



HEDIS[®]

Quick Reference Guide



[SuperiorHealthPlan.com](https://www.SuperiorHealthPlan.com)

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HEDIS[®] Quick Reference Guide

This guide was updated to reflect NCQA HEDIS Measurement Year (MY) 2023 Technical Specifications.

Superior HealthPlan strives to provide quality health care to our members as measured through Healthcare Effectiveness Data and Information Set (HEDIS) quality metrics. The HEDIS Quick Reference Guide was created to help providers increase HEDIS rates for their practice. Please always follow the state and/or The Centers for Medicare & Medicaid Services (CMS) billing guidance and ensure the HEDIS codes are covered prior to submission of a claim.

WHAT IS HEDIS?

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

WHAT ARE THE SCORES USED FOR?

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

Provider-specific scores may be used to measure a practice's preventive care efforts. HEDIS scores contribute to rates for provider incentive programs.

HOW ARE RATES CALCULATED?

HEDIS rates can be calculated in two ways:

- > **Administrative data:** consists of claim or encounter data submitted to Superior.
- > **Hybrid data:** consists of both administrative data and a sample of medical record data.

Hybrid data requires review of a random sample of member medical records to abstract data for services rendered, but that were not reported to Superior through claims/encounter data.

Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or billed inaccurately, they are not included in the calculation.

HOW CAN I IMPROVE MY HEDIS SCORES?

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

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

Ancillary staff: Please check the ICD-10-CM Tabular List of Diseases and Injuries for the most specific ICD-10 code choice.

Please note: This guide has been updated with information from the October 2022 release of the HEDIS® Measurement Year (MY) 2023 Volume 2 Technical Specifications by NCQA and is subject to change.

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

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ADULT HEALTH



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

AMBULATORY/PREVENTIVE HEALTH SERVICES – AAP

Measure evaluates the percentage of members 20 years of age and older who had at least one ambulatory or preventive care visit per year. Services that count include outpatient Evaluation and Management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine and counseling.

Ambulatory Residential/Nursing Facility E&M Visits

CPT	ICD-10	HCPCS
OUTPATIENT: 99201-99205, 99211-99215 CONSULTATIONS: 99241-99245 NURSING FACILITY, CUSTODIAL CARE: 99341-99345, 99347-99350 PREVENTIVE MEDICINE: 99381-99387, 99391-99397, 99429 COUNSELING: 99401-99404, 99411, 99412 TELEPHONE VISITS: 98966-98968, 99441-99443 ONLINE ASSESSMENTS: 98969, 99444, 99483 TELEMEDICINE CODES: 98970-98972, 99421-99423, 99457 OTHER: 92002, 92004, 92012, 92014, 99304-99310, 99315- 99316, 99318, 99324-99328, 99334-99337	Z00.00, Z00.01, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015, S0620, S0621

ASTHMA MEDICATION RATIO – AMR

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

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

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

- > For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications
- > For each member, calculate ratio: Units of Controller Medications / Units of Total Asthma Medications

Asthma Controller Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antibody inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	Dupilumab	Dupilumab	Injection
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Intravenous

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

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/ BRONCHIOLITIS – AAB

Measure evaluates the percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of acute bronchitis.

CONTROLLING HIGH BLOOD PRESSURE – CBP

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

BP readings reported or taken by the member are acceptable. Any electronic device is acceptable.

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic 130-139	CPT- CAT-II -3075F
Systolic less than 130	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring codes	CPT: 93784, 93788, 93790, 99091
Outpatient codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient codes	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337
Online assessments	CPT: 98969 - 98972, 99421 - 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063, G2250 - G2252
Telephone visits	CPT: 98966 - 98968, 99441 - 99443
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

Please note: Members receiving hospice/palliative care during the MY are excluded.

CARE FOR OLDER ADULTS – COA

Measure evaluates patients 66 years of age and older who have had each of the following during the measurement year:

1. At least one functional status assessment per year. Can be a standard assessment tool, or notation of Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADL).
2. At least annually, a review of the patient’s medications by a prescribing practitioner or clinical pharmacist. Includes the presence of a medication list and review of the medications. Transitional care management services also meet criteria.
3. At least annually, a pain assessment, either through a standardized pain assessment tool or documentation that pain was assessed.
4. Telehealth is acceptable to capture the Functional Status Assessment and Pain Assessment.

DESCRIPTION	CPT	CPT CATEGORY II	HCPCS	ICD-10
Medication Review Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review)	90863, 99605, 99606, 99483	1159F, 1160F	G8427	
Functional Status Assessment	99483	1170F	G0438, G0439	
Pain Assessment	-	1125F, 1126F	-	-

ADVANCE CARE PLANNING – ACP

Measure evaluates the percentage of adults:

- > 66-80 years of age with advanced illness, an indication of frailty, or who are receiving palliative care, who had a discussion about advance care planning during the MY.
- > 81 years of age and older who had discussed about advance care planning during the MY.

CPT	CPT CATEGORY II	HCPCS	ICD-10
99483, 99497	1123F, 1124F, 1157F, 1158F	S0257	Z66

COLORECTAL CANCER SCREENING – COL

Measure evaluates the percentage of members 45-75 years of age, who had at least one appropriate screening for Colorectal Cancer. Appropriate screening is one of the following:

1. FOBT in MY
2. Stool DNA (sDNA) with FIT test (Cologuard) within the last 3 years
3. Flexible sigmoidoscopy within the last 5 years
4. CT colonography within the last 5 years
5. Colonoscopy within last 10 years

Patients who have a history of colon cancer or who have had a total colectomy are exempt from this measure.

	CPT	HCPCS	ICD-10
Colonoscopy	44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398	G0105, G0121	
CT Colonography	74261 - 74263		
sDNA with FIT test	81528		
Flexible Sigmoidoscopy	45330 - 45335, 45337, 45338, 45340-45342, 45346 - 45347, 45349 - 45350	G0104	
FOBT	82270, 82274	G0328	
Colorectal Cancer			C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	44150 - 44153, 44155 - 44158, 44210 - 44212		
Palliative Care		G9054, M1017	Z51.5

Please note: Members receiving palliative care during the MY are excluded.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) EXACERBATION (PHARMACOTHERAPY MANAGEMENT) – PCE

Measure evaluates the percentage of COPD exacerbations for members 40 years of age and older, who had an acute inpatient discharge or ED visit and who were dispensed appropriate medications.

The intent is to measure compliance with recommended pharmacotherapy management for those with COPD exacerbations.

MEDICATIONS	DESCRIPTION
Systemic Corticosteroid: Dispensed prescription for systemic corticosteroid within 14 days after the episode.	Glucocorticoids
Bronchodilator: Dispensed prescription for a bronchodilator within 30 days after the episode date.	Anticholinergic agents, Beta 2-agonists, Bronchodilator combinations

COPD (Spirometry Testing in the Assessment and Diagnosis) – SPR

Measure evaluates the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. Spirometry testing should be completed within six months of the new diagnosis or exacerbation.

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

DIABETES CARE:

HBA1C CONTROL FOR PATIENTS WITH DIABETES – HBD

Measure demonstrates the percentage of members 18-75 years of age with diabetes (types 1 and 2) who completed at least one HbA1c test per year (includes rapid A1c). HbA1c control is defined as having the last A1c of the year be <8.0% for Medicaid and Marketplace and <9.0% for Medicare.

DEFINITION	CODES
HbA1c Lab Test	83036, 83037
Most recent hemoglobin A1c level greater than 9.0% (DM)	3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	3052F
Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	3044F

Required documentation to ensure compliance with HbA1c testing:

- > HbA1c done in measurement year.
- > Documentation of HbA1c result with corresponding date of service.

EYE EXAM FOR PATIENTS WITH DIABETES (EED): Measure demonstrates the percentage of members 18-75 years of age with diabetes (types 1 and 2) who completed one of the following:

- > Retinal or dilated eye exam by an eye-care professional (optometrist or ophthalmologist) in the measurement year.
- > Negative retinal exam (no evidence of retinopathy) by an eye-care professional in the year prior.
- > Bilateral eye enucleation anytime during the member’s history, through December 31 of the MY.

Practitioners who are not eye-care professionals may indicate a low risk for retinopathy due to a negative retinal exam the year prior by using CPT II code 3072F.

CPT	CPT II	HCPCS
RETINAL EYE EXAM: 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92229, 92230, 92235, 92240, 92250, 92260, 99201-99205, 99211-99215, 99242-99245	2022F, 2024F, 2026F, 3072F	S0620, S0621, S3000

BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES - BPD: Measure demonstrates the percentage of members 18-75 years of age with diabetes (types 1 and 2) whose BP was adequately controlled during the measurement year (<140/90 mm Hg) on the latest BP reading of the MY.

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 130	CPT-CAT-II: 3074F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring codes	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474.
Outpatient codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015
DESCRIPTION	CODES
Non-acute Inpatient codes	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337
Online Assessments	CPT: 98969 - 98972, 99421 - 99423, 99444, 99458. HCPCS: G2010, G2012, G2061, G2062, G2063, G2250 - G2252.
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES – KED

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), during the MY.

DESCRIPTION	CODES
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK – PBH

Measure evaluates the percentage of members 18 years of age and older who were hospitalized and discharged with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Beta-Blocker Medications

DESCRIPTION	MEDICATIONS
Non-cardioselective beta-blockers	Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol
Cardioselective beta-blockers	Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

PHARYNGITIS (*Appropriate Testing for Pharyngitis*) – CWP

Measure evaluates the percentage of members 3 years of age and older diagnosed with pharyngitis, dispensed an antibiotic **and** received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim. Rapid strep tests in the office are acceptable and should be billed.

Strep Tests

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

TRANSITIONS OF CARE – TRC

Measure evaluates the percentage of discharges for members 18 years of age and older who had each of the following during the MY. Four rates are reported.

- > **Notification of Inpatient Admission:** must be collected via medical record review only. Documentation of receipt of notification of inpatient admission on the day of admission or through 2 calendar days after the admission.
- > **Receipt of Discharge Information:** must be collected via medical record review only. Documentation of receipt of discharge “information” on the day of discharge through 2 calendar days after the discharge.
 - > At a minimum, documentation in the medical record for discharge information should include all of the following (e.g., a discharge summary):
 - > The practitioner responsible for the member’s care during the inpatient stay.
 - > Procedures or treatment provided.
 - > Diagnoses at discharge.
 - > Current medication list.
 - > Testing results, or documentation of pending tests or no tests pending.
 - > Instructions for patient care post-discharge.

- > **Patient Engagement After Inpatient Discharge:** Patient engagement provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge.
 - > Telehealth visits are acceptable for patient engagement after inpatient discharge.
 - > The following meet criteria for patient engagement:

CPT	HCPCS
OUTPATIENT VISITS: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483 TELEPHONE VISITS: 98966-98968, 99441-99443 TRANSITIONAL CARE MANAGEMENT SERVICES: 99495-99496	G0402, G0438-G0439, G0463, T1015

- > **Medication Reconciliation Post-Discharge:** Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist or registered nurse.

Submit codes to indicate the list of discharge medications were reconciled against the patient’s outpatient medications:

CPT	CPT II
99483, 99495, 99496	1111F

UPPER RESPIRATORY INFECTION (*Appropriate Treatment*) – URI

Measure evaluates the percentage of episodes for members 3 months of age and older who were given a diagnosis of Upper Respiratory Infection (URI) and were not dispensed an antibiotic prescription. Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim.

NOTES

WOMEN'S HEALTH



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

BREAST CANCER SCREENING – BCS

Measure evaluates the percentage of women 50–74 years of age who had a mammogram at least once in the past 27 months. Women who have had a bilateral mastectomy are exempt from this measure.

CERVICAL CANCER SCREENING – CCS

Measure evaluates the percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

1. Cervical cytology performed within the last three years for women ages 21–64 years of age.
2. Cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last five years for women 30–64 years of age.
3. Cervical high-risk human papillomavirus (hrHPV) performed within the last five years for women 30–64 years of age.
4. Women who have had a hysterectomy without a residual cervix are exempt from this measure.
 - > Documentation of vaginal hysterectomy now meets acceptable exclusionary documentation criteria for this measure.

Please note: Members receiving hospice/palliative care during the MY are excluded.

Cervical Cytology Codes (21-64 years of age): Documentation of “hysterectomy” requires addition of “complete”, “total”, or “radical” to indicate removal of the uterus and cervix.

CPT	HCPCS
88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

HPV code: Code from Cervical Cytology Plus One (30-64 years of age)

CPT	HCPCS
87624, 87625	G0476

Absence of Cervix

CPT	ICD-10
51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575 58951, 58953, 58954, 59856, 59135	Q51.5, Z90.710, Z90.712

Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
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Please note: Members receiving hospice/palliative care during the MY are excluded.

CHLAMYDIA SCREENING – CHL

Measure evaluates the percentage of women 16 to 24 years of age who were identified as sexually active and have had at least one test for Chlamydia during the year. Women who are pregnant, have had a pregnancy test, filled a prescription for contraceptive medication or had testing or diagnosis of STIs are defined as “sexually active” for inclusion in this measure.

Chlamydia Tests

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

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE – OMW

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

Bone Mineral Density Tests/Osteoporosis Medications

CPT	PRESCRIPTION
76977, 77078, 77080, 77081, 77085, 77086	Biphosphonates: Alendronate, Risedronate, Ibandronate, Zoledronic acid, Alendronate-cholecalciferol Other agents: Abaloparatide, Denosumab, Raloxifene, Teriparatide, Raloxifene

Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
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Please note: Members receiving hospice/palliative care during the MY are excluded.

OSTEOPOROSIS SCREENING IN OLDER WOMEN – OSW

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

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

PRENATAL AND POSTPARTUM CARE – PPC

Postpartum Visits: Measure evaluates the percentage of women who delivered a baby and who had their postpartum visit on or between 7 and 84 days after delivery (1 and 12 weeks).

Please note: Services provided in an acute inpatient setting are excluded from compliance ratings.

Any Postpartum Visit

CPT	ICD-10	HCPCS
57170, 58300, 59430, 99501, 0503F (CPT II)	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	G0101

Any Cervical Cytology Procedure

CPT	HCPCS
88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

Telephone visits	CPT: 98966 - 98968, 99441 - 99443
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Prenatal Visits Timeliness of First Visit: Measure evaluates the percentage of pregnant women who had their first prenatal visit within the 1st trimester, on or before the enrollment start date, or within 42 days of enrollment.

- > For OB or Primary Care Practitioner (PCP) provider types, choose to submit Stand Alone Prenatal Visit codes:
 - > A bundled service where the organization can identify the date when prenatal care was initiated.
 - > A visit for prenatal care.
 - > A prenatal visit with a pregnancy-related diagnosis code.
- > OB provider types may also submit any Prenatal Visit code in conjunction with any code for Other Prenatal Services.
- > PCP provider types can also submit any Stand Alone Prenatal Visit code and any code for Other Prenatal Services along with a Pregnancy Diagnosis.
- > Other Prenatal Services (any one listed):
 - > Obstetric Panel
 - > Prenatal Ultrasound
 - > Antibody levels for: Toxoplasma, Rubella, Cytomegalovirus, Herpes Simplex
 - > Rubella antibody test/titer and Rh incompatibility (ABO/Rh) blood typing
- > Telehealth is now acceptable for prenatal care.

Stand Alone Prenatal Visits

CPT	HCPCS	CPT-CAT-II
99500	H1000-H1004	O500F, O501F, O502F

Prenatal Visits (to use with pregnancy diagnosis or other prenatal services)

CPT	HCPCS
99201-99205, 99211-99215, 99241-99245, 99483	G0463, T1015

PEDIATRIC HEALTH



 For more information, visit ncqa.org

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/ BRONCHIOLITIS – AAB

Measure evaluates the percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of acute bronchitis.

ASTHMA MEDICATION RATIO – AMR

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

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

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

- > For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications
- > For each member, calculate ratio: Units of Controller Medications / Units of Total Asthma Medications

Asthma Controller Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antibody inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	Dupilumab	Dupilumab	Injection
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Intravenous
Inhaled steroid combinations	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	Budesonide	Budesonide Medications List	Inhalation

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Inhaled corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

ORAL EVALUATION, DENTAL SERVICES (OED) *(First-Year Measure)*

Measure evaluates members under 21 years of age who had a comprehensive or periodic dental exam with a dental provider in the MY.

TOPICAL FLUORIDE FOR CHILDREN (TFC) *(First-Year Measure)*

Measure evaluates percentage of members 1-4 years of age who received at least 2 fluoride varnish applications during the past year

IMMUNIZATIONS

Childhood Immunizations – CIS: Percentage of children that have had all of the required immunizations listed below on or before 2 years of age.

Please note: Parent refusal for any reason is not a valid exclusion.

IMMUNIZATION	DETAILS	CPT	HCPCS	CVX
DTaP	At least 4 doses \leq age 2	90698, 90700, 90723	—	20, 50, 106, 107, 110, 120
IPV	At least 3 doses \leq age 2	90698, 90713, 90723	—	10, 89, 110, 120

IMMUNIZATION	DETAILS	CPT	HCPCS	CVX
MMR	At least 1 dose \leq age 2	90707, 90710	—	03, 94
		Measles/ Rubella-90708	—	04
			—	Mumps-07, Measles-05, Rubella-06
HiB	At least 3 doses \leq age 2	90647, 90648, 90698, 90748	—	17, 46-51, 120, 148
Hepatitis B	At least 3 doses \leq age 2	90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110
VZV	At least 1 doses \leq age 2	90710, 90716	—	21, 94
Pneumococcal	At least 4 doses \leq age 2	90670	G0009	133, 152
Hepatitis A	At least 1 doses \leq age 2	90633	—	31, 83, 85
Rotavirus ¹	On or before age 2: 2 doses of 2-dose vaccine; 1 dose of the 2 dose vaccine and 2 doses of the 3 dose vaccine or 3 doses of the 3 dose vaccine	2 dose schedule-90681	—	119
		3 dose schedule-90680		116, 122
Influenza ²	At least 2 doses \leq age 2	90655, 90657, 90661, 90662, 90673, 90685- 90688 ,90689, 90660, 90672	G0008	88, 140, 141, 150, 153, 155, 158, 161, 111, 149

¹ Record must document if Rotavirus is 2 or 3 dose vaccine.

² LAIV (influenza) vaccine must occur on the child's second birthday.

For MMR, hepatitis B, VZV, and hepatitis A, history of the illness may count towards compliance.

IMMUNIZATION	ICD-10 CODE
Measles	B05.0 -B05.4, B05.81,B05.89, B05.9
Mumps	B26.0, B26.1,B26.81-B26.85, B26.89, B26.9
Rubella	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Hepatitis B	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
VZV	B01.0, B01.11, B01.12, B01.2, B01.81. B01.89, B01.9,B02.0,B02.1,B02.21 -B02.24, B02.29-B02.34, B02.39, B02.7-B02.9
Hepatitis A	B15.0,B15.9

Adolescent Immunizations – IMA: percentage of adolescents turning 13 who had all the required immunizations listed below.

IMMUNIZATION	DETAILS	CPT	CVX
Meningococcal	1 on or between 11th – 13th birthdays	90619, 90734	108, 114, 136, 147, 167, 203
Tdap	1 on or between 10th – 13th birthdays	Tdap-90715	115
Human Papillomavirus (HPV)	2 dose or 3 dose series on or between 9th – 13th birthdays	90649-90651	62, 118, 137, 165

EXCLUSIONS FOR IMMUNIZATIONS	
Any vaccine:	Hospice use in the measurement year
DTaP, IPV, HiB, Hep B, PCV, Hep A, MMR, VZV, RV and Flu	<ul style="list-style-type: none"> • Severe Combined Immunodeficiency • Immunodeficiency Disorder • HIV • Lymphoreticular Cancer • Multiple Myeloma • Leukemia • Intussusception

LEAD SCREENING IN CHILDREN – LSC

Measure evaluates the percentage of children who had a screening test for lead poisoning at least once prior to their second birthday. A lead screening completed in the practitioner office is also allowable.

CPT
83655

PHARYNGITIS (Appropriate Testing for Pharyngitis) – CWP

Measure evaluates the percentage of members 3 years of age and older diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim. Rapid strep tests in the office are acceptable and should be billed.

Strep Tests

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

UPPER RESPIRATORY INFECTION (*Appropriate Treatment*) – URI

Measure evaluates the percentage of episodes for members 3 months of age and older who were given a diagnosis of Upper Respiratory Infection (URI) and were not dispensed an antibiotic prescription. Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim.

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY – WCC

Measure demonstrates the percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following completed at least annually: 1) BMI percentile documentation*; 2) counseling for nutrition; 3) counseling for physical activity. Telehealth options are available. Pregnant members are excluded from this measure.

DESCRIPTION	CPT	ICD-10	HCPCS
BMI Percentile *	—	Z68.51-Z68.54	—
Counseling for Nutrition	97802-97804	Z71.3	G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	—	Z02.5, Z71.82	G0447, S9451

* Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. The percentile ranking is based on the Centers for Disease Control and Prevention’s (CDC) BMI-for-age growth charts.

WELL CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE – W30

Measure evaluates the percentage of children who had six well child visits within the first 15 months of life, and two or more visits from 15-30 months. Telehealth visits are acceptable if approved.

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

WELL CHILD AND ADOLESCENT WELL CARE VISITS – WCV

The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY.

CPT	HCPCS	ICD-10
99382-99385, 99391-99395	G0438, G0439, S0302	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

NOTES

BEHAVIORAL HEALTH



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

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA – SAA

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

Schizophrenia Diagnosis

ICD-10
F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
ANTIPSYCHOTIC MEDICATIONS
Miscellaneous antipsychotic agents (oral)
Phenothiazine antipsychotics (oral)
Psychotherapeutic combinations (oral)
Thioxanthenes (oral)
Long-acting injections 14 day supply
Long-acting injections 28 day supply
Long-acting injections 30 day supply

ANTIDEPRESSANT MEDICATION MANAGEMENT – AMM

This measure evaluates the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two treatment phases are evaluated:

- > **Acute Phase:** members remaining on antidepressant medication for at least 84 days (12 weeks) of the 114 days following the initial prescription date.
- > **Continuation Phase:** members remaining on an antidepressant medication for at least 180 days (6 months) of the 231 days following the initial prescription date.

ANTIDEPRESSANT MEDICATIONS
Miscellaneous Antidepressants
Monoamine Oxidase Inhibitors
Phenylpiperazine Antidepressants
Psychotherapeutic Combinations
SNRI Antidepressants
SSRI Antidepressants
Tetracyclic Antidepressants
Tricyclic Antidepressants

**ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)
MEDICATION FOLLOW-UP CARE – ADD**

Measure demonstrates the percent of children 6–12 years of age, newly prescribed an ADHD medication that had at least three follow-up care visits within a 10-month period. The intent of the measure is to assess medication impact and side effects and therefore, visits with a counselor do not count. The visit should be with a practitioner with prescribing authority. Two rates:

Initiation Phase: one outpatient follow-up visit with a prescribing practitioner within 30 days after the date the ADHD medication was newly prescribed.

CPT	HCPCS
HEALTH/BEHAVIOR ASSESSMENT: 96150-96154, 96156-96159, 96164, 96165, 96167, 96158, 96170, 96171 EDUCATION: 98960-98962, 99078 OFFICE OR OUTPATIENT VISIT: 99201-99205, 99211-99215, 99217-99220, 99241-99245 ASSISTED LIVING/HOME CARE OVERSIGHT: 99341-99345; 99347-99350, 99510 PREVENTIVE MEDICINE: 99381-99384, 99391-99394 COUNSELING: 99401-99404, 99411, 99412, 99510, 99483 E-VISIT/VIRTUAL CHECK-IN: 98969-98972, 99421-99423, 99444, 99457	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2013-H220, T1015 G2010, G2012, G26061-G2063

CPT		PLACE OF SERVICE (POS)
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72

Continuation and Maintenance Phase: two or more follow-up visits from 31 to 210 days after the first ADHD medication was newly prescribed. One of the two visits may be a telephone or telehealth visit with the prescribing practitioner.

CODES TO IDENTIFY VISITS	CPT CODES TO IDENTIFY TELEPHONE VISITS /TELEHEALTH MODIFIER
Any code noted above in the initiation phase.	98966-98968, 99441-99443/ 95, GT

**CARDIOVASCULAR MONITORING FOR PEOPLE WITH
CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA – SMC**

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

LDL-C Tests

CPT	CPT II
80061, 83700, 83701, 83704, 83721	3048F, 3049FD, 3050F

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA – SMD

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test **and** an HbA1c test during the measurement year.

Schizophrenia Diagnoses

ICD-10
F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

TESTS	CPT	CPT II
HbA1c	83036, 83037	3044F, 30464F, 3051F, 3052F
LDL-C	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

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

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

TESTS	CPT	CPT-CAT-II
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	
HbA1c	83036, 83037	3044F, 30464F, 3051F, 3052F

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS – FUH

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

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

DESCRIPTION	CPT	HCPCS	POS
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Practitioner	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255	—	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Practitioner	98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483, 99492 - 99494	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2019, H2020, M0064, T1015	—
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Practitioner	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255	—	52
Partial Hospitalization/ Intensive Outpatient	—	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	—
Visit Setting Unspecified Value Set with Community Mental Health Center POS	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255	—	53

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

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

Measure evaluates the percentage of adolescent and adult members with a new episode of Alcohol or Other Drug Abuse or Dependence (AOD) who received the following:

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

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

DESCRIPTION	CODES
Initiation and Engagement/Treatment	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99408-99409, 99411-99412, 99483. 99492-99494, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, 99217-99220 HCPCS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, G2067-G2079, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020 H0022, H0031, H0033- H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, J0571-J0575, J2315, Q9991, Q9992, S0109, S0201, S9480, S9484, S9485, T1006, T1012, T1015 POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52, 57, 58, 71-72
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443
E-visit/Virtual Check-In	CPT: 98969, 98972, 99421 - 99423, 99444 HCPCS: G2010, G2012, G2061 - G2063

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS – APM

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

ANTIPSYCHOTIC, ANTIPSYCHOTIC COMBINATION & PROCHLORPERAZINE MEDICATIONS
Miscellaneous antipsychotic agents
Phenothiazine antipsychotics
Thioxanthenes
Long-acting injections
Psychotherapeutic combinations
Phenothiazine antipsychotics

MEASURES REPORTED USING ELECTRONIC CLINICAL DATA SYSTEMS (ECDS)



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

Several HEDIS measures use electronic clinical data to document patient care. Examples of Electronic Clinical Data Systems (ECDS) are Electronic Health Record (EHR), Health Information Exchange (HIE) or clinical registries such as state immunization information systems, case management systems and administrative systems such as claim processing systems, member management files, member eligibility and enrollment files.

SCREENINGS

> **Depression Screening and Follow-Up for Adolescents and Adults – DSF-E**

Measure evaluates the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and subsequently received follow-up care if screened positive. Two rates are reported for this measure:

1. Depression Screening
2. Follow-Up on a Positive Screen

> **Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults – DMS-E**

Measure demonstrates the percentage of members 12 years of age and older diagnosed with a major depression or dysthymia, who had an outpatient with PHQ-9 score present in their record in the same assessment period as the encounter.

> **Depression Remission or Response for Adolescents and Adults – DRR-E**

Measure evaluates the percentage of members 12 years of age and older diagnosed with depression and an elevated PHQ-9 score, who had evidence of response or remission within 4-8 months after the initial elevated score. Three rates are reported for this measure:

1. Follow-Up PHQ-9
2. Depression Remission
3. Depression Response

> **Unhealthy Alcohol Use Screening and Follow-Up – ASF-E**

Measure evaluates the percentage of members 18 years of age and older who were screened for unhealthy alcohol using a standardized instrument and, if screened positive, received appropriate follow-up care. Two rates are reported for this measure:

1. Unhealthy Alcohol Use Screening
2. Alcohol Counseling of Other Follow-Up Care

> **Prenatal Depression Screening and Follow-Up – PND-E**

Measure evaluates the percentage of deliveries in which members were screened for clinical depression while pregnant and subsequently received follow-up care if screened positive. Two rates are reported for this measure:

1. Depression Screening
2. Follow-Up on a Positive Screen

> **Postpartum Depression Screening and Follow-Up – PDS-E**

Measure evaluates the percentage of deliveries in which members were screened for clinical depression during the postpartum period and subsequently received follow-up care if screened positive. Two rates are reported for this measure:

1. Depression Screening
2. Follow-Up on a Positive Screen

IMMUNIZATIONS

> **Adult Immunization Status – AIS-E**

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

> **Prenatal Immunization Status – PRS-E**

Measure reports the percentage of deliveries during the MY in which women had received vaccinations for influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap).

TRADITIONAL

> **Follow-Up Care for Children Prescribed ADHD Medication – ADD-E**

Measure demonstrates the percent of children 6–12 years of age, newly prescribed an ADHD medication that 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. The intent of the measure is to assess medication impact and side effects, therefore, visits with a counselor do not count. The visit should be with a practitioner with prescribing authority. Two rates are reported for this measure:

1. Initiation Phase
2. Continuation and Maintenance (C&M) Phase

> **Breast Cancer Screening – BCS-E**

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

> **Colorectal Cancer Screening – COL-E**



Measure reports the percentage of members 45-75 years of age who had appropriate screening for colorectal cancer.

NOTES

Lined area for taking notes, consisting of multiple horizontal lines.

NOTES

QUESTIONS?

-  SuperiorHealthPlan.com
-  Medicaid (STAR, STAR Health, STAR Kids, STAR+PLUS) and CHIP, STAR+PLUS Medicare-Medicaid Plan (MMP), Allwell from Superior HealthPlan (HMO and HMO SNP): 1-877-391-5921
Ambetter from Superior HealthPlan: 1-877-687-1196

