HEDIS® 2025

Documentation and Coding Guidelines

AmeriHealth Caritas® Delaware

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure Description	Measure Information/Documentation Required	Coding
Care for Older Adults (COA)	Adults 66 years of age and older who had each of the following during the MY: • Medication review. • Functional Status Assessment (FSA). • Pain Assessment.	**Medication Review:** A review conducted by a prescribing practitioner or clinical pharmacist in the MY. The member does not need to be present for the medication review. Any of the following are acceptable: • The presence of a medication list in the medical record with notation of the date reviewed. • Dated notation that member is not taking any medications. • Transitional care management services documented during the MY. • Criteria is **not** met if review performed by an RN. **Functional Status Assessment:** At least one functional status assessment during the MY and the date it was performed. Functional status assessment must include one of the following: • Notation that Activities of Daily Living (ADLs) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring (e.g., getting in and out of chairs), using toilet, walking.	**Functional Status Assessment:** **CPT:** 99483 **CPT-CAT-II:** 1170F **HCPCS:** G0438, G0439 **Pain Assessment:** **CPT-CAT-II:** 1125F, 1126F **Medication Review** (with Medication List): **CPT:** 90863, 99483, 99605, 99606 **CPT-CAT-II:** 1160F **Medication List** (with Medication Review)**:** **CPT-CAT-II:** 1159F **HCPCS:** G8427 **Transitional Care Management:** **CPT:** 99495, 99496 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Notation that Instrumental Activities of Daily Living (IADLs) were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances. • Result of an assessment using a standardized functional status assessment tool. • Criteria is **not** met by a fall assessment. **Pain Assessment:** At least one pain assessment during the MY and the date it was performed. • Documentation that the patient was assessed for pain (which may include positive or negative findings for pain). • Result of assessment using a standardized pain assessment tool. • Criteria is **not** met by notation of only a pain management plan or only a pain treatment plan. • Criteria is **not** met by notation of only screening for chest pain or only documentation of chest pain. **Note:** • Telephone, e-visit, or virtual check-in visits are acceptable for FSA and pain assessment. • Exclude services provided in an acute inpatient setting. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure:	

		• In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:** • Medication Review: Medication review completed by RN. • FSA: Documentation referencing patient living alone but not specifically that patient can perform ADLs or IADLs. • FSA: Documentation of "normal" under review of systems without specifically addressing ADLs/IADLs. • FSA: A functional status assessment limited to an acute or single condition, event, or body system. • Pain: Patient not assessed for pain at visit. • Pain: Diagnosis or medication related to pain or pain management plan but no documentation of pain assessment.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Chlamydia Screening (CHL)	Members 16 – 24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and who had at least one test for chlamydia during the MY.	Perform chlamydia screening each year on every 16- to 24-year-old member recommended for routine chlamydia screening and identified as sexually active. Chlamydia screening can be performed through a urine test. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**Chlamydia Tests:** **CPT:** 87110, 87270, 87320, 87490, 87491, 87492, 87810 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• A pregnancy test in the MY and a prescription for isotretinoin (Retinoid) on the date of the pregnancy test or 6 days after the pregnancy test. • A pregnancy test in the MY and an X-ray on the date of the pregnancy test or the 6 days after the pregnancy test. **Common Chart Deficiencies:** • Not collecting/testing urine sample routinely at well-visits. • Criteria is **not** met by notation of parental/patient refusal. • Criteria is not met by notation that patient is not sexually active.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Lead Screening Children (LSC)	Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning at any time by their 2nd birthday.	**Documentation in the medical record must include both of the following on or before the 2nd birthday:** • A note indicating the date the test was performed. • The result or finding. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:** • Lab results not documented in the record. • Documentation of result as "unknown." • Documentation of a lead assessment versus a lead screening. • Lead screening not ordered, not completed, or result not documented. • Lead screening after the child's 2nd birthday.	**Lead Tests:** **CPT:** 83655 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Results of screening performed at an outside lab, health department, or WIC office not included in record.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Oral Evaluation, Dental Services (OED)	**Members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year (MY).**	Documentation in the medical record must contain evidence of a comprehensive or periodic oral evaluation by a dental provider. Dental providers include dentist, dental hygienist, dental assistant, dental therapist, endodontist, denturist, oral medicinist, oral/maxillofacial dentist/surgeon. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**CDT:** D0120, D0145, D0150 **Dental Provider Taxonomy:** 122300000X, 1223D0001X, 1223D0004X, 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 1223X2210X, 122400000X, 124Q00000X, 125J00000X, 125K00000X, 125Q00000X, 126800000X, 204E00000X, 261QD0000X, 261QF0400X, 261QR1300X, 261QS0112X
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Topical Fluoride for Children (TFC)	**Members 1 – 4 years of age who received at least two fluoride varnish applications during the measurement year (MY).**	**Application of fluoride varnish on two different dates of service in the MY.** **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**CDT:** 99188, D1206
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Weight Assessment and Counseling for Nutrition and Physical Activity for	Members 3 – 17 years of age who had an outpatient visit with a	**BMI Percentile:** • Documentation must include height, weight, and BMI percentile during the MY.	**BMI Percentile:** **ICD10CM:** Z68.51, Z68.52, Z68.53, Z68.54

Children/Adolescents (WCC)	PCP or OB/GYN and who had evidence of each of the following during the MY: • BMI percentile documentation. • Counseling for nutrition. • Counseling for physical activity.	• The height, weight, and BMI must be from the same data source. • BMI percentile can be documented as a value or plotted on an age-growth chart. • Member-reported values (weight, height, BMI) can be captured during a telephone visit, e-visit, or virtual check-in. **Counseling for Nutrition:** Documentation of counseling for nutrition or referral for nutrition education during the MY. Examples include: • Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors). • Checklist indicating nutrition was addressed. • Member received educational materials on nutrition during a face-to-face visit. • Anticipatory guidance for nutrition. • Weight or obesity counseling. • Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). **Counseling for Physical Activity:** Documentation of counseling for physical activity or referral for physical activity during the MY. Examples include: • Checklist indicating physical activity was addressed. • Member received educational materials on physical activity during a face-to-face visit. • Anticipatory guidance for physical activity or weight/obesity counseling. • Weight or obesity counseling. • Discussion of current physical activity (e.g., sports activities, exercise routines). • Exam for sport participation/sports physical.	**Nutrition Counseling:** **CPT:** 97802, 97803, 97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 **ICD10CM:** Z71.3 **Physical Activity Counseling:** **HCPCS:** G0447, S9451 **Encounter for Physical Activity Counseling:** Z02.5, Z71.82 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		Notes: • Services may be rendered during a visit other than a well-child visit; however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the "Counseling for Nutrition" and "Counseling for Physical Activity" indicators. • Services may be delivered during a telephone visit, e-visit, or virtual check-in. This includes member-reported data (e.g., height, weight, BMI) documented in the chart. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Diagnosis of pregnancy during the MY. **Common Chart Deficiencies:** • Height, weight, and BMI percentile not documented ***each*** year. • BMI documented as a value and not as a percentile. • BMI percentile documented as a range or threshold. • BMI documented on an appropriate age-growth chart but without name, DOB, or discernible DOS on the chart. • BMI documented on weight or stature for age charts. • Documentation of developmental milestones without notation of anticipatory guidance or education for physical activity.	

		• Missing counseling/education on physical activity and/or nutrition. • Notation of "health education" or "anticipatory guidance" without specific mention of nutrition and/or physical activity. • Counseling on safety (e.g., "wears helmet" or "water safety") without specific mention of physical activity recommendations. • Notation solely related to "screen time" without specific mention of physical activity recommendations. • Documentation of diet or appetite "regular" or "good" without notation of counseling. • Notation of encouragement to follow "healthy lifestyle" without specific mention of physical activity and/or nutrition. • Screening forms/checklists that are not completed or do not have specific references to nutrition and/or physical activity. • Documentation specific to the assessment or treatment of an acute or chronic condition (e.g., discussion of diet related for a child with diarrhea). • Well-child services delivered in sick visit but not coded on claim.	
EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Appropriate Testing for Pharyngitis (CWP) *This is also a measure (CWP-E) collected through claims and Electronic Clinical Data Systems.*	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and	Outpatient, telephone, observation or ED visit, e-visit, or virtual check-in with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period (IP), which is 3 days prior and 3 days after the diagnosis.	**Group A Strep Test:** **CPT:** 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880 **Pharyngitis Diagnosis:** **ICD10CM:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	received a group A Streptococcus (Strep) test for the episode. This is an episode-based event, so a member may be included multiple times.	Visits that result in an inpatient stay are excluded. Telehealth visits are included in event/diagnosis criteria. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:** • Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.	*Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Asthma Medication Ratio (AMR)	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 medications of 50% or greater during the MY.	**Oral medication-dispensing event**: Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events. If multiple prescriptions for the same medication are dispensed on the same day, sum the day's supply and divide by 30. Use the Drug ID to determine if the prescriptions are the same or different. **Inhaler-dispensing event:** All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different drug IDs dispensed on the same day are counted as different dispensing events. **Injection-dispensing events:** Each injection counts as one dispensing event. Multiple	Population includes ED, IP, and/or observation visits billed with asthma diagnosis or 4 non-controller asthma medication-dispensing events during the MY and the year prior. **Asthma Diagnosis: ICD10CM:** J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998 **Asthma Controller Medications:** **Antibody inhibitors:** Omalizumab **Anti-interleukin-4:** Dupilumab **Anti-interleukin-5:** Benralizumab, Mepolizumab, Reslizumab **Inhaled steroid combinations:** Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone **Inhaled corticosteroids:** Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone **Leukotriene modifiers:** Montelukast, Zafirlukast, Zileuton

		dispensed injections of the same or different medications count as separate dispensing events. **Units of medications:** When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Members who had no asthma medications dispensed during the MY. • Members who had a diagnosis of any of the following in the member's history through December 31 of the MY: emphysema, COPD, Obstructive Bronchitis, chronic respiratory conditions due to fumes/vapors, Cystic Fibrosis, acute respiratory failure. • Deceased at any time in the MY. **Common Chart Deficiencies:** • No documentation of review of medications at every visit.	**Long-acting beta-2 adrenergic agonists (LABA):** Fluticasone furoate-umeclidinium-vilanterol, Salmeterol **Long-acting muscarinic agonists (LAMA):** Tiotropium **Methylxanthines:** Theophylline **Asthma Reliever Medications:** **Beta-2 adrenergic agonist-corticosteroid combination:** Albuterol-budesonide **Short-acting, inhaled beta-2 agonists:** Albuterol, Levalbuterol *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Medication Management for People with Asthma (MMA) *Retired by NCQA in MY20 but may still apply in*			*Requires state-specific measure codes.*

state quality reporting. Consult with your Account Executive.			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Pharmacotherapy Management of COPD Exacerbation (PCE)	Members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 through November 30 of MY and who had evidence of an active prescription or were dispensed the appropriate medications: • A Systemic Corticosteroid within 14 days of the event, **or** • A Bronchodilator within 30 days of the event. This is an episode-based event, so a member may be included multiple times.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	HEDIS rates are based on pharmacy claims. **Systemic Corticosteroid Medications:** **Glucocorticoids**: Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone **Bronchodilator Medications:** **Anticholinergic agents:** Aclidinium bromide, Ipratropium, Tiotropium, Umeclidinium **Beta-2 agonists:** Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, Olodaterol, Salmeterol **Bronchodilator combinations**: Albuterol-ipratropium, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Fluticasone furoate-umeclidinium-vilanterol, Formoterol-aclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Glycopyrrolate-indacaterol, Olodaterol-tiotropium, Umeclidinium-vilanterol
ACCESS AND AVAILABILITY			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Members 20 years and older who had an ambulatory or preventive care visit during the MY.	One or more ambulatory or preventive care visits during the MY. Telephone and e-visits are acceptable. **Required Exclusions:**	**Ambulatory Visits:** **CPT:** 92002, 92004, 92012, 92014, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99304, 99305, 99036, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382,

		Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99457, 99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015 **UBREV:** 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0524, 0525, 0526, 0527, 0528, 0529, 0982, 0983 **Reason for Ambulatory Visit:** **ICD10CM:** Z00.00, Z00.01, Z00.121, Z00.129, 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, Z02.84, Z02.89, Z02.9, Z76.1, Z76.2 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Children and Adolescents' Access to Primary Care (CAP) *Retired by NCQA in MY20 but may still apply in state quality reporting. Consult with your Account Executive.*			*Requires state-specific measure codes.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Initiation and Engagement of Substance Use Disorder Treatment (IET)	Adolescent and adult members with a **new** episode of substance use disorder (SUD) who received Initiation of	The MY is 1/1 – 12/31. **Note:** • Methadone is not included in the medication lists for the measure.	**Visit Setting Unspecified:** (With Outpatient Place of Service (POS) and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:**

	SUD Treatment or Engagement of SUD Treatment. Two rates are reported: **1. Initiation of SUD Treatment:** Members who initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis. **2. Engagement of SUD Treatment:** The percentage of members who initiated treatment and who had two or more additional SUD services or medication treatment within 34 days of the initiation visit. Each qualifying episode between 11/15 of the year prior to the MY and 11/14 of the MY is included.	• Medication treatment meets criteria for members being treated for alcohol or opioid abuse or dependence. It does not meet the criteria for treatment of other drug abuse or dependence. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	(with Partial Hospitalization POS and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:** (With Behavioral Health (BH) Outpatient Visit and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:** (with **Nonresidential Substance Abuse Treatment Facility POS** and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:** (with Community Mental Health Center POS and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:** (with Telehealth POS and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **BH Outpatient Visit:** (with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:** **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Partial Hospitalization or Intensive Outpatient Visit:**

			(with Alcohol Abuse & Dependence, Opioid Abuse & Dependence, or Other Drug Abuse & Dependence)**:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Substance Use Disorder Services:** (With AOD (Alcohol and Other Drug) Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence): **CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 **UBREV:** 0906, 0944, 0945 **Substance Abuse Counseling and Surveillance:** **ICD10CM:** Z71.41, Z71.51 **Telephone Visit:** (with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments:** (with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence)**:** **CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252 **OUD Monthly Office-Based Treatment:** **HCPCS:** G2086, G2087 **OUD Weekly Drug Treatment Service:** **G2067, G2068, G2069, G2070, G2072, G2073** **OUD Weekly Non-Drug Service:** **HCPCS:** G2071, G2074, G2075, G2076, G2077, G2080

			Psychiatric facility-partial hospitalization POS: 52 **Community Mental Health Center POS:** 53 **Outpatient POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 **Non-Residential Substance Abuse POS:** 57, 58 **Telehealth POS:** 02, 10 **Alcohol Abuse and Dependence:** **ICD10CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29 **Opioid Abuse and Dependence:** **ICD10CM:** F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29 **Other Drug Abuse and Dependence:** **ICD10CM**: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20,

			F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29 **Alcohol Use Disorder Treatment Medications List** (if diagnosis from Alcohol Abuse and Dependence)**:** **Aldehyde dehydrogenase inhibitor:** Disulfiram (oral) **Antagonist:** Naltrexone (oral and injectable) **Other:** Acamprosate (oral, delayed-release tablet) **Naltrexone Injection: HCPCS:** G2073**,** J2315 **Opioid Use Disorder Treatment Medications** (if diagnosis from Opioid Abuse and Dependence): **Antagonist:** Naltrexone (oral and injectable) **Partial Agonist:** Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **Naltrexone Injection: HCPCS:** G2073, 315 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Prenatal and Postpartum Care (PPC)	The percentage of deliveries of live births on or between October 8 of the year prior to the MY and October 7 of the MY. For these members, the measure assesses the following facets of prenatal and postpartum care. • **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization. • **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	**Prenatal care visit** to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of **one** of the following: • Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of LMP, EDD, GA, a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment or counseling/education). • A basic physical obstetrical examination that includes auscultation for fetal heart tone, **or** pelvic exam with obstetric observations, **or** measurement of fundus height. • Evidence that a prenatal care procedure was performed (OB panel, ultrasound, etc.). **Postpartum visit** to an OB/GYN or other prenatal care practitioner or PCP. Documentation in the medical record must include a note indicating the date when the postpartum care visit occurred, and evidence of one of the following: • Pelvic Exam: Colposcopy is not acceptable for a postpartum visit. • Evaluation of weight, BP, breast, and abdomen: Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component. • Notation of postpartum care, including, but not limited to: Notation of "postpartum	**Prenatal Indicator:** **Stand Alone Prenatal Visits:** **CPT:** 99500 **CPT-CAT-II:** 0500F, 0501F, 0502F **HCPS:** H1000, H1001, H1002, H1003, H1004 **Bundled Prenatal Visits:** **CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005 *(Dates of service required to validate within measure time frame.)* **Prenatal Visits** (with Diagnosis of Pregnancy)**:** **CPT:** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483 **HCPS:** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015 **Postpartum Indicator** **Encounter for Postpartum Care:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 **Postpartum Care:** **CPT:** 57170, 58300, 59430, 99501 **CPT-CAT-II:** 0503F **HCPCS:** G0101 **Bundled Postpartum Visits:** **CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 *(Dates of service required to validate within measure time frame.)* **Cervical Cytology Lab Test:** **CPT:** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

		care," "PP care," "PP Checks," "6-week check." • A preprinted "Postpartum Care" form in which information was documented during the visit. • Perineal or cesarean incision/wound check. • Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders. • Glucose screening for women with gestational diabetes. • Documentation of any of the following: infant care or breastfeeding, resumption of intercourse, birth spacing, family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight. **Note**: • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. • Services that occur over multiple visits count toward Timeliness of Prenatal Care if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Non-live birth. **Common Chart Deficiencies:**	*Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Missing signature on charts so unable to determine provider type of services. • Only initials on charts, so unable to determine provider type of services. • Ultrasound and/or labs with no associated prenatal visit documented in measure time frame. • Initial prenatal visit documented as intake with RN but no visit with OB/GYN or PCP. • Diagnosis of pregnancy not documented in chart. • Dates of service in progress notes do not align with dates on ONAF. • ONAF not filled out completely. • Visit in postpartum time frame does not reference pregnancy/delivery.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Children and adolescents 1 – 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Documentation of psychosocial care in the 121-day period from 90 days prior to the Rx dispensing date through 30 days after the Rx dispensing date. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**Psychosocial Care:** **CPT:** 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 **HCPCS:** G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Controlling High Blood Pressure (CBP)	Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled	• BP must be latest reading in the MY and must occur on or after the diagnosis of HTN. • BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or	**Systolic and Diastolic Result:** **CPT-CAT-II:** • Most Recent Systolic less than 130: 3074F • Most Recent Systolic 130 – 139: 3075F • Systolic greater than or equal to 140: 3077F • Most Recent Diastolic less than 80: 3078F

	(<140/90) during the MY.	change in medication on or one day before the test or procedure, with the exception of fasting blood tests, are not used. • BP readings taken during an inpatient stay or ED visit are not used. • When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. • If no BP is recorded during the MY, the member is "not controlled." • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. • Member-reported data documented in medical record is acceptable if BP captured with a digital device and documented in the medical record with date BP taken. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. • Evidence of ESRD or kidney transplant on or prior to 12/31 of the MY. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis. • Diagnosis of pregnancy during the MY. • A nonacute inpatient admission during the MY. **Common Chart Deficiencies:** • Retake of BP that is 140/90 or above not documented.	• Most Recent Diastolic 80 – 89: 3079F Most Recent Diastolic greater than or equal to 90: 3080F **Hypertension Diagnosis:** **ICD10CM:** I10 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Member-reported BP is not documented with sufficient detail. • Claim missing CPT II codes for BP results. • BP rounded up before documented in medical record. • BP documented as a range. • No documentation of follow-up appointment scheduled if BP elevated. • Cardiology visits with no BP documented in the chart. • Flowsheets missing member name and second identifier such as date of birth.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**

Persistence of Beta Blocker Treatment After a Heart Attack (PBH)	Members 18 years of age and older during the MY who were hospitalized and discharged from 7/1 of the year prior to the MY to 6/30 of the MY with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.	**Required Exclusions:**
		Members who meet any of the following criteria are excluded from the measure:
		• In hospice or using hospice services any time in the MY.
		• Deceased at any time in the MY.
		• Receiving palliative care any time in the MY.
		• 66 years of age and older with advanced illness during the MY.
		• 81 years of age and older with frailty any time on or between 7/1 of the year prior to the MY and 12/31 of the MY.
		• Documentation of any of the following:
		  ○ Asthma.
		  ○ COPD.
		  ○ Obstructive chronic bronchitis.
		  ○ Chronic respiratory conditions due to fumes or vapors.
		  ○ Hypotension.
		  ○ Heart block >1 degree.
		  ○ Sinus bradycardia.
		  ○ A medication-dispensing event indicative of a history of asthma.
			HEDIS rates are based on pharmacy claims.
			
			Beta-Blocker Medications:
			Noncardioselective beta-blockers: Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol
			Cardioselective beta-blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol
			Antihypertensive combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol
			
			AMI Diagnosis:
			ICD10CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4
			
			Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

		○ Intolerance or allergy to beta-blocker therapy. ○ Contraindication to beta-blocker therapy. **Common Chart Deficiencies:** • Medication was ordered with no evidence that it was dispensed.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Cardiac Rehabilitation (CRE)	The percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including: • Myocardial infarction. • Percutaneous coronary intervention. • Coronary artery bypass grafting. • Heart and heart/lung transplantation. • Heart valve replacement. Four rates are reported as the percentage of members who attended the specified number of cardiac rehabilitation sessions within the specified time after a qualifying event: **1. Initiation:**	The MY is 1/1 – 12/31. The Intake Period (IP) is a 12-month window that begins on July 1 of the year prior to the MY and ends on June 30 of the MY. The Episode Date (EP) is the most recent cardiac event during the IP, including myocardial infarction (MI), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), heart or heart/lung transplant, or heart valve repair/replacement. For MI, CABG, heart or heart/lung transplant or heart valve repair/replacement, the EP is the date of discharge. For PCI, the EP is the date of service. For inpatient claims, the EP is the date of discharge. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care during the IP through the end of the MY.	**Cardiac Rehabilitation:** **CPT:** 93797, 93798 **HCPCS:** G0422, G0423, S9472 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

	2 or more sessions within 30 days. **2. Engagement 1:** 12 or more sessions within 90 days. **3. Engagement 2:** 24 or more sessions within 180 days. **4. Achievement:** 36 or more sessions within 180 days.	• 66 years of age and older with frailty **and** advanced illness during the MY. • 81 years of age and older with frailty during the IP through the end of the MY. • Discharged from an inpatient setting with the following during the 180 days after the EP: MI, CABG, heart or heart/lung transplant, heart valve repair or replacement. • PCI in any setting during the 180 days after the EP.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Statin Therapy for Patients with Cardiovascular Disease (SPC)	Males 21 – 75 years of age and females 40 – 75 years of age during the measurement year (MY) who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. Two rates are reported: **1. Received Statin Therapy:** Members who were dispensed at least one high- or moderate-intensity statin medication during the MY. **2. Statin Adherence 80%:** Members who remained on a high- or moderate-intensity	The Index Prescription Start Date (IPSD) is the earliest dispensing date for any statin medication of at least moderate intensity during the MY. The Treatment Period (TP) is the period beginning on the IPSD through 12/31 of the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. • Documentation of any of the following in the MY or year prior: Pregnancy, IVF treatment, dispensed prescription for Clomiphene, cirrhosis, end stage renal disease (ESRD), or dialysis.	**High-intensity statin therapy:** Atorvastatin (40 – 80 mg), Amlodipine-atorvastatin (40 – 80 mg), Rosuvastatin (20 – 40 mg), Simvastatin (80 mg), Ezetimibe-simvastatin (80 mg) **Moderate-intensity statin therapy**: Atorvastatin (10 – 20 mg), Amlodipine-Atorvastatin (10 – 20 mg), Rosuvastatin (5 – 10 mg), Simvastatin (20 – 40 mg), Ezetimibe-simvastatin (20 – 40 mg), Pravastatin (40 – 80 mg), Lovastatin (40 mg), Fluvastatin (40 – 80 mg), Pitavastatin (1 – 4 mg) **MI Diagnosis:** **ICD10CM:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8 **CABG Diagnosis:** **CPT:** 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536 **HCPCS:** S2205, S2206, S2207, S2208, S2209 **ICD10PCS:** 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F,

	statin medication for at least 80% of the treatment period.	• Documentation of any of the following in the MY: Myalgia, myositis, myopathy, or rhabdomyolysis. • Documentation of myalgia or rhabdomyolysis caused by statins in the MY or at any time in the members history. **Common Chart Deficiencies:** • No documentation of review of medications at every visit.	021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF **PCI Diagnosis:** **CPT:** 92920, 92924, 92928, 92933, 92937, 92941, 92943 **HCPCS:** C9600, C9602, C9604, C9606, C9607 **ICD10PCS**: 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02713E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 027234Z,

			027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 027334Z, 027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734T6, 02734TZ, 02734Z6, 02734ZZ **Other Revascularization Diagnosis:** **CPT:** 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231 **IVD Diagnosis:** **ICD10CM:** I20.0, I20.2, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.112, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.702, I25.708, I25.709, I25.710, I25.711, I25.712, I25.718, I25.719, I25.720, I25.721, I25.722, I25.728, I25.729, I25.730, I25.731, I25.732, I25.738, I25.739, I25.750, I25.751, I25.752, I25.758, I25.759, I25.760, I25.761, I25.762, I25.768, I25.769, I25.790, I25.791, I25.792, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322,

			I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.92, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89, T82.855A, T82.855D, T82.855S, T82.856A, T82.856D, T82.856S *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
EFFECTIVENESS OF CARE: DIABETES			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**

Glycemic Status Assessment for Patients With Diabetes (GSD) *Formerly the HBD A1c Control for Patients with Diabetes indicator.*	Members 18 – 75 years of age with diabetes (Type 1 or Type 2) whose most recent glucose management indicator (GMI) or hemoglobin A1c (HbA1c) was at the following levels in the MY: • Glycemic Status (<8.0%) • Glycemic Status (>9%) ***A lower rate in Poor Control (>9%) indicates better performance.***	At a minimum, the documentation in the medical record must include a note indicating the date when the **most recent** HbA1c test was performed in the MY and the result or findings. Ranges and thresholds DO NOT meet criteria — a distinct numeric result is required. **Terms below, with date of service and result, can be used:** A1c, Hemoglobin A1c, Glycated Hemoglobin, HbA1c, Glycohemoglobin A1c, Glycosylated Hemoglobin, HgA1c. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age or older who are living long term in an institution at any time during the measurement year. • 66 years of age and older with frailty **and** advanced illness during the MY. **Common Chart Deficiencies:** • A1c noted in the chart but without specific date. • In-house A1c noted in visit but no result documented. • A1c result documented as a range. • Diabetes diagnosis and medication documented but missing documentation of treatment, follow-up, and/or progress. • Flowsheets missing member name and second identifier such as date of birth.	**HbA1c Lab Test:** **CPT:** 83036, 83037 **HbA1c Test Result or Finding:** **CPT-CAT-II:** • Less than 7.0: 3044F • Greater than or equal to 7.0 and less than 8.0: 3051F • Greater than or equal to 8.0 and less than or equal to 9.0: 3052F • Greater than 9.0: 3046F *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Incomplete or missing information from specialists or consulting providers.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Comprehensive Diabetes Care (CDC) Monitoring for Nephropathy *Retired by NCQA in MY22 but may still apply in state quality reporting. Consult with your Account Executive.*			*Requires state-specific measure codes.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Eye Exam for Patients with Diabetes (EED) *Formerly the CDC Eye Exam indicator.*	Members 18 – 75 years of age with diabetes (Type 1 and Type 2) who had a retinal eye exam during the measurement year (MY), an exam with a negative result in the year prior to the MY, or documentation of bilateral eye enucleation any time prior to 12/31 of the MY.	**Documentation can include** any of the following noted in the medical record: • A note or letter during the MY prepared by an ophthalmologist, optometrist, PCP, or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed and the results. • Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the MY, where results indicate retinopathy was not present and the date when the exam was performed. • A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) or qualified reading center reviewed the results, or that results were read by a system that provides artificial intelligence (AI) interpretation.	**Retinal Eye Exams:** **CPT:** 92235, 92230, 92250, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99215, 99213, 99214, 92018, 92019, 92004, 92002, 92014, 92012, 92202, 92201, 92134 **HCPCS:** S0621, S0620, S3000 **Retinal Imaging:** **CPT:** 92227, 92228 **Diabetes Mellitus without Complications** (in Year Prior to MY with Diabetic Retinal Screening)**:** **ICD10CM:** E10.9, E11.9, E13.9 **Low Risk for Retinopathy** (none present in prior year): **CPT-CAT-II:** 3072F **Eye Exam without Evidence of Retinopathy**: **CPT-CAT-II:** 2023F, 2025F, 2033F **Eye Exam with Evidence of Retinopathy** (in the MY Only)**:** **CPT-CAT-II:** 2022F, 2024F, 2026F

		Hypertensive retinopathy is handled the same as diabetic retinopathy when reporting the Eye Exam indicator. • Positive for hypertensive retinopathy is counted as positive for diabetic retinopathy if diabetic retinopathy not documented. • An eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy if diabetic retinopathy not documented. **Common Abbreviations for Retinopathy:** • NPDR (Non-proliferative diabetic retinopathy). • PDR (Proliferative diabetic retinopathy). • BDR (Background diabetic retinopathy). • Mild BDR or PDR. • Severe PDR. **Examples of Negative Exam:** • Assessment of fundus and macula were "normal." • Diabetes mellitus without ophthalmic complication. • Retinal exam documented as "normal" is considered negative for retinopathy if diabetic retinopathy not documented. **Note:** Notation limited to a statement that included "Diabetes without complications" does not meet criteria. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**Unilateral Eye Enucleation** (with Bilateral Modifier or 2 Unilateral Enucleations More than 14 Days Apart)**:** **CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. • Bilateral eye enucleation. Blindness is not an exclusion for a diabetic eye exam. **Common Chart Deficiencies:** • Documentation of diabetic exam without results. • Documentation of diabetic eye exam without provider (including credentials) of the exam. • Documentation is not clear that patient had a dilated or retinal exam. • Documentation not specific as to presence of retinopathy. • Incomplete or missing information from specialists or consulting providers. • Documentation of "diabetes without complications" does **not** meet criteria.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Blood Pressure Control for Patients with Diabetes (BPD) *Formerly the CDC BP indicator.*	Members 18 – 75 years of age with diabetes (Type 1 and Type 2) who had a controlled BP of <140/90 mm Hg during the MY.	• BP must be latest reading in the MY. • BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests, are not used. • BP readings taken during an inpatient stay or ED visit are not used. • When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. • If no BP is recorded during the MY, the member is "not controlled."	**Systolic and Diastolic Result:** **CPT-CAT-II:** • Most Recent Systolic less than 130: 3074F • Most Recent Systolic 130 – 139: 3075F • Systolic greater than or equal to 140: 3077F • Most Recent Diastolic less than 80: 3078F • Most Recent Diastolic 80 – 89: 3079F • Most Recent Diastolic greater than or equal to 90: 3080F *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Member-reported data documented in medical record is acceptable if BP captured with a digital device. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. **Common Chart Deficiencies:** • Retake of BP that is 140/90 or above not documented. • Member-reported BP is not documented with sufficient detail. • BP rounded up before documented in medical record. • BP documented as a range. • Claim missing CPT II codes for BP results. • Flowsheets missing member name and second identifier such as date of birth. • Incomplete or missing information from specialists or consulting providers.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Kidney Evaluation for Patients With Diabetes (KED)	The percentage of members ages 18 – 85 with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-	Documentation must include the required tests with result and date of service. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	All three are required: **Estimated Glomerular Filtration Rate Lab Test:** **CPT:** 80047, 80048, 80050, 80053, 80069, 82565 **Quantitative Urine Albumin Lab Test:** **CPT:** 82043 **Urine Creatinine Lab Test:**

	creatinine ration (uACR), during the MY.	• Receiving palliative care any time in the MY. • Evidence of ESRD or dialysis any time during the member's history through 12/31 of the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. • 81 years of age and older with frailty during the MY.	**CPT:** 82570 Service dates of Quantitative Urine Albumin Lab Test and Urine Creatinine Lab Test must be four or less days apart. *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Statin Therapy for Patients with Diabetes (SPD)	The percentage of adults 40 – 75 years of age during the MY with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: **1. Received statin therapy:** Members who were dispensed at least one statin medication of any intensity during the MY. **2. Statin adherence 80%:** Remained on a statin medication of any intensity for at least 80% of the treatment period.	The Index Prescription Start Date (IPSD) is the earliest dispensing date for any statin medication of any intensity during the MY. The Treatment Period (TP) is the period beginning on the IPSD through 12/31 of the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. • Documentation of any of the following during the year prior to the MY: MI (myocardial infarction), CABG (coronary artery bypass graft), PCI (percutaneous coronary intervention), or other revascularization. • Documentation of any of the following during the MY or the year prior: pregnancy, IVF, dispensed prescription for Clomiphene, ESRD, dialysis, or cirrhosis.	**Low-, Medium-, or High-Intensity Statin:** Amlodipine-Atorvastatin, Atorvastatin, Ezetimibe-Simvastatin, Fluvastatin Lovastatin, Pitavastatin, Pravastatin, Rosuvastatin, Simvastatin

		• Documentation of any of the following in the MY: myalgia, myositis, myopathy, or rhabdomyolysis. • Documentation of myalgia or rhabdomyolysis caused by statins in the MY or at any time in the members history. • Diagnosis of ischemic vascular disease during the MY or the year prior who had at least one outpatient visit, telephone visit, online assessment, virtual check-in or acute inpatient encounter with an IVD diagnosis. • No diagnosis of diabetes in any setting during the MY or the year prior **and** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.	
EFFECTIVENESS OF CARE: MUSCULOSKELETAL CONDITIONS			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) *Retired by NCQA in MY20 but may still apply in state quality reporting. Consult with your Account Executive.*			*Requires state-specific measure codes.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Osteoporosis Management in Women Who Had a Fracture (OMW)	Women 67 – 85 years of age who suffered a fracture and who had either a bone or mineral density (BMD) test or prescription for a drug	The MY is 1/1 – 12/31. The Intake Period (IP) is a 12-month window beginning 7/1 of the year prior to the MY and ending 6/30 of the MY. The IP is used to capture the first fracture.	HEDIS rates are based on pharmacy claims/BMD testing. **Bone Mineral Density Tests:** **CPT:** 76977, 77078, 77080, 77081, 77085, 77086

	to treat osteoporosis in the six months after the fracture. Fractures of finger, toe, face, and skull are not included in this measure.	The Episode Date (EP) is an eligible encounter during the IP with a diagnosis of fracture. • For outpatient, observation, or ER visit, the EP is the date of service. • For inpatient stay, the EP is the date of discharge. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care during the IP through the end of the MY. • 67 – 80 years of age with frailty **and** advanced illness during the IP through the end of the MY. • 81 years of age and older with frailty during the IP through the end of the MY. • Had a BMD test during the 730 days prior to the ED. • Had a claim/encounter for osteoporosis therapy prior to the ED. • Received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days prior to the ED.	**ICD10PCS:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 **Osteoporosis Medication Therapy:** **HCPCS:** J0897, J1740, J3110, J3111, J3489 **Long-Acting Osteoporosis Medications:** **HCPCS:** J0897, J1740, J3489 **Osteoporosis Medications List:** **Bisphosphonates:** Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid **Other Agents:** Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Osteoporosis Screening in Older Women (OSW)	The percentage of women 65 – 75 who received osteoporosis screening.	One or more osteoporosis screening tests on or between the member's 65th birthday and 12/31 of the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY.	**Osteoporosis Screening Tests:** **CPT:** 76977, 77078, 77080, 77081, 77085

		• Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the IP through the end of the MY. • Had a claim/encounter for osteoporosis therapy any time in the member's history through 12/31 of the year prior to the MY. • Had a dispensed dementia medication in the MY or the year prior to the MY. • Had a dispensed prescription to treat osteoporosis any time from 1/1 three years prior to the MY through 12/31 of the year prior to the MY.	
EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Follow-Up After Hospitalization for Mental Illness (FUH)	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: 1. The percentage of discharges for which the member received follow-up within 30 (calendar) days of discharge. 2. The percentage of discharges for	The MY is 1/1 – 12/31. An outpatient visit, with a mental health provider within 7 and 30 (calendar) days after discharge. Do not include visits that occur on the date of discharge. • A visit with a mental health provider in any of the following settings: o Outpatient. o Behavioral health outpatient. o Telehealth visit. o Telephone visit. o Observation visit. o Transitional care management visit. o Peer Support Services. • A visit in any of the following settings: o Intensive outpatient/partial hospitalization. o Community mental health center.	**Visit Setting Unspecified**: (With Outpatient POS Value Set and with a Mental Health Provider): (With Partial Hospitalization POS): (With Community Mental Health Center POS): (With Psychiatric Residential Treatment Center POS): (With Telehealth POS Value Set and with a Mental Health Provider)**:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **BH Outpatient:** (With a Mental Health Provider): (With Community Mental Health Center POS): **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393,

	which the member received follow-up within 7 (calendar) days of discharge.	○ Electroconvulsive therapy visit. ○ Behavioral healthcare setting. ○ Psychiatric residential treatment center. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:** • Follow-up visit more than 7 days or 30-days after discharge. • Criteria is **not** met by a follow-up on the date of discharge.	99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Partial Hospitalization or Intensive Outpatient:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Transitional Care Management Services:** (With a Mental Health Provider): (With Community Mental Health Center POS): **CPT:** 99495, 99496 **Electroconvulsive Therapy**: (With Ambulatory Surgical Center POS): (With Community Mental Health POS): (With Outpatient POS): (With Partial Hospitalization POS)**:** **CPT:** 90870 **ICD10PCS:** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ **Behavioral Healthcare Setting Visit:** **UBREV:** 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 1001 **Residential Behavioral Health Treatment:** **HCPCS:** T2048, H0019, H0017, H0018 **Telephone Visit:** (With a Mental Health Provider)**:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Psychiatric Collaborative Care Management:**

			CPT: 99492, 99493, 99494 **HCPCS:** G0512 **Peer Support Services:** (With any diagnosis of mental health disorder) **HCPCS:** T1012, H0040, H0039, H0025, H0024, T1016, H0046, S9445, G0140, H0038, H2014, H2023, G0177 **Psychiatric Facility-Partial Hospitalization:** 52 **Non-Residential Substance Abuse POS:** 57, 58 **Community Mental Health POS:** 53 **Residential Substance Abuse Treatment Facility POS:** 55 **Psychiatric Residential Treatment Center:** 56 **Ambulatory Surgical Center POS:** 24 **Telehealth POS:** 2 **Mental Illness:** **ICD10CM:** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89. F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.81, F43.89, F43.9, F44.89, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2,F63.3, F63.81, F63.89, F63.9, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

			Intentional Self Harm Diagnosis: **ICD10CM:** R45.851, T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.712A, T40.712D, T40.712S, T40.722A, T40.722D, T40.722S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A,

			T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.652A, T43.652D, T43.652S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, T47.7X2D, T47.7X2S, T47.8X2A, T47.8X2D, T47.8X2S, T47.92XA, T47.92XD, T47.92XS, T48.0X2A, T48.0X2D, T48.0X2S, T48.1X2A, T48.1X2D, T48.1X2S, T48.202A, T48.202D, T48.202S, T48.292A, T48.292D, T48.292S, T48.3X2A, T48.3X2D, T48.3X2S, T48.4X2A, T48.4X2D, T48.4X2S, T48.5X2A, T48.5X2D, T48.5X2S, T48.6X2A, T48.6X2D, T48.6X2S, T48.902A, T48.902D, T48.902S, T48.992A, T48.992D, T48.992S, T49.0X2A, T49.0X2D, T49.0X2S, T49.1X2A, T49.1X2D, T49.1X2S, T49.2X2A,

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Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Diabetes Screening for People with	The percentage of members 18 – 64 years	A glucose test **or** HbA1c test performed during the MY.	Members are identified through administrative and pharmacy claims.

Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the MY.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Diabetes.	**Glucose Lab Test:** **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1C Lab Test:** **CPT:** 83036, 83037 **HbA1C Test Result or Finding:** **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F **Antipsychotics Medications:** **Miscellaneous antipsychotic agents:** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone **Phenothiazine antipsychotics:** Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine **Psychotherapeutic combinations:** Amitriptyline-perphenazine **Thioxanthenes:** Thiothixene **Long-Acting Injections:** Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder, and diabetes who had both an LDL-C test and an HbA1c test during the MY.	An HbA1c test **and** an LDL-C test performed in the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	Members are identified through administrative and pharmacy claims. **HbA1C Lab Test:** **CPT:** 83036, 83037 **HbA1C Test Result or Finding:** **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F

			LDL C Lab Test: **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL C Test Result or Finding:** **CPT-CAT-II:** 3048F, 3049F, 3050F Must have both A1c and LDL. *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular (IVD, CABG, PCI, AMI) disease who had an LDL-C test during the MY.	An LDL-C test performed during the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**LDL C Lab Test:** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL C Test Result or Finding:** **CPT-CAT-II:** 3048F, 3049F, 3050F *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	The percentage of members 18 years of age and older during the MY with schizophrenia or schizoaffective disorder who were dispensed and remained on an oral or long-acting injection antipsychotic medication at least 80%	The Index Prescription Start Date (IPSD) is the earliest prescription-dispensing date during the MY. The Treatment period is the IPSD through the last day of the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY.	**Schizophrenia Diagnosis:** **ICD10CM:** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9 **Long-Acting Injections 14-Day Supply:** **HCPCS:** J2794, J2801 **Long-Acting Injections 28-Day Supply:** **HCPCS:** J0401, J1631, J1943, J1944, J2358, J2426, J2680 **Long-Acting Injections 30-Day Supply:** **HCPCS:** J2798 **Oral Antipsychotic Medications:**

	of their treatment period.	• Deceased at any time in the MY. • 66 – 80 years of age with frailty **and** advanced illness during the MY. • 81 years of age and older with frailty. • Diagnosis of dementia in the MY.	**Miscellaneous antipsychotic agents:** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone, **Phenothiazine antipsychotics:** Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine **Psychotherapeutic combinations:** Amitriptyline-perphenazine **Thioxanthenes:** Thiothixene **Long-Acting Injections:** **28-day supply:** Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, **35-day supply:** Paliperidone palmitate (Invega Sustenna) **104-day supply:** Paliperidone palmitate (Invega Trinza) **201-day supply:** Paliperidone palmitate (Invega Hafyera) *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or Intentional Self Harm, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of	A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of Intentional Self Harm and any diagnosis of a mental health disorder within 7 and 30 days after ED visit. Include outpatient visits, behavioral health outpatient visits, intensive outpatient visits, partial hospitalizations, community mental health visits, electroconvulsive therapy visits, telehealth visits, psychiatric residential treatment, psychiatric collaborative care management, peer support services, and observation visits. • Includes visits that occur on the date of the ED visit • Telephone visits, e-visits, and virtual check-ins are acceptable.	**Visit Setting Unspecified:** (With Outpatient POS and Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health): (With Partial Hospitalization POS and Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with any Diagnosis of Mental Health): (With Community Mental Health Center POS and Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health): (With Telehealth POS and Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health)**:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

	the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**BH Outpatient:** (With Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health)**:** **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Behavioral Healthcare Setting:** **UBREV:** 0904, 0917, 0907, 0901, 0916, 0900, 0915, 0914, 0905, 0902, 0919, 0913, 0912, 0903, 0513, 0911, 1001 **Partial Hospitalization or Intensive Outpatient:** (With Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health)**:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Electroconvulsive Therapy:** (With Ambulatory Surgical Center POS, Community Mental Health POS, Outpatient POS, or Partial Hospitalization POS with a Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health)**:** **CPT:** 99495, 99496, 99381, 99382, 99391, 99392 **Observation:** (With Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health)**:**

			CPT: 99217, 99218, 99219, 99220 **Telephone Visits:** (With Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health)**:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments:** (With Principal Diagnosis of Mental Health or Principal Diagnosis of Intentional Self Harm with Any Diagnosis of Mental Health)**:** **CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252 **Psychiatric Collaborative Care Management:** (With any diagnosis of mental health disorder) **CPT:** 99494, 99492, 99493 **HCPCS:** G0512 (Rural Health or federally qualified health center only) **Peer Support Services:** (With any diagnosis of mental health disorder) **HCPCS:** T1012, H0040, H0039, H0025, H0024, T1016, H0046, S9445, G0140, H0038, H2014, H2023, G0177 **Residential Behavioral Health Treatment:** **HCPCS:** T2048, H0019, H0017, H0018 **Psychiatric Facility-Partial Hospitalization POS:** 52 **Psychiatric Residential Treatment Center POS:** 56 **Community Mental Health Center POS:** 53 **Ambulatory Surgical Center POS:** 24 **Outpatient POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 **Telehealth POS:** 2

			Mental Illness: ICD10CM: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89. F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.81, F43.89, F43.9, F44.89, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9 **Intentional Self Harm Diagnosis:** **ICD10CM:** R45.851, T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A,

			T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.712A, T40.712D, T40.722A, T40.722D, T40.722S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.652A, T43.652D, T43.652S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D,

			T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, T47.7X2D, T47.7X2S, T47.8X2A, T47.8X2D, T47.8X2S, T47.92XA, T47.92XD, T47.92XS, T48.0X2A, T48.0X2D, T48.0X2S, T48.1X2A, T48.1X2D, T48.1X2S, T48.202A, T48.202D, T48.202S, T48.292A, T48.292D, T48.292S, T48.3X2A, T48.3X2D, T48.3X2S, T48.4X2A, T48.4X2D, T48.4X2S, T48.5X2A, T48.5X2D, T48.5X2S, T48.6X2A, T48.6X2D, T48.6X2S, T48.902A, T48.902D, T48.902S, T48.992A, T48.992D, T48.992S, T49.0X2A, T49.0X2D, T49.0X2S, T49.1X2A, T49.1X2D, T49.1X2S, T49.2X2A, T49.2X2D, T49.2X2S, T49.3X2A, T49.3X2D, T49.3X2S, T49.4X2A, T49.4X2D, T49.4X2S, T49.5X2A, T49.5X2D, T49.5X2S, T49.6X2A, T49.6X2D, T49.6X2S, T49.7X2A, T49.7X2D, T49.7X2S, T49.8X2A, T49.8X2D, T49.8X2S, T49.92XA, T49.92XD, T49.92XS, T50.0X2A, T50.0X2D, T50.0X2S, T50.1X2A, T50.1X2D, T50.1X2S, T50.2X2A, T50.2X2D, T50.2X2S, T50.3X2A, T50.3X2D, T50.3X2S, T50.4X2A, T50.4X2D, T50.4X2S, T50.5X2A, T50.5X2D, T50.5X2S, T50.6X2A, T50.6X2D, T50.6X2S, T50.7X2A, T50.7X2D, T50.7X2S, T50.8X2A, T50.8X2D,

			T50.8X2S, T50.902A, T50.902D, T50.902S, T50.912A, T50.912D, T50.912S, T50.992A, T50.992D, T50.992S, T50.A12A, T50.A12D, T50.A12S, T50.A22A, T50.A22D, T50.A22S, T50.A92A, T50.A92D, T50.A92S, T50.B12A, T50.B12D, T50.B12S, T50.B92A, T50.B92D, T50.B92S, T50.Z12A, T50.Z12D, T50.Z12S, T50.Z92A, T50.Z92D, T50.Z92S, T51.0X2A, T51.0X2D, T51.0X2S, T51.1X2A, T51.1X2D, T51.1X2S, T51.2X2A, T51.2X2D, T51.2X2S, T51.3X2A, T51.3X2D, T51.3X2S, T51.8X2A, T51.8X2D, T51.8X2S, T51.92XA, T51.92XD, T51.92XS, T52.0X2A, T52.0X2D, T52.0X2S, T52.1X2A, T52.1X2D, T52.1X2S, T52.2X2A, T52.2X2D, T52.2X2S, T52.3X2A, T52.3X2D, T52.3X2S, T52.4X2A, T52.4X2D, T52.4X2S, T52.8X2A, T52.8X2D, T52.8X2S, T52.92XA, T52.92XD, T52.92XS, T53.0X2A, T53.0X2D, T53.0X2S, T53.1X2A, T53.1X2D, T53.1X2S, T53.2X2A, T53.2X2D, T53.2X2S, T53.3X2A, T53.3X2D, T53.3X2S, T53.4X2A, T53.4X2D, T53.4X2S, T53.5X2A, T53.5X2D, T53.5X2S, T53.6X2A, T53.6X2D, T53.6X2S, T53.7X2A, T53.7X2D, T53.7X2S, T53.92XA, T53.92XD, T53.92XS, T54.0X2A, T54.0X2D, T54.0X2S, T54.1X2A, T54.1X2D, T54.1X2S, T54.2X2A, T54.2X2D, T54.2X2S, T54.3X2A, T54.3X2D, T54.3X2S, T54.92XA, T54.92XD, T54.92XS, T55.0X2A, T55.0X2D, T55.0X2S, T55.1X2A, T55.1X2D, T55.1X2S, T56.0X2A, T56.0X2D, T56.0X2S, T56.1X2A, T56.1X2D, T56.1X2S, T56.2X2A, T56.2X2D, T56.2X2S, T56.3X2A, T56.3X2D, T56.3X2S, T56.4X2A, T56.4X2D, T56.4X2S, T56.5X2A, T56.5X2D, T56.5X2S, T56.6X2A, T56.6X2D, T56.6X2S, T56.7X2A, T56.7X2D, T56.7X2S, T56.812A, T56.812D, T56.812S, T56.892A, T56.892D, T56.892S, T56.92XA, T56.92XD, T56.92XS, T57.0X2A, T57.0X2D, T57.0X2S, T57.1X2A, T57.1X2D, T57.1X2S, T57.2X2A, T57.2X2D, T57.2X2S, T57.3X2A, T57.3X2D, T57.3X2S, T57.8X2A, T57.8X2D, T57.8X2S, T57.92XA, T57.92XD, T57.92XS, T58.02XA, T58.02XD, T58.02XS, T58.12XA, T58.12XD, T58.12XS, T58.2X2A, T58.2X2D, T58.2X2S, T58.8X2A, T58.8X2D, T58.8X2S, T58.92XA, T58.92XD, T58.92XS, T59.0X2A, T59.0X2D, T59.0X2S, T59.1X2A, T59.1X2D, T59.1X2S, T59.2X2A, T59.2X2D, T59.2X2S, T59.3X2A, T59.3X2D, T59.3X2S, T59.4X2A, T59.4X2D, T59.4X2S, T59.5X2A, T59.5X2D, T59.5X2S, T59.6X2A, T59.6X2D, T59.6X2S, T59.7X2A, T59.7X2D, T59.7X2S, T59.812A, T59.812D, T59.812S, T59.892A, T59.892D, T59.892S, T59.92XA, T59.92XD,

			T59.92XS, T60.0X2A, T60.0X2D, T60.0X2S, T60.1X2A, T60.1X2D, T60.1X2S, T60.2X2A, T60.2X2D, T60.2X2S, T60.3X2A, T60.3X2D, T60.3X2S, T60.4X2A, T60.4X2D, T60.4X2S, T60.8X2A, T60.8X2D, T60.8X2S, T60.92XA, T60.92XD, T60.92XS, T61.02XA, T61.02XD, T61.02XS, T61.12XA, T61.12XD, T61.12XS, T61.772A, T61.772D, T61.772S, T61.782A, T61.782D, T61.782S, T61.8X2A, T61.8X2D, T61.8X2S, T61.92XA, T61.92XD, T61.92XS, T62.0X2A, T62.0X2D, T62.0X2S, T62.1X2A, T62.1X2D, T62.1X2S, T62.2X2A, T62.2X2D, T62.2X2S, T62.8X2A, T62.8X2D, T62.8X2S, T62.92XA, T62.92XD, T62.92XS, T63.002A, T63.002D, T63.002S, T63.012A, T63.012D, T63.012S, T63.022A, T63.022D, T63.022S, T63.032A, T63.032D, T63.032S, T63.042A, T63.042D, T63.042S, T63.062A, T63.062D, T63.062S, T63.072A, T63.072D, T63.072S, T63.082A, T63.082D, T63.082S, T63.092A, T63.092D, T63.092S, T63.112A, T63.112D, T63.112S, T63.122A, T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD,

			T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S, X71.0XXA, X71.0XXD, X71.0XXS, X71.1XXA, X71.1XXD, X71.1XXS, X71.2XXA, X71.2XXD, X71.2XXS, X71.3XXA, X71.3XXD, X71.3XXS, X71.8XXA, X71.8XXD, X71.8XXS, X71.9XXA, X71.9XXD, X71.9XXS, X72.XXXA, X72.XXXD, X72.XXXS, X73.0XXA, X73.0XXD, X73.0XXS, X73.1XXA, X73.1XXD, X73.1XXS, X73.2XXA, X73.2XXD, X73.2XXS, X73.8XXA, X73.8XXD, X73.8XXS, X73.9XXA, X73.9XXD, X73.9XXS, X74.01XA, X74.01XD, X74.01XS, X74.02XA, X74.02XD, X74.02XS, X74.09XA, X74.09XD, X74.09XS, X74.8XXA, X74.8XXD, X74.8XXS, X74.9XXA, X74.9XXD, X74.9XXS, X75.XXXA, X75.XXXD, X75.XXXS, X76.XXXA, X76.XXXD, X76.XXXS, X77.0XXA, X77.0XXD, X77.0XXS, X77.1XXA, X77.1XXD, X77.1XXS, X77.2XXA, X77.2XXD, X77.2XXS, X77.3XXA, X77.3XXD, X77.3XXS, X77.8XXA, X77.8XXD, X77.8XXS, X77.9XXA, X77.9XXD, X77.9XXS, X78.0XXA, X78.0XXD, X78.0XXS, X78.1XXA, X78.1XXD, X78.1XXS, X78.2XXA, X78.2XXD, X78.2XXS, X78.8XXA, X78.8XXD, X78.8XXS, X78.9XXA, X78.9XXD, X78.9XXS, X79.XXXA, X79.XXXD, X79.XXXS, X80.XXXA, X80.XXXD, X80.XXXS, X81.0XXA, X81.0XXD, X81.0XXS, X81.1XXA, X81.1XXD, X81.1XXS, X81.8XXA, X81.8XXD, X81.8XXS, X82.0XXA, X82.0XXD, X82.0XXS, X82.1XXA, X82.1XXD, X82.1XXS, X82.2XXA, X82.2XXD, X82.2XXS, X82.8XXA, X82.8XXD, X82.8XXS, X83.0XXA, X83.0XXD, X83.0XXS, X83.1XXA, X83.1XXD, X83.1XXS, X83.2XXA, X83.2XXD, X83.2XXS, X83.8XXA, X83.8XXD, X83.8XXS *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Follow-Up After Emergency Department Visit for Substance Use (FUA)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow up. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Includes visits that occur on the date of the ED visit. A follow-up visit or pharmacotherapy dispensing event within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**Visit Setting Unspecified:** (With Outpatient POS and with a Principal Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with Mental Health Provider) (With Partial Hospitalization POS and with a Principal Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with Mental Health Provider) (With Nonresidential Substance Abuse Treatment Facility POS and with any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with Mental Health Provider) (With Community Mental Health Center POS, and with Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with a Mental Health Provider) (With Telehealth POS, and with Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with Mental Health Provider)**:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **BH Outpatient:** (With Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with a Mental Health Provider) **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

			UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Partial Hospitalization or Intensive Outpatient Visit:** (With Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with a Mental Health Provider) **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Peer Support Service:** (With Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose): **HCPCS:** G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016 **OUD Weekly Non-Drug Service:** (With Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose)**:** **HCPCS:** G2071, G2074, G2075, G2076, G2077, G2080 **OUD Monthly Office-Based Treatment:** (With Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with a Mental Health Provider)**:** **HCPCS:** G2086, G2087 **Telephone Visits:** (With Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with Mental Health Provider)**:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments:**

			(With Any Diagnosis of AOD Abuse and Dependence, Substance Induced Disorders or Unintentional Drug Overdose, or with Mental Health Provider)**:** **CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252 **Substance Abuse Counseling and Surveillance:** **ICD10CM:** Z71.41, Z71.51 **Substance Use Disorder Services:** **CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 **UBREV:** 0906, 0944, 0945 **Behavioral Health Assessment:** **CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049 **Substance Use Services:** **HCPCS:** H0006, H0028 **Pharmacotherapy-Dispensing Event:** **Alcohol Use Disorder Treatment Medications:** **Aldehyde dehydrogenase inhibitor:** Disulfiram (oral) **Antagonist:** Naltrexone (oral and injectable) **Other:** Acamprosate (oral and delayed-release tablet) **Opioid Use Disorder Treatment Medications:** **Antagonist:** Naltrexone (oral and injectable) **Partial agonist:** Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **AOD Medication Treatment:** **HCPCS:** H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 **OUD Weekly Drug Treatment Service**: **HCPCS:** G2067, G2068, G2069, G2070, G2072, G2073

			Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 81 **Psychiatric Facility-Partial Hospitalization:** 52 **Non-Residential Substance Abuse POS:** 57, 58 **Community Mental Health POS:** 53 **Residential Substance Abuse Treatment Facility POS:** 55 **Psychiatric Residential Treatment Center:** 56 **Telehealth POS:** 02, 10 **AOD Abuse and Dependence Diagnosis:** **ICD10CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288,

			F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29 **Substance Induced Disorders:** **ICD10CM:** F10.90, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99

			Unintentional Drug Overdose: **ICD10CM:** T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.411A, T40.411D, T40.411S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.494A, T40.494D, T40.494S, T40.5X1A, T40.5X1D, T40.5X1S, T40.5X4A, T40.5X4D, T40.5X4S, T40.601A, T40.601D, T40.601S, T40.604A, T40.604D, T40.604S, T40.691A, T40.691D, T40.691S, T40.694A, T40.694D, T40.694S, T40.711A, T40.711D, T40.711S, T40.714A, T40.714D, T40.721A, T40.721S, T40.724A, T40.724D, T40.724S, T40.8X1A, T40.8X1D, T40.8X1S, T40.8X4A, T40.8X4D, T40.8X4S, T40.901A, T40.901D, T40.901S, T40.904A, T40.904D, T40.904S, T40.991A, T40.991D, T40.991S, T40.994A, T40.994D, T40.994S, T41.0X1A, T41.0X1D, T41.0X1S, T41.0X4A, T41.0X4D, T41.0X4S, T41.1X1A, T41.1X1D, T41.1X1S, T41.1X4A, T41.1X4D, T41.1X4S, T41.201A, T41.201D, T41.201S, T41.204A, T41.204D, T41.204S, T41.291A, T41.291D, T41.291S, T41.294A, T41.294D, T41.294S, T41.3X1A, T41.3X1D, T41.3X1S, T41.3X4A, T41.3X4D, T41.3X4S, T41.41XA, T41.41XD, T41.41XS, T41.44XA, T41.44XD, T41.44XS, T41.5X1A, T41.5X1D, T41.5X1S, T41.5X4A, T41.5X4D, T41.5X4S, T42.3X1A, T42.3X1D, T42.3X1S, T42.3X4A, T42.3X4D, T42.3X4S, T42.4X1A, T42.4X1D, T42.4X1S, T42.4X4A, T42.4X4D, T42.4X4S, T43.601A, T43.601D, T43.601S, T43.604A, T43.604D, T43.604S, T43.621A, T43.621D, T43.621S, T43.624A, T43.624D, T43.624S, T43.631A, T43.631D, T43.631S, T43.634A, T43.634D, T43.634S, T43.641A, T43.641D, T43.641S, T43.644A, T43.644D, T43.644S, T43.651A, T43.651D, T53.651S, T43.654A, T43.654D, T43.654S, T43.691A, T43.691D, T43.691S, T43.694A, T43.694D, T43.694S, T51.0X1A, T51.0X1D, T51.0X1S, T51.0X4A, T51.0X4D, T51.0X4S *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	Members 13 years of age or older who had an acute inpatient hospitalization, residential treatment or detoxification visit for a diagnosis of substance use disorder that resulted in a follow-up visit or service for substance use disorder.	The percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder: 7-Day Follow-Up: A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 7 days after an episode for substance use disorder. 30-Day Follow-Up: A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. **Note:** • Methadone is not included in the medication lists for the measure. • Follow-up does not include withdrawal management. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**Visit Setting Unspecified:** (With Outpatient POS and with a Principal Diagnosis of AOD Abuse and Dependence)**:** (With BH Outpatient Visit and with a Principal Diagnosis of AOD Abuse and Dependence)**:** (With Partial Hospitalization POS and with a Principal Diagnosis of AOD Abuse and Dependence)**:** (With Nonresidential Substance Abuse Treatment Facility POS and with a Principal Diagnosis of AOD Abuse and Dependence)**:** (With Community Mental Health Center POS and with a Principal Diagnosis of AOD Abuse and Dependence)**:** (With Telehealth POS and with a Principal Diagnosis of AOD Abuse and Dependence)**:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **BH Outpatient:** (With Principal Diagnosis of AOD Abuse and Dependence)**:** **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Partial Hospitalization or Intensive Outpatient Visit:** (With a Principal Diagnosis of AOD Abuse and Dependence):

			HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Substance Use Disorder Services:** (With a Principal Diagnosis of AOD Abuse and Dependence): **CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1002 **UBREV:** 0906, 0944, 0945 **Substance Abuse Counseling and Surveillance:** **ICD10CM:** Z71.41, Z71.51 **Residential Behavioral Health Treatment:** (With a Principal Diagnosis of AOD Abuse and Dependence)**:** **HCPCS:** H0017, H0018, H0019, T2048 **Telephone Visit** (With a Principal Diagnosis of AOD Abuse and Dependence): **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments:** (With a Principal Diagnosis of AOD Abuse and Dependence): **CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252 **OUD Monthly Office-Based Treatment:** (With a Principal Diagnosis of AOD Abuse and Dependence)**:** **HCPCS:** G2086, G2087 **OUD Weekly Non-Drug Service:** (With a Principal Diagnosis of AOD Abuse and Dependence): **HCPCS:** G2071, G2074, G2075, G2076, G2077, G2080

			Pharmacotherapy-Dispensing Event: **Alcohol Use Disorder Treatment Medications:** **Aldehyde dehydrogenase inhibitor:** Disulfiram (oral) **Antagonist:** Naltrexone (oral and injectable) **Other:** Acamprosate (oral and delayed-release tablet) **Opioid Use Disorder Treatment Medications:** **Antagonist:** Naltrexone (oral and injectable) **Partial agonist:** Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **AOD Medication Treatment:** **HCPCS:** H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 **OUD Weekly Drug Treatment Service**: **HCPCS:** G2067, G2068, G2069, G2070, G2072, G2073 **Outpatient POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 **Psychiatric Facility-Partial Hospitalization POS:** 52 **Non-Residential Substance Abuse POS:** 57, 58 **Community Mental Health POS:** 53 **Telehealth POS:** 02 **AOD Abuse and Dependence Diagnosis:** **ICD10CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282,

			F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Pharmacotherapy for Opioid Use Disorder (POD)	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.	Intake period: 12-month period that begins on 7/1 of the year prior to the MY and ends on 6/30 of the MY. The Treatment Period (TP) is the date of an OUD dispensing event or OUD medication administration event during the IP. No more than an 8-day gap is allowed during the TP. **Note:** • Methadone is not included in the medication lists for the measure. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	Members are identified through administrative and pharmacy claims. **Opioid Abuse and Dependence Diagnosis:** **ICD10CM:** F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29 **Opioid Use Disorder Treatment Medications:** **Antagonist:** Naltrexone (oral) **Antagonist:** Naltrexone (injectable) **Partial agonist:** Buprenorphine (sublingual tablet), Buprenorphine (injection), Buprenorphine (implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **Agonist:** Methadone (oral) is only acceptable when billed on a medical claim. A pharmacy claim would be indicative of treatment for pain rather than OUD. **Buprenorphine Implant:** **HCPCS:** G2070, G2072, J0570 **Buprenorphine Injection:** **HCPCS:** G2069, Q9991, Q9992 **Buprenorphine Naloxone:** **HCPCS:** J0572, J0573, J0574, J0575 **Buprenorphine Oral:** **HCPCS: H0033,** J0571 **Buprenorphine Oral Weekly:** **HCPCS:** G2068, G2079 **Methadone Oral:** **HCPCS:** H0020, S0109

			Methadone Oral Weekly: **HCPCS:** G2067, G2078 **Naltrexone Injection:** **HCPCS:** G2073, J2315 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
EFFECTIVENESS OF CARE: CARE COORDINATION			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Advance Care Planning (ACP) ***1st Year Measure (MY2022)***	Adults 66 – 80 years of age with advanced illness, frailty, or receiving palliative care, and adults 81 years of age or older, who had advance care planning during the MY.	Advance Care Plan or discussion of Advance Care Planning documented in the medical record on or before 12/31 of the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services in the MY. • Deceased at any time in the MY.	**CPT:** 99483, 99497 **CPT-CAT-II:** 1123F, 1124F, 1157F, 1158F **HCPCS:** S0257 **ICD10CM:** Z66, Z51.5
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Transition of Care (TRC)	Members 18 years of age and older who had an inpatient discharge for which each of the following occurred: 1. Notification of Inpatient Admission. 2. Receipt of Discharge Information.	**Notification of Inpatient Admission (NIA):** Documentation must include evidence of receipt of notification of inpatient admission on the day of admission through the 2 days following admission. Admission refers to the date of inpatient admission or date of admission for an observation stay that turns into an inpatient admission. Documentation must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the	**Patient Engagement Indicator:** **Outpatient and Telehealth:** **CPT:** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015

	3. Patient Engagement After Inpatient Discharge. 4. Medication Reconciliation Post-Discharge. Each qualifying discharge in the MY is measured.	documentation **was received**. Any of the following examples meet criteria: • Communication between inpatient providers or staff and the member's PCP or ongoing care provider (e.g., phone call, email, fax). • Communication about admission between emergency department and the member's PCP or ongoing care provider (e.g., phone call, email, fax). • Communication about admission to the member's PCP or ongoing care provider through a health information exchange; an automated admission, discharge, and transfer (ADT) alert system; or a shared electronic medical record system. • Communication about admission to the member's PCP or ongoing care provider from the member's health plan. • Indication that the member's PCP or ongoing care provider admitted the member to the hospital. • Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider. • Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay. • Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission. The time frame that the planned inpatient admission must be communicated is not limited to the day of admission or the 2 days following; documentation that the PCP or ongoing care provider performed a preadmission exam or received notification	**Transitional Care Management Services:** **CPT:** 99495, 99496 **Online Assessments:** **CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252 **Medication Reconciliation Post-Discharge Indicator:** **Medication Reconciliation Encounter:** **CPT:** 99483, 99495, 99496 **Medication Reconciliation Intervention:** **CPT-CAT-II:** 1111F The Notification of Inpatient Admission and Receipt of Discharge Information has no administrative reporting option. They are based on medical record review only. *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		of a planned admission prior to the admit date also meets criteria. The planned admission documentation or preadmission exam must clearly pertain to the admission. **Receipt of Discharge Information (RDI):** Documentation must include **evidence of receipt** of discharge information on the day of discharge through the 2 days following discharge. Discharge information may be included in, but not limited to, a discharge summary or summary of care record or be located in structured fields in an Electronic Health Record (EHR). At a minimum, the discharge information must include all of the following: • The practitioner responsible for the member's care during the inpatient stay. • Procedures or treatment provided. • Diagnoses at discharge. • Current medication list. • Testing results, or documentation of pending tests or no tests pending. • Instructions for patient care post-discharge. **Patient Engagement After Inpatient Discharge (PE):** Documentation must include evidence of patient engagement within 30 days following discharge. Any of the following meets criteria: • An outpatient visit, including office visits and home visits. • A telephone visit. • A synchronous telehealth visit where real-time interaction occurred between the member and provider via telephone or video conferencing. Do not include patient	

		engagement that occurs on the date of discharge. • An e-visit or virtual check-in. **Medication Reconciliation Post-Discharge (Med Rec):** Documentation in the outpatient medical record must include evidence of medication reconciliation and the date it was performed by a prescribing practitioner (including physician assistant), clinical pharmacist, or registered nurse, as documented on the date of discharge through 30 days after discharge (31 total days). Any of the following meet criteria: • Documentation of the current medications with a notation that the provider reconciled the current and discharge medications. • Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications). • Documentation of the member's current medications with a notation that the discharge medications were reviewed. • Documentation of a current medication list, a discharge medication list, and notation that both lists were reviewed on the same date of service. • Documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. • Documentation in the discharge summary that the discharge medications were reconciled with the most recent	

		medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days). • Notation that no medications were prescribed or ordered upon discharge. • Only documentation in the outpatient chart meets the intent of the rate, but an outpatient visit is not required, and the member does not have to be present. The following notations or examples of documentation do not count as numerator compliant for Notification of Inpatient Admission and Notification of Inpatient Discharge: • Documentation that the member or the member's family notified the member's PCP or ongoing care provider of the admission or discharge. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Remained in an acute or nonacute facility from discharge through 12/1 of the MY. **Common Chart Deficiencies:** • Inpatient records cannot be used for TRC. • NIA: Documentation that a provider sent the member to the ED does **not** meet criteria. • NIA: Documentation that the member or the member's family member notified the	

		PCP or ongoing care provider of the admission does **not** meet criteria. • NIA: Documentation of notification that does not include a time frame or date when the documentation was received does **not** meet criteria. • NIA: Documentation that communication was sent to the PCP does **not** meet criteria — documentation of receipt is required. • RDI: Discharge Summary not included in outpatient record or missing one or more of the 6 required elements. • RDI: Documentation on Discharge Summary that communication was sent to the PCP does **not** meet criteria — documentation of receipt is required. • PE: Patient engagement that occurs on the date of discharge, or more than 30 days after discharge, does not meet criteria. • Med Rec: Completed by incorrect provider type. • Med Rec: Documentation of current medications reviewed without reference to the hospitalization. • Med Rec: Medication list found in both the discharge summary and outpatient record but no evidence the two were reconciled.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	Members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.	The MP is 1/1 through 12/24. ED visits that result in an inpatient stay or that are followed by admission to acute or nonacute inpatient care within 7 days are excluded. Chronic conditions include:	**Follow-Up Service:** **Outpatient and Telehealth:** **CPT:** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401,

	Each qualifying ED in the Measurement Period (MP) is measured.	• COPD, asthma, and bronchitis. • Alzheimer's disease and related disorders (dementia, frontotemporal dementia). • Chronic kidney disease. • Major depression. • Dysthymic disorder. • Heart failure and chronic heart failure. • Acute myocardial infarction. • Atrial fibrillation. • Stroke and transient ischemic attack. Acceptable follow-up visit types include: • An outpatient visit, telephone visit, e-visit or virtual check-in. • Transitional care management services. • Case management visits. • Complex care management services. • An outpatient or telehealth behavioral health visit with outpatient POS. • An intensive outpatient encounter or partial hospitalization. • A community mental health center visit. • Outpatient Electroconvulsive therapy. • A substance use disorder service or counseling. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015 **Transitional Care Management:** **CPT:** 99495, 99496 **Case Management Encounter:** **CPT:** 99366 **HCPCS:** T1016, T1017, T2022, T2023 **Complex Care Management Services:** **CPT:** 99487, 99489, 99490, 99491 **HCPCS:** G0506 **Visit Setting Unspecified:** (With Outpatient POS, Partial Hospitalization POS, Community Mental Health Center POS, or Telehealth POS)**:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **BH Outpatient:** **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983

			Partial Hospitalization or Intensive Outpatient: **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Electroconvulsive Therapy:** (With Ambulatory Surgical Center POS, Community Mental Health Center POS, Outpatient POS, or Partial Hospitalization POS)**:** **CPT:** 90870 **ICD10PCS:** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ **Substance Abuse Counseling and Surveillance:** **ICD10CM:** Z71.41, Z71.51 **Substance Use Disorder Services:** **CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 **UBREV:** 0906, 0944, 0945 **Online Assessments:** **CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252 **Domiciliary/Rest Home Visit:** **CPT:** 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 **Outpatient POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72, 81 **Telehealth POS:** 02 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) *This is also a measure (AAB-E) collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did **not** result in an antibiotic dispensing event. ***Higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were* not *prescribed).***	The Intake Period (IP) is the 12-month window that begins 7/1 of the year prior to the MY and ends 6/30 of the MY. The Episode Date (EP) is the date of service for any outpatient, telephone, observation, or ED visit, e-visit or virtual check-in during the IP, with a diagnosis of acute bronchitis/bronchiolitis. Dispensed prescription for an antibiotic medication (AAB Antibiotic Medications List) on or three days after the EP. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:** • Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.	**Acute Bronchitis Diagnosis:** **ICD10CM:** J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9 **AAB Antibiotic Medications:** **Aminoglycosides:** Amikacin, Gentamicin, Streptomycin, Tobramycin **Aminopenicillins:** Amoxicillin, Ampicillin **Beta-lactamase inhibitors**: Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam **First-generation cephalosporins:** Cefadroxil, Cefazolin, Cephalexin **Fourth-generation cephalosporins:** Cefepime **Lincomycin derivatives:** Clindamycin, Lincomycin **Macrolides:** Azithromycin, Clarithromycin, Erythromycin **Miscellaneous antibiotics:** Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin **Natural penicillins:** Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine **Penicillinase-resistant penicillins:** Dicloxacillin, Nafcillin, Oxacillin **Quinolones:** Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin **Rifamycin derivatives:** Rifampin **Second-generation cephalosporin:** Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime **Sulfonamides:** Sulfadiazine, Sulfamethoxazole-trimethoprim **Tetracyclines:** Doxycycline, Minocycline, Tetracycline **Third-generation cephalosporins:** Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone **Urinary anti-infectives:** Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Non-Recommended PSA-Based Screening in Older Men (PSA) *This is also a measure (PSA-E) collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	Male members 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)–based screening. ***A lower rate indicates better performance.***	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Prostate cancer diagnosis any time during the member's history through December 31 of the MY. • Dysplasia of the prostate during the MY or the year prior. • A PSA test during the year prior to the MY where lab data indicate an elevated result (>4.0 nanograms/milliliter) or an abnormal result. • Dispensed prescription for a 5-alpha reductase inhibitor during the MY.	**PSA Lab Test:** **CPT:** 84152, 84153, 84154 **HCPCS:** G0103 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Appropriate Treatment for Upper Respiratory Infection (URI) *This is also a measure (URI-E) collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. This is an episode-based event, so a member may be included multiple times.	The Intake Period (IP) is the 12-month window that begins July 1 of the year prior to the MY and ends on June 30 of the MY. The Episode Date (EP) is the Date of Service (DOS) for any outpatient, telephone, observation or ED visit, e-visit, or virtual check-in during the IP with a diagnosis or URI. If a member has more than one EP in a 31-day period, only the first EP will be used. Members with a comorbid condition during the 12 months prior to the EP will be excluded. These include: • HIV, HIV Type 2.	**URI Diagnosis:** **ICD10CM:** J00, J06.0, J06.9 **Antibiotic Medications:** **Aminoglycosides:** Amikacin, Gentamicin, Streptomycin, Tobramycin **Aminopenicillins:** Amoxicillin, Ampicillin **Beta-lactamase inhibitors:** Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam **First-generation cephalosporins:** Cefadroxil, Cefazolin, Cephalexin **Fourth-generation cephalosporins:** Cefepime **Lincomycin derivatives:** Clindamycin, Lincomycin **Macrolides:** Azithromycin, Clarithromycin, Erythromycin **Miscellaneous antibiotics:** Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin

	Higher rate indicates appropriate treatment (i.e., the proportion for whom antibiotics were NOT prescribed).	• Malignant neoplasm. • Emphysema. • COPD. • Disorders of the immune system. • Other comorbid conditions. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:** • Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.	**Natural penicillins:** Penicillin G benzathine, Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium **Penicillinase-resistant penicillins:** Dicloxacillin, Nafcillin, Oxacillin **Quinolones:** Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin **Rifamycin derivatives:** Rifampin **Second-generation cephalosporins:** Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime **Sulfonamides:** Sulfadiazine, Sulfamethoxazole-trimethoprim **Tetracyclines:** Doxycycline, Minocycline, Tetracycline **Third-generation cephalosporins:** Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone **Urinary anti-infectives:** Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)	Medicare members 65 years of age and older who have evidence of an underlying disease, condition, or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication concurrent with or after the diagnosis. Three rates are reported:	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • History of falls and dementia rates only: A diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder on or between 1/1 of the year prior to the MY and 12/1 of the MY. • History of falls rate only: A diagnosis of major depressive disorder or seizure	HEDIS rates are based on Diagnosis and Medications/Pharmacy Claims. **Potentially Harmful Drugs — History of Falls Medications:** **Antiepileptics:** Carbamazepine, Clobazam, Divalproex sodium, Ethosuximide, Ethotoin, Felbamate, Fosphenytoin, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Methsuximide, Oxcarbazepine, Phenobarbital, Phenytoin, Pregabalin, Primidone, Rufinamide, Tiagabine HCL, Topiramate, Valproic acid, Vigabatrin, Zonisamide **SNRIs:** Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine, **SSRIs:** Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline **Potentially Harmful Drugs—History of Falls and Dementia Medications:**

	1. A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, or tricyclic antidepressants. 2. Dementia and prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists, or anticholinergic agents. 3. Chronic kidney disease and prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs. Members with more than one disease or condition may appear in the measure multiple times. ***A lower rate indicates better performance.***	disorder on or between 1/1 of the year prior to the MY and 12/1 of the MY.	**Antipsychotics:** Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone **Benzodiazepines:** Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate, Diazepam, Estazolam, Flurazepam, Lorazepam, Midazolam, Oxazepam, Quazepam, Temazepam, Triazolam **Nonbenzodiazepine hypnotics:** Eszopiclone, Zaleplon, Zolpidem **Tricyclic antidepressants:** Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine **Dementia Medications:** **Cholinesterase inhibitors:** Donepezil, Galantamine, Rivastigmine **Miscellaneous central nervous system agents:** Memantine **Dementia combinations:** Donepezil-Memantine **Potentially Harmful Drugs—Dementia Medications:** **Anticholinergic agents, antiemetics:** Prochlorperazine, Promethazine **Anticholinergic agents, antihistamines:** Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Dimenhydrinate, Diphenhydramine, Doxylamine, Pyrilamine, Triprolidine, Hydroxyzine, Meclizine **Anticholinergic agents, antispasmodics:** Atropine, Belladonna alkaloids, Clidinium-chlordiazepoxide, Dicyclomine, Homatropine, Hyoscyamine, Methscopolamine, Propantheline, Scopolamine **Anticholinergic agents, antimuscarinics (oral):** Darifenacin, Fesoterodine, Flavoxate, Oxybutynin, Solifenacin, Tolterodine, Trospium **Anticholinergic agents, anti-Parkinson agents**: Benztropine, Trihexyphenidyl **Anticholinergic agents, skeletal muscle relaxants:** Cyclobenzaprine, Orphenadrine **Anticholinergic agents, SSRIs:** Paroxetine **Anticholinergic agents, antiarrhythmic:** Disopyramide

			Cox-2 Selective NSAIDs and Nonaspirin NSAIDs: **Cox-2 Selective NSAIDS:** Celecoxib **Nonaspirin NSAIDs:** Diclofenac, Etodolac, Fenoprofen, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac, Meclofenamate, Mefenamic acid, Meloxicam, Nabumetone, Naproxen, Naproxen sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin **Dementia:** **ICD10CM:** F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83 **Diagnosis of ESRD:** **ICD10CM:** N18.5, N18.6, Z99.2 **Dialysis Procedure:** **CPT:** 90935, 90937, 90945, 90947, 90997, 90999, 99512 **HCPCS:** G0257, S9339 **ICD10PCS:** 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z **CKD Stage 4 Diagnosis:** **ICD10CM:** N18.4 **Total Nephrectomy:** **CPT:** 50220, 50225, 50230, 50234, 50236, 50240, 50340, 50370, 50543, 50545, 50546, 50548 **ICD10:** 0TB00ZZ, 0TB03ZZ, 0TB04ZZ, 0TB07ZZ, 0TB08ZZ, 0TB10ZZ, 0TB13ZZ, 0TB14ZZ, 0TB17ZZ, 0TB18ZZ, 0TT00ZZ, 0TT04ZZ, 0TT10ZZ, 0TT14ZZ, 0TT20ZZ, 0TT24ZZ, 0TT04ZG, 0TT14ZG, 0TT24ZG **Kidney Transplant:** **CPT:** 50360, 50365, 50380 **HCPCS:** S2065 **ICD10PCS:** 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2

			Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Risk of Continued Opioid Use (COU)	Members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. Members whose new episode of opioid use lasts at least 15 days in a 30-day period. 2. Members whose new episode of opioid use lasts at least 31 days in a 62-day period. ***A lower rate Indicates better performance.***	The MY is 1/1 – 12/31. The Index Prescription Start Date (IPSD) is the earliest prescription dispensing date during the IP. 15-day: Prescriptions covering more than 15 calendar days during the 30-day period beginning on the IPSD through 29 days after the IPSD. 62-day: Prescriptions covering more than 31 calendar days during the 62-day period beginning on the IPSD through 61 days after the IPSD. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care during 12 months prior to the IPSD through 61 days after the IPSD. • Cancer (Malignant Neoplasm) during 12 months prior to the IPSD through 61 days after the IPSD. • Sickle Cell Anemia or HB S Disease during 12 months prior to the IPSD through 61 days after the IPSD.	**Opioid Medications:** Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol **The Opioid Medications List excludes:** • Injectables. • Opioid-containing cough and cold products. • Single-agent and combination buprenorphine products used to treat opioid use disorder for medication-assisted treatment (buprenorphine sublingual tablets, buprenorphine subcutaneous implant, and all buprenorphine/naloxone combination products). • Ionsys® (fentanyl transdermal patch). ○ This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). • Methadone when prescribed for the treatment of opioid use disorder. *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Use of High-Risk Medication in Older Adults (DAE)	The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications. Two rates are reported: 1. At least 2 dispensing events for high-risk medications to avoid from the same drug class. 2. At least 2 dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses. ***A lower rate indicates better performance.***	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care in the MY. **Common Chart Deficiencies:** • No documentation of review of medications at every visit.	HEDIS rates are based on Diagnosis + Medications/Pharmacy Claims **High-Risk Medications:** **Anticholinergics, first-generation antihistamines:** Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine. Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Diphenhydramine (oral), Dimenhydrinate, Doxylamine, Hydroxyzine, Meclizine, Promethazine, Pyrilamine, Triprolidine **Anticholinergics, anti-Parkinson agents:** Benztropine (oral), Trihexyphenidyl **Antispasmodics:** Atropine (exclude ophthalmic), Belladonna alkaloids, Chlordiazepoxide-clidinium, Dicyclomine, Hyoscyamine, Methscopolamine, Propantheline, Scopolamine **Antithrombotic:** Dipyridamole (oral excluding extended release) **Cardiovascular, alpha agonists, central:** Guanfacine, Methyldopa **Cardiovascular, other:** Disopyramide, Nifedipine, excluding extended release **Central nervous system, antidepressants:** Amitriptyline, Amoxapine, Clomipramine, Desipramine, Imipramine, Nortriptyline, Paroxetine, Protriptyline, Trimipramine **Central nervous system, barbiturates:** Amobarbital, Butabarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital **Central nervous system, vasodilators:** Ergoloid mesylates, Isoxsuprine **Central nervous system, other:** Meprobamate **Endocrine system, estrogens with or without progestins; include only oral and topical patch products:** Conjugated estrogen, Esterified estrogen, Estradiol, Estropipate **Endocrine system, sulfonylureas, long-duration:** Chlorpropamide, Glimepiride, Glyburide **Endocrine system, other:** Desiccated thyroid, Megestrol **Nonbenzodiazepine hypnotics:** Eszopiclone, Zaleplon, Zolpidem **Pain medications, skeletal muscle relaxants:** Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine **Pain medications, other:** Indomethacin, Ketorolac, includes

			parenteral, Meperidine **High-Risk Medications with Days-Supply Criteria** (<90 days)**:** **Anti-Infectives, other:** Nitrofurantoin, Nitrofurantoin macrocrystals monohydrate **High-Risk Medications with Average Daily Dose Criteria:** **Alpha agonists, central:** Reserpine >0.1 mg/day **Cardiovascular, other:** Digoxin >0.125 mg/day **Tertiary TCAs (as single agent or as part of combination products):** Doxepin >6 mg/day **High-Risk Medications Based on Prescription and Diagnosis Data:** **Antipsychotics, first (conventional) and second (atypical) generation:** Aripiprazole, Aripiprazole lauroxil, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimavanserin, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone **Benzodiazepines, long, short, and intermediate acting:** Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate, Diazepam, Estazolam, Flurazepam, Lorazepam, Midazolam, Oxazepam, Quazepam, Temazepam, Triazolam *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Use of Imaging Studies for Low Back Pain (LBP)	Members 18 – 75 years of age with a primary diagnosis of low back pain who **did not** have an imaging study (plain X-ray, MRI, CT scan)	An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD. Do not include outpatient, ED, or observation visits that result in an inpatient stay.	**Imaging Study:** **CPT:** 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220

	within 28 days of the diagnosis.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. • Any of the following anytime in the member's history through 28 days after the IESD: o Cancer. o HIV. o Major organ transplant. o Osteoporosis. o Spondylopathy o Osteoporosis therapy. o Lumbar surgery. • Any of the following during 12 months (1 year) prior to the IESD through 28 days after the IESD: o IV drug abuse. o Neurologic impairment. o Spinal infection. • Any of the following during the 3 months (90 days) prior to the IESD through 28 days after the IESD: o Trauma. o Fragility fracture. • 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD.	**Uncomplicated Low Back Pain:** **ICD10CM:** M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Use of Opioids at High Dosage (HDO)	The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the MY. ***A lower rate indicates better performance.***	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • Members with cancer (malignant neoplasm) in the MY. • Members with sickle cell anemia, or HB S Disease, in the MY.	**Opioid Medications:** **Benzhydrocodone:** Acetaminophen Benzhydrocodone (4.08 mg, 6.12 mg, 8.16 mg) **Butorphanol:** Butorphanol (10 MGPML) **Codeine:** Codeine Sulfate (15 mg, 30 mg, 60 mg), Acetaminophen Codeine (2.4 MGPML, 15 mg, 30 mg, 60 mg), Acetaminophen Butalbital Caffeine Codeine (30 mg), Aspirin Butalbital Caffeine Codeine (30 mg), Aspirin Carisoprodol Codeine (16 mg) **Dihydrocodeine:** Acetaminophen Caffeine Dihydrocodeine (16 mg), Aspirin Caffeine Dihydrocodeine (16 mg) **Fentanyl buccal or sublingual tablet, transmucosal lozenge (mcg):** Fentanyl (100 mcg, 200 mcg, 300 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg) **Fentanyl oral spray (mcg):** Fentanyl (100 MCGPS, 200 MCGPS, 400 MCGPS, 600 MCGPS, 800 MCGPS) **Fentanyl nasal spray (mcg):** Fentanyl (100 MCGPS, 300 MCGPS, 400 MCGPS) **Fentanyl transdermal film/patch (mcg/hr):** Fentanyl (12 MCGPH, 25 MCGPH, 37.5 MCGPH, 50 MCGPH, 62.5 MCGPH, 75 MCGPH, 87.5 MCGPH, 100 MCGPH) **Hydrocodone:** Hydrocodone (10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg, 120 mg), Acetaminophen Hydrocodone (.5 MGPML, .67 MGPML, 2.5 mg, 5 mg, 7.5 MGPML, 10 mg), Hydrocodone Ibuprofen (2.5 mg, 5 mg, 7.5 mg, 10 mg) **Hydromorphone:** Hydromorphone (1 MGPML, 2 mg, 3 mg, 4 mg, 8 mg, 12 mg, 16 mg, 32 mg) **Levorphanol:** Levorphanol (2 mg, 3 mg) **Meperidine:** Meperidine (10 MGPML, 50 mg, 75mg, 100 mg, 150 mg), **Methadone:** Methadone (1 MGPML, 2 MGPML, 5 mg, 10 mg, 10 MGPML, 40 mg) **Morphine:** Morphine (2 MGPML, 4 MGPML, 5 mg, 10 mg, 15 mg, 20 MGPML, 20 mg, 30 mg, 40 mg, 45 mg, 50 mg, 60 mg, 75 mg, 80 mg, 90 mg, 100 mg, 120 mg, 200 mg)

			Opium: Belladonna Opium (30 mg, 60 mg) **Oxycodone:** Oxycodone (1 MGPML, 5 mg, 7.5 mg, 9 mg, 10 mg, 13.5 mg, 15 mg, 18 mg, 20 mg, 20 MGPML, 27 mg, 30 mg, 36 mg, 40 mg, 60 mg, 80 mg), Acetaminophen Oxycodone (1 MGPML, 2 MGPML, 2.5 mg, 5 mg, 7.5 mg, 10 mg), Aspirin Oxycodone (4.84 mg), Ibuprofen Oxycodone (5 mg) **Oxymorphone:** Oxymorphone (5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg) **Pentazocine:** Naloxone Pentazocine (50 mg) **Tapentadol:** Tapentadol (50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 250 mg) **Tramadol:** Tramadol (50 mg, 100 mg, 150 mg, 200 mg, 300 mg), Acetaminophen Tramadol (37.5 mg) **The HDO Opioid Medications List excludes:** • Injectables. • Opioid cough and cold products. • Ionsys® (fentanyl transdermal patch). ○ This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). • Methadone for the treatment of opioid use disorder. *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Use of Opioids From Multiple Providers (UOP)	The percentage of members 18 years and older receiving prescription opioids for ≥15 days during the MY who received opioids from multiple providers.	**Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY.	**Opioid Medications:** Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol **The UOP Opioid Medications List excludes:**

	Three rates are reported:
	1. **Multiple Prescribers:** The proportion of members receiving prescriptions for opioids from four or more different prescribers during the MY.
	2. **Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the MY.
	3. **Multiple Prescribers and Multiple Pharmacies:** The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the MY (i.e., the proportion of members who are numerator compliant for both the Multiple
			• Injectables.
			• Opioid cough and cold products.
			• Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use (buprenorphine sublingual tablets, buprenorphine subcutaneous implant, and all buprenorphine/naloxone combination products).
			• Ionsys® (fentanyl transdermal patch), because:
			  ○ It is only for inpatient use.
			  ○ It is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
			• Methadone when prescribed for the treatment of opioid use disorder.
			
			Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

	Prescribers and Multiple Pharmacies rates). ***A lower rate indicates better performance for all three rates.***		
UTILIZATION			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Well-Child Visits in the First 30 Months of Life (W30)	The percentage of members 15 months – 30 months of age who had the recommended well-child visits with a PCP. Two rates are reported: 1. 6 or more visits **on or before** the 15-month birthday. 2. 2 or more visits between the 15-month birthday **plus 1 day** and the 30-month birthday.	Documentation from the medical record must include a note indicating a well visit with a **PCP** and the date the well-child visit occurred. Telehealth, telephone visits, and online assessments do not meet the criteria. Well-child/EPSDT visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/ **Note**: Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:**	Use age-appropriate preventive E&M. **Encounter for Well Care:** **ICD10CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2 **Well Care Visit:** **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Children being seen for sick visits only and no documentation/claims/encounter data related to well visit services provided.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Child and Adolescent Well-Care Visits (WCV)	The percentage of members 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the MY.	Documentation from the medical record must include a note indicating a visit with a PCP or OB/GYN, the date when the well-child visit occurred. Telehealth, telephone visits, and online assessments do not meet the criteria. Well-child/EPSDT visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/ **Note:** Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:** • Children or adolescents being seen for sick visits only and no documentation/claims/encounter data related to well-visit services provided.	Use age-appropriate preventive E&M. **Encounter for Well Care:** **ICD10CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2 **Well Care Visit:** **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Annual Dental Visit (ADV) *Retired by NCQA in MY23 but may still apply in state quality reporting. Consult with your Account Executive.*			*Requires state-specific measure codes.*
MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS			
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of children 6 – 12 years of age who had a newly prescribed ADHD medication and who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported: **1. Initiation Phase:** Members who had **one** follow-up visit with practitioner with prescribing authority during the 30 days following the IPSD.	The Intake Period (IP) is the 12-month window starting 3/1 of the year prior to the MY and ending the last calendar day of 2/MY. The Index Prescription Start Date (IPSD) is the earliest prescription dispensing date for an ADHD medication in the IP and where there is a negative medication history. Telephone, telehealth visits are acceptable in both the Initiation and Continuation Phases. Only one of the 2 Continuation Phase visits can be e-visit or virtual check-in. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased in the MY. • Acute inpatient encounter or discharge with principal diagnosis of mental,	Members are identified through administrative and pharmacy claims. **ADHD Medications:** **CNS Stimulants:** Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine. **Alpha-2 receptor agonists:** Clonidine, Guanfacine **Miscellaneous ADHD Medications:** Atomoxetine **Visit Setting Unspecified** (with Outpatient POS, Partial Hospitalization POS, Community Mental Health Center POS, or Telehealth POS)**:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255 **Outpatient POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 **Telehealth POS:** 02 **Psychiatric Facility-Partial Hospitalization POS:** 52

	2. Continuation Phase: Members who remained on the medication for at least 210 days, had a visit in the Initiation Phase, **and** had at least **two** follow-up visits within 270 days after the Initiation Phase ended.	behavioral, or neurodevelopmental disorder. • Diagnosis of narcolepsy. **Common Chart Deficiencies:** • Follow-up visit more than 30 days after initial medication dispensed date. • 2 additional visits within 9 months of starting medication are not documented.	**Community Mental Health Center POS:** 53 **BH Outpatient:** **CPT:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Health and Behavior Assessment or Intervention:** **CPT:** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 **Partial Hospitalization or Intensive Outpatient:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Telephone Visit:** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online Assessments:** (Continuation Phase One of Two Visits): **CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252

			Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Adult Immunization Status (AIS-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	Members 19 years of age and older who are up to date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap); zoster; and pneumococcal.	The Measurement Period (MP) is 1/1 through 12/31. **Influenza:** Members who received an influenza vaccine on or between 7/1 of the year prior to the MP and 6/30 of the MP, or with prior influenza virus vaccine-adverse reaction any time during or before the MP. **Td/Tdap:** Members who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the MP and the end of the MP, or with history of at least one of the following contraindications any time during or before the MP: • Anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components. • Encephalopathy due to Tdap or Td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis, or post pertussis vaccination encephalitis). **Zoster:** Members who received two doses of the herpes zoster recombinant vaccine at least 28 days apart, on October 1, 2017, through the end of the MP or with anaphylaxis due to	**Immunization Administered:** **Procedure code:** **ICD10PCS:** 3E0234Z **Adult Influenza Immunization:** **CVX:** 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205 **Influenza Virus LAIV Immunization:** **CVX:** 111, 149 **Adult Pneumococcal Immunization:** **CVX:** 33, 109, 133, 152, 215, 216 **Herpes Zoster Recombinant Immunization:** **CVX:** 187 **Td Immunization:** **CVX:** 09, 113, 115, 138, 139 **Tdap Immunization:** **CVX:** 115 **Adult Hepatitis B Immunization:** **CVX:** 104, 220, 43, 44, 45 **Hepatitis B Immunization:** **CVX:** 146, 198, 110, 51, 44, 08, 45 **Vaccine Procedure:** **Adult Influenza Vaccine Procedure:** **CPT:** 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756

		herpes zoster vaccine any time during or before the MP.
		
		Pneumococcal:
		Members who were administered at least one dose of an adult pneumococcal vaccine on or after the member's 19th birthday, before or during the MP, or prior pneumococcal vaccine-adverse reaction any time during or before the MP.
		
		Hepatitis B:
		• Members who received at least three doses of the childhood hepatitis B vaccine on different dates of service on or before their 19th birthday.
		• Members who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following:
		  ○ 2 doses of the recommended two-dose adult hepatitis B vaccine administered at least 28 days apart, **OR**
		  ○ At least three doses of any other recommended adult hepatitis B vaccine on different days of service
		• Members who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period.
		• Members with a history of hepatitis B illness any time before or during the measurement period
			Herpes Zoster Live Vaccine Procedure:
			CPT: 90736
			Herpes Zoster Recombinant Vaccine Procedure:
			CPT: 90750
			
			Influenza Virus LAIV Vaccine Procedure:
			CPT: 90660, 90672
			
			Adult Pneumococcal Vaccine Procedure:
			CPT: 90670, 90671, 90677, 90732
			HCPCS: G0009
			
			Td Vaccine Procedure:
			CPT: 90714
			Tdap Vaccine Procedure:
			CPT: 90715
			
			Adult Hepatitis B Vaccine Procedure:
			CPT: 90743, 90739, 90759, 90746, 90740, 90747, 90744
			Hepatitis B Vaccine Procedure:
			CPT: 90723, 90697, 90748, 90740, 90747, 90744
			HCPCS: G0010
			
			Hepatitis B:
			ICD10CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
			Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

		• Members with anaphylaxis due to the hepatitis B vaccine any time before or during the measurement period. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	Children and adolescents 1 – 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.	Both of the following during the MY. • At least one test for blood glucose or HbA1c, **and** • At least one test for LDL-C or cholesterol **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased in the MY. **Common Chart Deficiencies:** • A1C, LDL-C ordered but not completed.	Members are identified through administrative and pharmacy claims. **Glucose Lab Test:** **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1C Lab Test:** **CPT:** 83036, 83037 **HbA1C Test Result or Finding:** **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F **Cholesterol Lab Test:** **CPT:** 82465, 83718, 83722, 84478 **LDL C Lab Test:** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL C Test Result or Finding:** **CPT-CAT-II:** 3048F, 3049F, 3050F *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Breast Cancer Screening (BCS-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests*	Members 50 – 74 years of age who were recommended for a routine breast cancer screening and had a mammogram to screen for breast cancer.	All types and methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for numerator compliance. **Note:** Biopsies, breast ultrasounds, and MRIs do not count toward this measure. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services in the MP. • Deceased at any time in the MP. • Receiving palliative care any time in the MP. • 66 years of age and older with frailty **and** advanced illness during the MY. • Had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria (Gender Dysphoria Value Set) any time during the member's history through the end of the MP. • Bilateral mastectomy or both right and left unilateral mastectomy with bilateral modifier from same procedure any time during the member's history through the end of the MY.	**Mammography:** **CPT:** 77061, 77062, 77063, 77065, 77066, 77067 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Cervical Cancer Screening (CCS-E)	Members 24 – 64 years of age in the MY who were recommended for routine cervical cancer	**Documentation using either of the following criteria meet:**	**Cervical Cytology (Pap):** **CPT:** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175

This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	screening using the following criteria: • Ages 24 – 64: A cervical cytology (Pap) test within the last 3 years. • Ages 30 – 64: A cervical high-risk human papillomavirus (hrHPV) test performed within the last 5 years. • Ages 30 – 64: A cervical cytology (Pap test/high-risk human papillomavirus [hrHPV]) co-testing within the last 5 years.	• A note indicating the date when the cervical cytology was performed and the findings. • A note indicating the date when the hrHPV test was performed and the findings. **Note:** Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing. **Do NOT Count:** • Lab results that indicate results "Unknown." • Lab results that indicate the sample was inadequate or that "no cervical cells were present" is not a valid screening. • Biopsies are diagnostic and are not valid as a primary cervical cancer screening. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • Evidence of a hysterectomy with no residual cervix. Must specify "complete," "total," "radical," "abdominal," or "vaginal" hysterectomy. • "Cervical agenesis" or "acquired absence of the cervix." • Hysterectomy in combination with documentation that the patient no longer needs Pap testing/cervical cancer screening. **Gender Exclusions**: • Evidence that a patient was born a male.	**HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **High-Risk HPV Testing:** **CPT:** 87624, 87625 **HCPCS:** G0476 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Members with Male sex assigned at birth. • Documentation patient is "transitioning from male to female" or has undergone sex reassignment surgery from male to female. • Documentation of "binary,"' "non-binary," "transgender," or "transsexual" would **not** be considered an exclusion. **Common Chart Deficiencies:** • Unclear if member's cervix is absent. • Hysterectomy is not documented in the chart sufficiently to exclude member from measure. • Member-reported data not documented with sufficient information to show the screening was completed with a result in the measure time frame. • Pap/HPV test completed but results not documented. • Missing clear documentation on transgender patients (not clear that member is appropriate for the screening or if screening ordered/completed).	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Childhood Immunization Status (CIS-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality*	Members 2 years of age in the MY who are up to date on recommended routine vaccines for diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); Haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox	Children 2 years of age who had the following: • 1 MMR on or between the 1st and 2nd birthdays or history of measles, mumps, and rubella on or before the 2nd birthday. • 1 VZV on or between the 1st and 2nd birthdays, history of chicken pox, or anaphylaxis due to the VZV vaccine on or before the 2nd birthday. • 1 HepA on or between the 1st and 2nd birthdays, history of hepatitis A, or anaphylaxis due to the vaccine on or before the 2nd birthday.	Use applicable vaccination code or diagnosis indicating history of disease. **Procedure code:** **ICD10PCS:** 3E0234Z **Diphtheria and Tetanus Toxoids and Acellular Pertussis vaccine (DTaP):** **CVX:** 20, 50, 106, 107, 110, 120, 146 **CPT:** 90697, 90698, 90700, 90723 **Haemophilus Influenza Type B (HiB):**

performance and reduce the burden of medical record requests.	(VZV); pneumococcal conjugate (PCV); hepatitis A (HepA); rotavirus (RV); and influenza (flu).	• 3 HepB with different date of service on or before the 2nd birthday or history of the illness or anaphylaxis due to the vaccine. One of the 3 can be newborn (DOB to 7 days after birth). • 3 IPV with different DOS on or before the 2nd birthday. Do not count if administered prior to 42 days after birth. • 3 Hib with different DOS on or before the 2nd birthday or anaphylaxis due to the HiB vaccine. Do not count DOS prior to 42 days after birth. • 4 PCV with different DOS or anaphylaxis due to the vaccine on or before the 2nd birthday. Do not count DOS prior to 42 days after birth. • 4 DTaP different DOS on or before the 2nd birthday or anaphylaxis or encephalitis due to any of the vaccines. Do not count DOS prior to 42 days after birth. • 2 or 3 RV on different DOS or anaphylaxis due to the vaccine on or before the 2nd birthday. Do not count DOS prior to 42 days after birth. • 2 Flu with different DOS or anaphylaxis due to the vaccine on or before 2nd birthday. Do not count DOS prior to 6 months (180 days) after birth. One of the two vaccinations can be LAIV administered ONLY on the 2nd birthday. **Documentation:** • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.	**CVX:** 17, 46, 47, 48, 49, 50, 51, 120, 146, 148 **CPT:** 90644, 90647, 90648, 90697, 90698, 90748 **Hepatitis A Vaccine (HepA):** **CVX:** 31, 83, 85 **CPT:** 90633 **History of Hepatitis A:** **ICD10CM:** B15.0, B15.9 **Hepatitis B Vaccine (HepB):** **CVX:** 08, 44, 45, 51, 110, 146 **CPT:** 90697, 90723, 90740, 90744, 90747, 90748 **HCPCS:** G0010 **History of Hepatitis B:** **ICD10CM:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 **Inactivated Poliovirus Vaccine (IPV):** **CVX:** 10, 89, 110, 120, 146 **CPT:** 90697, 90698, 90713, 90723 **Influenza Vaccine:** **CVX:** 88, 140, 141, 150, 153, 155, 158, 161, 171, 186 **CPT:** 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 **LAIV Immunization:** **CVX:** 111, 149 **CPT:** 90660, 90672 **Measles, Mumps, and Rubella Vaccine (MMR):** **CVX:** 03, 94 **CPT:** 90707, 90710 **History of Measles:** **ICD10CM:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9

		• Initial HepB given "at birth" or "nursery/hospital" should be documented in the medical record or indicated on the immunization record as appropriate.
		• Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV.
		
		Required Exclusions:
		Members who meet any of the following criteria are excluded from the measure:
		• In hospice or using hospice services any time in the MY.
		• Deceased at any time in the MY.
		• Any of the following on or before the child's 2nd birthday:
		  ○ Severe combined immunodeficiency.
		  ○ Immunodeficiency.
		  ○ HIV.
		  ○ Lymphoreticular cancer, multiple myeloma, or leukemia.
		  ○ Intussusception.
		• Organ and bone marrow transplants.
		
		Common Chart Deficiencies:
		• Immunizations administered after the 2nd birthday.
		• PCP charts do not contain immunization records if vaccine(s) received elsewhere, such as those given at health departments or those given in the hospital at birth.
		• Rotavirus documentation does not specify if 2-dose or 3-dose.
		• Flu Mist only meets criteria when administered **on** the 2nd birthday.
		• A note that "member is up to date" with all immunizations does **not** constitute compliance due to insufficient data.
			History of Mumps:
			ICD10CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
			
			History of Rubella:
			ICD10CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
			
			Pneumococcal Conjugate Vaccine (PCV):
			CVX: 109, 133, 152, 215, 216
			CPT: 90670, 90671
			HCPS: G0009
			
			Rotavirus Vaccine (RV):
			CVX: 116, 122 (3 dose)
			CPT: 90680 (3 dose), 90681 (2 dose)
			
			Varicella Zoster Virus (VZV):
			CVX: 21, 94
			CPT: 90710, 90716
			
			Varicella Zoster:
			ICD10CM: 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
			
			Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

		• Parental refusal does not meet compliance.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Colorectal Cancer Screening (COL-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of members 45 – 75 years of age who had appropriate screening for colorectal cancer.	The MY is 1/1 – 12/31. **Documentation in the medical record must include** a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the "medical history" section of the record; if this is not clear, the result or finding must also be present. (This ensures that the screening was performed and not merely ordered.) • Colonoscopy in past 10 years (the MY and 9 years prior). • Flexible Sigmoidoscopy in past 5 years (the MY and 4 years prior). • CT Colonography in past 5 years (the MY and 4 years prior). • Stool DNA (sDNA) with FIT test in past 3 years (the MY and 2 years prior). • Fecal Occult Blood Test (FOBT) in the MY. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. • Colorectal cancer any time in member history through 12/31 of the MY. • Total colectomy any time in member history through 12/31 of the MY.	**Colonoscopy:** **CPT:** 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398 **HCPCS:** G0105, G0121 **Flexible Sigmoidoscopy:** **CPT:** 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104 **CT Colonography:** **CPT:** 74261, 74262, 74263 **Stool DNA (sDNA) with Fit Lab Test:** **CPT:** 81528 **FOBT Lab test:** **CPT:** 82270, 82274 **HCPCS:** G0328 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		Common Chart Deficiencies: • Member-reported data not documented with sufficient information to show the screening was completed in the measure time frame. • Documentation not clear on type of screening (e.g., only "Col" or "Colon"). • Documentation not clear on location to which scope advanced in situations of incomplete colonoscopy (must advance to the cecum) or flexible sigmoidoscopy (must advance into the sigmoid colon). • Most recent screening dates not documented in the record/updated in patient history. • Documentation of only "up to date." • Documentation of only "next due" dates. • FOBTs performed in an office setting. • FOBTs performed on a sample collected via Digital Rectal Exam (DRE). • Fewer than 3 samples documented for gFOBT. • Documentation not clear if Stool-DNA with FIT or FIT FOBT.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Blood Pressure Control for Patients with Hypertension (BPC-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a*	The percentage of members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.	• BP must be latest reading in the MY and must occur on or after the diagnosis of HTN. • BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests, are not used.	**Systolic and Diastolic Result:** **CPT-CAT-II:** • Most Recent Systolic less than 130: 3074F • Most Recent Systolic 130 – 139: 3075F • Systolic greater than or equal to 140: 3077F • Most Recent Diastolic less than 80: 3078F • Most Recent Diastolic 80 – 89: 3079F Most Recent Diastolic greater than or equal to 90: 3080F **Hypertension Diagnosis:**

direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.		• BP readings taken during an inpatient stay or ED visit are not used. • When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. • If no BP is recorded during the MY, the member is "not controlled." • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. • Member-reported data documented in medical record is acceptable if BP captured with a digital device and documented in the medical record with date BP taken. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty **and** advanced illness during the MY. • Evidence of ESRD or kidney transplant on or prior to 12/31 of the MY. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis. • Diagnosis of pregnancy during the MY. • A nonacute inpatient admission during the MY. **Common Chart Deficiencies:** • Retake of BP that is 140/90 or above not documented. • Member-reported BP is not documented with sufficient detail. • Claim missing CPT II codes for BP results.	**ICD10CM:** I10 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• BP rounded up before documented in medical record. • BP documented as a range. • No documentation of follow-up appointment scheduled if BP elevated. • Cardiology visits with no BP documented in the chart. • Flowsheets missing member name and second identifier such as date of birth.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. Two rates are reported: **1. Depression Screening:** The percentage of members who were screened for clinical depression using a standardized instrument. **2. Follow Up on Positive Screen:** The percentage of members who received follow-up care on or up to 30 days after the	The MP is 1/1 through 12/31. This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. • Acceptable tools for the Adolescent 12-17 population include PHQ-9; PHQ-9M; PHQ-2; BDI-FS; CESD-R; EPDS; PROMIS Depression. • Acceptable tools for the Adult 18+ population include PHQ-9; PHQ-2; BDI-FS; BDI-II; CESD-R; DADS; GDS; EPDS; M-3; PROMIS Depression, CUDOS. Follow up which meets criteria: • Outpatient, telephone, or virtual check-in visit. • Depression case management encounter. • A behavioral health encounter. • Dispensed antidepressant medication. • Additional depression screening on a full-length instrument indicating no depression or no symptoms that require follow up on the same day as a	**Encounter Performed:** **Behavioral Health Encounter:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485 **UBREV:** 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919 **Depression Case Management Encounter:** **CPT:** 99366, 99492, 99493, 99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023 **Follow-Up Visit:** **CPT:** 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483

	date of the first positive screen.	positive screen on a brief screening instrument. • A diagnosis of encounter for exercise counseling **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP. • Bipolar disorder in the year prior to the MP. • Depression that starts during the year prior to the MP.	**HCPCS:** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Diagnosis for encounter for exercise counseling:** **ICD10CM:** Z71.82 **Dispensed Antidepressant Medication:** **Miscellaneous antidepressants:** Bupropion, Vilazodone, Vortioxetine **Monoamine oxidase inhibitors:** Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine **Phenylpiperazine antidepressants**: Nefazodone, Trazodone **Psychotherapeutic combinations**: Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine **SNRI antidepressants:** Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine **SSRI antidepressants:** Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline **Tetracyclic antidepressants:** Maprotiline, Mirtazapine **Tricyclic antidepressants:** Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia who had an outpatient encounter with a PHQ-9	The Measurement Periods (MP) are: • January 1 through April 30. • May 1 through August 31. • September 1 through December 31. The PHQ-9 assessment does not need to occur during a face-to-face encounter; phone-based,	**Diagnosis:** **Major Depression or Dysthymia:** **ICD10CM:** F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1 **Encounter Performed:** **Interactive Outpatient Encounter:**

This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	score present in their record in the same assessment period as the encounter.	e-visit, virtual check-in, or electronic secure messaging is acceptable. **Note:** Standardized instruments are useful in identifying meaningful change in clinical outcomes over time. Guidelines for adults recommend that providers establish and maintain regular follow-up with patients diagnosed with depression and use a standardized tool to track symptoms. • For adolescents, guidelines recommend systematic and regular tracking of treatment goals and outcomes, including assessing depressive symptoms. • The PHQ-9 tool assesses the nine *DSM, Fourth Edition, Text Revision (DSM-IV-TR)* criterion symptoms and effects on functioning and has been shown to be highly accurate in diagnosing patients with persistent major depression, partial remission, and full remission. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP. • Bipolar disorder in the MP. • Personality disorder in the MP. • Psychotic disorder in the MP. • Pervasive development disorder in the MP.	**CPT:** 90791, 90792, 90832, 90834, 90837, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457,99458, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0071, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G0512, G2010, G2012, G2250, G2251, G2252, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0982, 0983 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Documented Assessment After Mammogram (DBM-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for members 40 – 74 years of age.	Episodes of mammograms that receive a BI-RADS score on or within 14 days after the episode date (15 days total). **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP.	**Mammography:** **CPT:** 77062, 77061, 77066, 77065, 77063, 77067 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Depression Remission or Response for Adolescents and Adults (DRR-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce*	The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score who had evidence of response or remission within 4 – 8 months of the elevated score. Three rates are reported: **1. Follow-Up PHQ-9:**	The Measurement Period (MP) is 1/1 through 12/31. The Intake Period (IP) is 5/1 of the year prior to the MP through 4/30 of the MP. The Episode Intake Start Date (EISD) is the earliest date in the IP where a member has a diagnosis of major depression or dysthymia **and** a PHQ-9 total score >9 documented. **Required Exclusions:** Members who meet any of the following criteria during the IP or during the MP are excluded from the measure:	**Diagnosis:** **Major Depression or Dysthymia:** **ICD10CM:** F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1 **Encounter Performed:** **Interactive Outpatient Encounter:** **CPT:** 90791, 90792, 90832, 90834, 90837, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483, 99492, 99493, 99494, 99510

the burden of medical record requests.	The percentage of members who have a follow-up PHQ-9 score documented within 4 – 8 months after the initial elevated PHQ-9 score. **2. Depression Remission:** The percentage of members who achieved remission within 4 – 8 months after the initial elevated PHQ-9 score. **3. Depression Response:** The percentage of members who showed response within 4 – 8 months after the initial elevated PHQ-9 score.	• In hospice or using hospice services any time in the MP. • Deceased at any time in the MP. • Bipolar disorder. • Personality disorder. • Psychotic disorder. • Pervasive development disorder.	**HCPCS:** G0071, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G0512, G2010, G2012, G2250, G2251, G2252, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0982, 0983 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Immunizations for Adolescents (IMA-E) When coding E&M and vaccine administration services on the same date, you must append modifier 25 to the E&M. *This is measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account*	Adolescents 13 years of age in the MY who are up to date on recommended routine vaccines for meningococcal; tetanus, diphtheria toxoids, and acellular pertussis (Tdap); and human papillomavirus (HPV).	Adolescents 13 years of age who had the following: • Meningococcal MCV with DOS on or between the 10th and 13th birthdays or evidence of antigen or anaphylaxis due to the vaccine on or before the 13th birthday. • Tdap or TD with DOS on or between the 10th and 13th birthdays or evidence of antigen, anaphylaxis, or encephalitis due to the vaccine on or before the 13th birthday. • HPV — any of the following: ○ 3 doses with different dates of service on or between the 9th and 13th birthdays.	**Meningococcal Vaccine:** **CVX:** 32, 108, 114, 136, 147, 167, 203, 316 **CPT:** 90619, 90623,90733, 90734 **Tetanus, Diphtheria, & Acellular Pertussis Vaccine (Tdap):** **CVX:** 115 **CPT:** 90715 **HPV Vaccine:** **CVX:** 62, 118, 137, 165 **CPT:** 90649, 90650, 90651

Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.		○ 2 doses with at least 146 days between the 1st and 2nd dose on or between the 9th and 13th birthdays. ○ Anaphylaxis due to the vaccine on or before the 13th birthday. ○ Evidence of antigen. **Documentation:** • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. **Common Chart Deficiencies:** • Immunizations administered outside of the appropriate time frames. • PCP charts do not contain records when immunizations administered elsewhere (i.e., health departments, school clinics, urgent care facilities). • HPV doses are not at least 146 days apart when only 2 doses administered. • A note that "member is up to date" with all immunizations does **not** constitute compliance due to insufficient data. • Parental refusal does not meet compliance. • Td (Tetanus, Diphtheria Toxoids) does **not** meet criteria for Tdap.	*Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Meningococcal Recombinant (serogroup B) (MenB) does **not** meet criteria for the Meningococcal vaccine.	
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Follow-Up after Abnormal Mammogram Assessment (FMA-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of episodes for members 40 – 74 years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.	High-risk and inconclusive BI-RADS assessment that received appropriate follow-up. Appropriate follow-up is defined as either of the following: • A high-risk BI-RADS assessment (High-Risk BI-RADS Value Set) result (Category 4: Suspicious – Category 5: Highly Suggestive of Malignancy), that received a breast biopsy (Breast Biopsy Value Set) on or within 90 days after the episode date (91 days total). • An inconclusive BI-RADS assessment (BI-RADS 0: Incomplete — Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison), (Inconclusive BI-RADS Value Set) that received a mammogram (Mammography Value Set) or ultrasound (Breast Ultrasound Value Set) on or within 90 days after the episode date (91 days total). **Required Exclusions:** Members who meet any of the following criteria during the MP are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP.	**Breast Biopsy:** **CPT:** 19101,19100, 19085, 19081, 19083 **Breast Ultrasound:** **CPT:** 76641, 76642 **Mammography:** **CPT:** 77062, 77061, 77066, 77065, 77063, 77067 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care. Two rates are reported: **1. Unhealthy Alcohol Use Screening:** The percentage of members who had a systematic screening for unhealthy alcohol use. **2. Alcohol Counseling or Other Follow-up Care:** The percentage of members receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use.	The Measurement Period (MP) is 1/1 through 12/31. Follow-up is an encounter on, or up to 60 days after, the date of the first positive screening that includes at least one of the following: • Feedback on alcohol use and harms. • Identification of high-risk situations for drinking and coping strategies. • Increase the motivation to reduce drinking. • Development of a personal plan to reduce drinking. • Documentation of receiving alcohol misuse treatment. **Required Exclusions:** Members who meet any of the following criteria during the MP are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP. • Alcohol use disorder that starts during the year prior to the MP. • History of dementia any time during the member's history through the end of the MP.	**Diagnosis** **Alcohol Use Disorder:** **ICD10CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.90, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, K29.20, K29.21, K70.10, K70.11 **Intervention Performed:** **Alcohol Counseling or Other Follow-Up Care:** **CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012 **ICD10CM:** Z71.41 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Prenatal Immunization Status (PRS-E) *This is a measure collected through claims and Electronic Clinical*	The percentage of deliveries in which the member received influenza and tetanus, diphtheria toxoids, and	The Measurement Period (MP) is 1/1 through 12/31. **Influenza**: • Deliveries where members received an adult influenza vaccine on or between July	**Immunization Administered:** **Adult Influenza Immunization:** **CVX:** 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205 **Tdap Immunization:**

Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	acellular pertussis (Tdap) vaccinations.	1 of the year prior to the MP and the delivery date; or • Deliveries where members had an influenza virus vaccine-adverse reaction any time during or before the MP. **Tdap:** Deliveries where the members had any of the following: • At least one Tdap vaccine during the pregnancy (including the delivery date). • Anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the MP. • Encephalopathy due to Td or Tdap vaccination any time during or before the MP. A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates of administration. Documented history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine. **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP. • Delivered at less than 37 weeks gestation.	**CVX:** 115 **Vaccine Procedure:** **Adult Influenza Vaccine Procedure:** **CPT:** 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 **Tdap Vaccine Procedure:** **CPT:** 90715 **Deliveries:** **CPT:** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 **HCPCS:** 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Prenatal Depression Screening and Follow-Up (PND-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported: **1. Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the prenatal period. **2. Follow up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.	The Measurement Period (MP) is 1/1 – 12/31. This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. • Acceptable tools for the Adolescent 12-17 population include PHQ-9; PHQ-9M; PHQ-2; BDI-FS; CESD-R; EPDS; PROMIS Depression. • Acceptable tools for the Adult 18+ population include PHQ-9; PHQ-2; BDI-FS; BDI-II; CESD-R; DADS; EPDS; M-3; PROMIS Depression, CUDOS. Follow up which meets criteria: • Outpatient, telephone, or virtual check-in visit. • Depression case management encounter. • A behavioral health encounter. • Dispensed antidepressant medication. • Additional depression screening on a full-length instrument indicating no depression or no symptoms that require follow up on the same day as a positive screen on a brief screening instrument. • Exercise counseling **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP. • Delivered at less than 37 weeks gestation.	**Encounter Performed:** **Behavioral Health Encounter:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485 **UBREV:** 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919 **Depression Case Management Encounter:** **CPT:** 99366, 99492, 99493, 99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023 **Follow-Up Visit:** **CPT:** 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Exercise Counseling:** **ICD10CM:** Z71.82 **Dispensed Antidepressant Medication:** **Miscellaneous antidepressants:** Bupropion, Vilazodone, Vortioxetine

			Monoamine oxidase inhibitors: Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine **Phenylpiperazine antidepressants**: Nefazodone, Trazodone **Psychotherapeutic combinations**: Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine **SNRI antidepressants:** Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine **SSRI antidepressants:** Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline **Tetracyclic antidepressants:** Maprotiline, Mirtazapine **Tricyclic antidepressants:** Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*
Measure	**Measure Description**	**Measure Information/Documentation Required**	**Coding**
Postpartum Depression Screening and Follow-Up (PDS-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported. **1. Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument	The Measurement Period (MP) is 1/1 – 12/31. This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument. • Acceptable tools for the Adolescent 12-17 population include PHQ-9; PHQ-9M; PHQ-2; BDI-FS; CESD-R; EPDS; PROMIS Depression. • Acceptable tools for the Adult 18+ population include PHQ-9; PHQ-2; BDI-FS; BDI-II; CESD-R; DADS; EPDS; M-3; PROMIS Depression, CUDOS. Follow up which meets criteria: • Outpatient, telephone, or virtual check-in visit.	**Encounter Performed:** **Behavioral Health Encounter:** **CPT:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485 **UBREV:** 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919 **Depression Case Management Encounter:** **CPT:** 99366, 99492, 99493, 99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023 **Exercise Counseling:**

	during the postpartum period. **2. Follow up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.	• Depression case management encounter. • A behavioral health encounter. • Dispensed antidepressant medication. • Additional depression screening on a full-length instrument indicating no depression or no symptoms that require follow up on the same day as a positive screen on a brief screening instrument. • Exercise counseling **Required Exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP.	**ICD10CM:** Z71.82 **Follow-Up Visit:** **CPT:** 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 **Dispensed Antidepressant Medication:** **Miscellaneous antidepressants:** Bupropion, Vilazodone, Vortioxetine **Monoamine oxidase inhibitors:** Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine **Phenylpiperazine antidepressants**: Nefazodone, Trazodone **Psychotherapeutic combinations**: Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine **SNRI antidepressants:** Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine **SSRI antidepressants:** Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline **Tetracyclic antidepressants:** Maprotiline, Mirtazapine **Tricyclic antidepressants:** Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

Measure	Measure Description	Measure Information/Documentation Required	Coding
Social Need Screening and Intervention (SNS-E) *This is a measure collected through claims and Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of members who were screened, using pre-specified instruments, at least once in the measurement period (MP) for unmet food, housing, and transportation needs and received a corresponding intervention within 30 days of screening positive. The measurement period (MP) is 1/1 – 12/31.	Screenings documented on pre-specified instruments: Food Insecurity: • Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool. • American Academy of Family Physicians (AAFP) Social Needs Screening Tool. • Health Leads Screening Panel. • Hunger Vital Sign (HVS). • Protocol for Responding to and Assessing Patients' Assets, Risks & Experiences (PRAPARE). • Safe Environment for Every Kid (SEEK). • U.S. Household Food Security Survey. • U.S. Adult Food Security Survey. • U.S. Child Food Security Survey. • U.S. Household Food Security Survey – Six-Item Short Form. • We Care Survey. • WellRx Questionnaire. Housing Instability, homelessness, and housing inadequacy: • Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool. • American Academy of Family Physicians (AAFP) Social Needs Screening Tool. • Children's HealthWatch Housing Stability Vital Signs. • Health Leads Screening Panel	**Food Intervention:** **CPT:** 96156, 96160, 96161, 97802, 97803, 97804 **HCPCS:** S5170, S9470 **Homelessness/Housing Intervention:** **CPT:** 96156, 96160, 96161 **Transportation Interventions:** **CPT:** 96156, 96160, 96161 *Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.*

		• Protocol for Responding to and Assessing Patients' Assets, Risks & Experiences (PRAPARE). • We Care Survey. • WellRx Questionnaire. Transportation insecurity: • Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool. • American Academy of Family Physicians (AAFP) Social Needs Screening Tool. • Comprehensive Universal Behavior Screen (CUBS). • Health Leads Screening Panel. • Protocol for Responding to and Assessing Patients' Assets, Risks & Experiences (PRAPARE). • PROMIS • WellRx Questionnaire Interventions are required for any element (food, housing, and transportation) found positive upon screening. Interventions must correspond to the positive screening and must be within 30 days of positive screen (day of screen and 30 days following for a total of 31 days). Interventions include: • Assistance. • Assessment. • Counseling. • Coordination. • Education. • Evaluation of Eligibility. • Provision. • Referral.	

		Required Exclusions: Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MP. • Deceased at any time in the MP.