



# HEDIS<sup>®</sup>

## Quick Reference Guide



**SuperiorHealthPlan.com**

SHP\_20174053

# HEDIS<sup>®</sup> Quick Reference Guide

Updated to reflect NCQA HEDIS 2020 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 their practice’s HEDIS rates. 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.

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## 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.

Physician-specific scores may be used to measure a practice’s preventive care efforts. HEDIS scores contribute to a physician’s rate 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 the health plan.
- > **Hybrid data:** consists of both administrative data and a sample of medical record data.

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

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

# 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.

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# QUESTIONS?

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

 **STAR/MRSA/CHIP/CHIP RSA/STAR Health/STAR+PLUS/STAR Kids:**  
**1-877-391-5921**

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

**Ancillary staff:** please check the tabular list for the most specific ICD-10 code choice.

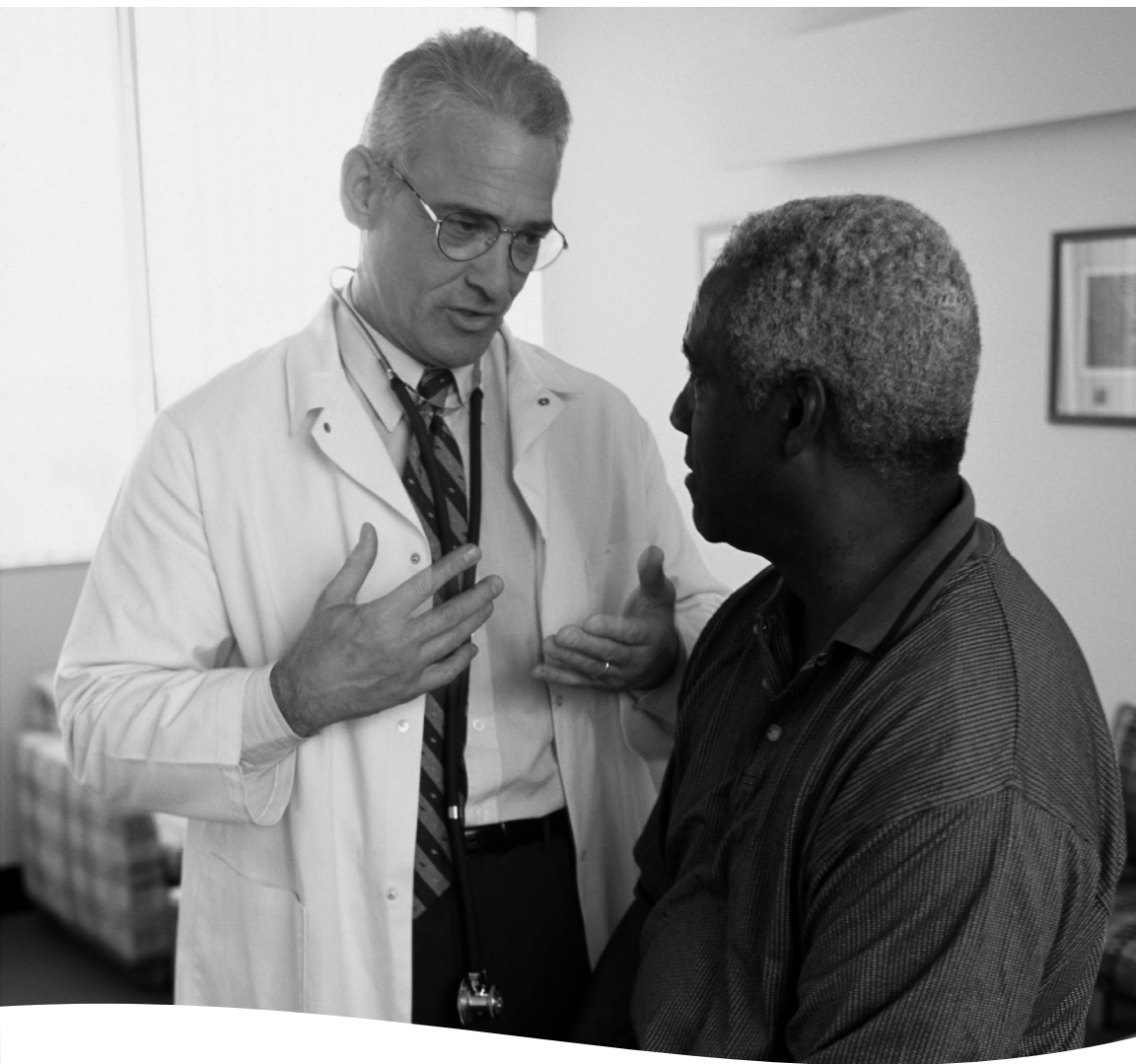
This guide has been updated with information from the October 2019 release of the HEDIS® 2020 Volume 2 Technical Specifications by NCQA and is subject to change.

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

# CONTENTS

1	Adult Health
12	Women's Health
18	Pediatric Health
26	Behavioral Health

# 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 OTHER: 92002, 92004, 92012, 92014, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337 TELEPHONE VISITS: 98966-98968, 99441-99443 ONLINE ASSESMENTS: 98969, 99444, 99483	Z00.00, Z00.01, Z00.121, Z00.129, 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	G0402, G0438, G0439, G0463, T1015, S0620, S0621

**ASTHMA (*Medication Management*) - MMA**

Measure evaluates the percentage of patients 5-64 years old who were identified as having persistent asthma, and were dispensed appropriate medications which they remained on during the treatment period within the past year.

RATES	APPROPRIATE MEDICATIONS
<b>Medication Compliance 75%:</b> Members who were covered by one asthma controller medication at least 75% of the treatment period.	Antiasthmatic combinations, Antibody inhibitors, Anti-interleukin-5, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Methylxanthines

**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.

**BODY MASS INDEX (BMI) ASSESSMENT - ABA**

This measure demonstrates the percentage of members 18 to 74 years old who had their BMI documented in the past two years. Recommendation is for adults to have BMI assessed at least every two years.

1. For patients 20 years of age and older: Code the BMI **value** on the date of service.
2. For patients younger than 20 years old, code the BMI **percentile** on the date of service.
3. Ranges and thresholds do NOT meet criteria; a distinct BMI value or percentile is required.

ICD-10 : BMI VALUE SET (AGE 20+)	ICD-10: BMI PERCENTILE VALUE SET (20 YEARS OF AGE OR YOUNGER)
Z68.1, Z68.20 - Z68.39, Z68.41- Z68. 45	Z68.51, Z68.52, Z68.53, Z68.54

### 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).

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring codes	CPT: 93784, 93788, 93790, 99091
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

## 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 either of the following: Activities of Daily Living (ADLs); Instrumental Activities of Daily Living (IADL); or at least three of the following: notation of cognitive status, ambulation status, sensory ability (hearing, vision and speech) and/or other functional independence.
2. Evidence of advance care planning and the date of the discussion or the presence of a plan.
3. 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.
4. At least annually, a pain assessment, either through a standardized pain assessment tool or documentation that pain was assessed.

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

## COLORECTAL CANCER SCREENING - COL

Measure evaluates the percentage of members 50-75 years old, who had at least one appropriate screening for Colorectal Cancer. Appropriate screening is one of the following:

1. FOBT in 2019
2. FIT-DNA test (Cologuard) within the last 3 years
3. Flexible sigmoidoscopy within the past five years
4. CT colonography within the last five years
5. Colonoscopy within last 10 years

Patients who have a history of colon cancer (C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5,Z85.038 or Z85.048) 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		
FIT-DNA	81528	G0464	
Flexible Sigmoidoscopy	45330 - 45335, 45337 - 45342, 45345 - 45347, 45349 - 45350	G0104	
FOBT	82270, 82274	G0328	
Colorectal Cancer		G0213, G0214, G0215, G0231	C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	44150 - 44153, 44155 - 44158, 44210 - 44212		

### CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) EXACERBATION (PHARMACOTHERAPY MANAGEMENT) - PCE

Measure evaluates the percentage of COPD exacerbations for members 40 years of age and older, 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
<b>Systemic Corticosteroid:</b> Dispensed prescription for systemic corticosteroid within 14 days after the episode.	Glucocorticoids
<b>Bronchodilator:</b> Dispensed prescription for a bronchodilator within 30 days after the episode date.	Anticholinergic agents, Beta 2-agonists, Antiasthmatic 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 (*Comprehensive*) - CDC

Measure demonstrates the percentage of members 18-75 years old with diabetes (types 1 & 2) who were compliant in each of the following submeasures:

**HbA1c Test:** is completed at least once per year (includes rapid A1c).

CPT
83036, 83037

Required documentation to ensure compliance with HbA1c testing:

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

**Eye Exam:** a retinal or dilated eye exam by an eye-care professional (optometrist or ophthalmologist) completed every year OR a negative retinal exam (no evidence of retinopathy) by an eye-care professional in the year prior OR bilateral eye enucleation anytime during the member’s history, through December 31 of the measurement year. 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, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213, 99215, 99242, 99245	2022F, 2024F, 2026F, 3072F	S0620, S0621, S3000

**Nephropathy Screening Test:** a urine protein test to screen for nephropathy performed at least once per year. A member who is being treated for nephropathy (on ACE/ARB), has evidence of ESRD, stage 4 chronic kidney disease, a history of a kidney transplant or is being seen by a nephrologist is compliant for this submeasure.

CPT	CPT II	HCPCS
URINE PROTEIN TESTS: 81000-81003, 81005, 82042-82044, 84156	URINE PROTEIN TESTS: 3060F-3062F NEPHROPATHY TREATMENT: 3066F, 4010F	KIDNEY TRANSPLANT: S2065, G0257, S9339

**BP Control**

BP readings taken during an outpatient visit may be used to monitor BP control.

CPT	CPT II	HCPCS
OUTPATIENT VISIT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483 NONACUTE INPATIENT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337 REMOTE BLOOD PRESSURE MONITORING: 93784, 93788, 93790, 99091	SYSTOLIC: <140: 3074F, 3075F SYSTOLIC: >= 140: 3077F DIASTOLIC: <80: 3078F DIASTOLIC: 80-89: 3079F DIASTOLIC: >=90: 3080F	OUTPATIENT VISIT: G0402, G0438-G0439, G0463, T1015

### MEDICATION RECONCILIATION POST-DISCHARGE - MRP

Measure evaluates the percentage of discharges from January 1-December 1 of the measurement year for members 18 years of age and older for whom medications at discharge were reconciled against the outpatient medical record on or within 30 days of discharge. Submit codes to identify the presence of a list of medications from the discharge summary:

CPT II	HCPCS
1159F	G8427

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

CPT	CPT II
99483, 99495, 99496	1111F

### 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, Hydrochlorothizide-metoprolol, Hydrochlorothizide-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 measurement year. 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 the following day.
- > **Receipt of Discharge Information:** must be collected via medical record review only. Documentation of receipt of discharge “information” on the day of discharge or the following day.
  - > 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 or ongoing care provider for patient care.
- > **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. 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 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

[illegible]

[illegible]



# 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 old who had a mammogram at least once in the past 27 months. Women who have had a bilateral mastectomy are exempt from this measure.

### Mammography Screening

CPT	HCPCS
77055-77057, 77061-77063, 77065-77067	G0202, G0204, G0206

### History of Bilateral Mastectomy

ICD-10
Z90.13

## CERVICAL CANCER SCREENING - CCS

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

1. Cervical cytology performed every three years for women ages 21–64 years old.
2. Cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed every five years (must occur within four days of each other) for women 30–64 years old.
3. Cervical high-risk human papillomavirus (hrHPV) performed every five years for women 30–64 years old.
4. Women who have had a hysterectomy without a residual cervix are exempt from this measure.

### Cervical Cytology Codes (21-64 years old)

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, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

### HPV code: 30-64 years old, Code from Cervical Cytology Plus One

CPT	HCPCS
87620-87622, 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

## CHLAMYDIA SCREENING - CHL

Measure evaluates the percentage of women 16 to 24 years old 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 old 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	HCPSCS	PRESCRIPTION
76977, 77078, 77080-77082, 77085, 77086	G0130	Biphosphonates: (Alendronate, Risedronate, Ibandronate, Zoledronic acid, Alendronate-cholecalciferol), Other agents: Abaloparatide, Denosumab, Raloxifene, Teriparatide

## 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	HCPSCS
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	HCPSCS
88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

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, Cytomegaly virus, Herpes Simplex
  - Rubella antibody test/titer and Rh incompatibility (ABO/Rh) blood typing

Stand Alone Prenatal Visit Codes

CPT	HCPCS
99500, 0500F-0502F	H1000-H1004

Prenatal Visit Codes (to Use with Pregnancy Diagnosis or Other Prenatal Services)

99201-99205, 99211-99215, 99241-99245, 99483	G0463, T1015
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NOTES

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# PEDIATRIC HEALTH



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

ACCESS TO PRIMARY CARE PRACTITIONERS - CAP

Measure evaluates the percent of children 12 months–19 years old who had an outpatient visit within the year, with a PCP.

Office or Other Outpatient Services

CPT
99201-99205, 99211-99215, 99241-99245

Home Services

CPT
99341-99345, 99347-99350

Preventive Medicine

CPT	HCPCS
99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483	G0402, G0438, G0439, G0463, T1015

General Medical Examination

ICD-10
Z00.00, Z00.01, Z00.121, Z00.129, 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 ONLINE ASSESSMENTS: 98969, 99444 TELEPHONE VISITS: 98966, 98967, 98968, 98969, 99441, 99442, 99443

Online Assessments

CPT
98969, 99444

Telephone Visits

CPT
98966, 98967, 98968, 98969, 99441, 99442, 99443

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 Management) - MMA**

Measure evaluates the percentage of patients 5-64 years old who were identified as having persistent asthma and were dispensed appropriate medications which they remained on during the treatment period within the past year.

RATES	APPROPRIATE MEDICATIONS
MEDICATION COMPLIANCE 75%: Members who were covered by one asthma controller medication at least 75% of the treatment period.	Antiasthmatic combinations, Antibody inhibitors, Anti-interleukin-5, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, and Methylxanthines

**DENTAL VISIT (Annual) - ADV**

Measure evaluates the percentage of members 2–20 years old who had at least one dental exam with a dental practitioner in the past year.

**IMMUNIZATIONS**

**Childhood Immunizations - CIS:** Percentage of children that have had all of the required immunizations listed below by age two.

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

IMMUNIZATION	DETAILS	CPT	HCPCS	CVX
DTaP	At least 4 doses ≤ age 2	90698, 90700, 90721, 90723	—	20, 50, 106, 107, 110, 120
IPV	At least 3 doses ≤ age 2	90698, 90713, 90723	—	10, 89, 110, 120
MMR	At least 1 dose ≤ age 2	90707, 90710	—	03, 94
		Measles/ Rubella-90708	—	04
		Mumps-90704, Measles-90705, Rubella-90706	—	Mumps-07, Measles-05, Rubella-06
HiB	At least 3 doses ≤ age 2	90644-90648, 90698, 90721, 90748	—	17, 46-51, 120, 148
Hepatitis B	At least 3 doses ≤ age 2	90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110
VZV	At least 1 doses ≤ age 2	90710, 90716	—	21, 94



IMMUNIZATION	DETAILS	CPT	HCPSCS	CVX
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 <sup>1</sup>	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	At least 2 doses $\leq$ age 2	90655, 90657, 90661, 90662, 90673, 90685-90688, 90689, 90660, 90672	G0008	88, 135, 140, 141, 150, 153, 155, 158, 161, 111, 149

<sup>1</sup> Record must document if Rotavirus is 2 or 3 dose vaccine.

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, Z22.51
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	90734	108, 114, 136, 147, 167
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
<b>Any vaccine:</b> Anaphylactic reaction.
<b>DTaP and Tdap:</b> Encephalopathy with a vaccine adverse-effect.
<b>MMR, VZV and influenza:</b> Immunodeficiency, HIV, Lymphoreticular cancer, multiple myeloma or leukemia, Anaphylactic reaction to neomycin.
<b>Rotavirus:</b> Severe combined immunodeficiency, history of intussusception.
<b>IPV:</b> Anaphylactic reaction to streptomycin, polymyxin B or neomycin.
<b>Hepatitis B:</b> Anaphylactic reaction to common baker's yeast.

### 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 old 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.

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. Pregnant members excluded.

# WELL CHILD AND ADOLESCENT WELL CARE VISITS

Components of a comprehensive well visit include:

1) A health history; 2) a physical developmental history; 3) a mental developmental history; 4) a physical exam; and 5) health education/anticipatory guidance.

Visits must be with a PCP (pediatrician, family practice, OB/GYN), even though the PCP does not have to be the practitioner assigned to the child. Assessment or treatment of an acute or chronic condition do not count toward the measure. Use age-appropriate codes when submitting well child visits. Handouts given during a visit must have associated evidence of a discussion to meet criteria for Health Education/Anticipatory Guidance. Do not include services rendered during an inpatient or ED visit.

# Well Child Visits in the First 15 Months of Life - W15

Measure evaluates the percentage of infants who had six comprehensive well care visits within the first 15 months of life.

CPT	ICD-10 DIAGNOSIS	HCPCS
99381, 99382, 99391, 99392, 99461	Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.71, Z02.82, Z76.1, Z76.2	G0438, G0439

# Well Child Visits, Ages 3–6 Years Old - W34

Measure evaluates the percentage of children ages 3-6 years old who had at least one comprehensive well care visit per year.





# BEHAVIORAL HEALTH



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

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 old, 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 and therefore, visits with a counselor does not count. The visit should be with a practitioner with prescribing authority. Two rates:

**Initiation Phase:** one face-to-face 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 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	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

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 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	—
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
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c	83036, 83037

## 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	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015	—
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	—	—

## 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:

- > Initiated treatment within 14 days of their diagnosis.
- > Continued treatment with two or more additional services within 34 days of the initiation visit.

For the follow-up treatments, include an ICD-10 diagnosis for AOD from the Mental, Behavioral and Neurodevelopmental Disorder section of ICD-10, along with a procedure code for the preventive service, Evaluation and Management (E&M) consultation or counseling service (see codes below).

Treatment Codes to Be Used with Diagnosis Codes

CPT	HCPCS
EDUCATION: 98960-98962, 99078 E&M: 99201-99205, 99211-99215 CONSULTATION: 99241-99245 ASSISTED LIVING/HOME CARE OVERSIGHT: 99341-99345, 99347-99350, PREVENTIVE SERVICES: 99384-99387, 99394-99397 COUNSELING: 99401-99404, 99408, 99409, 99411, 99412, 99510 ONLINE ASSESSMENTS: 98969, 99444 TELEPHONE VISITS: 98966-98968, 99441-99443	G0155, G0176, G0177, G0396, G0397, G0463, G0409-G0411, G0443, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, J0571-J0575, J2315, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015

Treatment in Office

Use service codes below with the diagnosis code AND the Place of Service (POS):

CPT	POS
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72

Treatment in Community Mental Health Center or Psychiatric Facility

Use the service codes below with the diagnosis code AND the POS code:

CPT	POS
99221-99223, 99231-99233, 99238, 99239, 99251, 99255	02, 52, 53

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



