

Quick Reference Guide HEDIS[®] MY 2021

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HEDIS[®] MY 2021

Quick Reference Guide

Updated to reflect NCQA HEDIS[®] MY 2021 Technical Specifications

Home State Health strives to provide quality healthcare to our membership as measured through HEDIS[®] quality metrics. We created the HEDIS[®] MY 2021 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

| | |
|--|--|
| PRESCRIBING PRACTITIONER | <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> |
| PRIMARY CARE PHYSICIAN | <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). |
| ONGOING CARE PROVIDER | <p>The practitioner who assumes responsibility for the member's care.</p> |
| OB/GYN AND OTHER PRENATAL CARE PRACTITIONER | <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). |
| DENTAL PRACTITIONER | <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> |
| CLINICAL PHARMACIST | <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> |

| | |
|---------------------------------|--|
| 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 |
|---|---|---|
| 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 98966 - 98968, 99441 - 99443, 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99483 | G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015, S0620, S0621 | Z00.00, Z00.01, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 |

NOTE: Codes subject to change



(AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT ●●●

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

Two rates are reported:

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

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

Antidepressant Medications

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

*Codes subject to change

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(CBP) CONTROLLING HIGH BLOOD PRESSURE ●●●

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

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

*Codes subject to change



(CDC) COMPREHENSIVE DIABETES CARE ●●●

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

- Hemoglobin A1c (HbA1c) testing

• HgA1c poor control (>9.0%)

• HgbA1c control (<8.0%)
- BP control (<140/90 mm Hg)

• Eye exam (retinal) performed

• Medical attention for nephropathy (Medicare only)

| DESCRIPTION | CODES |
|--|--|
| Palliative Care | HCPCS: G9054, M1017 ICD-10: Z51.5 |
| Outpatient Codes | CPT: 99201-9902, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, G9054, M1017, T1015 ICD-10: Z51.5 |
| Non-Acute Inpatient | CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334, -99337 |
| Remote BP Monitoring | CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474 |
| Diastolic 80-89 | CPT-CAT-II: 3079F |
| Diastolic Greater Than/Equal To 90 | CPT-CAT-II: 3080F |
| Diastolic Less Than 80 | CPT-CAT-II: 3078F |
| Systolic Greater Than/Equal To 140 | CPT-CAT-II: 3077F |
| Systolic Less Than 140 | CPT-CAT-II: 3074F, 3075F |
| Unilateral Eye Enucleation With a Bilateral Modifier | CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 CPT Modifier: 50 |
| HbA1C Lab Test | CPT: 83036, 83037 |
| HbA1c Level Less than 7 Codes | CPT-CAT-II: 3044F |
| HbA1c Level Greater Than/Equal to 7 and Less than 8 | CPT-CAT-II: 3051F |
| HbA1c Level Greater Than/Equal to 8 and Less than/equal to 9 | CPT-CAT-II: 3052F |
| HbA1C Greater than 9.0 | CPT: 83036, 83037 CPT-CAT-II: 3046F |
| Urine Protein Tests | CPT: 81000 - 81003, 81005, 82042 - 82044, 84156 CPT-CAT-II: 3060F, 3061F, 3062F |
| Nephropathy Treatment | CPT-CAT-II: 3066F, 4010F |
| Automated Eye Exam | CPT: 92229 |
| Diabetic Retinal Screening negative in Prior Year | CPT-CAT-II: 3072F |

(CDC) COMPREHENSIVE DIABETES CARE (CONTINUED) ●●●

| DESCRIPTION | CODES |
|---|---------------------------------|
| Eye Exam with Retinopathy | CPT-CAT-II: 2022F, 2024F, 2026F |
| Eye Exam without Retinopathy | CPT-CAT-II: 2023F, 2025F, 2033F |
| 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



(COA) CARE FOR OLDER ADULTS ●

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

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

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

*Codes subject to change



(COL) COLORECTAL CANCER SCREENING ●●●

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

| DESCRIPTION | CODES |
|-------------------|--|
| Colonoscopy | CPT: 44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398 HCPCS: G0105, G0121 |
| CT Colonography | CPT: 74261 - 74263 |
| FIT- DNA Lab Test | CPT: 81528 HCPCS: G0464 |

(COL) COLORECTAL CANCER SCREENING (CONTINUED) ●●●

| | |
|------------------------|---|
| Flexible Sigmoidoscopy | CPT: 45330 - 45335, 45337 - 45338, 45340-45342 , 45346 - 45347, 45349-45350 HCPCS: G0104 |
| 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



(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 |
| 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 | • Carvedilol • Pindolol • Sotalol | • Labetalol • Propranolol | • Nadolol • Timolol |

| | | | |
|--|---|--|--|
| Cardioselective beta-blockers | <ul style="list-style-type: none">• Acebutolol• Atenolol | <ul style="list-style-type: none">• Betaxolol• Bisoprolol | <ul style="list-style-type: none">• Metoprolol• 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 • Dexamethasone • Hydrocortisone • Methylprednisolone • Prednisolone • Prednisone |
| 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 | <ul style="list-style-type: none"> • Formoterol-aclidinium • Formoterol-glycopyrrolate • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate - umeclidinium-vilanterol |
|-----------------------------|---|---|

*Codes subject to change

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

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

| DESCRIPTION | CODES |
|--------------------------------|---|
| HbA1C Lab Tests | CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 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

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

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

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

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(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

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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 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 |

*Cervical Cancer Screenings continue on next page

(CCS) CERVICAL CANCER SCREENING (CONTINUED) ●●●

| DESCRIPTION | CODES |
|--|---|
| HPV Tests (30-64) | CPT: 87624, 87625 HCPCS: G0476 |
| Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis | CPT: 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290 - 58294, 58548, 58550, 58552-58554, 58570 - 58573, 58575, 58951, 58953, 58954, 59856, 59135 ICD-10: Q51.5, Z90.710, Z90.712 |
| Palliative Care | HCPCS: G9054, M1017 ICD-10: Z51.5 |

*Codes subject to change



(CHL) CHLAMYDIA SCREENING IN WOMEN ●●

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

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

*Codes subject to change



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

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

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

*Codes subject to change

(OMW) OSTEOPOROSIS MANAGEMENT IN WOMEN... (CONTINUED) ●

Osteoporosis Medications

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

*Codes subject to change



(OSW) OSTEOPOROSIS SCREENING IN OLDER WOMEN ●

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

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

*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: 98969 - 98972, 99421 - 99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063 |
| Prenatal Visits | CPT: 99201 - 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 |

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

| DESCRIPTION | CODES |
|----------------------------|---|
| Cervical Cytology Lab Test | CPT: 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 |
| Postpartum Visits | CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 |
| Telephone Visits | CPT: 98966 - 98968, 99441 - 99443 |
| 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 | CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 |
| BH Outpatient Visit | CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 |
| Observation Visit | CPT: 99217 - 99220 |

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

| DESCRIPTION | CODES |
|---|---|
| Health and Behavior Assessment/Intervention | CPT: 96150 - 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 |
| Visit Setting Unspecified Value Set with Partial Hospitalization POS | CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 52 |
| Partial Hospitalization/ Intensive Outpatient | HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |
| Telehealth Visit | CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 02 |
| Telephone Visits | CPT: 98966 - 98968, 99441 - 99443 |
| E-visit/Virtual Check-In | CPT: 98969 - 98972, 99421 - 99423, 99444, 99457 HCPCS: G2010, G2012, G2061, G2062, G2063 |
| Visit Setting Unspecified Value Set with Community Mental Health Center POS | CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 53 |

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: 90704 - 90708, 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 |

NOTE: Asthma Controller Medications continue on next page



(AMR) ASTHMA MEDICATION RATIO (CONTINUED) ●●

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

Continued next page

(AMR) ASTHMA MEDICATION RATIO (CONTINUED) ●●●

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 |
|------------------|--|

(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 ABSUE 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, 99201-99205, 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 |

Continued next page

(FUA) FOLLOW- UP AFTER EMERGENCY... (CONTINUED) ●●●

| | |
|--|--|
| 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: 98969-98972, 99421-99423, 99444, 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 |

(FUH) FOLLOW- UP AFTER HOSPITALIZATION... (CONTINUED) ●●●

| | |
|---|--|
| BH Outpatient Visit with Mental Health Provider | CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020, T1015 |
| Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health 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, T50.92A/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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(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, 99201-99205, 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 |

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| 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: 98969-98972, 99421-99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063 |

*Codes subject to change

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|-------------------------------------|---|
| 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, T50.92A/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, 99201 - 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: 98969 - 98972, 99421 - 99423, 99444, 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

[illegible]

[illegible]



home state health.

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

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