim</p> <p><b>Tetracyclines:</b> Doxycycline, Minocycline, Tetracycline</p> <p><b>Third-generation cephalosporins:</b> Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone</p> <p><b>Urinary anti-infectives:</b> Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>




Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Risk of Continued Opioid Use (COU)</b></p> 	<p>Members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>Members whose new episode of opioid use lasts at least 15 days in a 30-day period.</li> <li>Members whose new episode of opioid use lasts at least 31 days in a 62-day period.</li> </ol> <p>A lower rate indicates better performance.</p>	<p>The Measurement Year (MY) is 1/1/-12/31.</p> <p>The Index Prescription Start Date (ISPD) is the earliest prescription dispensing date during the IP.</p> <p>15-day: Prescriptions covering more than 15 calendar days during the 30-day period beginning on the ISPD through 29 days after the ISPD.</p> <p>62-day: Prescriptions covering more than 31 calendar days during the 62-day period beginning on the ISPD through 61 days after the ISPD.</p> <p><b>Required Exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care during 12 months prior to the IPSP through 61 days after the IPSP.</li> <li>Cancer (Malignant Neoplasm) during 12 months prior to the IPSP through 61 days after the IPSP.</li> <li>Sickle Cell Anemia or HB S Disease during 12 months prior to the IPSP through 61 days after the IPSP.</li> </ul> <p><b>Optional Exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Opioid Medications:</b></p> <p>Benzhydrocodone Acetaminophen, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol</p> <p><b>The Opioid Medications List excludes:</b></p> <ul style="list-style-type: none"> <li>Injectables.</li> <li>Opioid-containing cough and cold products.</li> <li>Single-agent and combination buprenorphine products used to treat opioid use disorder for medication-assisted treatment (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).</li> <li>lonsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).</li> </ul> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Use of Opioids From Multiple Providers (UOP)</b></p> 	<p>The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the Measurement Year (MY) who received opioids from multiple providers.</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li><b>Multiple Prescribers:</b> The proportion of members receiving prescriptions for opioids from four or more different prescribers during the MY.</li> <li><b>Multiple Pharmacies:</b> The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the MY.</li> <li><b>Multiple Prescribers and Multiple Pharmacies:</b> The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the MY (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).</li> </ol> <p>A lower rate indicates better performance for all three rates.</p>	<p><b>Required Exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Opioid Medications:</b></p> <p>Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol</p> <p><b>The UOP Opioid Medications List excludes:</b></p> <ul style="list-style-type: none"> <li>Injectables.</li> <li>Opioid cough and cold products.</li> <li>Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).</li> <li>lonsys® (fentanyl transdermal patch), because:             <ul style="list-style-type: none"> <li>It is only for inpatient use.</li> <li>It is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).</li> </ul> </li> <li>Methadone when prescribed for the treatment of opioid use disorder.</li> </ul> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>






Measure	Measure description	Measure Information/Documentation required	Coding
<b>Well-Child Visits in the First 30 Months of Life (W30)</b> 	<p>The percentage of members 15 months – 30 months of age who had the recommended well-child visits with a PCP.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>Six or more visits on or before the 15-month birthday.</li> <li>Two or more visits between the 15-month birthday plus one day and the 30-month birthday.</li> </ol>	<p>Documentation from the medical record must include a note indicating a well visit with a PCP and the date the well-child visit occurred.</p> <p>Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. <a href="https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/">https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/</a></p> <p><b>Note:</b> Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Deceased in the MY.</li> </ul> <p>The Telehealth Exclusion was removed from W30.</p> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>Children being seen for sick visits only and no documentation/claims/encounter data related to well-visit services provided.</li> </ul>	<p>Use age-appropriate preventive E&amp;M</p> <p><b>Well-Care:</b>  <b>CPT:</b> 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461  <b>HCPCS:</b> G0438, G0439, S0610, S0612, S0613  <b>ICD10 CM:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

Measure	Measure description	Measure Information/Documentation required	Coding
<b>Eye Exam for Patients with Diabetes (EED)</b> 	<p>Members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam during the Measurement Year (MY), or an exam with a negative result in the year prior to the MY or documentation of bilateral eye enucleation any time prior to 12/31 of the MY.</p>	<p><b>Documentation can include</b> any of the following noted in the medical record:</p> <ul style="list-style-type: none"> <li>A note or letter during the MY prepared by an ophthalmologist, optometrist, PCP, or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed and the results.</li> <li>Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the MY, where results indicate retinopathy was not present and the date when the exam was performed.</li> <li>A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) or qualified reading center reviewed the results, or that results were read by a system that provides artificial intelligence (AI) interpretation.</li> </ul> <p><b>Hypertensive retinopathy</b> is handled the same as diabetic retinopathy when reporting the Eye Exam indicator.</p> <ul style="list-style-type: none"> <li>Positive for hypertensive retinopathy is counted as positive for diabetic retinopathy.</li> <li>An eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy.</li> </ul> <p><b>Common abbreviations for Retinopathy:</b></p> <ul style="list-style-type: none"> <li>NPDR Non-Proliferative Diabetic Retinopathy</li> <li>PDR Proliferative Diabetic Retinopathy</li> <li>BDR Background Diabetic Retinopathy</li> <li>Mild BDR</li> <li>Severe PDR</li> </ul> <p><b>Examples of Negative Exam:</b></p> <ul style="list-style-type: none"> <li>Assessment of fundus and macula were “normal.”</li> <li>Diabetes Mellitus without Ophthalmic complication.</li> <li>Retinal exam documented as “normal” is considered negative for Retinopathy.</li> </ul> <p><b>Note:</b> Notation limited to a statement that included “Diabetes without complications” does not meet criteria.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> <li>Members who did not have a diagnosis of diabetes in the MY or the year prior AND who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul> <p>Blindness is not an exclusion for a diabetic eye exam.</p>	<p><b>Diabetic Retinal Screening:</b>  <b>CPT:</b> 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245  <b>HCPCS:</b> S0620, S0621, S3000</p> <p><b>Automated Eye Exam:</b>  <b>CPT:</b> 92229</p> <p><b>Diabetes Mellitus Without Complications</b> (in year Prior to MY with Diabetic Retinal Screening):  <b>ICD-10-CM:</b> E10.9, E11.9, E13.9</p> <p><b>Eye Exam Without Evidence of Retinopathy:</b>  <b>CPT-CAT-II:</b> 2023F, 2025F, 2033F</p> <p><b>Eye Exam With Evidence of Retinopathy</b> (in the MY only):  <b>CPT-CAT-II:</b> 2022F, 2024F, 2026F</p> <p><b>Diabetic Retinal Screening Negative In Prior Year</b> (in the MY only):  <b>CPT-CAT-II:</b> 3072F</p> <p><b>Unilateral Eye Enucleation</b> (with Bilateral Modifier or 2 Unilateral Enucleations more than 14 days prior apart):  <b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p><b>Bilateral Modifier:</b> 50</p> <p><b>Unilateral Eye Enucleation Left</b> (with Unilateral Right or Unilateral Enucleation more than 14 days apart):  <b>ICD-10-PCS:</b> 08T1XZZ</p> <p><b>Unilateral Eye Enucleation Right</b> (with Unilateral Left or Unilateral Enucleation more than 14 days apart):  <b>ICD-10-PCS:</b> 08T0XZZ</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. 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<p><b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b></p> 	<p>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.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>2. The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days).</li> </ol>	<p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Documentation of diabetic exam without results, results, and/or provider (including credentials) of the exam.</li> <li>• Documentation is not clear that patient had a dilated or retinal exam.</li> <li>• Documentation not specific as to presence of retinopathy.</li> <li>• Documentation of 'diabetes without complications' does not meet criteria.</li> <li>• Incomplete or missing information from specialists or consulting providers.</li> </ul> <p>A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within seven and 30 days after ED visit. Include outpatient visits, behavioral health outpatient visits, intensive outpatient visits, partial hospitalizations, community mental health visits, electroconvulsive therapy visits, telehealth visits, and observation visits.</p> <ul style="list-style-type: none"> <li>• Includes visits that occur on the date of the ED visit.</li> <li>• Telephone visits, e-visits and virtual check-ins are acceptable.</li> </ul> <p><b>Required Exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Mental Illness Diagnosis:</b></p> <p><b>ICD-10-CM:</b> F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9.</p> <p><b>Intentional Self-Harm Diagnosis:</b></p> <p><b>ICD-10-CM:</b> T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S,</p>



Coding continued	
<p><b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b></p>	<p><b>Intentional Self-Harm Diagnosis:</b>  <b>ICD-10-CM:</b> T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92X2A, T43.92X2D, T43.92X2S, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, 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T63.022S, T63.032A, T63.032D, T63.032S, T63.042A, T63.042D, T63.042S, T63.062A, T63.062D, T63.062S, T63.072A, T63.072D, T63.072S, T63.082A, T63.082D, T63.082S, T63.092A, T63.092D, T63.092S, T63.112A, T63.112D, T63.112S, T63.122A, T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92X2A, T63.92X2D, T63.92X2S, T64.02X2A, T64.02X2D, T64.02X2S, T64.82X2A, T64.82X2D, T64.82X2S, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92X2A, T65.92X2D, T65.92X2S, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S</p> <p><b>Visit Setting Unspecified:</b> (with Outpatient POS and principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health); (with Partial Hospitalization POS and principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health); (with Community Mental Health Center POS and principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health); (with Telehealth POS and principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health);</p> <p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p>
Coding continued	
<p><b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b></p>	<p><b>BH Outpatient</b> (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):  <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510  <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015  <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p><b>Partial Hospitalization or Intensive Outpatient</b> (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):  <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485  <b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Electroconvulsive Therapy</b> (with Ambulatory Surgical Center POS, Community Mental Health POS, Outpatient POS, or Partial Hospitalization POS and principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):  <b>CPT:</b> 99495, 99496, 99381, 99382, 99391, 99392</p> <p><b>Observation</b> (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Telephone Visits</b> (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online Assessments</b> (with principal diagnosis of Mental Health or principal diagnosis of Intentional Self-Harm with any diagnosis of Mental Health):  <b>CPT:</b> 98969, 98970, 98971, 98972, 98973, 99421, 99422, 99423, 99444, 99457, 99458  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Ambulatory Surgical Center POS:</b>  <b>POS:</b> 24</p> <p><b>Community Mental Health Center POS:</b>  <b>POS:</b> 53</p> <p><b>Outpatient POS:</b>  <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>Partial Hospitalization POS:</b>  <b>POS:</b> 52</p> <p><b>Telehealth POS:</b>  <b>POS:</b> 2</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure	Measure description	Measure Information/Documentation required	Coding
<b>Follow-Up After Emergency Department Visit for Substance Use (FUA)</b> 	<p>The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ol>	<p>A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Includes visits that occur on the date of the ED visit.</p> <p>A follow-up visit or pharmacotherapy dispensing event within seven days after the ED visit (eight total days). Include visits that occur on the date of the ED visit.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Visit Setting Unspecified:</b> (with Outpatient POS and with a principal diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with mental health provider) (with Partial Hospitalization POS and with a principal diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with mental health provider) (with Non-residential Substance Abuse Treatment Facility POS and with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with mental health provider) (with Community Mental Health Center POS, and with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with a mental health provider) <b>(with Telehealth POS, and with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with mental health provider):</b> <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p>

Coding continued


<b>Follow-Up After Emergency Department Visit for Substance Use (FUA)</b>  continued	<p><b>BH Outpatient:</b> (with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with a mental health provider) <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 <b>HCPCS:</b> 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 <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p><b>Partial Hospitalization or Intensive Outpatient Visit:</b> (with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with a mental health provider) <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 <b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Observation Visit:</b> (with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with mental health provider): <b>CPT:</b> 99217, 99218, 99219, 99220 <b>UBREV:</b> 0760, 0762, 0769</p> <p><b>Peer Support Service:</b> (with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose): <b>HCPCS:</b> G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016</p> <p><b>ODU Weekly Non Drug Service:</b> (with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose): <b>HCPCS:</b> G2071, G2074, G2075, G2076, G2077, G2080</p> <p><b>ODU Monthly Office Based Treatment:</b> (with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with a mental health provider): <b>HCPCS:</b> G2086, G2087</p> <p><b>Telephone Visits:</b> (with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with mental health provider): <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online Assessments:</b> (with any diagnosis of AOD Abuse and Dependence, Substance-Induced Disorders or Unintentional Drug Overdose, or with mental health provider): <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p>	<p><b>Substance Use Disorder Services:</b> <b>CPT:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 <b>UBREV:</b> 0906, 0944, 0945</p> <p><b>Behavioral Health Assessment:</b> <b>CPT:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049</p> <p><b>Substance Use Services:</b> <b>HCPCS:</b> H0006, H0028</p> <p><b>Pharmacotherapy Dispensing Event:</b> <b>Alcohol Use Disorder Treatment Medications:</b> <b>Aldehyde dehydrogenase inhibitor:</b> Disulfiram (oral) <b>Antagonist:</b> Naltrexone (Oral and injectable) <b>Other:</b> Acamprosate (oral and delayed-release tablet) <b>Opioid Use Disorder Treatment Medications:</b> <b>Antagonist:</b> Naltrexone (oral and injectable) <b>Partial agonist:</b> Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) <b>AOD Medication Treatment:</b> <b>HCPCS:</b> H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109 <b>ODU Weekly Drug Treatment Service:</b> <b>HCPCS:</b> G2067, G2068, G2069, G2070, G2072, G2073</p> <p><b>Outpatient POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>Partial Hospitalization POS:</b> 52</p> <p><b>Non-Residential Substance Abuse POS:</b> 57, 58</p> <p><b>Community Mental Health POS:</b> 53</p> <p><b>Telehealth POS:</b> 02</p> <p><b>AOD Abuse and Dependence Diagnosis:</b> <b>ICD-10-CM:</b> F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10,</p>
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Coding continued	
<p><b>Follow-Up After Emergency Department Visit for Substance Use (FUA)</b></p> <p>continued</p>	<p><b>ICD-10-CM (continued):</b> F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29</p> <p><b>Substance-Induced Disorders:</b></p> <p><b>ICD-10-CM:</b> F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99</p> <p><b>Unintentional Drug Overdose:</b></p> <p><b>ICD-10-CM:</b> T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.411A, T40.411D, T40.411S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.494A, T40.494D, T40.494S, T40.5X1A, T40.5X1D, T40.5X1S, T40.5X4A, T40.5X4D, T40.5X4S, T40.601A, T40.601D, T40.601S, T40.604A, T40.604D, T40.604S, T40.691A, T40.691D, T40.691S, T40.694A, T40.694D, T40.694S, T40.7X1A, T40.7X1D, T40.7X1S, T40.7X4A, T40.7X4D, T40.7X4S, T40.8X1A, T40.8X1D, T40.8X1S, T40.8X4A, T40.8X4D, T40.8X4S, T40.901A, T40.901D, T40.901S, T40.904A, T40.904D, T40.904S, T40.991A, T40.991D, T40.991S, T40.994A, T40.994D, T40.994S, T41.0X1A, T41.0X1D, T41.0X1S, T41.0X4A, T41.0X4D, T41.0X4S, T41.1X1A, T41.1X1D, T41.1X1S, T41.1X4A, T41.1X4D, T41.1X4S, T41.201A, T41.201D, T41.201S, T41.204A, T41.204D, T41.204S, T41.291A, T41.291D, T41.291S, T41.294A, T41.294D, T41.294S, T41.3X1A, T41.3X1D, T41.3X1S, T41.3X4A, T41.3X4D, T41.3X4S, T41.41XA, T41.41XD, T41.41XS, T41.44XA, T41.44XD, T41.44XS, T41.5X1A, T41.5X1D, T41.5X1S, T41.5X4A, T41.5X4D, T41.5X4S, T42.3X1A, T42.3X1D, T42.3X1S, T42.3X4A, T42.3X4D, T42.3X4S, T42.4X1A, T42.4X1D, T42.4X1S, T42.4X4A, T42.4X4D, T42.4X4S, T43.601A, T43.601D, T43.601S, T43.604A, T43.604D, T43.604S, T43.621A, T43.621D, T43.621S, T43.624A, T43.624D, T43.624S, T43.631A, T43.631D, T43.631S, T43.634A, T43.634D, T43.634S, T43.641A, T43.641D, T43.641S, T43.644A, T43.644D, T43.644S, T43.691A, T43.691D, T43.691S, T43.694A, T43.694D, T43.694S, T51.0X1A, T51.0X1D, T51.0X1S, T51.0X4A, T51.0X4D, T51.0X4S</p> <p><b>IET Visits Group 1 (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence):</b></p> <p><b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p><b>IET POS Group 1:</b></p> <p><b>POS:</b> 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</p> <p><b>IET Visits Group 2 (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence):</b></p> <p><b>CPT:</b> 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>IET POS Group 2:</b></p> <p><b>POS:</b> 02, 52, 53</p> <p><b>Observation (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence):</b></p> <p><b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Telephone Visits (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence):</b></p> <p><b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online Assessments (with IET POS Group 1 and a principal diagnosis of AOD Abuse or Dependence):</b></p> <p><b>CPT:</b> 98969, 98970, 98971, 98972, 98977, 99421, 99422, 99423, 99444, 99457, 99458</p> <p><b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



Measure	Measure description	Measure Information/Documentation required	Coding
<b>Use of Imaging for Low Back Pain (LBP)</b>	Members with a primary diagnosis 18 – 75 years of age of low back pain who <b>did not</b> have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	<p>An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD.</p> <p>Do not include outpatient, ED, or observation visits that result in an inpatient stay.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty <b>and</b> advanced illness during the MY.</li> </ul> <p>Any of the following anytime in the member’s history through 28 days after the IESD:</p> <ul style="list-style-type: none"> <li>Cancer.</li> <li>HIV.</li> <li>Major organ transplant.</li> <li>Osteoporosis therapy.</li> <li>Lumbar surgery.</li> <li>Spondylopathy.</li> </ul> <p>Any of the following during 12 months (one year) prior to the IESD through 28 days after the IESD:</p> <ul style="list-style-type: none"> <li>IV drug abuse.</li> <li>Neurologic impairment.</li> <li>Spinal infection.</li> </ul> <p>Any of the following during the three months (90 days) prior to the IESD through 28 days after the IESD:</p> <ul style="list-style-type: none"> <li>Trauma.</li> <li>Fragility fracture.</li> <li>90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Imaging Study:</b> CPT: 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220</p> <p><b>Uncomplicated Low Back Pain:</b> ICD-10-CM: M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b></p>  <p>This is also a measure (APM-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	Children and adolescents 1 – 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.	<p>Both of the following during the Measurement Year (MY).</p> <ul style="list-style-type: none"> <li>At least one test for blood glucose or HbA1c and</li> <li>At least one test for LDL-C or cholesterol</li> </ul> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul> <p><b>Common Chart Deficiencies:</b></p> <ul style="list-style-type: none"> <li>A1c and/or LDL-C ordered but not completed.</li> </ul>	<p>Members are identified through administrative claims and pharmacy claims.</p> <p><b>Glucose Lab Test:</b> CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1c Lab Test:</b> CPT: 83036, 83037</p> <p><b>HbA1c Test Result or Finding:</b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p><b>Cholesterol Lab Test:</b> CPT: 82465, 83718, 83722, 84478</p> <p><b>LDL-C Lab Test:</b> CPT: 80061, 83700, 83701, 83704, 83721</p> <p><b>LDL-C Test Result or Finding:</b> CPT-CAT-II: 3048F, 3049F, 3050F</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

Measure	Measure description	Measure Information/Documentation required	Coding
<p><b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b></p> 	The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder, and diabetes who had both a LDL-C test and an HbA1c test during the Measurement Year (MY).	<p>An HbA1c test <b>and</b> an LDL-C test performed in the MY.</p> <p><b>Required Exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional Exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Do not have diagnosis of diabetes during the MY and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes in the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul>	<p>Members are identified through administrative and pharmacy claims.</p> <p><b>HbA1c Lab Test:</b> CPT: 83036, 83037</p> <p><b>HbA1c Test Result or Finding:</b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p><b>LDL-C Lab Test:</b> CPT: 80061, 83700, 83701, 83704, 83721</p> <p><b>LDL-C Test Result or Finding:</b> CPT-CAT-II: 3048F, 3049F, 3050F</p> <p>Must have both A1c and LDL.</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



**AmeriHealth Caritas**<sup>™</sup>

New Hampshire

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