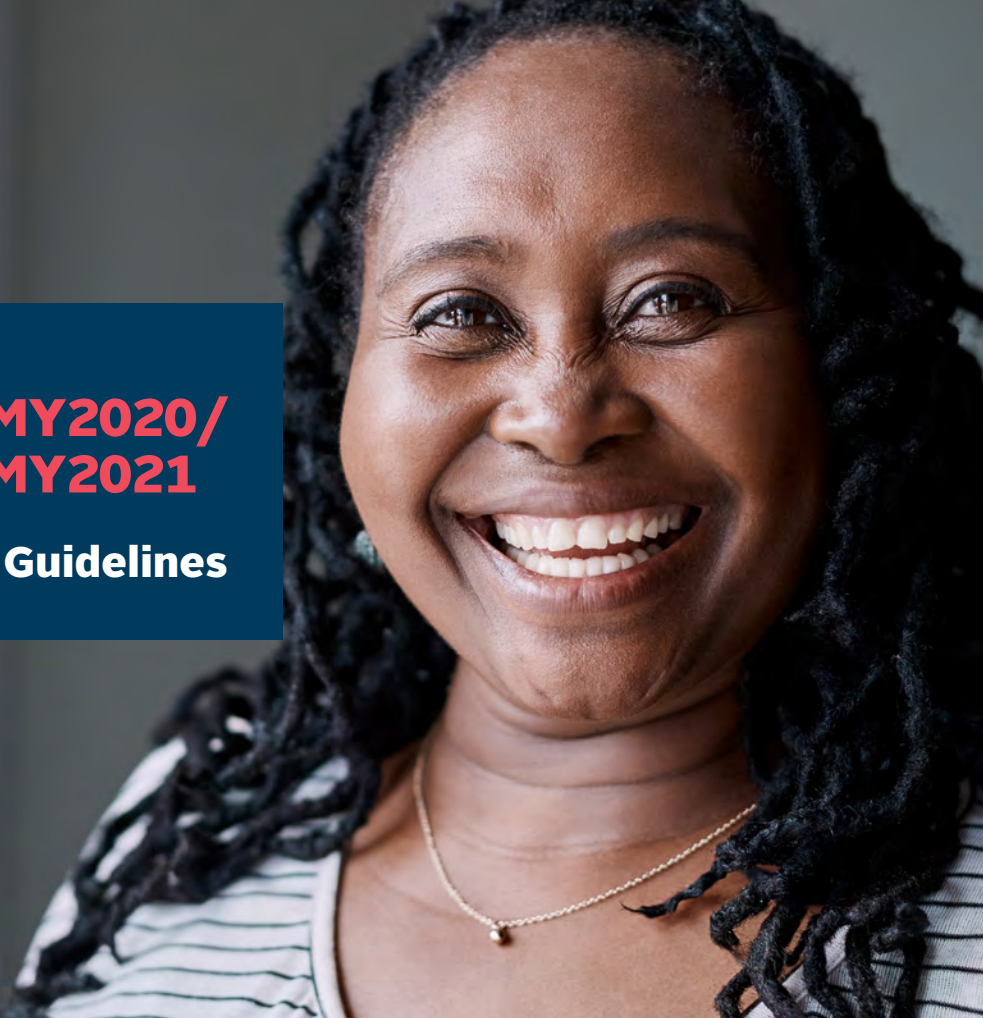


# HEDIS<sup>®</sup> MY2020/ MY2021

## Documentation and Coding Guidelines



Reproduced with permission from HEDIS Measurement Year 2020 and Measurement Year 2021, Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA). To purchase copies of this publication, contact NCQA Customer Support at 1-888-275-7585 or visit [www.ncqa.org/publications](http://www.ncqa.org/publications).

### EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Breast Cancer Screening (BCS)</b></p> <p>This is also a measure (BSC-E) collected through 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.</p>	<p>Women 50 – 74 years of age who had a mammogram to screen for breast cancer.</p>	<p>All types and methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for numerator compliance.</p> <p><b>Note:</b> Biopsies, breast ultrasounds, and MRIs do not count toward this measure.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services in the measurement year (MY).</li> <li>• Receiving palliative care any time in the MY.</li> <li>• 66 years of age and older with frailty and advanced illness during the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy or unilateral mastectomy with bilateral modifier any time during the member's history through the end of the MY.</li> <li>• Deceased in the MY.</li> </ul>	<p><b>Mammography:</b></p> <p><b>CPT:</b> 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067</p> <p><b>HCPCS:</b> G0202, G0204, G0206</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Cervical Cancer Screening (CCS)</b></p>	<p>Women 21 – 64 years of age who were screened for cervical cancer using the following criteria:</p> <ul style="list-style-type: none"> <li>Age 21 – 64: At least one cervical cytology (Pap) test within the last three years.</li> <li>Age 30 – 64: At least one cervical high-risk human papillomavirus (hrHPV) test performed within the last five years.</li> <li>Age 30 – 64: At least one cervical cytology (Pap) test/high-risk human papillomavirus (hrHPV) co-testing in the last five years.</li> </ul>	<p><b>Documentation using either of the following criteria:</b></p> <ul style="list-style-type: none"> <li>A note indicating the date when the cervical cytology was performed (ages 21 – 30) and the findings.</li> <li>A note indicating the date hrHPV test was performed and the findings.</li> </ul> <p><b>Note:</b> Evidence of hrHPV testing within the last five years also captures patients who had co-testing.</p> <p><b>Do not count:</b></p> <ul style="list-style-type: none"> <li>Lab results that indicate the sample was inadequate or that “no cervical cells were present” are not a valid screening.</li> <li>Biopsies are diagnostic and are not valid as a primary cervical cancer screening.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following any time during the member’s history through December 31 of the MY:</p> <ul style="list-style-type: none"> <li>Evidence of a hysterectomy with no residual cervix. Must specify “complete,” “total,” “radical,” “abdominal,” or “vaginal” hysterectomy.</li> <li>“Cervical agenesis” or “acquired absence of the cervix.”</li> <li>Hysterectomy in combination with documentation that the patient no longer needs Pap testing/cervical cancer screening.</li> <li>Deceased in the MY.</li> </ul> <p><b>Gender exclusions:</b></p> <ul style="list-style-type: none"> <li>Evidence that a patient was born a male.</li> <li>Documentation patient is “transitioning from male to female” or has undergone sex reassignment surgery from male to female.</li> <li>Documentation of “binary,” “nonbinary,” “transgender,” or “transsexual” would not be considered an exclusion.</li> </ul>	<p><b>Cervical cytology (Pap):</b> <b>CPT:</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b>High-risk HPV testing:</b> <b>CPT:</b> 87620, 87621, 87622, 87624, 87625 <b>HCPCS:</b> G0476</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Childhood Immunization Status (CIS)</b></p> <p>When coding evaluation and management (E/M) and vaccine administration services on the same date, you must append modifier 25 to the E&amp;M code effective January 1, 2014.</p>	<p>Children 2 years of age who had the following administered on or <b>before their second birthday</b>:</p> <ul style="list-style-type: none"> <li>One MMR, one VZV, one Hep A administered on or between the child's first and second birthdays.</li> <li>Three Hep B with different dates of service before the second birthday or history of the illness. One of the three can be newborn (DOB to seven days after birth).</li> <li>Three IPV, three Hib, four PCV, four DTaP, two or three RV. Do not count vaccinations administered prior to 42 days after birth.</li> <li>Two influenza vaccines. Do not count vaccinations administered prior to six months (180 days) after birth. One of the two vaccinations can be LAIV administered only on the child's second birthday.</li> </ul>	<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>A note indicating the name of the specific antigen and the date of the immunization.</li> <li>A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> <li>Initial Hep B given "at birth" or "nursery/hospital" should be documented in the medical record or indicated on the immunization record as appropriate.</li> <li>Immunizations documented using a generic header (e.g., "polio vaccine") or "IPV/OPV" can be counted as evidence of IPV.</li> </ul> <p><b>Common chart deficiencies:</b></p> <ul style="list-style-type: none"> <li>Immunizations administered after the second birthday.</li> <li>Primary care provider (PCP) charts do not contain immunization records if received elsewhere such as health departments or those given in the hospital at birth.</li> <li>No documentation of contraindications/allergies.</li> <li>FluMist only meets criteria when administered on the second birthday.</li> <li>A note that "member is up to date" with all immunization does <b>not</b> constitute compliance due to insufficient data.</li> <li>Parental refusal does not meet compliance.</li> </ul> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following by the second birthday:</p> <ul style="list-style-type: none"> <li>A contraindication for a specific vaccine.</li> <li>Anaphylactic reaction to a vaccine or its components.</li> <li>DTaP — Encephalopathy with a vaccine adverse side effect code.</li> <li>MMR, VZV, and influenza — immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma or leukemia, anaphylactic reaction to neomycin.</li> <li>Rotavirus — Severe combined immunodeficiency or history of intussusception.</li> <li>IPV — Anaphylactic reaction to streptomycin, polymyxin B, or neomycin.</li> <li>Hepatitis B — Anaphylactic reaction to common baker's yeast.</li> <li>Deceased in the MY.</li> </ul>	<p>Use applicable vaccination code or diagnosis indicating history of disease.</p> <p><b>Encounter for immunization:</b> ICD-10: Z23</p> <p><b>Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP):</b> CVX: 20, 50, 106, 107, 110, 120 CPT: 90698, 90700, 90723</p> <p><b>Haemophilus influenzae type B (Hib):</b> CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148 CPT: 90644, 90647, 90648, 90698, 90748</p> <p><b>Hepatitis A vaccine (Hep A):</b> CVX: 31, 83, 85 CPT: 90633</p> <p><b>Hepatitis A:</b> ICD-10-CM: B15.0, B15.9</p> <p><b>Hepatitis B vaccine (Hep B):</b> CVX: 08, 44, 45, 51, 110 CPT: 90723, 90740, 90744, 90747, 90748 HCPCS: G0010</p> <p><b>Hepatitis B newborn vaccine:</b> ICD-10-PCS: 3E0234Z</p> <p><b>Hepatitis B:</b> ICD-10-CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11</p> <p><b>Inactivated poliovirus vaccine (IPV):</b> CVX: 10, 89, 110, 120 CPT: 90698, 90713, 90723</p> <p><b>Influenza vaccine:</b> CVX: 88, 140, 141, 150, 153, 155, 158, 161 CPT: 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689</p> <p><b>Live attenuated influenza vaccine (LAIV) immunization:</b> CVX: 111, 149 CPT: 90660, 90672</p> <p><b>Measles vaccine:</b> CVX: 05 CPT: 90705</p> <p><b>Measles:</b> ICD-10-CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9</p> <p><b>Measles, mumps, and rubella vaccine (MMR):</b> CVX: 03, 94 CPT: 90707, 90710</p> <p><b>Measles-rubella vaccine (MR):</b> CVX: 04 CPT: 90708</p> <p><b>Mumps vaccine:</b> CVX: 07 CPT: 90704</p> <p><b>Mumps:</b> ICD-10-CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9</p> <p><b>Rubella vaccine:</b> CVX: 06 CPT: 90706</p> <p><b>Rubella:</b> ICD-10-CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9</p> <p><b>Pneumococcal conjugate vaccine (PCV):</b> CVX: 133, 152 CPT: 90670 HCPCS: G0009</p> <p><b>Rotavirus vaccine (RV):</b> CVX: 116, 122 (three dose), 119 (two dose) CPT: 90680 (three dose), 90681 (two dose)</p> <p><b>Varicella zoster virus (VZV):</b> CVX: 21, 94 CPT: 90710, 90716</p> <p><b>Varicella zoster:</b> ICD-10-CM: 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</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Chlamydia Screening in Women (CHL)</b></p>	<p>Women ages 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the MY.</p>	<p>Perform chlamydia screening every year on every female ages 16 – 24 identified as sexually active. Offer member the option to have the chlamydia screening performed through a urine test.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members who qualified for the measure based solely on a pregnancy test maybe excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>A pregnancy test in the MY and a prescription for isotretinoin (retinoid) on the date of the pregnancy test or six days after the pregnancy test.</li> <li>A pregnancy test in the MY and an X-ray on the date of the pregnancy test or the six days after the pregnancy test.</li> <li>Deceased in the MY.</li> </ul>	<p><b>Chlamydia tests:</b> <b>CPT:</b> 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Colorectal Cancer Screening (COL)</b></p> <p>This is also a measure (COL-E) collected through 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.</p>	<p>The percentage of adults 50 – 75 years of age who had appropriate screening for colorectal cancer.</p>	<p>The MY is January 1 – December 31.</p> <p><b>Documentation in the medical record must include</b> 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).</p> <ul style="list-style-type: none"> <li>Colonoscopy in past 10 years (the MY and nine years prior).</li> <li>Flexible sigmoidoscopy in past five years (the MY and four years prior).</li> <li>CT colonography in past five years (the MY and four years prior).</li> <li>FIT-DNA in past three years (the MY and two years prior).</li> <li>Fecal occult blood test (FOBT) in the MY.</li> </ul> <p><b>Common chart deficiencies:</b></p> <ul style="list-style-type: none"> <li>FOBTs performed in an office setting.</li> <li>FOBTs performed on a sample collected via digital rectal exam (DRE).</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty <b>and</b> advanced illness during the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following any time in the member’s history through December 31 of the MY:</p> <ul style="list-style-type: none"> <li>Colorectal cancer.</li> <li>Total colectomy.</li> <li>Deceased in the MY.</li> </ul>	<p><b>Colonoscopy:</b> <b>CPT:</b> 44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398 <b>HCPCS:</b> G0105, G0121</p> <p><b>Flexible sigmoidoscopy:</b> <b>CPT:</b> 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350 <b>HCPCS:</b> G0104</p> <p><b>CT colonography:</b> <b>CPT:</b> 74261, 74262, 74263</p> <p><b>FIT-DNA lab test:</b> <b>CPT:</b> 81528 <b>HCPCS:</b> G0464</p> <p><b>FOBT lab test:</b> <b>CPT:</b> 82270, 82274 <b>HCPCS:</b> G0328</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Immunizations for Adolescents (IMA)</b></p> <p>When coding E&amp;M and vaccine administration services on the same date you must append modifier 25 to the E&amp;M code effective January 1, 2014.</p>	<p>Adolescents 13 years of age who have completed each:</p> <ul style="list-style-type: none"> <li>• Meningococcal MCV (on or between 11th and 13th birthdays).</li> <li>• Tdap or TD (on or between 10th and 13th birthdays).</li> <li>• HPV (three doses with different dates of service on or between ninth and 13th birthdays or two doses with at least 146 days between the first and second dose on or between ninth and 13th birthdays).</li> </ul>	<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• A note indicating the name of the specific antigen and the date of the immunization.</li> <li>• A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> </ul> <p><b>Common chart deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Immunizations administered outside of the appropriate time frames.</li> <li>• PCP charts do not contain records if immunizations administered elsewhere (e.g., health departments, school clinics, urgent care facilities).</li> </ul> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• A contraindication for a specific vaccine.</li> <li>• Anaphylactic reaction to a vaccine or its components.</li> <li>• Tdap — encephalopathy with a vaccine adverse side effect code.</li> <li>• Deceased in the MY.</li> </ul>	<p><b>Meningococcal vaccine:</b>  <b>CVX:</b> 108, 114, 136, 147, 167  <b>CPT:</b> 90734</p> <p><b>Tetanus, diphtheria, and acellular pertussis vaccine (Tdap):</b>  <b>CVX:</b> 115  <b>CPT:</b> 90715</p> <p><b>HPV vaccine:</b>  <b>CVX:</b> 62, 118, 137, 165  <b>CPT:</b> 90649, 90650, 90651</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Lead Screening Children (LSC)</b></p>	<p>Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning at any time by their second birthday.</p>	<p><b>Documentation in the medical record must include both of the following on or before the second birthday:</b></p> <ul style="list-style-type: none"> <li>• A note indicating the date the test was performed.</li> <li>• The result or finding.</li> </ul> <p><b>Common chart deficiencies:</b></p> <ul style="list-style-type: none"> <li>• Lead assessment does not constitute a lead screening.</li> <li>• Lead screening after the child's second birthday.</li> </ul> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Lead tests</b>  <b>CPT:</b> 83655</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information</p>



EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)</b></p>	<p>Members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following during the MY:</p> <ul style="list-style-type: none"> <li>BMI percentile documentation.</li> <li>Counseling for nutrition.</li> <li>Counseling for physical activity.</li> </ul>	<p><b>Body mass index (BMI) percentile:</b></p> <ul style="list-style-type: none"> <li>Documentation must include height, weight, and BMI percentile during the MY.</li> <li>The height, weight and BMI must be from the same data source.</li> <li>BMI percentile can be documented as a value or plotted on an age-growth chart.</li> <li>Member-reported values (weight, height, BMI) can be captured during a telephone visit, e-visit or virtual check-in.</li> </ul> <p><b>Counseling for nutrition:</b> Documentation of counseling for nutrition or referral for nutrition education during the MY. Examples include:</p> <ul style="list-style-type: none"> <li>Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).</li> <li>Checklist indicating nutrition was addressed.</li> <li>Member received educational materials on nutrition during a face-to-face visit.</li> <li>Anticipatory guidance for nutrition.</li> <li>Weight or obesity counseling.</li> <li>Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).</li> </ul> <p><b>Counseling for physical activity:</b> Documentation of counseling for physical activity or referral for physical activity during the MY. Examples include:</p> <ul style="list-style-type: none"> <li>Checklist indicating physical activity was addressed.</li> <li>Member received educational materials on physical activity during a face-to-face visit.</li> <li>Anticipatory guidance for physical activity or weight or obesity counseling.</li> <li>Weight or obesity counseling.</li> <li>Discussion of current physical activity (e.g., sports activities, exercise routines).</li> <li>Exam for sport participation or sports physical.</li> </ul> <p><b>Common chart deficiencies:</b></p> <ul style="list-style-type: none"> <li>BMI documented as a number and not as a percentile.</li> <li>Developmental milestones do not constitute anticipatory guidance or education for physical activity.</li> <li>No counseling or education on physical activity and/or nutrition.</li> <li>Notation of “health education” or “anticipatory guidance” without specific mention of nutrition and/or physical activity.</li> <li>Counseling on safety (e.g., “wears helmet” or “water safety”) without specific mention of physical activity recommendations.</li> <li>Notations solely related to “screen time” without specific mention of physical activity recommendations.</li> <li>Appetite does not meet the criteria for counseling for nutrition.</li> </ul> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Services for counseling for nutrition and counseling for physical activity may be delivered during a telephone visit, e-visit, or virtual check-in.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of:</p> <ul style="list-style-type: none"> <li>Diagnosis of pregnancy during the MY.</li> <li>Deceased in the MY.</li> </ul>	<p><b>CBMI percentiles:</b> ICD-10: Z68.51, Z68.52, Z68.53, Z68.54</p> <p><b>Nutrition counseling:</b> CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470</p> <p><b>Physical activity counseling:</b> HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Appropriate Testing for Pharyngitis (CWP)</b></p>	<p>The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.</p>	<p>Outpatient or ER visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the intake period (IP), which is three days prior and three days after the diagnosis.</p> <p>Member is compliant with a strep test during IP.</p> <p>Telehealth visits are included in event/diagnosis criteria.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Group A strep test:</b> <b>CPT:</b> 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</p> <p><b>Pharyngitis diagnosis:</b> <b>ICD-10:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Asthma Medication Ratio (AMR)</b></p>	<p>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.</p>	<p><b>Oral medication dispensing event:</b> 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 up the day's supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different.</p> <p><b>Inhaler dispensing event:</b> 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.</p> <p><b>Injection dispensing events:</b> Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.</p> <p><b>Units of medications:</b> 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 30 days' or less supply of an oral medication.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p>Population includes ER, IP, and/or observation visits billed with asthma diagnosis or four non-controller asthma medication dispensing events during the MY and the year prior.</p> <p><b>Asthma diagnoses:</b> <b>ICD-10:</b> 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</p> <p><b>Asthma controller medications:</b> <b>Antiasthmatic combinations:</b> dyphylline-guaifenesin <b>Antibody inhibitors:</b> omalizumab <b>Anti-interleukin-4:</b> dupilumab <b>Anti-interleukin-5:</b> benralizumab, mepolizumab, reslizumab <b>Inhaled steroid combinations:</b> budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, formoterol-mometasone <b>Inhaled corticosteroids:</b> beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone <b>Leukotriene modifiers:</b> montelukast, zafirlukast, zileuton <b>Methylxanthines:</b> theophylline</p> <p><b>Asthma reliever medications:</b> <b>Short-acting, inhaled beta-2 agonists:</b> albuterol, levalbuterol</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b></p>	<p>Members 40 years of age and older who had an acute inpatient discharge or ER visit on or between January 1 through November 30 of the MY and who had evidence of an active prescription or were dispensed one of the following appropriate medications:</p> <ul style="list-style-type: none"> <li>A systemic corticosteroid within 14 days of the event.</li> <li>A bronchodilator within 30 days of the event.</li> </ul> <p>This is an episode-based event so a member may be included multiple times.</p>	<p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p>HEDIS rates are based on pharmacy claims.</p> <p><b>Systemic corticosteroid medications:</b> <b>Glucocorticoids:</b> cortisone-acetate, dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone</p> <p><b>Bronchodilator medications:</b> <b>Anticholinergic agents:</b> aclidinium bromide, ipratropium, tiotropium, umeclidinium <b>Beta-2-agonists:</b> albuterol, arformoterol, formoterol, indacaterol, levalbuterol, metaproterenol, salmeterol <b>Bronchodilator combinations:</b> albuterol-ipratropium, budesonide-formoterol, dyphylline-guaifenesin, fluticasone-salmeterol, fluticasone-vilanterol, fluticasone furoate-umeclidinium-vilanterol, formoterol-aclidinium, formoterol-glycopyrrolate, formoterol-mometasone, indacaterol-glycopyrrolate, olodaterol hydrochloride, olodaterol-tiotropium, umeclidinium-vilanterol</p>
<p><b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b></p>	<p>The percentage of members 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.</p>	<p>Documentation of at least one claim/encounter for spirometry during the 730 days (two years) prior to the index episode start date (IESD) through 180 days (six months) after the IESD.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Spirometry:</b> <b>CPT:</b> 94010, 94014, 94015, 94016, 94060, 94070, 94375, 94620</p> <p><b>COPD:</b> <b>ICD-10:</b> J44.0, J44.1, J44.9</p> <p><b>Chronic bronchitis:</b> <b>ICD-10:</b> J41.0, J41.1, J41.8, J42</p> <p><b>Emphysema:</b> <b>ICD-10:</b> J43.0, J43.1, J43.2, J43.8, J43.9</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>





ACCESS AND AVAILABILITY			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Adults' Access to Preventive/ Ambulatory Health Services (AAP)</b></p>	<p>Members 20 years and older who had an ambulatory or preventive care visit during the MY.</p>	<p>One or more ambulatory or preventive care visits during the MY. Telephone and e-visits are acceptable.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Ambulatory visit:</b> <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99429, 99483 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015 <b>ICD-10-CM:</b> Z00.00, 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, Z02.89, Z02.9, Z76.1, Z76.2</p> <p><b>Other ambulatory visits:</b> <b>CPT:</b> 92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 <b>HCPCS:</b> S0620, S0621 <b>UBREV:</b> 0524, 0525</p> <p><b>Telephone visits:</b> <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online assessments:</b> <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information</p>
<p><b>Initiation and Engagement of Alcohol and Other Drug Abuse Treatment (IET)</b></p>	<p>Adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received initiation of AOD treatment or engagement of AOD treatment.</p> <p>Two rates are reported:</p> <p><b>1. Initiation of AOD treatment:</b> Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.</p> <p><b>2. Engagement of AOD treatment:</b> The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.</p>	<p>The MY is January 1 – December 31.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Methadone is not included in the medication lists for the measure.</li> <li>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.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Opioid use disorder (OUD) monthly office-based treatment (if service that bills monthly or diagnosis from opioid abuse or dependence):</b> <b>HCPCS:</b> G2086, G2087</p> <p><b>IET stand-alone visits (with alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence):</b> <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</p> <p><b>Observation (with alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence):</b> <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Telephone visit (with alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence):</b> <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Alcohol abuse or dependence:</b> <b>ICD-10-CM:</b> 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</p>



ACCESS AND AVAILABILITY	
Measure/coding tips	Coding
<p><b>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</b></p> <p><b>(Continued from page 9)</b></p>	<p><b>Opioid abuse or dependence:</b>  <b>ICD-10-CM:</b> 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</p>
	<p><b>Other drug abuse or dependence:</b>  <b>ICD-10-CM:</b> 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</p>
	<p><b>IET visits group 1 (with IET POS group 1 and alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence):</b>  <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876</p>
	<p><b>IET POS group 1:</b>  <b>POS:</b> 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</p>
	<p><b>IET visits group 2 (with IET POS group 2 and alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence):</b>  <b>CPT:</b> 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p>
	<p><b>IET POS group 2:</b>  <b>POS:</b> 02, 52, 53</p>
	<p><b>Online assessments (with alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence):</b>  <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p>
	<p><b>OUD weekly nondrug service (if diagnosis from opioid abuse or dependence):</b>  <b>HCPCS:</b> G2071, G2074, G2075, G2076, G2077, G2080</p>
	<p><b>OUD weekly drug treatment service (if diagnosis from opioid abuse or dependence):</b>  <b>HCPCS:</b> G2067, G2068, G2069, G2070, G2072, G2073</p>
	<p><b>AOD medication treatment (if diagnosis from alcohol abuse or dependence or opioid abuse or dependence):</b>  <b>HCPCS:</b> H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109</p>



ACCESS AND AVAILABILITY			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Prenatal And Postpartum Care (PPC)</b></p>	<p>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 women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> <li><b>Timeliness of Prenatal Care.</b> 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.</li> <li><b>Postpartum Care.</b> The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.</li> </ul>	<p>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 <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of last menstrual period [LMP], estimated due date [EDD], gestational age [GA], a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment or counseling/education).</li> <li>A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height.</li> <li>Evidence that a prenatal care procedure was performed (e.g., OB panel, ultrasound).</li> </ul> <p><b>Postpartum visit</b> 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:</p> <ul style="list-style-type: none"> <li>Pelvic exam: colposcopy is not acceptable for a postpartum visit.</li> <li>Evaluation of weight, blood pressure (BP), breasts, and abdomen: Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.</li> <li>Notation of postpartum care, including, but not limited to: notation of "postpartum care," "PP care," "PP checks," "six-week check."</li> <li>A preprinted postpartum care form in which information was documented during the visit.</li> <li>Perineal or cesarean incision/wound check.</li> <li>Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.</li> <li>Glucose screening for women with gestational diabetes.</li> <li>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.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Services provided during a telephone visit, e-visit, or virtual check-in are acceptable.</li> <li>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.</li> </ul> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any Deceased in the MY.</li> </ul>	<p><b>Prenatal indicator:</b>  <b>Stand-alone prenatal visits:</b>  <b>CPT:</b> 99500  <b>CPT-CAT-II:</b> 0500F, 0501F, 0502F  <b>HCPCS:</b> H1000, H1001, H1002, H1003, H1004</p> <p><b>Bundled prenatal visits:</b>  <b>CPT:</b> 59400, 59425, 59426, 59510, 59610, 59618  <b>HCPCS:</b> H1005</p> <p><b>Prenatal visits (with diagnosis of pregnancy):</b>  <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483  <b>HCPCS:</b> G0463, T1015</p> <p><b>Telephone visit (with diagnosis of pregnancy):</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online assessment (with diagnosis of pregnancy):</b>  <b>CPT:</b> 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458  <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p> <p><b>Pregnancy diagnosis:</b>  <b>ICD-10-CM:</b> O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.311, O10.312, O10.313, O10.319, O10.411, O10.412, O10.413, O10.419, O10.911, O10.912, O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O12.00, O12.01, O12.02, O12.03, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.111, O24.112, O24.113, O24.119, O24.311, O24.312, O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811, O24.812, O24.813, O24.819, O24.911, O24.912, O24.913, O24.919, O25.10, O25.11, O25.12, O25.13, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.30, O26.31, O26.32, O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.711, O26.712, O26.713, O26.719, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.842, O26.843, O26.849, O26.851, O26.852, 26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O26.91, O26.92, O26.93, O28.0, O28.1, O28.2, O28.3, O28.4, O28.5, O28.8, O28.9, O29.011, O29.012, O29.013, O29.019, O29.021, O29.022, O29.023, O29.029, O29.091, O29.092, O29.093, O29.099, O29.111, O29.112, O29.113, O29.119, O29.121, O29.122, O29.123, O29.129, O29.191, O29.192, O29.193, O29.199, O29.211, O29.212, O29.213, O29.219, O29.291, O29.292, O29.293, O29.299, O29.3X1, O29.3X2, O29.3X3, O29.3X9, O29.40, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.5X9, O29.60, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.8X9, O29.90, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, O30.029, O30.031, O30.032, O30.033, O30.039, O30.041, O30.042, O30.043, O30.049, O30.091, O30.092, O30.093, O30.099,</p>



ACCESS AND AVAILABILITY	
Measure/coding tips	Coding
<p><b>Prenatal And Postpartum Care (PPC)</b></p> <p><b>(Continued from page 11)</b></p>	<p><b>Pregnancy diagnosis:</b>  <b>ICD-10-CM:</b> O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.131, O30.132, O30.133, O30.139, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.239, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.831, O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.131, O30.132, O30.133, O30.139, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.239, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.831, O30.832, O30.833, O30.839, O30.891, O30.892, O30.893, O30.899, O30.90, O30.91, O30.92, O30.93, O31.00X0, O31.00X1, O31.00X2, O31.00X3, O31.00X4, O31.00X5, O31.00X9, O31.01X0, O31.01X1, O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.02X0, O31.02X1, O31.02X2, O31.02X3, O31.02X4, O31.02X5, O31.02X9, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.10X0, O31.10X1, O31.10X2, O31.10X3, O31.10X4, O31.10X5, O31.10X9, O31.11X0, O31.11X1, O31.11X2, O31.11X3, O31.11X4, O31.11X5, O31.11X9, O31.12X0, O31.12X1, O31.12X2, O31.12X3, O31.12X4, O31.12X5, O31.12X9, O31.13X0, O31.13X1, O31.13X2, O31.13X3, O31.13X4, O31.13X5, O31.13X9, O31.20X0, O31.20X1, O31.20X2, O31.20X3, O31.20X4, O31.20X5, O31.20X9, O31.21X0, O31.21X1, O31.21X2, O31.21X3, O31.21X4, O31.21X5, O31.21X9, O31.22X0, O31.22X1, O31.22X2, O31.22X3, O31.22X4, O31.22X5, O31.22X9, O31.23X0, O31.23X1, O31.23X2, O31.23X3, O31.23X4, O31.23X5, O31.23X9, O31.30X0, O31.30X1, O31.30X2, O31.30X3, O31.30X4, O31.30X5, O31.30X9, O31.31X0, O31.31X1, O31.31X2, O31.31X3, O31.31X4, O31.31X5, O31.31X9, O31.32X0, O31.32X1, O31.32X2, O31.32X3, O31.32X4, O31.32X5, O31.32X9, O31.33X0, O31.33X1, O31.33X2, O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O31.8X90, O31.8X91, O31.8X92, O31.8X93, O31.8X94, O31.8X95, O31.8X99, O32.0XX0, O32.0XX1, O32.0XX2, O32.0XX3, O32.0XX4, O32.0XX5, O32.0XX9, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O32.2XX0, O32.2XX1, O32.2XX2, O32.2XX3, O32.2XX4, O32.2XX5, O32.2XX9, O32.3XX0, O32.3XX1, O32.3XX2, O32.3XX3, O32.3XX4, O32.3XX5, O32.3XX9, O32.4XX0, O32.4XX1, O32.4XX2, O32.4XX3, O32.4XX4, O32.4XX5, O32.4XX9, O32.6XX0, O32.6XX1, O32.6XX2, O32.6XX3, O32.6XX4, O32.6XX5, O32.6XX9, O32.8XX0, O32.8XX1, O32.8XX2, O32.8XX3, O32.8XX4, O32.8XX5, O32.8XX9, O32.9XX0, O32.9XX1, O32.9XX2, O32.9XX3, O32.9XX4, O32.9XX5, O32.9XX9, O33.0, O33.1, O33.2, O33.3XX0, O33.3XX1, O33.3XX2, O33.3XX3, O33.3XX4, O33.3XX5, O33.3XX9, O33.4XX0, O33.4XX1, O33.4XX2, O33.4XX3, O33.4XX4, O33.4XX5, O33.4XX9, O33.5XX0, O33.5XX1, O33.5XX2, O33.5XX3, O33.5XX4, O33.5XX5, O33.5XX9, O33.6XX0, O33.6XX1, O33.6XX2, O33.6XX3, O33.6XX4, O33.6XX5, O33.6XX9, O33.7, O33.7XX0, O33.7XX1, O33.7XX2, O33.7XX3, O33.7XX4, O33.7XX5, O33.7XX9, O33.8, O33.9, O34.00, O34.01, O34.02, O34.03, O34.10, O34.11, O34.12, O34.13, O34.21, O34.212, O34.218, O34.219, O34.22, O34.29, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.511, O34.512, O34.513, O34.519, O34.521, O34.522, O34.523, O34.529, O34.531, O34.532, O34.533, O34.539, O34.591, O34.592, O34.593, O34.599, O34.60, O34.61, O34.62, O34.63, O34.70, O34.71, O34.72, O34.73, O34.80, O34.81, O34.82, O34.83, O34.90, O34.91, O34.92, O34.93, O35.0XX0, O35.0XX1, O35.0XX2, O35.0XX3, O35.0XX4, O35.0XX5, O35.0XX9, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9, O35.2XX0, O35.2XX1, O35.2XX2, O35.2XX3, O35.2XX4, O35.2XX5, O35.2XX9, O35.3XX0, O35.3XX1, O35.3XX2, O35.3XX3, O35.3XX4, O35.3XX5, O35.3XX9, O35.4XX0, O35.4XX1, O35.4XX2, O35.4XX3, O35.4XX4, O35.4XX5, O35.4XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O35.6XX0, O35.6XX1, O35.6XX2, O35.6XX3, O35.6XX4, O35.6XX5, O35.6XX9, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O35.9XX0, O35.9XX1, O35.9XX2, O35.9XX3, O35.9XX4, O35.9XX5, O35.9XX9, O36.0110, O36.0111, O36.0112, O36.0113, O36.0114, O36.0115, O36.0119, O36.0120, O36.0121, O36.0122, O36.0123, O36.0124, O36.0125, O36.0129, O36.0130, O36.0131, O36.0132, O36.0133, O36.0134, O36.0135, O36.0139, O36.0190, O36.0191, O36.0192, O36.0193, O36.0199, O36.0199, O36.0910, O36.0911, O36.0912, O36.0913, O36.0914, O36.0915, O36.0919, O36.0920, O36.0921, O36.0922, O36.0923, O36.0924, O36.0925, O36.0929, O36.0930, O36.0931, O36.0932, O36.0933, O36.0934, O36.0935, O36.0939, O36.0990, O36.0991, O36.0992, O36.0993, O36.0994, O36.0995, O36.0999, O36.1110, O36.1111, O36.1112, O36.1113, O36.1114, O36.1115, O36.1119, O36.1120, O36.1121, O36.1122, O36.1123, O36.1124, O36.1125, O36.1129, O36.1130, O36.1131, O36.1132, O36.1133, O36.1134, O36.1135, O36.1139, O36.1190, O36.1191, O36.1192, O36.1193, O36.1194, O36.1195, O36.1199, O36.1910, O36.1911, O36.1912, O36.1913, O36.1914, O36.1915, O36.1919, O36.1920, O36.1921, O36.1922, O36.1923, O36.1924, O36.1925, O36.1929, O36.1930, O36.1931, O36.1932, O36.1933, O36.1934, O36.1935, O36.1939, O36.1990, O36.1991, O36.1992, O36.1993, O36.1994, O36.1995, O36.1999, O36.20X0, O36.20X1, O36.20X2, O36.20X3, O36.20X4, O36.20X5, O36.20X9, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.22X0, O36.22X1, O36.22X2, O36.22X3, O36.22X4, O36.22X5, O36.22X9, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X9, O36.4XX0, O36.4XX1, O36.4XX2, O36.4XX3, O36.4XX4, O36.4XX5, O36.4XX9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124, O36.5125, O36.5129, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5190, O36.5191, O36.5192, O36.5193, O36.5194, O36.5195, O36.5199, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.5920, O36.5921, O36.5922, O36.5923, O36.5924, O36.5925, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.5990, O36.5991, O36.5992, O36.5993, O36.5994, O36.5995, O36.5999, O36.60X0, O36.60X1, O36.60X2, O36.60X3, O36.60X4, O36.60X5, O36.60X9, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4, O36.62X5, O36.62X9, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.70X0, O36.70X1, O36.70X2, O36.70X3, O36.70X4, O36.70X5, O36.70X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4, O36.72X5, O36.72X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O36.8120, O36.8121, O36.8122, O36.8123, O36.8124, O36.8125, O36.8129, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8190, O36.8191, O36.8192, O36.8193, O36.8194, O36.8195, O36.8199, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.8220, O36.8221, O36.8222, O36.8223, O36.8224, O36.8225, O36.8229, O36.8230, O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8290, O36.8291, O36.8292, O36.8293, O36.8294, O36.8295, O36.8299, O36.8310, O36.8311, O36.8312, O36.8313, O36.8314, O36.8315, O36.8319, O36.8320, O36.8321, O36.8322, O36.8323, O36.8324, O36.8325, O36.8329, O36.8330, O36.8331, O36.8332, O36.8333, O36.8334, O36.8335, O36.8339, O36.8390, O36.8391, O36.8392, O36.8393, O36.8394, O36.8395, O36.8399, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.8920, O36.8921, O36.8922, O36.8923, O36.8924, O36.8925, O36.8929, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.8990, O36.8991, O36.8992, O36.8993, O36.8994, O36.8995, O36.8999, O36.90X0, O36.90X1, O36.90X2, O36.90X3, O36.90X4, O36.90X5, O36.90X9, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5, O36.92X9, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4, O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O40.9XX0, O40.9XX1, O40.9XX2, O40.9XX3, O40.9XX4, O40.9XX5, O40.9XX9, O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O41.1010, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1020, O41.1021, O41.1022, O41.1023, O41.1024, O41.1025, O41.1029, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035,</p>



ACCESS AND AVAILABILITY			
Measure/coding tips	Coding		
<p><b>Prenatal And Postpartum Care (PPC)</b></p> <p><b>(Continued from page 12)</b></p>	<p><b>Pregnancy diagnosis:</b>  <b>ICD-10-CM:</b> O41.1039, O41.1090, O41.1091, O41.1092, O41.1093, O41.1094, O41.1095, O41.1099, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.1223, O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.35, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.129, O41.1410, O41.144, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.1420, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O042.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.919, O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O43.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.0109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.009, O45.011, O45.012, O45.013, O45.019, O45.021, O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, O71.6, O71.7, O71.81, O71.82, O71.89, O71.9, O88.011, O88.012, O88.013, O88.019, O88.111, O88.112, O88.113, O88.119, O88.211, O88.212, O88.213, O88.219, O88.311, O88.312, O88.313, O88.319, O88.811, O88.812, O88.813, O88.819, O91.011, O91.012, O91.013, O91.019, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.23, O92.011, O92.012, O92.013, O92.019, O92.03, O92.111, O92.112, O92.113, O92.119, O92.13, O92.3, O92.4, O92.5, O92.6, O92.70, O92.79, O98.011, O98.012, O98.013, O98.019, O98.111, O98.112, O98.113, O98.119, O98.211, O98.212, O98.213, O98.219, O98.311, O98.312, O98.313, O98.319, O98.411, O98.412, O98.413, O98.419, O98.511, O98.512, O98.513, O98.519, O98.611, O98.612, O98.613, O98.619, O98.711, O98.712, O98.713, O98.719, O98.811, O98.812, O98.813, O98.819, O98.911, O98.912, O98.913, O98.919, O99.011, O99.012, O99.013, O99.019, O99.111, O99.112, O99.113, O99.119, O99.119, O99.210, O99.211, O99.212, O99.213, O99.280, O99.281, O99.282, O99.283, O99.310, O99.311, O99.312, O99.313, O99.320, O99.321, O99.322, O99.323, O99.330, O99.331, O99.332, O99.333, O99.340, O99.341, O99.342, O99.343, O99.350, O99.351, O99.352, O99.353, O99.411, O99.412, O99.413, O99.419, O99.511, O99.512, O99.513, O99.519, O99.611, O99.612, O99.613, O99.619, O99.711, O99.712, O99.713, O99.719, O99.810, O99.820, O99.830, O99.840, O99.841, O99.842, O99.843, O99.841, O9A.111, O9A.112, O9A.113, O9A.119, O9A.211, O9A.212, O9A.213, O9A.219, O9A.311, O9A.312, O9A.313, O9A.319, O9A.411, O9A.412, O9A.413, O9A.419, O9A.511, O9A.512, O9A.513, O9A.519, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9</p> <p><b>Postpartum indicator:</b>  <b>Postpartum visits:</b>  <b>CPT:</b> 57170, 58300, 59430, 99501  <b>CPT-CAT-II:</b> 0503F  <b>ICD-10-CM:</b> Z01.411, Z01.419, Z01.42, Z430.430, Z39.1, Z39.2</p> <p><b>Bundled postpartum visits:</b>  <b>CPT:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p> <p><b>Cervical cytology lab test:</b>  <b>CPT:</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175  <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>		
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b></p>	<p>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.</p>	<p>Documentation of psychosocial care in the 121-day period from 90 days prior to the prescription dispensing date through 30 days after the Rx dispensing date.</p> <p><b>Required exclusions:</b>                      Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b>                      Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Psychosocial care:</b>  <b>CPT:</b> 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880  <b>HCPCS:</b> G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Controlling High Blood Pressure (CBP)</b></p>	<p>Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt;140/90) during the MY.</p>	<ul style="list-style-type: none"> <li>BP must be latest reading in the MY and must occur on or after the second diagnosis of HTN.</li> <li>Do not include 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.</li> <li>Do not include BP readings taken during an inpatient stay or ER visit.</li> <li>When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used.</li> <li>If no BP is recorded during the MY, the member is “not controlled.”</li> <li>Services provided during a telephone visit, e-visit, or virtual check-in are acceptable.</li> <li>Member-reported data documented in medical record is acceptable if BP captured with a digital device.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the MY. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis.</li> <li>Diagnosis of pregnancy during the MY.</li> <li>A nonacute inpatient admission during the MY.</li> <li>Deceased in the MY.</li> </ul>	<p>Compliance = Both a representative (most recent during the MY) systolic BP &lt;140 mm Hg and a representative diastolic BP &lt;90 mm Hg (BP in the normal or high-normal range) identified in documentation via medical record review.</p> <p><b>Systolic and diastolic blood pressure:</b> <b>CPT-CAT-II:</b></p> <ul style="list-style-type: none"> <li>Systolic less than 130: 3074F.</li> <li>Systolic 130 – 139: 3075F.</li> <li>Systolic greater than or equal to 140: 3077F.</li> <li>Diastolic less than 80: 3078F.</li> <li>Diastolic 80 – 89: 3079F.</li> <li>Diastolic greater than or equal to 90: 3080F.</li> </ul> <p><b>Outpatient without UBREV (with systolic and diastolic):</b> <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99429, 99455, 99456, 99483 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b>Telephone visit (with systolic and diastolic):</b> <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online assessments (with systolic and diastolic):</b> <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Nonacute inpatient (with systolic and diastolic):</b> <b>CPT:</b> 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337</p> <p><b>Remote blood pressure monitoring (with systolic and diastolic):</b> <b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p><b>Hypertension diagnosis:</b> <b>ICD-10-CM:</b> I10</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Persistence of Beta Blocker Treatment After a Heart Attack (PBH)</b></p>	<p>Members 18 years of age and older during the MY who were hospitalized and discharged from July 1 of the year prior to the MY to June 30 of the MY with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.</p>	<p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with advanced illness during the MY.</li> <li>81 years of age and older with frailty any time on or between July 1 of the year prior to the MY and December 31 of the MY</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members identified as having an intolerance or allergy to beta-blocker therapy may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Asthma.</li> <li>COPD.</li> <li>Obstructive chronic bronchitis.</li> <li>Chronic respiratory conditions due to fumes or vapors.</li> <li>Beta-blocker contraindications.</li> <li>A medication dispensing event indicative of a history of asthma.</li> <li>Deceased in the MY.</li> </ul>	<p>HEDIS rates are based on pharmacy claims.</p> <p><b>Beta-blocker medications:</b> <b>Noncardioselective beta-blockers:</b> carvedilol, labetalol, nadolol, pindolol, propranolol, timolol, sotalol <b>Cardioselective beta-blockers:</b> acebutolol, atenolol, betaxolol, bisoprolol, metoprolol, nebivolol <b>Antihypertensive combinations:</b> atenolol-chlorthalidone, bendroflumethiazide-nadolol, bisoprolol-hydrochlorothiazide, hydrochlorothiazide-metoprolol, hydrochlorothiazide-propranolol</p> <p><b>AMI diagnosis:</b> <b>ICD-10-CM:</b> I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b></p>	<p>Males 21 – 75 years of age and females 40 – 75 years of age during the MY, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.</p> <p>Two rates are reported:</p> <p><b>1. Received statin therapy:</b> Members who were dispensed at least one high- or moderate-intensity statin medication during the MY.</p> <p><b>2. Statin adherence 80%:</b> Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period (TP).</p>	<p>The IPSD is the earliest dispensing date for any statin medication of at least moderate intensity during the MY.</p> <p>The TP is the period beginning on the IPSD through December 31 of the MY.</p> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Receiving palliative care any time in the MY.</li> <li>• 66 years of age and older with frailty and advanced illness during the MY.</li> <li>• Myalgia, myositis, myopathy, or rhabdomyolysis during the MY.</li> <li>• Pregnancy, in vitro fertilization (IVF) treatment, clomiphene Rx, cirrhosis, end-stage renal disease in the MY or the year prior to the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>High-intensity statin therapy:</b> Atorvastatin 40 – 80 mg, amlodipine-atorvastatin 40 – 80 mg, rosuvastatin 20 – 40 mg, simvastatin 80 mg, ezetimibe-simvastatin 80 mg</p> <p><b>Moderate-intensity statin therapy:</b> 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</p> <p><b>Myocardial infarction (MI) diagnosis:</b>  <b>ICD-10-CM:</b> 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, I25.2</p> <p><b>Coronary artery bypass grafting (CABG) diagnosis:</b>  <b>CPT:</b> 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536  <b>HCPCS:</b> S2205, S2206, S2207, S2208, S2209  <b>ICD-10-PCS:</b> 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, 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</p> <p><b>PCI diagnosis:</b>  <b>CPT:</b> 92920, 92924, 92928, 92933, 92937, 92941, 92943  <b>HCPCS:</b> C9600, C9602, C9604, C9606, C9607  <b>ICD-10-PCS:</b> 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</p>



EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS			
Measure/coding tips	Coding		
<p><b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b></p> <p><b>(Continued from page 15)</b></p>	<p><b>Other revascularization diagnosis:</b>  <b>CPT:</b> 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231</p> <p><b>In vitro diagnostic (IVD) diagnosis:</b>  <b>ICD-10-CM:</b> I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, 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, I70.292, 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, 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</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>		
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Cardiac Rehabilitation (CRE)</b></p> <p>First Year Measure (MY2020)</p>	<p>The percentage of members age 18 and older who attended cardiac rehabilitation following a qualifying cardiac event, including:</p> <ul style="list-style-type: none"> <li>Myocardial infarction.</li> <li>Percutaneous coronary intervention.</li> <li>Coronary artery bypass grafting.</li> <li>Heart and heart/lung transplantation.</li> <li>Heart valve replacement.</li> </ul> <p>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:</p> <p><b>1. Initiation:</b> Two or more sessions within 30 days.</p> <p><b>2. Engagement 1:</b> 12 or more sessions within 90 days.</p> <p><b>3. Engagement 2:</b> 24 or more sessions within 180 days.</p> <p><b>4. Achievement:</b> 36 or more sessions within 180 days.</p>	<p>The MY is January 1 – December 31.</p> <p>The 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.</p> <p>The episode date (ED) 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.</p> <p>For MI, CABG, heart or heart/lung transplant, or heart valve repair/replacement, the ED is the date of discharge.</p> <p>For PCI, the ED is the date of service. For inpatient claims, the ED is the date of discharge.</p> <p><b>Required exclusions:</b>                      Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care during the IP through the end of the MY.</li> <li>66 years of age <b>and</b> older with frailty and advanced illness during the MY.</li> <li>81 years of age and older with frailty during the IP through the end of the MY.</li> <li>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.</li> <li>PCI in any setting during the 180 days after the EP.</li> </ul> <p><b>Optional exclusions:</b>                      Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Cardiac rehabilitation:</b>  <b>CPT:</b> 93797, 93798  <b>HCPCS:</b> G0422, G0423, S9472</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>





EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Comprehensive Diabetes Care (CDC) HbA1c Testing</b></p>	<p>Members ages 18 –75 with diabetes (type 1 or type 2) who had an HbA1c test done in the MY:</p> <ul style="list-style-type: none"> <li>HbA1c poor control (&gt;9.0%)</li> <li>HbA1c control (&lt;8.0%)</li> </ul> <p><b>A lower rate in poor control (&gt;9.0%) indicates better performance.</b></p>	<p>At a minimum, the documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or findings. Document <b>most current collection</b> date of service in the MY.</p> <p>Ranges and thresholds <b>do not</b> meet criteria — a distinct numeric result is required.</p> <p><b>Terms below count with a note and result:</b> A1c, hemoglobin A1c, glycated hemoglobin, HbA1c, glycohemoglobin A1c, glycosylated hemoglobin, HgA1c, glycohemoglobin, Hb1c</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age <b>and</b> older with frailty and advanced illness during the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>No diagnosis of diabetes in any setting during the MY or the year prior <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul>	<p><b>HbA1c lab test:</b> CPT: 83036, 83037</p> <p><b>HbA1c test result or finding:</b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p><b>HbA1c level:</b> CPT-CAT-II:</p> <ul style="list-style-type: none"> <li><b>Less than 7.0:</b> 3044F.</li> <li><b>Greater than or equal to 7.0 and less than 8.0:</b> 3051F.</li> <li><b>Greater than or equal to 8.0 and less than or equal to 9.0:</b> 3052F.</li> <li><b>Greater than 9.0:</b> 3046F.</li> </ul> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Comprehensive Diabetes Care (CDC) Monitoring for Nephropathy</b></p> <p>CDC Nephropathy retired for Medicaid.</p>	<p>Members ages 18 –75 years with diabetes (type 1 and type 2) who had a nephropathy screening test during MY or evidence of nephropathy during MY.</p>	<p><b>Documentation must include one of the following:</b></p> <ul style="list-style-type: none"> <li>Urine test for albumin or protein (may be normal) in MY.</li> <li>A visit to a nephrologist.</li> <li>Renal transplant.</li> <li>Evidence of angiotensin-converting enzyme (ACE)/angiotensin II receptor blocks (ARB) prescription in MY.</li> <li>Documentation of medical attention for diabetic nephropathy, ESRD, chronic renal failure (CRF), CKD, renal insufficiency, proteinuria, albuminuria, renal dysfunction/renal complication, acute renal failure (ARF), dialysis, hemodialysis, or peritoneal dialysis.</li> </ul> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <ul style="list-style-type: none"> <li>Noncompliant members may be excluded from the measure with documentation of any of the following:</li> <li>No diagnosis of diabetes in any setting during the MY or the year prior <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul>	<p><b>Urine protein test:</b>  <b>CPT:</b> 81000, 81001, 81002, 81003, 81005, 82042, 82043, 82044, 84156  <b>CPT-CAT-II:</b> 3060F, 3061F, 3062F</p> <p><b>Nephropathy treatment:</b>  <b>CPT-CAT-II:</b> 3066F, 4010F  <b>ICD-10:</b> E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N00.A, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N01.A, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N02.A, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N03.A, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N04.A, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N05.A, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N06.A, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N07.A, N08, N14.0, N14.1, N14.2, N14.3, N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.30, N18.31, N18.32, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0, Q60.1, Q60.2, Q60.3, Q60.4, Q60.5, Q60.6, Q61.00, Q61.01, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q61.9, R80.0, R80.1, R80.2, R80.3, R80.8, R80.9</p> <p><b>CKD stage 4:</b>  <b>ICD-10-CM:</b> N18.4, 585.4</p> <p><b>ESRD diagnosis:</b>  <b>ICD-10:</b> N18.5, N18.6, Z99.2</p> <p><b>Dialysis procedure:</b>  <b>CPT:</b> 90935, 90937, 90945, 90947, 90997, 90999, 99512  <b>HCPCS:</b> G0257, S9339  <b>ICD-10-PCS:</b> 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z</p> <p><b>Nephrectomy:</b>  <b>CPT:</b> 50340, 50370  <b>ICD-10-PCS:</b> OTB00ZX, OTB00ZZ, OTB03ZX, OTB03ZZ, OTB04ZX, OTB04ZZ, OTB07ZX, OTB07ZZ, OTB08ZX, OTB08ZZ, OTB10ZX, OTB10ZZ, OTB13ZX, OTB13ZZ, OTB14ZX, OTB14ZZ, OTB17ZX, OTB17ZZ, OTB18ZX, OTB18ZZ</p> <p><b>Kidney transplant:</b>  <b>CPT:</b> 50360, 50365, 50380  <b>HCPCS:</b> S2065  <b>ICD-10-PCS:</b> OTY00Z0, OTY00Z1, OTY00Z2, OTY10Z0, OTY10Z1, OTY10Z2</p> <p><b>Dialysis procedure:</b>  <b>CPT:</b> 90935, 90937, 90945, 90947, 90997, 90999, 99512  <b>HCPCS:</b> G0257, S9339</p> <p><b>Kidney transplant:</b>  <b>CPT:</b> 50360, 50365, 50380  <b>HCPCS:</b> S2065</p> <p><b>ACE inhibitor and ARB medications:</b>  <b>Angiotensin-converting enzyme inhibitors:</b> benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril  <b>Angiotensin II inhibitors:</b> azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan  <b>Antihypertensive combinations:</b> amlodipine-benazepril, amlodipine-hydrochlorothiazide-valsartan, amlodipine-hydrochlorothiazide-olmesartan, amlodipine-olmesartan, amlodipine-perindopril, amlodipine-telmisartan, amlodipine-valsartan, azilsartan-chlorthalidone, benazepril-hydrochlorothiazide, candesartan-hydrochlorothiazide, captopril-hydrochlorothiazide, enalapril-hydrochlorothiazide, fosinopril-hydrochlorothiazide, hydrochlorothiazide-irbesartan, hydrochlorothiazide-lisinopril, hydrochlorothiazide-losartan, hydrochlorothiazide-moexipril, hydrochlorothiazide-olmesartan, hydrochlorothiazide-quinapril, hydrochlorothiazide-telmisartan, hydrochlorothiazide-valsartan, nebivolol-valsartan, sacubitril-valsartan, trandolapril-verapamil</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Comprehensive Diabetes Care (CDC) Eye Exam</b></p>	<p>Members ages 18 – 75 with diabetes (type 1 and type 2) who had a retinal eye exam during the MY, or an exam with a negative result in the year prior to the MY or documentation of bilateral eye enucleation any time prior to December 31 of the MY.</p>	<p><b>Documentation can include any of the following noted in the medical record:</b></p> <ul style="list-style-type: none"> <li>A note or letter prepared during the MY by an ophthalmologist, optometrist, PCP, or other health care provider indicating that an ophthalmoscopic exam was completed, the date when the procedure was performed, and the results.</li> <li>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.</li> <li>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.</li> </ul> <p>Hypertensive retinopathy is handled the same as diabetic retinopathy when reporting the eye exam indicator.</p> <ul style="list-style-type: none"> <li>Positive for hypertensive retinopathy is counted as positive for diabetic retinopathy.</li> <li>An eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy.</li> </ul> <p><b>Common abbreviations for retinopathy:</b></p> <ul style="list-style-type: none"> <li>NPDR — nonproliferative diabetic retinopathy.</li> <li>PDR — proliferative diabetic retinopathy.</li> <li>BDR — background diabetic retinopathy.</li> <li>Mild BDR.</li> <li>Severe PDR.</li> </ul> <p><b>Common abbreviations for retinopathy:</b></p> <ul style="list-style-type: none"> <li>NPDR — nonproliferative diabetic retinopathy.</li> <li>PDR — proliferative diabetic retinopathy.</li> <li>BDR — background diabetic retinopathy.</li> <li>Mild BDR.</li> <li>Severe PDR.</li> </ul> <p><b>Examples of negative exam:</b></p> <ul style="list-style-type: none"> <li>Assessment of fundus and macula were “normal.”</li> <li>Diabetes mellitus without ophthalmic complication.</li> <li>Retinal exam documented as “normal” is considered negative for retinopathy.</li> </ul> <p><b>Note:</b> Notation limited to a statement that included “Diabetes without complications” does not meet criteria.</p> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty <b>and</b> advanced illness during the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>No diagnosis of diabetes in any setting during the MY or the year prior <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul> <p>Blindness is not an exclusion for a diabetic eye exam.</p>	<p><b>Diabetic retinal screening:</b>  <b>CPT:</b> 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245  <b>HCPCS:</b> S0620, S0621, S3000</p> <p>Diabetes mellitus without complications  <b>(in year prior to MY with diabetic retinal screening):</b>  <b>ICD-10:</b> E10.9, E11.9, E13.9</p> <p><b>Eye exam without evidence of retinopathy:</b>  <b>CPT-CAT-II:</b> CPT-CAT-II: 2023F, 2025F, 2033F</p> <p><b>Eye exam with evidence of retinopathy (in the MY only):</b>  <b>CPT-CAT-II:</b> 2022F, 2024F, 2026F</p> <p>Diabetic retinal screening negative in prior year  <b>(in the MY only):</b>  <b>CPT-CAT-II:</b> 3072F</p> <p>Unilateral eye enucleation (with bilateral modifier or <b>two unilateral enucleations more than 14 days apart</b>):  <b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p><b>Bilateral modifier:</b> 50</p> <p><b>Unilateral eye enucleation left (with unilateral right or unilateral enucleation more than 14 days apart):</b>  <b>ICD-10-PCS:</b> 08T1XZZ</p> <p><b>Unilateral eye enucleation right (with unilateral left or unilateral enucleation more than 14 days apart):</b>  <b>ICD-10-PCS:</b> 08TOXZZ</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Comprehensive Diabetes Care (CDC) BP Control</b></p>	<p>Members 18 – 75 years of age with diabetes (type 1 and type 2) who had a controlled BP of &lt;140/90 mm Hg during the MY.</p>	<ul style="list-style-type: none"> <li>BP must be latest reading in the MY.</li> <li>Do not include 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.</li> <li>Do not include BP readings taken during an inpatient stay or ER visit.</li> <li>If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the MY, assume that the member is “not controlled.”</li> <li>Member-reported data documented in medical record is acceptable if BP captured with a digital device.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty and advanced illness during the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Deceased in the MY.</li> </ul>	<p>Compliance = both a representative (most recent during the MY) systolic BP &lt;140 mm Hg and a representative diastolic BP &lt;90 mm Hg (BP in the normal or high-normal range) identified in documentation via medical record review.</p> <p><b>Systolic and diastolic blood pressure:</b> <b>CPT-CAT-II:</b></p> <ul style="list-style-type: none"> <li><b>Systolic less than 130:</b> 3074F.</li> <li><b>Systolic 130 – 139:</b> 3075F.</li> <li><b>Systolic greater than or equal to 140:</b> 3077F.</li> </ul> <p><b>Diastolic less than 80:</b> 3078F.</p> <ul style="list-style-type: none"> <li><b>Diastolic 80 – 89:</b> 3079F.</li> <li><b>Diastolic greater than or equal to 90:</b> 3080F.</li> </ul> <p><b>Outpatient (with systolic and diastolic):</b> <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99429, 99455, 99456, 99483 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015 <b>UBREV:</b> 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Telephone visit (with systolic and diastolic):</b> <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online assessments (with systolic and diastolic):</b> <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Nonacute inpatient (with systolic and diastolic):</b> <b>CPT:</b> 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337</p> <p><b>Remote blood pressure monitoring (with systolic and diastolic):</b> <b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Kidney Evaluation for Patients With Diabetes (KED)</b></p> <p>First Year Measure (MY2020)</p>	<p>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-creatinine ration (uACR), during the MY.</p>	<p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>Evidence of ESRD or dialysis any time during the member's history through December 31 of the MY.</li> <li>66 years of age and older with frailty <b>and</b> advanced illness during the MY.</li> <li>81 years of age and older with frailty during the MY.</li> <li>Evidence of ESRD any time during the member's history through December 31 of the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>No diagnosis of diabetes in any setting during the MY or the year prior <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul>	<p><b>All three are required:</b></p> <p><b>Estimated glomerular filtration rate lab test (with urine albumin-to-creatinine ratio [uACR] or with quantitative urine albumin lab test and urine creatinine test four or fewer days apart):</b> CPT: 80047, 80048, 80050, 80053, 80069, 82565</p> <p><b>Quantitative urine albumin lab test (with urine creatinine lab test):</b> CPT: 82043</p> <p><b>Urine creatinine lab test (with quantitative urine albumin lab test):</b> CPT: 82570</p> <p>Service dates of quantitative urine albumin lab test and urine creatinine lab test must be four or fewer days apart.</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Statin Therapy for Patients with Diabetes (SPD)</b></p>	<p>The percentage of adults ages 40 – 75 during the MY with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.</p> <p>Two rates are reported:</p> <p><b>1. Received statin therapy:</b> Members who were dispensed at least one statin medication of any intensity during the MY.</p> <p><b>2. Statin adherence 80%:</b> Remained on a statin medication of any intensity for at least 80% of the TP.</p>	<p>The IPSD is the earliest dispensing date for any statin medication of any intensity during the MY.</p> <p>The TP is the period beginning on the IPSD through December 31 of the MY.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Receiving palliative care any time in the MY.</li> <li>66 years of age and older with frailty <b>and</b> advanced illness during the MY.</li> <li>Any of the following during MY or the prior year: MI, CABG, PCI, other revascularization, pregnancy, IVF treatment, dispensed prescription of clomiphene, ESRD, cirrhosis.</li> <li>Diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the MY.</li> <li>Diagnosis of ischemic vascular disease during the MY or the year prior and at least one outpatient visit, telephone visit, online assessment, or acute inpatient encounter.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>No diagnosis of diabetes in any setting during the MY or the year prior <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul>	<p><b>Low-, medium-, or high-intensity statin:</b> amlodipine-atorvastatin, atorvastatin, ezetimibe-simvastatin, fluvastatin lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</p>



EFFECTIVENESS OF CARE: MUSCULOSKELETAL CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)</b></p>	<p>Members 18 years and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).</p>	<p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>66 – 80 years of age with frailty <b>and</b> advanced illness during the MY.</li> <li>81 years of age and older with frailty during the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>A diagnosis of HIV any time during the member's history through December 31 of the MY.</li> <li>A diagnosis of pregnancy any time in the MY.</li> <li>Deceased in the MY.</li> </ul>	<p><b>Rheumatoid arthritis diagnosis:</b> <b>ICD-10-CM:</b> M05.00, M05.011, M05.012, M05.019, M05.021, M05.022, M05.029, M05.031, M05.032, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.10, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M05.20, M05.211, M05.212, M05.219, M05.221, M05.222, M05.229, M05.231, M05.232, M05.239, M05.241, M05.242, M05.249, M05.251, M05.252, M05.259, M05.261, M05.262, M05.269, M05.271, M05.272, M05.279, M05.29, M05.30, M05.311, M05.312, M05.319, M05.321, M05.322, M05.329, M05.331, M05.332, M05.339, M05.341, M05.342, M05.349, M05.351, M05.352, M05.359, M05.361, M05.362, M05.369, M05.371, M05.372, M05.379, M05.39, M05.40, M05.411, M05.412, M05.419, M05.421, M05.422, M05.429, M05.431, M05.432, M05.439, M05.441, M05.442, M05.449, M05.451, M05.452, M05.459, M05.461, M05.462, M05.469, M05.471, M05.472, M05.479, M05.49, M05.50, M05.511, M05.512, M05.519, M05.521, M05.522, M05.529, M05.531, M05.532, M05.539, M05.541, M05.542, M05.549, M05.551, M05.552, M05.559, M05.561, M05.562, M05.569, M05.571, M05.572, M05.579, M05.59, M05.60, M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.70, M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.771, M05.772, M05.779, M05.79, M05.7A, M05.80, M05.811, M05.812, M05.819, M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M05.871, M05.872, M05.879, M05.89, M05.8A, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022, M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.0A, M06.1, M06.20, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.271, M06.272, M06.279, M06.28, M06.29, M06.30, M06.311, M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, M06.349, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879, M06.88, M06.89, M06.8A, M06.9</p> <p><b>DMARD:</b> <b>HCPCS:</b> J7516, J7517, J7518, J9250, J9260, J9310, J9311, J9312, Q5103, Q5104, Q5109</p> <p><b>DMARD medications list:</b> <b>5-aminosalicylates:</b> sulfasalazine <b>Alkylating agents:</b> cyclophosphamide <b>Aminoquinolines:</b> hydroxychloroquine <b>Anti-rheumatics:</b> auranofin, leflunomide, methotrexate, penicillamine <b>Immunomodulators:</b> abatacept, adalimumab, anakinra, cetolizumab pegol, etanercept, golimumab, infliximab, rituximab, sarilumab, tocilizumab <b>Immunosuppressive agents:</b> azathioprine, cyclosporine, mycophenolate mofetil, mycophenolic acid <b>Janus kinase (JAK) inhibitor:</b> baricitinib, tofacitinib, upadacitinib <b>Tetracyclines:</b> minocycline</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Antidepressant Medication Management (AMM)</b></p>	<p>Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.</p> <p>Two rates are reported:</p> <p><b>1. Effective acute phase treatment:</b> The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p><b>2. Effective continuation phase treatment:</b> The percentage of members who remained on an antidepressant medication for at least 180 days (six months).</p>	<p>The IP is the 12-month window starting on May 1 of the year prior to the MY and ending on April 30 of the MY.</p> <p>The IPSPD is the earliest dispensing date for an antidepressant medication in the IP.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>No encounter with diagnosis of major depression during the 121-day period from 60 days prior to the IPSPD, through 60 days after the IPSPD.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p>Members are identified through administrative claims and pharmacy claims.</p> <p><b>Major depression diagnosis:</b> <b>ICD-10-CM:</b> F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p><b>Antidepressant medications:</b> <b>Miscellaneous antidepressants:</b> bupropion, vilazodone, vortioxetine <b>Monoamine oxidase inhibitors (MAOIs):</b> iscorboxazid, phenelzine, selegiline, Tranylcypromine <b>Phenylpiperazine antidepressants:</b> nefazodone, trazodone <b>Psychotherapeutic combinations:</b> amitriptyline-chlordiazepoxide, amitriptyline-perphenazine, fluoxetine-olanzapine <b>Serotonin and norepinephrine reuptake inhibitor (SNRI) antidepressants:</b> desvenlafaxine, duloxetine, levomilnacipran, venlafaxine <b>Selective serotonin reuptake inhibitor (SSRI) antidepressants:</b> citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline <b>Tetracyclic antidepressants:</b> maprotiline, mirtazapine <b>Tricyclic antidepressants:</b> amitriptyline, amoxapine, clomipramine, desipramine, doxepin (&gt;6 mg), imipramine, nortriptyline, protriptyline, trimipramine</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b></p> <p>This is also a measure (ADD-E) collected through 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.</p>	<p>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.</p> <p>Two rates are reported:</p> <p><b>1. Initiation phase:</b> Members who had one follow-up visit with practitioner with prescribing authority during the 30 days following the IPSPD.</p> <p><b>2. Continuation phase:</b> 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.</p>	<p>The IP is the 12-month window starting March 1 of the year prior to the MY and ending the last calendar day of February of the MY.</p> <p>The IPSPD is the earliest prescription dispensing date for an ADHD medication in the IP.</p> <p>Telephone and telehealth visits are acceptable in both the Initiation and Continuation Phases.</p> <p>Only one of the two Continuation Phase visits can be e-visit or virtual check.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Acute inpatient encounter or discharge with principal diagnosis of mental, behavioral, or neurodevelopmental disorder.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Diagnosis of narcolepsy.</li> <li>Deceased in the MY.</li> </ul>	<p>Members are identified through administrative claims and pharmacy claims.</p> <p><b>ADHD medications:</b> <b>CNS stimulants:</b> dexamethylphenidate, dextroamphetamine, lisdexamfetamine, methylphenidate, methamphetamine. <b>Alpha-2 receptor agonists:</b> clonidine, guanfacine <b>Miscellaneous ADHD medications:</b> atomoxetine</p> <p><b>Visit setting unspecified (with outpatient POS, partial hospitalization POS, Community Mental Health Center POS, or Telehealth POS):</b> <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>Outpatient POS:</b> <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>Partial hospitalization POS:</b> <b>POS:</b> 52</p> <p><b>Community mental health center POS:</b> <b>POS:</b> 53</p> <p><b>Telehealth POS:</b> <b>POS:</b> 02</p> <p><b>Behavioral health (BH) outpatient:</b> <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 <b>UBREV:</b> 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</p> <p><b>Observation:</b> <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Health and behavior assessment or intervention:</b> <b>CPT:</b> 96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171</p> <p><b>Partial hospitalization or intensive outpatient:</b> <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 <b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Telephone visit:</b> <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online assessments: (continuation phase one of two visits):</b> <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458</p> <p><b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b></p>	<p>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.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>The percentage of discharges for which the member received follow-up within 30 days of discharge.</li> <li>The percentage of discharges for which the member received follow-up within seven days of discharge.</li> </ol>	<p>The MY is January 1 – December 31.</p> <p>An outpatient visit with a mental health provider within seven and 30 days after discharge. Do not include visits that occur on the date of discharge.</p> <ul style="list-style-type: none"> <li>A visit with a mental health provider in any of the following settings:                             <ul style="list-style-type: none"> <li>Outpatient.</li> <li>Behavioral health outpatient.</li> <li>Telehealth visit.</li> <li>Telephone visit.</li> <li>Observation visit.</li> <li>Transitional care management visit.</li> </ul> </li> <li>A visit in any of the following settings:                             <ul style="list-style-type: none"> <li>Intensive outpatient/partial hospitalization.</li> <li>Community mental health center.</li> <li>Electroconvulsive therapy visit.</li> <li>Behavioral health care setting.</li> </ul> </li> </ul> <p><b>Common chart deficiencies:</b> Follow-up visit less than seven days or more than 30 days after discharge.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Mental illness diagnosis:</b> <b>ICD-10:</b> 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, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, 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, F43.9, F44.89, F53, 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, 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</p> <p><b>Intentional self-harm diagnosis:</b> <b>ICD-10-CM:</b> 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, T36.9X2A, T36.9X2D, T36.9X2S, 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, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, 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, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, 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</p>





**EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH**

Measure/coding tips	Coding
<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b></p> <p><b>(Continued from page 24)</b></p>	<p>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, T47.6X2S, 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, T48.32XA, T48.32XD, T48.32XS, T48.4X2A, T48.4X2D, T48.4X2S, T48.4X2S, 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, T50.992D, 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, T55.2X2A, T55.2X2D, T55.2X2S, T55.3X2A, T55.3X2D, T55.3X2S, T55.4X2A, T55.4X2D, T55.4X2S, T55.5X2A, T55.5X2D, T55.5X2S, T55.6X2A, T55.6X2D, T55.6X2S, T55.7X2A, T55.7X2D, T55.7X2S, T55.8X2A, T55.8X2D, T55.8X2S, T55.92XA, T55.92XD, T55.92XS, 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</p> <p><b>Visit setting unspecified (with outpatient POS value set including mental health provider, partial hospitalization POS value set, community mental health center POS Value Set, or telehealth POS value set including mental health provider):</b>  <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>BH outpatient:</b>  <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99510</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015</p> <p><b>UBREV:</b> 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</p> <p><b>Partial hospitalization or intensive outpatient:</b>  <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485  <b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Transitional care management services (with community mental health center POS with mental health provider):</b>  <b>CPT:</b> 99495, 99496</p> <p><b>Electroconvulsive therapy (with ambulatory surgical center POS, community mental health center POS, outpatient POS, or partial hospitalization POS):</b>  <b>CPT:</b> 90870</p> <p><b>ICD-10-PCS:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p><b>Observation (with mental health provider):</b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Behavioral health care setting:</b>  <b>UBREV:</b> 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919</p> <p><b>Telephone visits (with mental health provider):</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Ambulatory surgical center POS:</b>  <b>POS:</b> 24</p> <p><b>Community mental health center POS:</b>  <b>POS:</b> 53</p> <p><b>Partial hospitalization POS:</b>  <b>POS:</b> 52</p> <p><b>Telehealth POS:</b>  <b>POS:</b> 2</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b></p>	<p>Children and adolescents ages 1 –17 who had two or more antipsychotic prescriptions and had metabolic testing.</p>	<p>Both of the following during the MY.</p> <ul style="list-style-type: none"> <li>At least one test for blood glucose or HbA1c.</li> <li>At least one test for low-density lipoprotein cholesterol (LDL-C) or cholesterol.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p>Members are identified through administrative claims and pharmacy claims.</p> <p><b>Glucose lab test:</b> CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1c lab test:</b> CPT: 83036, 83037</p> <p><b>HbA1c test result or finding:</b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p><b>Cholesterol lab test:</b> CPT: 82465, 83718, 83722, 84478</p> <p><b>LDL-C lab test:</b> CPT: 80061, 83700, 83701, 83704, 83721</p> <p><b>LDL-C test result or finding:</b> CPT-CAT-II: 3048F, 3049F, 3050F</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)</b></p>	<p>The percentage of members ages 18 – 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the MY.</p>	<p>A glucose test or HbA1c test performed during the MY.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Diabetes.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Glucose lab test:</b> CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1c lab test:</b> CPT: 83036, 83037</p> <p><b>HbA1c test result or finding:</b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p><b>Antipsychotic medications:</b> <b>Miscellaneous antipsychotic agents:</b> aripiprazole, asenapine, brexpiprazole, cariprazine, clozapine, haloperidol, iloperidone, loxapine, lurasidone, molindone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone <b>Phenothiazine antipsychotics:</b> chlorpromazine, fluphenazine, perphenazine, prochlorperazine, thioridazine, trifluoperazine <b>Psychotherapeutic combinations:</b> amitriptyline-perphenazine <b>Thioxanthenes:</b> thiothixene <b>Long-acting injections:</b> aripiprazole, fluphenazine decanoate, haloperidol decanoate, olanzapine, paliperidone palmitate, risperidone</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)</b></p>	<p>The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both a low-density lipoprotein cholesterol (LDL-C) test and an HbA1c test during the MY.</p>	<p>An HbA1c test and an LDL-C test performed in the MY.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Do not have a diagnosis of diabetes during the MY and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes in the MY or the year prior.</li> <li>Deceased in the MY.</li> </ul>	<p><b>HbA1c lab test:</b> CPT: 83036, 83037</p> <p><b>HbA1c test result or finding:</b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p><b>LDL-C lab test:</b> CPT: 80061, 83700, 83701, 83704, 83721</p> <p><b>LDL-C test result or finding:</b> CPT-CAT-II: 3048F, 3049F, 3050F</p> <p>Must have both A1c and LDL.</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information</p>



EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</b></p>	<p>The percentage of members 18 – 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease (IVD, CABG, PCI, AMI) who had an LDL-C test during the MY.</p>	<p>An LDL-C test performed during the MY.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>LDL-C lab test:</b> <b>CPT:</b> 80061, 83700, 83701, 83704, 83721</p> <p><b>LDL-C test result or finding:</b> <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</b></p>	<p>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% of their TP.</p>	<p>The IPSPD is the earliest prescription dispensing date during the MY.</p> <p>The TP is the IPSPD through the last day of the MY.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>66 – 80 years of age with frailty and advanced illness during the MY.</li> <li>81 years of age and older with frailty.</li> <li>Diagnosis of dementia in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Long-acting injections, 14-day supply:</b> <b>HCPCS:</b> J2794</p> <p><b>Long-acting injections, 28-day supply:</b> <b>HCPCS:</b> C9035, J0401, J1631, J1943, J1944, J2358, J2426, J2680</p> <p><b>Long-acting injections, 30-day supply:</b> <b>HCPCS:</b> C9037, J2798</p> <p><b>Oral antipsychotic medications:</b> <b>Miscellaneous antipsychotic agents:</b> aripiprazole, asenapine, brexpiprazole, cariprazine, clozapine, haloperidol, iloperidone, loxapine, lurasidone, molindone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone <b>Phenothiazine antipsychotics:</b> chlorpromazine, fluphenazine, perphenazine, prochlorperazine, thioridazine, trifluoperazine <b>Psychotherapeutic combinations:</b> amitriptyline-perphenazine <b>Thioxanthenes:</b> thiothixene</p> <p><b>Long-acting injections:</b> <b>14-day supply:</b> risperidone (excluding Perseris®) long-acting injections, 14-day supply <b>28-day supply:</b> aripiprazole, fluphenazine decanoate, haloperidol decanoate, olanzapine, paliperidone palmitate <b>30-day supply:</b> risperidone (Perseris®)</p> <p><b>Schizophrenia diagnosis:</b> <b>ICD-10-CM:</b> F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b></p>	<p>The percentage of ER 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.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>The percentage of ER visits for which the member received follow-up within 30 days of the ER visit (31 total days).</li> <li>The percentage of ER visits for which the member received follow-up within seven days of the ER visit (eight total days).</li> </ol>	<p>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 seven and 30 days after ER visit. Include outpatient visits, behavioral health outpatient visits, intensive outpatient visits, partial hospitalizations, community mental health center visits, electroconvulsive therapy visits, telehealth visits, and observation visits.</p> <ul style="list-style-type: none"> <li>Includes visits that occur on the date of the ER visit.</li> <li>Telephone visits, e-visits, and virtual check-ins are acceptable.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Mental illness diagnosis:</b> <b>ICD-10:</b> 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, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, 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, F43.9, F44.89, F53, 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, 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</p> <p><b>Intentional self-harm diagnosis:</b> <b>ICD-10-CM:</b> 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, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, 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, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, 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,</p>



EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH	
Measure/coding tips	Coding
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>  <b>(Continued from page 28)</b>	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, T47.9X2A, T47.9X2D, T47.9X2S, 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, 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.Z22A, T50.Z22D, T50.Z22S, 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, T55.2X2A, T55.2X2D, T55.2X2S, T55.3X2A, T55.3X2D, T55.3X2S, T55.4X2A, T55.4X2D, T55.4X2S, T55.5X2A, T55.5X2D, T55.5X2S, T55.6X2A, T55.6X2D, T55.6X2S, T55.7X2A, T55.7X2D, T55.7X2S, T55.8X2A, T55.8X2D, T55.8X2S, T55.92XA, T55.92XD, T55.92XS, 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, T56.8X2A, T56.8X2D, T56.8X2S, T56.892A, T56.892D, T56.892S, T56.92XA, T56.92XD, T56.92XS, T56.9X2A, T56.9X2D, T56.9X2S, 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, T58.0X2A, T58.0X2D, T58.0X2S, 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, T59.6X2S, 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, T61.0X2A, T61.0X2D, T61.0X2S, 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
	<p><b>Visit setting unspecified</b> (with outpatient POS value set, partial hospitalization POS value set, community mental health center POS value set, or telehealth POS value set and principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):  <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>BH outpatient</b> (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):  <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99510</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015</p> <p><b>UBREV:</b> 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</p> <p><b>Partial hospitalization or intensive outpatient</b> (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):  <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485  <b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Electroconvulsive therapy</b> (with ambulatory surgical center POS, community mental health center POS, outpatient POS, or partial hospitalization POS and principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):  <b>CPT:</b> 99495, 99496, 99381, 99382, 99391, 99392</p> <p><b>Observation</b> (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Telephone visits</b> (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online assessments</b> (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):  <b>CPT:</b> 98969, 98970, 98971, 98972, 98973, 99421, 99422, 99423, 99444, 99457, 99458  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Ambulatory surgical center POS:</b>                      POS: 24</p> <p><b>Community mental health center POS:</b>                      POS: 53</p> <p><b>Outpatient POS:</b>                      POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>Partial hospitalization POS:</b>                      POS: 52</p> <p><b>Telehealth POS:</b>                      POS: 2</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)</b></p>	<p>The percentage of ER visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence, who had a follow up visit for AOD.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ER visits for which the member received follow-up within 30 days of the ER visit (31 total days).</li> <li>2. The percentage of ER visits for which the member received follow-up within seven days of the ER visit (eight total days).</li> </ol>	<p>A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ER visit (31 total days). Includes visits that occur on the date of the ER visit.</p> <p>A follow-up visit with any practitioner, with a principal diagnosis of AOD within seven days after the ER visit (eight total days). Includes visits that occur on the date of the ER visit.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>AOD abuse or dependence diagnosis:</b> <b>ICD-10:</b> 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, F19.131, 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</p> <p><b>IET stand-alone visits (with a principal diagnosis of AOD abuse or dependence):</b> <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p><b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</p> <p><b>ODU weekly nondrug service (with a principal diagnosis of AOD abuse or dependence):</b> <b>HCPCS:</b> G2071, G2074, G2075, G2076, G2077, G2080</p> <p><b>ODU monthly office-based treatment (with a principal diagnosis of AOD abuse or dependence):</b> <b>HCPCS:</b> G2086, G2087</p>



EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure/coding tips	Coding		
<p><b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)</b></p> <p><b>(Continued from page 30)</b></p>	<p><b>OUD weekly drug treatment service (with a principal diagnosis of AOD abuse or dependence):</b>                      HCPCS: G2067, G2068, G2069, G2070, G2072, G2073</p>		
	<p><b>IET visits group 1 (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>                      CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876</p>		
	<p><b>IET POS group 1:</b>                      POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</p>		
	<p><b>IET visits group 2 (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>                      CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p>		
	<p><b>IET POS group 2:</b>                      POS: 02, 52, 53</p>		
	<p><b>Observation (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>                      CPT: 99217, 99218, 99219, 99220</p>		
<p><b>Telephone visits (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>                      CPT: 98966, 98967, 98968, 99441, 99442, 99443</p>			
<p><b>Online assessments (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>                      CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458                      HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p>			
<p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b></p>	<p>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.</p>	<p>The percentage of acute inpatient hospitalizations, residential treatments, or detoxification 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.</p> <p>Seven-day follow-up: A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the seven days after an episode for substance use disorder.</p> <p>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.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Methadone is not included in the medication lists for the measure.</li> <li>• Follow-up does not include detoxification.</li> </ul> <p><b>Required exclusions:</b>                      Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b>                      Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>AOD abuse or dependence diagnosis:</b>  <b>ICD-10:</b> 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, F19.131, 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</p>



<b>EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH</b>	
Measure/coding tips	Coding
<p><b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b></p> <p><b>(Continued from page 31)</b></p>	<p><b>IET stand-alone visits (with a principal diagnosis of AOD abuse or dependence):</b>  <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510  <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015  <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</p> <p><b>OUD weekly nondrug service (with a principal diagnosis of AOD abuse or dependence):</b>  <b>HCPCS:</b> G2071, G2074, G2075, G2076, G2077, G2080</p> <p><b>OUD monthly office-based treatment (with a principal diagnosis of AOD abuse or dependence):</b>  <b>HCPCS:</b> G2086, G2087</p> <p><b>IET visits group 1 (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>  <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p><b>IET POS group 1:</b>  <b>POS:</b> 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</p> <p><b>IET visits group 2 (with IET POS Group 1 and a principal diagnosis of AOD abuse or dependence):</b>  <b>CPT:</b> 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>IET POS group 2:</b>  <b>POS:</b> 02, 52, 53</p> <p><b>Observation (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Residential behavioral health treatment (with a principal diagnosis of AOD abuse or dependence):</b>  <b>HCPCS:</b> H0017, H0018, H0019, T2048</p> <p><b>Telephone visits (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online assessments (with IET POS group 1 and a principal diagnosis of AOD abuse or dependence):</b>  <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>AOD medication treatment:</b>  <b>HPCPS:</b> H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109</p> <p><b>OUD weekly drug treatment service:</b>  <b>HCPCS:</b> G2067, G2068, G2069, G2070, G2072, G2073</p> <p><b>Dispensing event of:</b>  <b>Alcohol use disorder treatment medications:</b>  <b>Aldehyde dehydrogenase inhibitor:</b> disulfiram (oral)  <b>Antagonist:</b> naltrexone (oral and injectable)  <b>Other:</b> acamprosate (oral and delayed-release tablet)</p> <p><b>Opioid use disorder treatment medications:</b>  <b>Antagonist:</b> naltrexone (oral and injectable)  <b>Partial agonist:</b> buprenorphine (sublingual tablet, injection, implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>





EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Pharmacotherapy for Opioid Use Disorder (POD)</b></p>	<p>The percentage of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.</p>	<p>Intake period: 12-month period that begins on July 1 of the year prior to the MY and ends on June 30 of the MY.</p> <p>The TP is the date of an OUD dispensing event or OUD medication administration event during the IP. No more than an eight-day gap is allowed during the TP.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Methadone is not included in the medication lists for the measure.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Opioid abuse and dependence diagnosis:</b> <b>ICD-10:</b> F11.10, F11.120, F11.121, F11.122, F11.129, 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</p> <p><b>Opioid use disorder treatment medications:</b> <b>Antagonist:</b> naltrexone (oral) <b>Antagonist:</b> naltrexone (injectable) <b>Partial agonist:</b> buprenorphine (sublingual tablet), buprenorphine (injection), buprenorphine (implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) <b>Agonist:</b> Methadone (oral) is only acceptable when billed on a medical claim. A pharmacy claim would be indicative of treatment for pain rather than OUD.</p> <p><b>Buprenorphine implant:</b> <b>HCPCS:</b> G2070, G2072, J0570</p> <p><b>Buprenorphine injection:</b> <b>HCPCS:</b> G2069, Q9991, Q9992</p> <p><b>Buprenorphine naloxone:</b> <b>HCPCS:</b> J0572, J0573, J0574, J0575</p> <p><b>Buprenorphine oral:</b> <b>HCPCS:</b> J0571</p> <p><b>Buprenorphine oral weekly:</b> <b>HCPCS:</b> G2068, G2079</p> <p><b>Methadone oral:</b> <b>HCPCS:</b> H0020, H0033, S0109</p> <p><b>Methadone oral weekly:</b> <b>HCPCS:</b> G2067, G2078</p> <p><b>Naltrexone injection:</b> <b>HCPCS:</b> J2315</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Transition of Care (TRC)</b></p>	<p>Members 18 years of age and older who had an inpatient discharge for which each of the following occurred:</p> <ol style="list-style-type: none"> <li>1. Notification of inpatient admission.</li> <li>2. Receipt of discharge information.</li> <li>3. Patient engagement after inpatient discharge.</li> <li>4. Medication reconciliation post-discharge.</li> </ol> <p>Each qualifying discharge in the MY is measured.</p>	<p><b>Notification of inpatient admission</b></p> <p>Documentation must include evidence of receipt of notification of inpatient admission on the day of admission through the two 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.</p> <p>Documentation must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the documentation <b>was received</b>. Any of the following examples meet criteria:</p> <ul style="list-style-type: none"> <li>• Communication between inpatient providers or staff and the member's PCP or ongoing care provider (e.g., phone call, email, fax).</li> <li>• Communication about admission between emergency department and the member's PCP or ongoing care provider (e.g., phone call, email, fax).</li> <li>• 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.</li> <li>• Communication about admission to the member's PCP or ongoing care provider from the member's health plan.</li> <li>• Indication that the member's PCP or ongoing care provider admitted the member to the hospital.</li> <li>• Indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider.</li> <li>• Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay.</li> <li>• 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 two days following; documentation that the PCP or ongoing care provider performed a preadmission exam or received notification 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.</li> </ul> <p><b>Receipt of discharge information</b></p> <p>Documentation must include <b>evidence of receipt</b> of discharge information on the day of discharge through the two days following discharge.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• The practitioner responsible for the member's care during the inpatient stay.</li> <li>• Procedures or treatment provided.</li> <li>• Diagnoses at discharge.</li> <li>• Current medication list.</li> <li>• Testing results, or documentation of pending tests or no tests pending.</li> <li>• Instructions for patient care post-discharge.</li> </ul>	<p><b>Patient engagement indicator:</b></p> <p><b>Outpatient:</b>  <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99429, 99455, 99456, 99483  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b>Telephone visits:</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Transitional care management services:</b>  <b>CPT:</b> 99495, 99496</p> <p><b>Online assessments:</b>  <b>CPT:</b> 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Medication reconciliation post-discharge indicator:</b>  <b>Medication reconciliation encounter:</b>  <b>CPT:</b> 99483, 99495, 99496</p> <p><b>Medication reconciliation intervention:</b>  <b>CPT-CAT-II:</b> 1111F</p> <p>The notification of inpatient admission and receipt of discharge information has no administrative reporting option. They are based on medical record review only.</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



**EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION**

Measure/coding tips	Documentation required
<p><b>Transition of Care (TRC)</b></p> <p><b>(Continued from page 34)</b></p>	<p><b>Patient engagement after inpatient discharge</b>                      Documentation must include evidence of patient engagement within 30 days after discharge. Any of the following meets criteria:</p> <ul style="list-style-type: none"> <li>• An outpatient visit, including office visits and home visits.</li> <li>• A telephone visit.</li> <li>• A synchronous telehealth visit where real-time interaction occurred between the member and provider via telephone or videoconferencing. Do not include patient engagement that occurs on the date of discharge.</li> <li>• An e-visit or virtual check-in.</li> </ul> <p><b>Medication reconciliation post-discharge</b>                      Documentation in the outpatient medical record must include evidence of medication reconciliation and the date it was performed by a prescribing practitioner, 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:</p> <ul style="list-style-type: none"> <li>• Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.</li> <li>• 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).</li> <li>• Documentation of the member's current medications with a notation that the discharge medications were reviewed.</li> <li>• Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.</li> <li>• 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.</li> <li>• 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).</li> <li>• Notation that no medications were prescribed or ordered upon discharge.</li> <li>• 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.</li> </ul> <p>The following notations or examples of documentation do not count as numerator compliant for notification of inpatient admission and notification of inpatient discharge:</p> <ul style="list-style-type: none"> <li>• Documentation that the member or the member's family notified the member's PCP or ongoing care provider of the admission or discharge.</li> </ul> <p><b>Note:</b> The TRC medication reconciliation indicator captures the same information as the retired Medication Reconciliation Post-Discharge (MRP) measure.</p> <p><b>Required exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members who meet any of the following criteria are excluded from the measure:</li> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Remain in an acute or nonacute facility from discharge through December 1 of the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <ul style="list-style-type: none"> <li>• Noncompliant members may be excluded from the measure with documentation of any of the following:</li> <li>• Deceased in the MY.</li> </ul>



EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)</b></p>	<p>Members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within seven days of the ER visit.</p> <p>Each qualifying ER visit in the measurement period (MP) is measured.</p>	<p>The MP is January 1 through December 24.</p> <p>ER visits that result in an inpatient stay or that are followed by admission to acute or nonacute inpatient care within seven days are excluded.</p> <p><b>Chronic conditions include:</b></p> <ul style="list-style-type: none"> <li>Chronic obstructive pulmonary disease (COPD) and asthma.</li> <li>Alzheimer's disease and related disorders (dementia, frontotemporal dementia).</li> <li>CKD.</li> <li>Major depression.</li> <li>Dysthymic disorder.</li> <li>Heart failure and chronic heart failure.</li> <li>AMI.</li> <li>Atrial fibrillation.</li> <li>Stroke and transient ischemic attack.</li> </ul> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>ICD-10-CM:</b> J45.21, J45.22, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.901, J45.902, J45.990, J45.991, J45.998</p> <p><b>Dementia:</b>  <b>ICD-10-CM:</b> 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</p> <p><b>Frontotemporal dementia:</b>  <b>ICD-10-CM:</b> G31.01, G31.09</p> <p><b>CKD:</b>  <b>ICD-10-CM:</b> A18.11, A52.75, B52.0, C64.1, C64.2, C64.9, C68.9, D30.00, D30.01, D30.02, D41.00, D41.01, D41.02, D41.10, D41.11, D41.12, D41.20, D41.21, D41.22, D59.3, E08.21, E08.22, E08.29, E08.65, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E10.65, E11.21, E11.22, E11.29, E11.65, E13.21, E13.22, E13.29, E74.8, E74.810, E74.818, E74.819, E74.89, I12.0, I13.11, I13.2, I70.1, I72.2, K76.7, M10.30, M10.311, M10.312, M10.319, M10.321, M10.322, M10.329, M10.331, M10.332, M10.339, M10.341, M10.342, M10.349, M10.351, M10.352, M10.359, M10.361, M10.362, M10.369, M10.371, M10.372, M10.379, M10.38, M10.39, M32.14, M32.15, M35.04, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N00.A, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N01.A, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N02.A, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N03.A, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N04.A, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N05.A, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N06.A, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N07.A, N08, N13.1, N13.2, N13.30, N13.39, N14.0, N14.1, N14.2, N14.3, N14.4, N15.0, N15.8, N15.9, N16, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.30, N18.31, N18.32, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.9, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q62.0, Q62.10, Q62.11, Q62.12, Q62.2, Q62.31, Q62.32, Q62.39, R94.4</p> <p><b>Major depression:</b>  <b>ICD-10-CM:</b> F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p><b>Dysthymic disorder:</b>  <b>ICD-10-CM:</b> F34.1</p> <p><b>Chronic heart failure:</b>  <b>ICD-10-CM:</b> I42.0, I42.1, I42.2, I42.3, I42.4, I42.5, I42.6, I42.7, I42.8, I42.9, I43, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9</p> <p><b>Heart failure diagnosis:</b>  <b>ICD-10-CM:</b> I09.81, I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9</p> <p><b>MI:</b>  <b>ICD-10-CM:</b> 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, I25.2</p> <p><b>Atrial fibrillation:</b>  <b>ICD-10-CM:</b> I48.0, I48.2, I48.20, I48.21, I48.91</p>



EFFECTIVENESS OF CARE: MEDICATION MANAGEMENT AND CARE COORDINATION	
Measure/coding tips	Coding
<p><b>Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)</b></p> <p><b>(Continued from page 36)</b></p>	<p><b>Stroke:</b>  <b>ICD-10-CM:</b> G45.0, G45.1, G45.2, G45.8, G45.9, G46.0, G46.1, G46.2, G97.31, G97.32, I60.00, I60.01, I60.02, I61.0, I61.1, I61.2, I61.3, I61.4, I61.5, I61.6, I61.8, I61.9, I63.00, I63.011, I63.012, I63.019, I63.02, I63.031, I63.032, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, 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, I63.6, I63.8, I63.81, I63.89, I63.9, 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, I67.841, I67.848, I67.89, I97.810, I97.811, I97.820, I97.821</p> <p><b>Follow-up service:</b>  <b>Outpatient:</b>  <b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99429, 99455, 99456, 99483  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015  <b>UBREV:</b> 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Telephone visits:</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Transitional care management:</b>  <b>CPT:</b> 99495, 99496</p> <p><b>Case management encounter:</b>  <b>CPT:</b> 99366  <b>HCPCS:</b> T1016, T1017, T2022, T2023</p> <p><b>Complex care management services:</b>  <b>CPT:</b> 99487, 99489, 99490, 99491  <b>HCPCS:</b> G0506</p> <p><b>Visit setting unspecified (with outpatient POS, partial hospitalization POS, community mental health center POS, or telehealth POS):</b>  <b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>Partial hospitalization or intensive outpatient:</b>  <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485  <b>UBREV:</b> 0905, 0907, 0912, 0913</p> <p><b>Electroconvulsive therapy (with ambulatory surgical center POS, community mental health center POS, outpatient POS, or partial hospitalization POS):</b>  <b>CPT:</b> 90870  <b>ICD-10-PCS:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p><b>Observation:</b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>IET stand-alone visits:</b>  <b>CPT:</b> 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510  <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015  <b>UBREV:</b> 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</p> <p><b>Online assessments:</b>  <b>CPT:</b> 98969, 98970, 98971, 98972, 98973, 99421, 99422, 99423, 99444, 99457, 99458  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b>Outpatient POS:</b>  <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p><b>Partial hospitalization POS:</b>  <b>POS:</b> 52</p> <p><b>Community mental health center POS:</b>  <b>POS:</b> 53</p> <p><b>Telehealth POS:</b>  <b>POS:</b> 02</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)</b></p>	<p>The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did <b>not</b> result in an antibiotic dispensing event.</p>	<p>The IP is the 12-month window that begins July 1 of the year prior to the MY and ends June 30 of the MY.</p> <p>The ED is the date of service for any outpatient, telephone, observation, or ER visit; e-visit or virtual check-in during the IP, with a diagnosis of acute bronchitis/bronchiolitis.</p> <p>Dispensed prescription for an antibiotic medication (AAB antibiotic medications list) on, or three days after, the ED.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Acute bronchitis diagnosis:</b> <b>ICD-10-CM:</b> J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9</p> <p><b>AAB antibiotic medications:</b> <b>Aminoglycosides:</b> amikacin, gentamicin, streptomycin, tobramycin <b>Aminopenicillins:</b> amoxicillin, ampicillin <b>Beta-lactamase inhibitors:</b> amoxicillin-clavulanate, ampicillin-sulbactam, piperacillin-tazobactam <b>First-generation cephalosporins:</b> cefadroxil, cefazolin, cephalexin <b>Fourth-generation cephalosporins:</b> cefepime <b>Ketolides:</b> telithromycin <b>Lincomycin derivatives:</b> clindamycin, lincomycin <b>Macrolides:</b> azithromycin, clarithromycin, erythromycin, erythromycin ethylsuccinate, erythromycin lactobionate, erythromycin stearate <b>Miscellaneous antibiotics:</b> aztreonam, chloramphenicol, dalpofristin-quinupristin, daptomycin, linezolid, metronidazole, vancomycin <b>Natural penicillins:</b> penicillin G potassium, penicillin G procaine, penicillin G sodium, penicillin V potassium, penicillin G benzathine <b>Penicillinase-resistant penicillins:</b> dicloxacillin, nafcillin, oxacillin <b>Quinolones:</b> ciprofloxacin, gemifloxacin, levofloxacin, moxifloxacin, ofloxacin <b>Rifamycin derivatives:</b> rifampin <b>Second-generation cephalosporin:</b> cefaclor, cefotetan, ceftiofloxacin, cefprozil, cefuroxime <b>Sulfonamides:</b> sulfadiazine, sulfamethoxazole-trimethoprim <b>Tetracyclines:</b> doxycycline, minocycline, tetracycline <b>Third-generation cephalosporins:</b> cefdinir, cefditoren, cefixime, cefotaxime, cefpodoxime, ceftazidime, ceftibuten, ceftriaxone <b>Urinary anti-infectives:</b> fosfomycin, nitrofurantoin, nitrofurantoin macrocrystals, nitrofurantoin macrocrystals-monohydrate, trimethoprim</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Non-Recommended Cervical Cancer Screening</b></p>	<p>Female members ages 16 – 20 years of age who were screened unnecessarily for cervical cancer.</p> <p><b>A lower rate indicates better performance.</b></p>	<p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>History of cervical cancer, HIV, or immunodeficiency any time during the member's history through December 31 of the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Cervical cytology lab test:</b> <b>CPT:</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b>High-risk HPV lab test:</b> <b>CPT:</b> 87620, 87621, 87622, 87624, 87625 <b>HCPCS:</b> G0476</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Appropriate Treatment for Upper Respiratory Infection (URI)</b></p>	<p>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.</p> <p>This is an episode-based event, so a member may be included multiple times.</p>	<p>The 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.</p> <p>The ED is the date of service (DOS) for any outpatient, telephone, observation or ER visit; e-visit; or virtual check-in during the IP with a diagnosis of URI.</p> <p>If a member has more than one ED in a 31-day period, only the first ED will be used.</p> <p>Members with a comorbid condition during the 12 months prior to the ED will be excluded. These include:</p> <ul style="list-style-type: none"> <li>• HIV, HIV type 2.</li> <li>• Malignant neoplasm.</li> <li>• Emphysema.</li> <li>• COPD.</li> <li>• Disorders of the immune system.</li> <li>• Other comorbid conditions.</li> </ul> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>URI diagnosis:</b>  <b>ICD-10-CM:</b> J00, J06.0, J06.9</p> <p><b>Antibiotic medications:</b>  <b>Aminopenicillins:</b> amoxicillin, ampicillin  <b>Beta-lactamase inhibitors:</b> amoxicillin-clavulanate  <b>First-generation cephalosporins:</b> cefadroxil, cefazolin, cephalexin  <b>Folate antagonist:</b> trimethoprim  <b>Lincomycin derivatives:</b> clindamycin  <b>Macrolides:</b> azithromycin, clarithromycin, erythromycin, erythromycin ethylsuccinate, erythromycin lactobionate, erythromycin stearate  <b>Natural penicillins:</b> penicillin G benzathine, penicillin G potassium, penicillin G sodium, penicillin V potassium  <b>Penicillinase-resistant penicillins:</b> dicloxacillin  <b>Quinolones:</b> ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin  <b>Second-generation cephalosporins:</b> cefaclor, cefprozil, cefuroxime  <b>Sulfonamides:</b> sulfamethoxazole-trimethoprim  <b>Tetracyclines:</b> doxycycline, minocycline, tetracycline  <b>Third-generation cephalosporins:</b> cefdinir, cefixime, cefpodoxime, ceftibuten, cefditoren, ceftriaxone</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Risk of Continued Opioid Use (COU)*</b></p>	<p>Members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Members whose new episode of opioid use lasts at least 15 days in a 30-day period.</li> <li>2. Members whose new episode of opioid use lasts at least 31 days in a 62-day period.</li> </ol> <p><b>A lower rate indicates better performance.</b></p>	<p>The MY is January 1 – December 31. The IPSD is the earliest prescription dispensing date during the IP.</p> <p><b>15-day:</b></p> <p>Prescriptions covering more than 15 calendar days during the 30-day period beginning on the IPSD through 29 days after the IPSD.</p> <p><b>62-day:</b></p> <p>Prescriptions covering more than 31 calendar days during the 62-day period beginning on the IPSD through 61 days after the IPSD.</p> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Receiving palliative care during 12 months prior to the IPSD through 61 days after the IPSD.</li> <li>• Cancer (malignant neoplasm) during 12 months prior to the IPSD through 61 days after the IPSD.</li> <li>• Sickle cell anemia or hemoglobin S disease during 12 months prior to the IPSD through 61 days after the IPSD.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Opioid medications:</b></p> <p>Benzhydrocodone acetaminophen, buprenorphine (transdermal patch and buccal film), butorphanol, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol</p> <p><b>The opioid medications list excludes:</b></p> <ul style="list-style-type: none"> <li>• Methadone.</li> <li>• Injectables.</li> <li>• Opioid-containing cough and cold products.</li> <li>• Single-agent and combination buprenorphine products used to treat OUD for medication-assisted treatment (buprenorphine sublingual tablets, buprenorphine subcutaneous implant, and all buprenorphine/naloxone combination products).</li> <li>• Lonsys® (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).</li> </ul> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Use of Imaging Studies for Low Back Pain (LBP)</b></p>	<p>Members with a primary diagnosis of low back pain who <b>did not</b> have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p>	<p>An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD.</p> <p>Do not include outpatient, ER, or observation visits that result in an inpatient stay.</p> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Any of the following anytime in the member's history through 28 days after the IESD:                             <ul style="list-style-type: none"> <li>– Cancer.</li> <li>– HIV.</li> <li>– Major organ transplant.</li> </ul> </li> <li>• Any of the following during 12 months (one year) prior to the IESD through 28 days after the IESD:                             <ul style="list-style-type: none"> <li>– Intravenous drug abuse.</li> <li>– Neurologic impairment.</li> <li>– Spinal infection.</li> </ul> </li> <li>• Trauma any time during the three months (90 days) prior to the IESD through 28 days after the IESD.</li> <li>• 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.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Imaging study:</b>  <b>CPT:</b> 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220</p> <p><b>Uncomplicated low back pain:</b>  <b>ICD-10-CM:</b> M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06, M48.061, M48.062, 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, M54.89, 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</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>





EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Use of Opioids at High Dosage (HDO)</b></p>	<p>The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent [MME] dose ≥90) for ≥15 days during the MY.</p> <p><b>A lower rate indicates better performance.</b></p>	<p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Receiving palliative care any time in the MY.</li> <li>• Members with cancer (malignant neoplasm) in the MY.</li> <li>• Members with sickle cell anemia or hemoglobin S disease in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Opioid medications:</b>  <b>Benzhydrocodone:</b> acetaminophen benzhydrocodone 4.08 mg, acetaminophen benzhydrocodone 6.12 mg, acetaminophen benzhydrocodone 8.16 mg  <b>Butorphanol:</b> butorphanol 10 milligrams per milliliter (mg/mL)  <b>Codeine:</b> codeine sulfate 15 mg, codeine sulfate 30 mg, codeine sulfate 60 mg, codeine phosphate 15 mg, codeine phosphate 2 mg/mL, acetaminophen codeine 2.4 mg/mL, acetaminophen codeine 15 mg, acetaminophen codeine 30 mg, acetaminophen codeine 60 mg, acetaminophen butalbital caffeine codeine 30 mg, aspirin butalbital caffeine codeine 30 mg, aspirin carisoprodol codeine 16 mg, aspirin codeine 8 mg  <b>Dihydrocodeine:</b> acetaminophen codeine dihydrocodeine 16 mg, aspirin caffeine dihydrocodeine 16 mg  <b>Fentanyl buccal or sublingual tablet, transmucosal lozenge (mcg):</b> fentanyl 100 micrograms (mcg), fentanyl 200 mcg, fentanyl 300 mcg, fentanyl 400 mcg, fentanyl 600 mcg, fentanyl 800 mcg, fentanyl 1200 mcg, fentanyl 1600 mcg  <b>Fentanyl oral spray (mcg):</b> fentanyl 100 micrograms per spray (mcg/s), fentanyl 200 mcg/s, fentanyl 400 mcg/s, fentanyl 600 mcg/s, fentanyl 800 mcg/s  <b>Fentanyl nasal spray (mcg):</b> fentanyl 100 mcg/s, fentanyl 300 mcg/s, fentanyl 400 mcg/s  <b>Fentanyl transdermal film/patch (mcg/hr):</b> fentanyl 12 micrograms per hour (mcg/h), fentanyl 25 mcg/h, fentanyl 37.5 mcg/h, fentanyl 50 mcg/h, fentanyl 62.5 mcg/h, fentanyl 75 mcg/h, fentanyl 87.5 mcg/h, fentanyl 100 mcg/h  <b>Hydrocodone:</b> hydrocodone 10 mg, hydrocodone 15 mg, hydrocodone 20 mg, hydrocodone 30 mg, hydrocodone 40 mg, hydrocodone 50 mg, hydrocodone 60 mg, hydrocodone 80 mg, hydrocodone 100 mg, hydrocodone 120 mg, acetaminophen hydrocodone .5 mg/mL, acetaminophen hydrocodone .67 mg/mL, acetaminophen hydrocodone 2.5 mg, acetaminophen hydrocodone 7.5 mg/mL, acetaminophen hydrocodone 10 mg, hydrocodone ibuprofen 2.5 mg, hydrocodone ibuprofen 5 mg, hydrocodone ibuprofen 7.5 mg, hydrocodone ibuprofen 10 mg  <b>Hydromorphone:</b> hydromorphone 1 mg/mL, hydromorphone 2 mg, hydromorphone 3 mg, hydromorphone 4 mg, hydromorphone 8 mg, hydromorphone 12 mg, hydromorphone 16 mg, hydromorphone 32 mg  <b>Levorphanol:</b> levorphanol 1 mg, levorphanol 2 mg, levorphanol 3 mg  <b>Meperidine:</b> meperidine 10 mg/mL, meperidine 50 mg, meperidine 100 mg, meperidine promethazine 50 mg  <b>Methadone:</b> methadone 1 mg/mL, methadone 2 mg/mL, methadone 5 mg, methadone 10 mg, methadone 10 mg/mL, methadone 40 mg  <b>Morphine:</b> morphine 2 mg/mL, morphine 4 mg/mL, morphine 5 mg, morphine 10 mg, morphine 15 mg, morphine 20 mg/mL, morphine 20 mg, morphine 30 mg, morphine 40 mg, morphine 45 mg, morphine 50 mg, morphine 60 mg, morphine 70 mg, morphine 75 mg, morphine 80 mg, morphine 90 mg, morphine 100 mg, morphine 120 mg, morphine 130 mg, morphine 150 mg, morphine 200 mg, morphine naltrexone 20 mg, morphine naltrexone 30 mg, morphine naltrexone 50 mg, morphine naltrexone 60 mg, morphine naltrexone 80 mg, morphine naltrexone 100 mg  <b>Opium:</b> belladonna opium 30 mg, belladonna opium 60 mg  <b>Oxycodone:</b> oxycodone 1 mg/mL, oxycodone 5 mg, oxycodone 7.5 mg, oxycodone 9 mg, oxycodone 10 mg, oxycodone 13.5 mg, oxycodone 15 mg, oxycodone 18 mg, oxycodone 20 mg, oxycodone 20 mg/mL, oxycodone 27 mg, oxycodone 30 mg, oxycodone 36 mg, oxycodone 40 mg, oxycodone 60 mg, oxycodone 80 mg, acetaminophen oxycodone 2.5 mg, acetaminophen oxycodone 5 mg, acetaminophen oxycodone 7.5 mg, acetaminophen oxycodone 10 mg, oxycodone aspirin oxycodone 4.8355 mg, oxycodone ibuprofen oxycodone 5 mg  <b>Oxymorphone:</b> oxymorphone 5 mg, oxymorphone 7.5 mg, oxymorphone 10 mg, oxymorphone 15 mg, oxymorphone 20 mg, oxymorphone 30 mg, oxymorphone 40 mg,  <b>Pentazocine:</b> naloxone pentazocine 50 mg</p>



EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Use of Opioids at High Dosage (HDO)</b></p> <p><b>(Continued from page 41)</b></p>			<p><b>Tapentadol:</b> tapentadol 50 mg, tapentadol 75 mg, tapentadol 100 mg, tapentadol 150 mg, tapentadol 200 mg, tapentadol 250 mg</p> <p><b>Tramadol:</b> tramadol 50 mg, tramadol 100 mg, tramadol 150 mg, tramadol 200 mg, tramadol 300 mg, tramadol acetaminophen tramadol 37.5 mg</p> <p><b>The HDO opioid medications list excludes:</b></p> <ul style="list-style-type: none"> <li>• Injectables.</li> <li>• Opioid cough and cold products.</li> <li>• 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).</li> <li>• Ionsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a REMS.</li> <li>• Methadone for the treatment of OUD.</li> </ul> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Use of Opioids From Multiple Providers (UOP)</b></p>	<p>The proportion of members 18 years and older receiving prescription opioids for ≥15 days during the MY who received opioids from multiple providers.</p> <p>Three rates are reported:</p> <p><b>1. Multiple prescribers:</b> The proportion of members receiving prescriptions for opioids from four or more different prescribers during the MY.</p> <p><b>2. Multiple pharmacies:</b> The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the MY.</p> <p><b>3. Multiple prescribers and multiple pharmacies:</b> 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 prescribers and multiple pharmacies rates).</p> <p><b>A lower rate indicates better performance for all three rates.</b></p>	<p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Opioid medications:</b> benzhydrocodone acetaminophen, buprenorphine (transdermal patch and buccal film), butorphanol, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol</p> <p><b>The UOP opioid medications list excludes:</b></p> <ul style="list-style-type: none"> <li>• Injectables.</li> <li>• Opioid cough and cold products.</li> <li>• 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).</li> <li>• Ionsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a REMS.</li> <li>• Methadone is excluded when prescribed for the treatment of OUD.</li> </ul> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



UTILIZATION			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Well-Child Visits in the First 30 Months of Life (W30)</b></p>	<p>The percentage of members who had the recommended well-child visits with a PCP.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>Six or more visits <b>on or before</b> the 15-month birthday.</li> <li>Two or more visits between the 15-month birthday <b>plus one day</b> and the 30-month birthday.</li> </ol>	<p>Documentation from the medical record must include a note indicating a well visit with a PCP and the date the well-child visit occurred.</p> <p>Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (<a href="https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide">https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide</a>).</p> <p><b>Common chart deficiencies:</b></p> <ul style="list-style-type: none"> <li>Children being seen for sick visits only and no documentation, claims, or encounter data related to well visit services provided.</li> </ul> <p><b>Note:</b> 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.</p> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Deceased in the MY.</li> </ul> <p>The telehealth exclusion was removed from W30.</p>	<p>Use age-appropriate preventive E&amp;M.</p> <p><b>Well-care:</b>  <b>CPT:</b> 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461  <b>HCPCS:</b> G0438, G0439,  <b>ICD-10-CM:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Child and Adolescent Well-Care Visits (WCV)</b></p>	<p>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.</p>	<p>Documentation from the medical record must include a note indicating a visit with a PCP or OB/GYN and the date when the well-child visit occurred.</p> <p>Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (<a href="https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide">https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide</a>).</p> <p><b>Common chart deficiencies:</b></p> <ul style="list-style-type: none"> <li>Children or adolescents being seen for sick visits only and no documentation, claims, or encounter data related to well visit services provided.</li> </ul> <p><b>Note:</b> 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.</p> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>Noncompliant members may be excluded from the measure with documentation of any of the following:</li> <li>Deceased in the MY.</li> </ul> <p>The telehealth exclusion was removed from W30.</p>	<p>Use age-appropriate preventive E&amp;M.</p> <p><b>Well-care:</b>  <b>CPT:</b> 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461  <b>HCPCS:</b> G0438, G0439, S0302  <b>ICD-10-CM:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Annual Dental Visit (ADV)</b></p>	<p>Members ages 2 – 20 who had at least one dental visit during the MY.</p>	<p>One or more dental visits with a dental practitioner during the MY. Any claim with a dental practitioner during the MY meets criteria.</p> <p><b>Required exclusions:</b></p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b></p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p>Any claim with a dental practitioner during the MY meets criteria.</p>



**MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS**

Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Adult Immunization Status (AIS-E)*</b></p> <p>This is a measure collected through 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.</p>	<p>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.</p>	<p>MY is January 1 through December 31.</p> <p><b>Influenza:</b> Members who received an influenza vaccine on or between July 1 of the year prior to the MY and June 30 of the MY, or prior influenza virus vaccine adverse reaction any time during or before the MY.</p> <p><b>Td/Tdap:</b> Members who received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the MY and the end of the MY; or with history of at least one of the following contraindications any time during or before the MY:</p> <ul style="list-style-type: none"> <li>• Anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components.</li> <li>• Encephalopathy due to Tdap or Td vaccination (post-tetanus vaccination encephalitis, post-diphtheria vaccination encephalitis, or post-pertussis vaccination encephalitis).</li> </ul> <p><b>Zoster:</b> Members who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the member's 50th birthday; or prior adverse reaction caused by zoster vaccine or its components any time during or before the MY.</p> <p><b>Pneumococcal:</b> Members who were administered the 23-valent pneumococcal polysaccharide vaccine on or after the member's 60th birthday before or during the MY, or prior pneumococcal vaccine adverse reaction any time during or before the MY.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MP.</li> <li>• Active chemotherapy any time during the MY.</li> <li>• Bone marrow transplant any time during the MY.</li> <li>• History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia, and hemoglobin S disease or cerebrospinal fluid leaks any time during the member's history through the end of the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following::</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Immunization administered:</b></p> <p><b>Adult influenza immunization: CVX:</b> 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186</p> <p><b>Herpes zoster live immunization: CVX:</b> 121 <b>Herpes zoster recombinant immunization: CVX:</b> 187 <b>Influenza virus LAIV immunization: CVX:</b> 111, 149</p> <p><b>Pneumococcal polysaccharide 23 immunization: CVX:</b> 33</p> <p><b>Td immunization: CVX:</b> 09, 113, 115, 138, 139 <b>Tdap immunization: CVX:</b> 115</p> <p><b>Vaccine procedure:</b> <b>Adult influenza vaccine procedure: CPT:</b> 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90756</p> <p><b>Herpes zoster live vaccine procedure: CPT:</b> 90736 <b>Herpes zoster recombinant vaccine procedure: CPT:</b> 90750</p> <p><b>Influenza virus live attenuated influenza virus (LAIV) vaccine procedure: CPT:</b> 90660, 90672</p> <p><b>Pneumococcal polysaccharide 23 vaccine procedure: CPT:</b> 90732</p> <p><b>Td vaccine procedure: CPT:</b> 90714, 90718 <b>Tdap vaccine procedure: CPT:</b> 90715</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</b></p> <p>This is a measure collected through 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.</p>	<p>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:</p> <p><b>1. Depression screening:</b> The percentage of members who were screened for clinical depression using a standardized instrument.</p> <p><b>2. Follow-up on positive screen:</b> The percentage of members who received follow-up care on or up to 30 days after the date of the first positive screen.</p>	<p>MY is January 1 through December 31.</p> <p>This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument.</p> <ul style="list-style-type: none"> <li>Acceptable tools for the adolescent (ages 12 – 17) population include PHQ-9, PHQ-9M, PHQ-2, BDI-FS, CESD-R, EPD, PROMIS Depression.</li> <li>Acceptable tools for the adult (age 18+) population include PHQ-9, PHQ-2, BDI-FS, BDI-II, CESD-R, DADS, GDS, EPDS, M-3, PROMIS Depression, CUDOS.</li> </ul> <p><b>Follow-up which meets criteria:</b></p> <ul style="list-style-type: none"> <li>Outpatient, telephone, or virtual check-in visit.</li> <li>Depression case management encounter.</li> <li>A behavioral health encounter.</li> <li>Dispensed antidepressant medication.</li> <li>Additional depressing 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.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Bipolar disorder in the year prior to the MY.</li> <li>Depression that starts during the year prior to the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Encounter performed:</b> <b>Behavioral health encounter:</b> <b>CPT:</b> 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</p> <p><b>Depression case management encounters:</b> <b>CPT:</b> 99366 <b>HCPCS:</b> T1016, T1017, T2022, T2023</p> <p><b>Follow-up visit:</b> <b>CPT:</b> 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99432, 99441, 99442, 99443, 99444, 99457, 99483 <b>HCPCS:</b> G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015 <b>UBREV:</b> 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Dispensed antidepressant medication:</b> <b>Miscellaneous antidepressants:</b> bupropion, vilazodone, vortioxetine <b>MAOIs:</b> iscorboxazid, phenelzine, selegiline, tranylcypromine <b>Phenylpiperazine antidepressants:</b> nefazodone, trazodone <b>Psychotherapeutic combinations:</b> amitriptyline-chlordiazepoxide, amitriptyline-perphenazine, fluoxetine-olanzapine <b>SNRI antidepressants:</b> desvenlafaxine, duloxetine, levomilnacipran, venlafaxine <b>SSRI antidepressants:</b> citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline <b>Tetracyclic antidepressants:</b> maprotiline, mirtazapine <b>Tricyclic antidepressants:</b> amitriptyline, amoxapine, clomipramine, desipramine, doxepin (&gt;6 mg), imipramine, nortriptyline, protriptyline, trimipramine</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)*</b></p> <p>This is a measure collected through 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.</p>	<p>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 Patient Health Questionnaire-9 (PHQ-9) score present in their record in the same assessment period as the encounter.</p>	<p>Measurement periods (MPs) are:</p> <ul style="list-style-type: none"> <li>January 1 – April 30.</li> <li>May 1 – August 31.</li> <li>September 1 – December 31.</li> </ul> <p>The PHQ-9 assessment does not need to occur during a face-to-face encounter; phone-based, e-visit, virtual check-in, or electronic secure messaging are acceptable.</p> <p><b>Note:</b> 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.</p> <ul style="list-style-type: none"> <li>For adolescents, guidelines recommend systematic and regular tracking of treatment goals and outcomes, including assessing depressive symptoms.</li> <li>The PHQ-9 tool assesses the nine criteria symptoms described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) and effects on functioning, and has been shown to be highly accurate in discriminating patients with persistent major depression, partial remission, and full remission.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MP.</li> <li>Bipolar disorder in the MP.</li> <li>Personality disorder in the MP.</li> <li>Psychotic disorder in the MP.</li> <li>Pervasive development disorder in the MP.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Diagnosis:</b> <b>Major depression or dysthymia:</b> <b>ICD-10-CM:</b> 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</p> <p><b>Encounter performed:</b> <b>Interactive outpatient encounter:</b> <b>CPT:</b> 90791, 90792, 90832, 90834, 90837, 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 97872, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99444, 99457, 99483, 99510</p> <p><b>HCPCS:</b> G0071, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G2010, G2012, G2061, G2062, G2063, 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</p> <p><b>UBREV:</b> 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</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Depression Remission or Response for Adolescents and Adults (DRR-E)</b></p>	<p>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 four to eight months of the elevated score.</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li><b>Follow-up PHQ-9:</b> The percentage of members who have a follow-up PHQ-9 score documented within four to eight months after the initial elevated PHQ-9 score.</li> <li><b>Depression remission:</b> The percentage of members who achieved remission within four to eight months after the initial elevated PHQ-9 score.</li> <li><b>Depression response:</b> The percentage of members who showed response within four to eight months after the initial elevated PHQ-9 score.</li> </ol>	<p>MY is January 1 through December 31.</p> <p>The IP is May 1 of the year prior to the MY through April 30 of the MY.</p> <p>The IESD is the earliest date in the IP where a member has a diagnosis of major depression or dysthymia and a PHQ-9 total score &gt;9 documented.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services.</li> <li>Bipolar disorder.</li> <li>Personality disorder.</li> <li>Psychotic disorder.</li> <li>Pervasive development disorder.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Diagnosis:</b> <b>Major depression or dysthymia:</b> <b>ICD-10-CM:</b> 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</p> <p><b>Encounter performed:</b> <b>Interactive outpatient encounter:</b> <b>CPT:</b> 90791, 90792, 90832, 90834, 90837, 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 97872, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99444, 99457, 99483, 99510</p> <p><b>HCPCS:</b> G0071, G0155, G0176, G0177, G0409, G0410, G0411, G0463, G2010, G2012, G2061, G2062, G2063, 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</p> <p><b>UBREV:</b> 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</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)</b></p> <p>This is a measure collected through 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.</p>	<p>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.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li><b>1. Unhealthy alcohol use screening:</b> The percentage of members who had a systematic screening for unhealthy alcohol use.</li> <li><b>2. Alcohol counseling or other follow-up care:</b> The percentage of members receiving brief counseling or other follow-up care within two months of screening positive for unhealthy alcohol use.</li> </ol>	<p>MY is January 1 through December 31.</p> <p>Follow-up is an encounter on or up to 60 days after the date of the first positive screening. It includes at least one of the following:</p> <ul style="list-style-type: none"> <li>• Feedback on alcohol use and harms.</li> <li>• Identification of high-risk situations for drinking and coping strategies.</li> <li>• Increasing the motivation to reduce drinking.</li> <li>• Development of a personal plan to reduce drinking.</li> <li>• Documentation of receiving alcohol misuse treatment.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services.</li> <li>• Alcohol use disorder that starts during the year prior to the MY.</li> <li>• History of dementia any time during the member's history through the end of the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Diagnosis:</b></p> <p><b>Alcohol use disorder:</b> <b>ICD-10-CM:</b> 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, F10.920, 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</p> <p><b>Intervention performed:</b></p> <p><b>Alcohol counseling or other follow-up care:</b> <b>CPT:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012 <b>ICD-10-CM:</b> Z71.41, Z71.89</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p><b>Prenatal Immunization Status (PRS-E)</b></p> <p>This is a measure collected through 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.</p>	<p>The percentage of deliveries in which women had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.</p>	<p>MY is January 1 through December 31.</p> <p><b>Influenza:</b></p> <ul style="list-style-type: none"> <li>• Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the MY and the delivery date.</li> <li>• Deliveries where members had an influenza virus vaccine adverse reaction any time during or before the MY.</li> </ul> <p><b>Tdap:</b> Deliveries where the members had any of the following:</p> <ul style="list-style-type: none"> <li>• At least one Tdap vaccine during the pregnancy (including the delivery date).</li> <li>• Anaphylactic reaction to Tdap or Td vaccine or its components any time during or before the MY.</li> <li>• Encephalopathy due to Td or Tdap vaccination any time during or before the MY.</li> </ul> <p>A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a health care provider that has the dates of administration.</p> <p>Documented history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine.</p> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>• In hospice or using hospice services any time in the MY.</li> <li>• Delivered at less than 37 weeks gestation.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Deceased in the MY.</li> </ul>	<p><b>Immunization administered:</b></p> <p><b>Adult influenza immunization: CVX:</b> 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186</p> <p><b>Tdap immunization: CVX:</b> 115</p> <p><b>Vaccine procedure:</b> <b>Adult influenza vaccine procedure: CPT:</b> 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90756</p> <p><b>Tdap vaccine procedure: CPT:</b> 90715</p> <p><b>Deliveries:</b> <b>CPT:</b> 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 <b>HCPCS:</b> 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



**MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS**

Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Prenatal Depression Screening and Follow-Up (PND-E)</b></p> <p>This is a measure collected through 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.</p>	<p>The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.</p> <p>Two rates are reported:</p> <p><b>1. Depression screening:</b> The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the prenatal period.</p> <p><b>2. Follow-up on positive screen:</b> The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.</p>	<p>MY is January 1 – December 31.</p> <p>This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument.</p> <ul style="list-style-type: none"> <li>Acceptable tools for the adolescent (ages 12 – 17) population include PHQ-9, PHQ-9M, PHQ-2, BDI-FS, CESD-R, EPDS, PROMIS Depression.</li> <li>Acceptable tools for the adult (ages 18 and older) population include PHQ-9, PHQ-2, BDI-FS, BDI-II, CESD-R, DADS, EPDS, M-3, PROMIS Depression, CUDOS.</li> </ul> <p><b>Follow-up that meets criteria:</b></p> <ul style="list-style-type: none"> <li>Outpatient, telephone, or virtual check-in visit.</li> <li>Depression case management encounter.</li> <li>A behavioral health encounter.</li> <li>Dispensed antidepressant medication.</li> <li>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.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> <li>Delivered at less than 37 weeks gestation.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Encounter performed:</b> <b>Behavioral health encounter:</b> <b>CPT:</b> 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</p> <p><b>Depression case management encounter:</b> <b>CPT:</b> 99366 <b>HCPCS:</b> T1016, T1017, T2022, T2023</p> <p><b>Follow-up visit:</b> <b>CPT:</b> 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99432, 99441, 99442, 99443, 99444, 99457, 99483 <b>HCPCS:</b> G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015 <b>UBREV:</b> 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Dispensed antidepressant medication:</b> <b>Miscellaneous antidepressants:</b> bupropion, vilazodone, vortioxetine <b>MAOIs:</b> iscorboxazid, phenelzine, selegiline, tranlycypromine <b>Phenylpiperazine antidepressants:</b> nefazodone, trazodone <b>Psychotherapeutic combinations:</b> amitriptyline-chlordiazepoxide, amitriptyline-perphenazine, fluoxetine-olanzapine <b>SNRI antidepressants:</b> desvenlafaxine, duloxetine, levomilnacipran, venlafaxine <b>SSRI antidepressants:</b> citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline <b>Tetracyclic antidepressants:</b> maprotiline, mirtazapine <b>Tricyclic antidepressants:</b> amitriptyline, amoxapine, clomipramine, desipramine, doxepin (&gt;6mg), imipramine, nortriptyline, protriptyline, trimipramine</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>





MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS			
Measure/coding tips	Measure description	Documentation required	Coding
<p><b>Postpartum Depression Screening and Follow-Up (PDS)</b></p> <p>This is also a measure (PDS-E) collected through 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.</p>	<p>The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and, if screened positive, received follow-up care.</p> <p>Two rates are reported:</p> <p><b>1. Depression screening:</b> The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.</p> <p><b>2. Follow-up on positive screen:</b> The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.</p>	<p>MY is January 1 – December 31.</p> <p>This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument.</p> <ul style="list-style-type: none"> <li>Acceptable tools for the adolescent (ages 12 – 17) population include PHQ-9, PHQ-9M, PHQ-2, BDI-FS, CESD-R, EPDS, PROMIS Depression.</li> <li>Acceptable tools for the adult (18 and older) population include PHQ-9, PHQ-2, BDI-FS, BDI-II, CESD-R, DADS, EPDS, M-3, PROMIS Depression, CUDOS.</li> </ul> <p><b>Follow-up that meets criteria:</b></p> <ul style="list-style-type: none"> <li>Outpatient, telephone, or virtual check-in visit.</li> <li>Depression case management encounter.</li> <li>A behavioral health encounter.</li> <li>Dispensed antidepressant medication.</li> <li>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.</li> </ul> <p><b>Required exclusions:</b> Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> <li>In hospice or using hospice services any time in the MY.</li> </ul> <p><b>Optional exclusions:</b> Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> <li>Deceased in the MY.</li> </ul>	<p><b>Encounter performed:</b> <b>Behavioral health encounter:</b> <b>CPT:</b> 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</p> <p><b>Depression case management encounter:</b> <b>CPT:</b> 99366 <b>HCPCS:</b> T1016, T1017, T2022, T2023</p> <p><b>Follow-up visit:</b> <b>CPT:</b> 98960, 98961, 98962, 98966, 98967, 98968, 98969, 98970, 98971, 98972, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99432, 99441, 99442, 99443, 99444, 99457, 99483 <b>HCPCS:</b> G0071, G0463, G2010, G2012, G2061, G2062, G2063, T1015 <b>UBREV:</b> 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p><b>Dispensed antidepressant medication:</b> <b>Miscellaneous antidepressants:</b> bupropion, vilazodone, vortioxetine <b>MAOIs:</b> iscorboxazid, phenelzine, selegiline, tranylcypromine <b>Phenylpiperazine antidepressants:</b> nefazodone, trazodone <b>Psychotherapeutic combinations:</b> amitriptyline-chlordiazepoxide, amitriptyline-perphenazine, fluoxetine-olanzapine <b>SNRI antidepressants:</b> desvenlafaxine, duloxetine, levomilnacipran, venlafaxine <b>SSRI antidepressants:</b> citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline <b>Tetracyclic antidepressants:</b> maprotiline, mirtazapine <b>Tricyclic antidepressants:</b> amitriptyline, amoxapine, clomipramine, desipramine, doxepin (&gt;6mg), imipramine, nortriptyline, protriptyline, trimipramine</p> <p><b>Note:</b> LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



**AmeriHealth Caritas**<sup>™</sup>

---

District of Columbia

[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)