

Quick Reference Guide HEDIS® MY 2022

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HEDIS[®] MY 2022

Quick Reference Guide

Updated to reflect NCQA HEDIS[®] MY 2022 Technical Specifications

Home State Health strives to provide quality healthcare to our membership as measured through HEDIS[®] quality metrics. We created the HEDIS[®] MY 2022 Quick Reference Guide to help you increase your practice's HEDIS[®] rates and to use to address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS[®] codes are covered prior to submission.

WHAT IS HEDIS[®]?

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

WHAT ARE THE SCORES USED FOR?

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

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS[®] score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance or Quality Bonus Funds.

HOW ARE RATES CALCULATED?

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

HOW CAN I IMPROVE MY HEDIS® SCORES?

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

CPT II CODING

- CPT Category II codes are tracking codes which can close care gaps and facilitate data collection for the purpose of performance measurement
- CPT Category II codes are comprised of four digits followed by the letter “F”
- CPT Category codes are billed in the procedure code field, the same as CPT I codes, and describe clinical components, usually evaluations, management, or clinical services, and are not associated with a relative field

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This guide has been updated with information from the release of the HEDIS® MY 2021 Volume 2 Technical Specifications by NCQA and is subject to change

 For more information, visit www.ncqa.org

PRACTITIONER TYPES

<p>PRESCRIBING PRACTITIONER</p>	<p>Primary care practitioner. A physician or non-physician (e.g., nurse practitioner, physician assistant, certified nurse midwives) who offers primary care medical services.</p> <p>Licensed practical nurses and registered nurses are not considered PCPs.</p>
<p>PRIMARY CARE PHYSICIAN</p>	<p>Includes:</p> <ul style="list-style-type: none"> ■ General or family practice physicians. ■ Geriatricians. ■ General internal medicine physicians. ■ General pediatricians. ■ Obstetricians/gynecologists (OB/GYN).
<p>ONGOING CARE PROVIDER</p>	<p>The practitioner who assumes responsibility for the member's care.</p>
<p>OB/GYN AND OTHER PRENATAL CARE PRACTITIONER</p>	<p>Includes:</p> <ul style="list-style-type: none"> ■ Physicians certified as obstetricians or gynecologists by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology. ■ Certified nurse midwives, nurse practitioners or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider).
<p>DENTAL PRACTITIONER</p>	<p>A practitioner who holds a Doctor of Dental Surgery (DDS) or a Doctor of Dental Medicine (DMD) degree from an accredited school of dentistry and is licensed to practice dentistry by a state board of dental examiners.</p> <p>Certified and licensed dental hygienists are considered dental practitioners.</p>
<p>CLINICAL PHARMACIST</p>	<p>A pharmacist with extensive education in the biomedical, pharmaceutical, sociobehavioral and clinical sciences. Clinical pharmacists are experts in the therapeutic use of medications and are a primary source of scientifically valid information and advice regarding the safe, appropriate, and cost-effective use of medications.</p> <p>Most clinical pharmacists have a Doctor of Pharmacy (PharmD) degree and many have completed one or more years of post-graduate training (e.g., a general and/or specialty pharmacy residency). In some states, clinical pharmacists have prescriptive authority.</p>

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PRESCRIBING PRACTITIONER	A practitioner with prescribing privileges, including nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.
MENTAL HEALTH PROVIDER	<p>A provider who delivers mental health services and meets any of the following criteria:</p> <ul style="list-style-type: none"> ■ An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry. ■ An individual who is licensed as a psychologist in his/her state of practice, if required by the state of practice. ■ An individual who is certified in clinical social work by the American Board of Examiners; or who has a master’s degree in social work and is licensed or certified to practice as a social worker. ■ A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist. ■ A certified Community Mental Health Center (CMHC), or the comparable term (e.g. behavioral health organization, mental health agency, behavioral health agency) used within the state in which it is located, or a Certified Community Behavioral Health Clinic (CCBHC). <ul style="list-style-type: none"> — Only authorized CMHCs are considered mental health providers. — Only authorized CCBHCs are considered mental health providers ■ Has been recognized by the Substance Abuse and Mental Health Services Administration, through the award of grant funds or otherwise, as a CCBHC that meets the certification criteria of a CCBHC.



ADULT HEALTH

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

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

CPT	HCPCS	ICD-10
99202-99205, 99211 -99215, 99241-99245, 99341-99345, 99347 -99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 98966-98968, 99441-99443, 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99483	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015, S0620, S0621	Z00.00, Z00.01, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

NOTE: Codes subject to change



(ACP) ADVANCE CARE PLANNING ●

Measure evaluates percentage of adults:

- 66-80 years of age with advanced illness, an indication of frailty, or who are receiving palliative care and had advance care planning;
- 81 years of age and older who had advance care planning

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

*Codes subject to change



(AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT ●●●

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

Two rates are reported:

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

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

Antidepressant Medications

DESCRIPTION	PRESCRIPTION
Miscellaneous antidepressants	· Bupropion · Vilazodone · Vortioxetine
Monoamine oxidase inhibitors	· Isocarboxazid · Selegiline · Phenelzine · Tranylcypromine
Phenylpiperazine antidepressants	· Nefazodone · Trazodone
Psychotherapeutic combinations	· Amitriptyline-chlordiazepoxide · Fluoxetine-olanzapine · Amitriptyline-perphenazine
SNRI antidepressants	· Desvenlafaxine · Duloxetine · Venlafaxine · Levomilnacipran
SSRI antidepressants	· Citalopram · Escitalopram · Fluoxetine · Fluvoxamine · Paroxetine · Sertraline
Tetracyclic antidepressants	· Maprotiline · Mirtazapine
Tricyclic antidepressants	· Amitriptyline · Amoxapine · Clomipramine · Desipramine · Doxepin (>6 mg) · Imipramine · Nortriptyline · Protriptyline · Trimipramine
MAJOR DEPRESSION VALUE SET	
· F32.0-F32.4, F9, F33.0-F33.3, F33.41, F33.9	

*Codes subject to change



(BPD) BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES ●●●

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

DESCRIPTION	CODES*
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

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Outpatient Codes (must include a diagnosis of diabetes)	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99987, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
Telephone Visits (must include a diagnosis of diabetes)	CPT: 98966-98968, 99441-99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
Systolic Greater Than/ Equal to 140	CPT-CAT-II: 3077F
Systolic Less Than 140	CPT-CAT-II: 3074F, 3075F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/ Equal to 90	CPT-CAT-II: 3080F
Diastolic Less Than 80	CPT-CAT-II: 3078F



(CBP) CONTROLLING HIGH BLOOD PRESSURE ●●●

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

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic Greater Than/Equal to 140	CPT-CAT-II: 3077F
Systolic Less Than 140	CPT-CAT-II: 3074F, 3075F
Diastolic Greater Than/Equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Less Than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring Codes	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474.
Outpatient Codes	CPT: 99202-99205, 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: 98970–98972, 99421–99423, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone Visits	CPT: 98966–98968, 99441–99443
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change



(COA) CARE FOR OLDER ADULTS ●

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

- Advanced care planning
- Medication review
- Functional status assessment
- Pain assessment

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

*Codes subject to change



(COL) COLORECTAL CANCER SCREENING ●●●

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

DESCRIPTION	CODES
Colonoscopy	CPT: 44388–44394, 44401–44408, 45378–45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261 – 74263
FIT- DNA Lab Test	CPT: 81528 HCPCS: G0464
Flexible Sigmoidoscopy	CPT: 45330–45335, 45337–45338, 45340–45342 , 45346–45347, 45349–45350 HCPCS: G0104

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DESCRIPTION	CODES
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328
Colorectal Cancer	HCPCS: G0213, G0214, G0215, G0231 ICD-10: C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Total Colectomy	CPT: 44150–44153, 44155–44158, 44210–44212

*Codes subject to change



(EED) EYE EXAM FOR PATIENTS WITH DIABETES ● ● ●

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

DESCRIPTION	CODES*
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Outpatient Codes (must include a diagnosis of diabetes)	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
Telephone Visits (must include a diagnosis of diabetes)	CPT: 98966-98968, 99441-99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
Unilateral Eye Enucleation With a Bilateral Modifier	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 CPT Modifier: 50
Automated Eye Exam	CPT: 92229
Diabetic Retinal Screening Negative in Prior Year	CPT-CAT-II: 3072F
Eye Exam With Retinopathy	CPT-CAT-II: 2022F, 2024F, 2026F
Eye Exam Without Retinopathy	CPT-CAT-II: 2023F, 2025F, 2033F

*Codes subject to change



(HBD) HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES ● ● ●

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose HbA1c was at the following levels:

HbA1c control (<8.0%)

HbA1c Poor control (>9.0%)

DESCRIPTION	CODES*
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Outpatient Codes (must include a diagnosis of diabetes)	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
Telephone Visits (must include a diagnosis of diabetes)	CPT: 98966-98968, 99441-99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
HbA1c Lab Test	CPT: 83036, 83037
HbA1c Level Less than 7 Codes	CPT-CAT-II: 3044F
HbA1c Level Greater Than/Equal to 7 and Less than 8	CPT-CAT-II: 3051F
HbA1c Level Greater Than/Equal to 8 and Less Than/Equal to 9	CPT-CAT-II: 3052F
HbA1c Greater Than 9.0	CPT-CAT-II: 3045F

*Codes subject to change



(KED) KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES ● ● ●

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

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

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DIABETES VALUE SET
E10.10-E10.9, E11.00-E11.9, E13.00-E13.9, O24.011-O24.033, O24.811-O24.83

*Codes subject to change



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

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

Beta-Blocker Medications

DESCRIPTION	PRESCRIPTION
Noncardioselective beta-blockers	<ul style="list-style-type: none"> · Carvedilol · Labetalol · Nadolol · Pindolol · Propranolol · Timolol · Sotalol
Cardioselective beta-blockers	<ul style="list-style-type: none"> · Acebutolol · Betaxolol · Metoprolol · Atenolol · Bisoprolol · Nebivolol
Antihypertensive combinations	<ul style="list-style-type: none"> · Atenolol-chlorthalidone · Bendroflumethiazide-nadolol · Bisoprolol-hydrochlorothiazide · Hydrochlorothiazide-metoprolol · Hydrochlorothiazide-propranolol
AMI VALUE SET	
I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4	

*Codes subject to change



(PCE) PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION ● ● ●

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

Two rates are reported:

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

Systemic Corticosteroid Medications

DESCRIPTION	PRESCRIPTION
Glucocorticoids	<ul style="list-style-type: none"> · Cortisone-acetate · Hydrocortisone · Prednisolone · Dexamethasone · Methylprednisolone · Prednisone

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COPD VALUE SET	J44.0, J44.1, J44.9
EMPHYSEMA VALUE SET	J43.0-J43.2, J43.8, J43.9
CHRONIC BRONCHITIS VALUE SET	J41.0, J41.1, J41.8, J42

*Codes subject to change

Bronchodilator Medications

DESCRIPTION	PRESCRIPTION
Anticholinergic agents	<ul style="list-style-type: none"> • Acclidinium-bromide • Ipratropium • Umeclidinium • Tiotropium
Beta 2-agonists	<ul style="list-style-type: none"> • Albuterol • Arformoterol • Formoterol • Indacaterol • Levalbuterol • Metaproterenol • Salmeterol
Bronchodilator combinations	<ul style="list-style-type: none"> • Albuterol-ipratropium • Budesonide-formoterol • Formoterol-mometasone • Indacaterol-glycopyrrolate • Olodaterol hydrochloride • Umeclidinium-Vilanterol • Olodaterol-tiotropium • Formoterol-aclidinium • Formoterol-glycopyrrolate • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol

*Codes subject to change



(SMD) DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA ●

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

DESCRIPTION	CODES
HbA1C Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F
SCHIZOPHRENIA VALUE SET	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F28.8, F25.9

*Codes subject to change



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

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

CPT	
94010, 94014-94016, 94060, 94070, 94375	
COPD VALUE SET	J44.0, J44.1, J44.9
EMPHYSEMA VALUE SET	J43.0-J43.2, J43.8, J43.9
CHRONIC BRONCHITIS VALUE SET	J41.0, J41.1, J41.8, J42

*Codes subject to change



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

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

DESCRIPTION	CODES
HbA1C Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
SCHIZOPHRENIA VALUE SET	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F28.8, F25.9
BIPOLAR VALUE SET	F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
OTHER BIPOLAR VALUE SET	F31.81, F31.89, F31.9

*Codes subject to change





WOMEN'S HEALTH

(BCS) BREAST CANCER SCREENING ●●●

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

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

*Codes subject to change



(CCS) CERVICAL CANCER SCREENING ●●●

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

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

DESCRIPTION	CODES
Cervical Cytology Lab Test (20-64)	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88155, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

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DESCRIPTION	CODES
HPV Tests (30-64)	CPT: 87624, 87625 HCPCS: G0476
Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CPT: 51925, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, ICD-10: Q51.5, Z90.710, Z90.712
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change



(CHL) CHLAMYDIA SCREENING IN WOMEN ●●

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

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

*Codes subject to change



(OMW) OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE ●

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

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

*Codes subject to change

Osteoporosis Medications

DESCRIPTION	PRESCRIPTION
Bisphosphonates	<ul style="list-style-type: none"> • Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid
Other agents	<ul style="list-style-type: none"> <li style="width: 50%;">• Abaloparatide <li style="width: 50%;">• Romosozumab <li style="width: 50%;">• Denosumab <li style="width: 50%;">• Teriparatide <li style="width: 50%;">• Raloxifene

*Codes subject to change



(OSW) OSTEOPOROSIS SCREENING IN OLDER WOMEN ●

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

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

*Codes subject to change



(PPC) PRENATAL AND POSTPARTUM CARE ●●

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

Timeliness of Prenatal Care: percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization

Postpartum Care: percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

DESCRIPTION	CODES
Online Assessments	CPT: 98970–98972, 99421–99423, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Prenatal Visits	CPT: 99202–99205, 99211–99215, 99241–99245, 99483 HCPCS: G0463, T1015
Stand-Alone Prenatal Visits	CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004

Continued next page

(PPC) PRENATAL AND POSTPARTUM CARE (CONTINUED) ● ●

DESCRIPTION	CODES
Cervical Cytology Lab Test	CPT: 88141–88143, 88147, 88148, 88150, 88152–88153, 88155, 88164–88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	CPT: 98966–98968, 99441–99443
DELIVERIES VALUE SET	Z38.00, Z38.01, Z38.1, Z38.2, Z38.30, Z38.31, Z38.4, Z38.5, Z38.61–Z38.66, Z38.68, Z38.69, Z38.7, Z38.8

NOTE: Codes subject to change

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





PEDIATRIC HEALTH

(ADD) FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION ●●

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

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

DESCRIPTION	CODES
An Outpatient Visit	<p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p>
BH Outpatient Visit	<p>CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015</p>
Observation Visit	CPT: 99217-99220

(ADD) FOLLOW UP CARE FOR CHILDREN... (CONTINUED) ●●

DESCRIPTION	CODES
Health and Behavior Assessment/Intervention	CPT: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251 – 99255 POS: 52
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telehealth Visit	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 POS: 02
Telephone Visits	CPT: 98966–98968, 99441–99443
E-visit/Virtual Check-In	CPT: 98970–98972, 99421–99423, 99457 HCPCS: G2010, G2012, G2061, G2062, G2063
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251 – 99255 POS: 53

NOTE: Codes subject to change



(APM) METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS ●●

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

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

DESCRIPTION (NEED EITHER A1C OR GLUCOSE AND LCL-C OR CHOLESTEROL)	CODES
HbA1C Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F
Cholesterol Lab Tests	CPT: 82465, 83718, 83722, 84478

*Codes subject to change

(CIS) CHILDHOOD IMMUNIZATION STATUS ●●

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

DESCRIPTION	CODES
DTaP (4 dose)	CPT: 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120
HIB (3 dose)	CPT: 90644, 90647, 90648, 90698, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148
Newborn Hep B (3 dose)	CPT: 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110 HCPCS: G0010 ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV (3 dose)	CPT: 90698, 90713, 90723 CVX: 10, 89, 110, 120
MMR (1 dose)	CPT: 90707, 90710 CVX: 05, 03, 94, 04, 07, 06 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4 dose)	CPT: 90670 CVX: 133, 152 HCPCS: G0009
Varicella VZV (1 dose)	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Hep A (1 dose)	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Influenza Flu (2 dose) LAIV vaccination must be administered on the child's 2nd birthday	CPT: 90655, 90657, 90660, 90661, 90672, 90673, 90685–90689 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 111, 149 HCPCS: G0008
Rotavirus (2 Dose)	CPT: 90681 CVX: 119
Rotavirus (3 Dose)	CPT: 90680 CVX: 116, 122

NOTE: Codes subject to change NOTE: Rotavirus is either 2 dose **OR** 3 dose for compliancy



(IMA) IMMUNIZATIONS FOR ADOLESCENTS ●●

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

DESCRIPTION	CODES
Meningococcal -serogroup A,C,W, and Y: (1 dose)	CPT: 90619, 90734 CVX: 108, 114, 136, 147, 167, 203
Tdap (1 dose)	CPT: 90715 CVX: 115
HPV (2 or 3 dose series)	CPT: 90649–90651 CVX: 62, 118, 137, 165

*Codes subject to change



(LSC) LEAD SCREENING IN CHILDREN ●

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

CPT
83655

*Codes subject to change



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

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

(W30) Well-Child Vists in the First 30 Months of Life: Children who turned 15 months old and who had at least 6 well-child visits with a PCP prior to turning 15 months

Months of Life: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

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

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

*Codes subject to change

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

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

*Codes subject to change



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

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

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

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

*Codes subject to change





GENERAL HEALTH

(AMR) ASTHMA MEDICATION RATIO ●●

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

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

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

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

Asthma Controller Medications

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

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For more information, visit www.ncqa.org

Asthma Controller Medications (Continued)

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
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

NOTE: Codes subject to change

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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

NOTE: Codes subject to change

ASTHMA VALUE SET	J45.21, J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.991, J45.998
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(CWP) APPROPRIATE TESTING FOR PHARYNGITIS ●●●

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

CPT	
87070, 87071, 87081, 87430, 87650-87652, 87880	
PHARYNGITIS VALUE SET	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

NOTE: Codes subject to change



(FUA) FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE ●●●

Measure evaluates percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

Two rates are reported:

The percentage of ED visits for which the member received **follow-up within 30 days of the ED visit (31 total days)**

The percentage of ED visits for which the member received **follow-up within 7 days of the ED visit (8 total days)**

DESCRIPTION	CODES
IET Stand Alone Visits	CPT: 98960-98962, 99078, 99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99483, 99510 HCPCS: G0155, G0176-G0177, G0396-G0397, G0409-G0411, G0443, G0463, H0001-H0002, H0004-H0005, H0007, H0015-H0016, H0022, H0031, H0034-H0037, H0039-H0040, H0047, H2000-H2001, H2010-H2020, H2035-H2036, S0201, S9480, S9484-S9485, T1006, T1012, T1015
ODU Weekly Non Drug Service Visits	HCPCS: G2071, G2074-G2077, G2080

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ODD Monthly Office Based Treatment Visits	HCPCS: G2086, G2087
ODD Weekly Drug Treatment Service Visits	HCPCS: G2067-G2070, G2072, G2073
IET Visits Group 1 with an IET POS Group 1	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72
IET Visits Group 2 with an IET POS Group 2	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 02, 52, 53
Observation Visits	CPT: 99217-99220
Telephone Visits	CPT: 98966-98968, 99441-99443
E-Visit or Virtual Check-in Visits	CPT: 98970-98972, 99421-99423, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063
AOD ABUSE AND DEPENDENCE VALUE SET	F10.10, F10.120-F10.20, F10.220-F10.29, F11.10, F11.120-F11.20, F11.220-F11.29, F12.10, F12.120-F12.20, F12.220-F12.29, F13.10, F13.120-F13.20, F13.220-F13.29, F14.10, F14.120-F14.20, F14.220-F14.29, F15.10, F15.120-F15.20, F15.220-F15.29, F16.10, F16.120-F16.20, F16.220-F16.29, F18.10, F18.120-F18.20, F18.220-F18.29, F19.10, F19.120-F19.20, F19.220-F19.29

*Codes subject to change



(FUH) FOLLOW- UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS



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

Two rates are reported:

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

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

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Provider	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251 - 99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

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BH Outpatient Visit with Mental Health Provider	CPT: 98960–98962, 99078, 99202–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251 – 99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251 – 99255 POS: 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Comm. POS: 53 Partial Hosp. POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Telehealth Visit	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251 – 99255 POS: 02
Observation	CPT: 99217–99220
Transitional Care Management	CPT: 99495, 99496
Telephone Visit	CPT: 98966–98968, 99441–99443

NOTE: Codes subject to change

MENTAL ILLNESS VALUE SET	F20.0-F39, F42.2-F43.9, F44.89, F53.0-F53.1, F60.0-F63.9, F68.10-F68.8, F84.0-F84.9, F90.0-F94.9
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**INTENTIONAL
SELF-HARM
VALUE SET**

T14.91XA/D/S, T36.0X2A/D/S, T36.1X2A/D/S, T36.2X2A/D/S, T36.3X2A/D/S,
T36.4X2A/D/S, T36.5X2A/D/S, T36.6X2A/D/S, T36.7X2A/D/S, T36.8X2A/D/S,
T36.92XA/D/S, T37.0X2A/D/S, T37.1X2A/D/S, T37.2X2A/D/S, T37.3X2A/D/S,
T37.4X2A/D/S, T37.5X2A/D/S, T37.8X2A/D/S, T37.92XA/D/S, T38.0X2A/D/S,
T38.1X2A/D/S, T38.2X2A/D/S, T38.3X2A/D/S, T38.4X2A/D/S, T38.5X2A/D/S,
T38.6X2A/D/S, T38.7X2A/D/S, T38.802A/D/S, T38.812A/D/S, T38.892A/D/S,
T38.902A/D/S, T38.992A/D/S, T39.012A/D/S, T38.802A/D/S, T38.812A/D/S,
T38.892A/D/S, T38.902A/D/S, T38.992A/D/S, T39.012A/D/S, T39.092A/
D/S, T39.1X2A/D/S, T39.2X2A/D/S, T39.312A/D/S, T39.392A/D/S, T39.4X2A/
D/S, T39.8X2A/D/S, T39.92XA/D/S, T40.0X2A/D/S, T40.0X3A/D/S,
T40.0X4A/D/S, T40.0X5A/D/S, T40.1X2A/D/S, T40.1X3A/D/S, T40.1X4A/D/S,
T40.2X2A/D/S, T40.2X3A/D/S, T40.2X4A/D/S, T40.3X2A/D/S, T40.3X3A/
D/S, T40.3X4A/D/S, T40.4X2A/D/S, T40.4X3A/D/S, T40.4X4A/D/S,
T40.412A/D/S, T40.413A/D/S, T40.414A/D/S, T40.415A/D/S, T40.422A/D/S,
T40.492A/D/S, T40.493A/D/S, T40.494A/D/S, T40.5X2A/D/S, T40.602A/
D/S, T40.692A/D/S, T40.7X2A/D/S, T40.8X2A/D/S, T40.902A/D/S,
T40.992A/D/S, T41.0X2A/D/S, T41.1X2A/D/S, T41.202A/D/S, T41.292A/D/S,
T41.3X2A/D/S, T41.42XA/D/S, T41.5X2A/D/S, T42.0X2A/D/S, T42.1X2A/D/S,
T42.2X2A/D/S, T42.3X2A/D/S, T42.4X2A/D/S, T42.5X2A/D/S, T42.6X2A/D/S,
T42.72XA/D/S, T42.8X2A/D/S, T43.012A/D/S, T43.022A/D/S, T43.1X2A/D/S,
T43.202A/D/S, T43.212A/D/S, T43.222A/D/S, T43.292A/D/S, T43.3X2A/D/S,
T43.4X2A/D/S, T43.4X2A/D/S, T43.502A/D/S, T43.592A/D/S, T43.602A/D/S,
T43.612A/D/S, T43.622A/D/S, T43.632A/D/S, T43.642A/D/S, T43.692A/D/S,
T43.8X2A/D/S, T43.92XA/D/S, T44.0X2A/D/S, T44.1X2A/D/S, T44.2X2A/D/S,
T44.3X2A/D/S, T44.4X2A/D/S, T44.5X2A/D/S, T44.6X2A/D/S, T44.7X2A/
D/S, T44.8X2A/D/S, T44.902A/D/S, T44.992A/D/S, T45.0X2A/D/S,
T45.1X2A/D/S, T45.2X2A/D/S, T45.3X2A/D/S, T45.512A/D/S, T45.522A/D/S,
T45.602A/D/S, T45.612A/D/S, T45.622A/D/S, T45.692A/D/S, T45.7X2A/D/S,
T45.8X2A/D/S, T45.92XA/D/S, T46.0X2A/D/S, T46.0X2A/D/S, T46.1X2A/D/S,
T46.2X2A/D/S, T46.3X2A/D/S, T46.4X2A/D/S, T46.5X2A/D/S, T46.6X2A/
D/S, T46.7X2A/D/S, T46.8X2A/D/S, T46.902A/D/S, T46.992A/D/S,
T47.0X2A/D/S, T47.1X2A/D/S, T47.2X2A/D/S, T47.3X2A/D/S, T47.4X2A/D/S,
T47.5X2A/D/S, T47.6X2A/D/S, T47.7X2A/D/S, T47.8X2A/D/S, T47.92XA/D/S,
T48.0X2A/D/S, T48.1X2A/D/S, T48.202A/D/S, T48.292A/D/S, T48.3X2A/
D/S, T48.4X2A/D/S, T48.5X2A/D/S, T48.6X2A/D/S, T48.902A/D/S,
T48.992A/D/S, T49.0X2A/D/S, T49.1X2A/D/S, T49.2X2A/D/S, T49.3X2A/
D/S, T49.3X2A/D/S, T49.4X2A/D/S, T49.5X2A/D/S, T49.6X2A/D/S,
T49.7X2A/D/S, T49.8X2A/D/S, T50.0X2A/D/S, T50.1X2A/D/S, T50.3X2A/D/S,
T50.4X2A/D/S, T50.5X2A/D/S, T50.7X2A/D/S, T50.8X2A/D/S, T50.812A/D/S,
T50.892A/D/S, T50.912A/D/S, T50.92XA/D/S, T50.902A/D/S, T50.912A/
D/S, T50.992A/D/S, X71.0XXA/D/S, X71.1XXA/D/S, X71.2XXA/D/S, X71.3XXA/
D/S, X71.8XXA/D/S, X71.9XXA/D/S, X72.0XXA/D/S, X73.0XXA/D/S,
X73.1XXA/D/S, X73.2XXA/D/S, X73.8XXA/D/S, X73.9XXA/D/S, X74.01XA/D/S,
X74.02XA/D/S, X74.09XA/D/S, X74.8XXA/D/S, X74.9XXA/D/S, X75.
XXXXA/D/S, X76.0XXA/D/S, X77.0XXA/D/S, X77.1XXA/D/S, X77.2XXA/D/S,
X77.3XXA/D/S, X77.8XXA/D/S, X77.9XXA/D/S, X78.0XXA/D/S, X78.1XXA/
D/S, X78.2XXA/D/S, X78.8XXA/D/S, X78.9XXA/D/S, X79.0XXA/D/S, X80.
XXXXA/D/S, X81.0XXA/D/S, X81.1XXA/D/S, X81.8XXA/D/S, X82.0XXA/D/S,
X82.1XXA/D/S, X82.2XXA/D/S, X82.8XXA/D/S, X83.0XXA/D/S, X83.1XXA/
D/S, X83.2XXA/D/S, X83.8XXA/D/S



(FUM) FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS ●●●

Measure evaluates percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow up visit for mental illness.

Two rates are reported:

The percentage of ED visits for which the member received **follow-up within 30 days of the ED visit (31 total days)**

The percentage of ED visits for which the member received **follow-up within 7 days of the ED visit (8 total days)**

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with an Outpatient POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Visit Setting Unspecified Value Set with a Partial Hospitalization POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 POS: 52
Visit Setting Unspecified Value Set with a Community Mental Health Center POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 POS: 53
Visit Setting Unspecified Value Set with a Telehealth POS	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 POS: 02
BH Outpatient Visit	CPT: 98960–98962, 99078, 99202–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99483, 99510 HCPCS: G0155, G0176–G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H200, H2010, H2011, H2013–H2020, T1015
Partial Hospitalization/ Intensive Outpatient Visit	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Continued next page

Electroconvulsive Therapy with Ambulatory Surgical Center POS, Community Mental Health Center POS, Outpatient POS, or Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Comm. POS: 53 Partial Hosp. POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Observation	CPT: 99217-99220
Telephone Visit	CPT: 98966, 98967, 98968, 99441, 99442, 99443
E-Visit or Virtual Check-in Visits	CPT: 98970-98972, 99421-99423, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063

*Codes subject to change

MENTAL ILLNESS VALUE SET	F20.0-F39, F42.2-F43.9, F44.89, F53.0-F53.1, F60.0-F63.9, F68.10-F68.8, F84.0-F84.9, F90.0-F94.9
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Continued next page

**INTENTIONAL
SELF-HARM
VALUE SET**

T14.91XA/D/S, T36.0X2A/D/S, T36.1X2A/D/S, T36.2X2A/D/S, T36.3X2A/D/S,
T36.4X2A/D/S, T36.5X2A/D/S, T36.6X2A/D/S, T36.7X2A/D/S, T36.8X2A/D/S,
T36.92XA/D/S, T37.0X2A/D/S, T37.1X2A/D/S, T37.2X2A/D/S, T37.3X2A/D/S,
T37.4X2A/D/S, T37.5X2A/D/S, T37.8X2A/D/S, T37.92XA/D/S, T38.0X2A/D/S,
T38.1X2A/D/S, T38.2X2A/D/S, T38.3X2A/D/S, T38.4X2A/D/S, T38.5X2A/D/S,
T38.6X2A/D/S, T38.7X2A/D/S, T38.802A/D/S, T38.812A/D/S, T38.892A/D/S,
T38.902A/D/S, T38.992A/D/S, T39.012A/D/S, T38.802A/D/S, T38.812A/D/S,
T38.892A/D/S, T38.902A/D/S, T38.992A/D/S, T39.012A/D/S, T39.092A/
D/S, T39.1X2A/D/S, T39.2X2A/D/S, T39.312A/D/S, T39.392A/D/S, T39.4X2A/
D/S, T39.8X2A/D/S, T39.92XA/D/S, T40.0X2A/D/S, T40.0X3A/D/S,
T40.0X4A/D/S, T40.0X5A/D/S, T40.1X2A/D/S, T40.1X3A/D/S, T40.1X4A/D/S,
T40.2X2A/D/S, T40.2X3A/D/S, T40.2X4A/D/S, T40.3X2A/D/S, T40.3X3A/
D/S, T40.3X4A/D/S, T40.4X2A/D/S, T40.4X3A/D/S, T40.4X4A/D/S,
T40.412A/D/S, T40.413A/D/S, T40.414A/D/S, T40.415A/D/S, T40.422A/D/S,
T40.492A/D/S, T40.493A/D/S, T40.494A/D/S, T40.5X2A/D/S, T40.602A/
D/S, T40.692A/D/S, T40.7X2A/D/S, T40.8X2A/D/S, T40.902A/D/S,
T40.992A/D/S, T41.0X2A/D/S, T41.1X2A/D/S, T41.202A/D/S, T41.292A/D/S,
T41.3X2A/D/S, T41.42XA/D/S, T41.5X2A/D/S, T42.0X2A/D/S, T42.1X2A/D/S,
T42.2X2A/D/S, T42.3X2A/D/S, T42.4X2A/D/S, T42.5X2A/D/S, T42.6X2A/D/S,
T42.72XA/D/S, T42.8X2A/D/S, T43.012A/D/S, T43.022A/D/S, T43.1X2A/D/S,
T43.202A/D/S, T43.212A/D/S, T43.222A/D/S, T43.292A/D/S, T43.3X2A/D/S,
T43.4X2A/D/S, T43.4X2A/D/S, T43.502A/D/S, T43.592A/D/S, T43.602A/D/S,
T43.612A/D/S, T43.622A/D/S, T43.632A/D/S, T43.642A/D/S, T43.692A/D/S,
T43.8X2A/D/S, T43.92XA/D/S, T44.0X2A/D/S, T44.1X2A/D/S, T44.2X2A/D/S,
T44.3X2A/D/S, T44.4X2A/D/S, T44.5X2A/D/S, T44.6X2A/D/S, T44.7X2A/
D/S, T44.8X2A/D/S, T44.902A/D/S, T44.992A/D/S, T45.0X2A/D/S,
T45.1X2A/D/S, T45.2X2A/D/S, T45.3X2A/D/S, T45.512A/D/S, T45.522A/D/S,
T45.602A/D/S, T45.612A/D/S, T45.622A/D/S, T45.692A/D/S, T45.7X2A/D/S,
T45.8X2A/D/S, T45.92XA/D/S, T46.0X2A/D/S, T46.0X2A/D/S, T46.1X2A/D/S,
T46.2X2A/D/S, T46.3X2A/D/S, T46.4X2A/D/S, T46.5X2A/D/S, T46.6X2A/
D/S, T46.7X2A/D/S, T46.8X2A/D/S, T46.902A/D/S, T46.992A/D/S,
T47.0X2A/D/S, T47.1X2A/D/S, T47.2X2A/D/S, T47.3X2A/D/S, T47.4X2A/D/S,
T47.5X2A/D/S, T47.6X2A/D/S, T47.7X2A/D/S, T47.8X2A/D/S, T47.92XA/D/S,
T48.0X2A/D/S, T48.1X2A/D/S, T48.202A/D/S, T48.292A/D/S, T48.3X2A/
D/S, T48.4X2A/D/S, T48.5X2A/D/S, T48.6X2A/D/S, T48.902A/D/S,
T48.992A/D/S, T49.0X2A/D/S, T49.1X2A/D/S, T49.2X2A/D/S, T49.3X2A/
D/S, T49.3X2A/D/S, T49.4X2A/D/S, T49.5X2A/D/S, T49.6X2A/D/S,
T49.7X2A/D/S, T49.8X2A/D/S, T50.0X2A/D/S, T50.1X2A/D/S, T50.3X2A/D/S,
T50.4X2A/D/S, T50.5X2A/D/S, T50.7X2A/D/S, T50.8X2A/D/S, T50.812A/D/S,
T50.892A/D/S, T50.912A/D/S, T50.92XA/D/S, T50.902A/D/S, T50.912A/
D/S, T50.992A/D/S, X71.0XXA/D/S, X71.1XXA/D/S, X71.2XXA/D/S, X71.3XXA/
D/S, X71.8XXA/D/S, X71.9XXA/D/S, X72.XXXA/D/S, X73.0XXA/D/S,
X73.1XXA/D/S, X73.2XXA/D/S, X73.8XXA/D/S, X73.9XXA/D/S, X74.01XA/D/S,
X74.02XA/D/S, X74.09XA/D/S, X74.8XXA/D/S, X74.9XXA/D/S, X75.
XXXA/D/S, X76.XXXA/D/S, X77.0XXA/D/S, X77.1XXA/D/S, X77.2XXA/D/S,
X77.3XXA/D/S, X77.8XXA/D/S, X77.9XXA/D/S, X78.0XXA/D/S, X78.1XXA/
D/S, X78.2XXA/D/S, X78.8XXA/D/S, X78.9XXA/D/S, X79.XXXA/D/S, X80.
XXXA/D/S, X81.0XXA/D/S, X81.1XXA/D/S, X81.8XXA/D/S, X82.0XXA/D/S,
X82.1XXA/D/S, X82.2XXA/D/S, X82.8XXA/D/S, X83.0XXA/D/S, X83.1XXA/
D/S, X83.2XXA/D/S, X83.8XXA/D/S

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

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

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

DESCRIPTION	CODES
Initiation and Engagement/Treatment	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960–98962, 99078, 99202–99205, 99211–99215, 99217–99220, 99221–99223, 99231, 99233, 99238, 99239, 99241–99245, 99341–99345, 99347–99350, 99251–99255, 99384–99387, 99394–99397, 99401–99404, 99408, 99409, 99411, 99412, 99483, 99510, HCPS: G0155, G0176, G0177, G0396, G0397, G0409–G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H2000, H2001, H2010–H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 POS: 02, 03, 05, 07, 09, 11–20, 22, 33, 49– 50, 52–53, 57, 58, 71–72
Telephone Visits	CPT: 98966–98968, 99441–99443
E-visit/Virtual Check-In	CPT: 98970–98972, 99421–99423, 99457 HCPCS: G0071 G2010, G2012, G2061–G2063
AOD ABUSE AND DEPENDENCE VALUE SET	F10.10, F10.120–F10.20, F10.220–F10.29, F11.10, F11.120–F11.20, F11.220–F11.29, F12.10, F12.120–F12.20, F12.220–F12.29, F13.10, F13.120–F13.20, F13.220–F13.29, F14.10, F14.120–F14.20, F14.220–F14.29, F15.10, F15.120–F15.20, F15.220–F15.29, F16.10, F16.120–F16.20, F16.220–F16.29, F18.10, F18.120–F18.20, F18.220–F18.29, F19.10, F19.120–F19.20, F19.220–F19.29

NOTE: Codes subject to change

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

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NOTES

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home state health.

Provider Services Department
1-855-694-HOME (4663)
TDD/TTY 711

11720 Borman Drive
St. Louis, MO 63146
HomeStateHealth.com