

ABA Adult BMI Assessment

Measure Definition:

The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2017 or 2018.

For members 20 years of age or older on the date of service: weight and BMI in 2017 or 2018 must be documented from the same data source.

For members younger than 20 years of age on the date of service: BMI percentile must be documented in 2017 or 2018. Chart documentation should include height, weight and BMI percentile (as a value e.g. 85th or plotted on a growth chart). Documentation of ranges or thresholds do not meet criteria for this indicator.

Common Chart Deficiencies and Tips:

1. Common deficiency: Height and weight documented but no documentation of the BMI
2. ICD-10 Z68 codes can be used to make a member compliant without chart review.
3. ICD-9 codes should not be used for this service

Billing Reference

Description	ICD-10
BMI	Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45
BMI Percentile	Z68.51-Z68.54

Measure Exclusion Criteria:

Optional Exclusion for this measure is pregnancy. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the 2017 or 2018.

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ADD Follow-Up Care for Children Prescribed ADHD Medication

Measure Definition:

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

Initiation Phase. The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, whom remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Common Chart Deficiencies and Tips

1. No refills until the initial follow-up visit is complete
2. Conduct initial follow-up visit 2-3 weeks after member starts medication therapy
3. Schedule additional 2 visits within 9 months of medication at the time of the initial follow-up visit
4. If member cancels an appointment, reschedule appointment right away

Billing Reference

ADHD Medications

Description	Prescriptions	
CNS stimulants	Amphetamine-dextroamphetamine	Lisdexamfetamine
	Dexmethylphenidate	Methamphetamine
	Dextroamphetamine	Methylphenidate
Alpha-2 receptor agonists	Clonidine	Guanfacine
Miscellaneous ADHD medications	Atomoxetine	

ADD continued			
Codes to Identify Follow-Up Visits in the Initiation Phase			
BH Stand Alone Visit Codes			
CPT	HCPCS		UB Revenue
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010-H2011, H2013-H2020, M0064, T1015		0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Observation Visit		CPT Codes	99217-99220
Intensive OP Encounter/Partial Hospital			
HCPCS		UBREV	
G0410-0411, H0035, H2001, H2012, S0201, S9480, S9484-9485		905, 907, 912, 913	
CPT		POS	
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	With	3, 5 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72	
Codes to Identify Follow-Up Visits - C&M Phase			
All the codes listed above for the Initiation Phase			
PLUS one follow-up visit can be telephonic in the C&M Phase			
Description	CPT		
Telephone Visits	98966-98968, 99441-99443		
Telehealth Modifier	95, GT	Telehealth POS	2
Measure Exclusion Criteria:			
Exclusion	ICD-10 CM		
Diagnosis of Narcolepsy	G47.411, G47.419, G47.421, G47.429		
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ADV Annual Dental Visit

Measure Definition:

The percentage of members 2–20 years of age who had at least one dental visit in the measurement year. This measure applies only if dental care is a covered benefit in the organization’s Medicaid contract.

Tips:

1. Educate parents/guardians about the importance of dental care starting when the child is young.
2. Ask when the last dental appointment was during every well visit

Billing Reference

Description

Dental Visits

All codes have been removed from this measure. Any claim with a dental practitioner during the measurement year meets criteria.

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AMM Antidepressant Medication Management

Measure Definition:

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.

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

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

Common Chart Deficiencies and Tips

1. Talk to patient about depression and their treatment plan. The stigma associated with a diagnosis of depression that may result in a patient declining medication or stopping the medication after they start
2. Explain what they can expect when starting the medication and how long it may take before they feel the effect
3. Stress the importance of staying on the medication. Patient should call if having problems with the medication and never stop the medication without consulting you
4. Schedule follow-up visits before patient leaves office and stress the need for follow-up visits.

Billing Reference

Description	ICD-10 CM			
Major Depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9			
Description	Medication			
Miscellaneous Antidepressants	• Bupropion	• Vilazodone	• Vortioxetine	
Monoamine Oxidase Inhibitors	• Isocarboxazid	• Phenelzine	• Selegiline	• Tranylcypromine
Phenylpiperazine Antidepressants	• Nefazodone	• Trazadone		
Psychotherapeutic Comb	• Amitriptyline-chlordiazepoxide		• Amitriptyline-perphenazine	
	• Fluoxetine-olanzapine			
SNRI Antidepressants	• Desvenlafaxine	• Duloxetine	• Levomilnacipran	• Venlafaxine
SSRI Antidepressants	• Citalopram	• Escitalopram	• Fluoxetine	• Fluvoxamine
	• Paroxetine	• Sertraline		
Tetracyclic Antidepressants	• Maprotiline	• Mirtazapine		
Tetracyclic Antidepressants	• Amitriptyline	• Clomipramine	• Doxepin (>6mg)	• Nortriptyline
	• Amoxapine	• Desipramine	• Imipramine	• Protriptyline
	• Trimipramine			

AMR Asthma Medication Ratio

Measure Definition:

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 0.50 or greater during the year.

Common Chart Deficiencies and Tips:

1. Perform a thorough review of medications at each visit to ensure that prescribed controller medication is being utilized
2. Provide medication compliance education

Billing Reference

Description	ICD-10 CM
Asthma	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998

Members with any of these diagnoses, anytime in their history are excluded from this measure:

Acute Respiratory Failure, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis, or Other Emphysema

Also excluded are any members who had no asthma medications (controller or reliever) dispensed during the measurement year.

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ART Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

Measure Definition:

The percentage of members 18 years of age 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) during the measurement year.

Billing Reference

Description	ICD-10 CM
Rheumatoid Arthritis	M05.00-M06.9

DMARD Medications

Description	Prescriptions	HCPs J Codes
5-Aminosalicylates	Sulfasalazine	
Alkylating agents	Cyclophosphamide	
Aminoquinolines	Hydroxychloroquine	
Anti-rheumatics	Auranofin Leflunomide	Methotrexate Penicillamine J9250, J9260
Immunomodulators	Abatacept Adalimumab Anakinra Certolizumab Certolizumab pegol	Etanercept Golimumab Infliximab Rituximab Tocilizumab J0129, J0135, J0717, J1438, J1602, J1745, J3262, J9310
Immunosuppressive agents	Azathioprine Cyclosporine	Mycophenolate J7502, J7515, J7516, J7517, J7518
Janus kinase (JAK) Inhibitor	Tofacitinib	
Tetracyclines	Minocycline	

Measure Exclusion Criteria:

A diagnosis of HIV any time during the member's history through December 31 of the measurement year OR a diagnosis of pregnancy any time during the measurement year.

Codes to Identify Exclusions

Description	ICD-10 CM
HIV	B20, Z21
HIV Type 2	B97.35
Pregnancy	O00.0-O9A53, Z03.71-Z36

Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

AWC Adolescent Well-Care Visits

Measure Definition:

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

The comprehensive well care must visit include evidence of all of the following:

- **Health history** - Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **Physical development history** - Physical developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
- **Mental development history** - Mental developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
- **Physical exam**
- **Health education/anticipatory guidance** - Health education/anticipatory guidance is given by the health care provider to the member and/or parents or guardians in anticipation of emerging issues that a member and family may face.

Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit - turn a sick visit into a well-child visit
3. Schedule next visit at end of each appointment

Examples of documentation that **DOES NOT** meet criteria:

- **Health history** - notation of allergies or medications or immunization status alone does not meet. If all three are documented this does meet criteria
- **Physical development history** - notation of "appropriate for age" without specific mention of development or "well-developed/nourished appearing" does not meet criteria
- **Mental development history** - notation of "appropriately responsive for age", "neurological exam" or "well-developed" does not meet criteria
- **Physical exam** - vital signs alone or a visit to OB/GYN for OB/GYN topics only do not meet criteria
- **Health Education/Anticipatory Guidance** - information regarding medications or immunizations or their side effects do not meet criteria

Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	99383-99385, 99393-99395	G0438, G0439	Z00.00-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

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BCS Breast Cancer Screening

Measure Definition:

The percentage of women who are 52–74 years of age in 2018 and had a mammogram to screen for breast cancer from October 2016 through December 31, 2018.

Common Chart Deficiencies and Tips:

1. Educate women regarding the benefit of early detection of breast cancer through routine mammograms.
2. Assist with scheduling mammogram or refer to health plan for assistance with scheduling or other barrier resolution

Billing Reference

Description	CPT	HCPCS	UB Revenue
Breast Cancer Screening	77055-77057, 77061-77067	G0202, G0204, G0206	0401, 0403

Measure Exclusion Criteria:

A female who had the following: Bilateral mastectomy or any combination of unilateral mastectomy codes that indicate a mastectomy on both the left and right side before December 31, 2018.

Exclusion Description	ICD-10 CM	ICD-10 PCS		
Bilateral Mastectomy		0HTV0ZZ		
Hx. Bilateral Mastectomy	Z90.13			
Unilateral Mastectomy with Bilateral Modifier				
Exclusion Description	CPT			
Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303-19307			
WITH LT (left) or RT (right) modifier				
Exclusion Description	ICD-10 CM			
Unilateral Mastectomy	Left	0HTU0ZZ	Right	0HTT0ZZ
Absence of Breast	Left	Z90.12	Right	Z90.11

Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with Both advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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CAP Children and Adolescents' Access to Primary Care Practitioners

Measure Definition:

The percentage of members 12 months- 19 years of age who had a visit with a PCP. Four separate percentages are reported:

- Children 12-24 months and 25 months - 6 years who had a visit with a PCP during the measurement year
- Children 7-11 years and adolescents 12-19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year

Common Chart Deficiencies and Tips:

1. Utilize your Gaps in Care report to outreach parents/guardians of children that have not had an appointment.
2. Stress importance of preventive visits during outreach

Billing Reference

Description	CPT	
Ambulatory Visits	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429	
	HCPCS	UBREV
	G0402, G0438, G0439, G0463, T1015	051X, 052X, 0982, 0983
	ICD 10	
	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2	

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CBP Controlling High Blood Pressure

Measure Definition:

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year

Common Chart Deficiencies and Tips:

1. Retake the blood pressure if elevated - HEDIS accepts lowest BP taken during a visit
2. Ensure that the BP cuff is the correct size for patient's arm
3. Check you BP cuffs to make sure they are providing accurate readings
4. If using an automatic BP machine, record actual number -- Do Not Round Up!!

Billing Reference

Description	ICD-10 CM
Essential Hypertension	I10
New for HEDIS 2019: Blood pressure CPT II codes are acceptable to meet compliance!	
Systolic BP CPT II Codes	<130 3074F; 130-139 3075F; >/= 140 3077F
Diastolic BP CPT II Codes	< 80 9078F; 80-89 3079F; >/- 90 3080F

CBP Controlling High Blood Pressure Exclusion Criteria

Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the measurement year or a diagnosis of pregnancy during the measurement year.

Exclusion Description	CPT	ICD-10 PCS	UB Revenue	HCPCS
Evidence of ESRD	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512	3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z	0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859, 0880-0882, 0889	S9339, G0257
		ICD-10 CM	UB Type of Bill	POS
		N18.5, N18.6, Z91.15, Z99.2	0720-0725, 727, 728, 072A-072K, 072M, 072O, 072X-072Z	65
ESRD Obsolete	CPT			
	36145, 90919-90925	G0308-G0319, G0921-G0323, G0325-G0327, G0392-G0393		
Kidney Transplant	50300, 50320, 50340, 50360, 50365, 50370, 50380	0TY00Z0 - 0TY00Z2, 0TY10Z0 - 0TY10Z2	367	S2065
		ICD-10 CM		
		Z94.0		

Description	ICD-10 CM
Pregnancy	O00.0-O9A53, Z03.71-Z36.9

Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

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CIS Billing Reference continued

Description	# in Series	CPT	HCPCS	CVX
Hib	3	90644-90648, 90698, 90721, 90748		17, 46-51, 120, 148
Hepatitis B	3	90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110
VZV	1	90710, 90716		21, 94
Pneumococcal Conjugate	4	90669, 90670	G0009	100, 133, 152
Hepatitis A	1	90633		31, 83, 85
Rotavirus 2-dose or 3-dose vaccinations satisfy Rotavirus recommendations.				
Rotavirus 2-dose	2	90681		119
Rotavirus 3-dose	3	90680		116, 122
Influenza	2	90655, 90657, 90661, 90662, 90673, 90685-90688	G0008	88, 135, 140, 141, 150, 153, 155, 158, 161

ICD-10 CM Codes for Illnesses

Hepatitis A	B15.0, B15.9
Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
Measles	B05.0-B05.4, B05.81, B05.89, B05.9
Mumps	B26.0-B26.3, B26.81-B26.85, B26.89-B26.9
Rubella	B06.00-B06.02, B06.09, B06.81-B06.82, B06.89, B06.9
Varicella Zoster	B01.0, B01.11-B01.2, B01.81-B01.9, B02.0, B02.1, B02.21-B02.29, B02.30-B02.39, B02.7-B02.9

CIS Measure Exclusion Criteria:	
Exclusion: Exclude children who had a contraindication for a specific vaccine.	
Exclusion Description	ICD-10 CM
Any particular vaccine - Anaphylactic Reaction	T80.52XA, T80.52XD, T80.52XS
DTaP - Encephalopathy with Adverse-Effect	G04.32
	WITH
	T50.A15A, T50.A15D, T50.A15S
For MRR, VZV and Influenza vaccines: Immunodeficiency, Lymphoreticular cancer, multiple myeloma or leukemia, or HIV	D80.0-D81.2, D81.4, D81.6-D82.4, D82.8- D83.2, D83.8-D84.1, D84.8-D84.9, D89.3, D89.810-D89.13, D89.82, D89.89, D89.9, B20, Z21, B97.35, C81.00-C86.6, C88.2-C88.9, C90 - C96.Z
Rotavirus - Severe combined immunodeficiency or a history of intussusception	D81.0-D81.2, D81.9, K56.1
Exclusion Description	General Exclusion Criteria
MRR, VZV and Influenza	Anaphylactic reaction to neomycin
IPV	Anaphylactic reaction to streptomycin, polymyxin B, or neomycin
Hepatitis B	Anaphylactic reaction to common baker's yeast
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COA Care for Older Adults

Measure Definition:

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

Common Chart Deficiencies and Tips

1. Advance Care Planning - document discussion and/or presence of advance directive or living will in chart
2. Medication Review - Medication list in chart and medication review by prescribing provider annually - signed and dated
3. Functional Status Assessment - address cognitive and ambulation status, sensory ability, and functional independence.
4. Pain Assessment - documentation of pain screening result (positive or negative)

Billing Reference

Description	CPT	ICD10 CM	HCPCS	CPT Category II
Advance Care Planning	99497	Z66	S0257	1123F, 1124F, 1157F, 1158F
Medication List			G8427	1159F
With one of the following Medication Review codes on the same claim:				
Medication Review	90863, 99605, 99606,			1160F
Transitional Care Management Codes alone meet Medication Review compliance				
TCM codes:	99495, 99496			
Functional Status Assessment		G0438, G0439		1170F
Pain Assessment				1125F, 1126F

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COL Colorectal Cancer Screening

Measure Definition:

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

Tips:

1. A fecal occult test done in the office via a digital rectal exam does not count

Billing Reference

Description	CPT	HCPCS
Fecal occult blood test (gFOBT - 3 samples- or iFOBT in 2018)	82270, 82274	G0328
FIT-DNA test (between 2016 and 2018)	81528	G0464
Flexible Sigmoidoscopy (between 2014 and 2018)	45330-45335, 45337-45342, 45345-45347, 45349-45350	G0104
Colonoscopy (between 2009 and 2018)	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	G0105, G0121
CT Colonography (between 2014 and 2018)	74261-74263	

Measure Exclusion Criteria:

Evidence of Colorectal Cancer or Total Colectomy through December 31, 2018.

Exclusion Description	ICD-10 CM	
	CPT	ICD-10 PCS
Colorectal Cancer	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048	
Total Colectomy	44150-44153, 44155-44158, 44210-44212	0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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CWP Appropriate Testing for Children With Pharyngitis

Measure Definition:

The percentage of members 2–18 years of age diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.

Common Chart Deficiencies and Tips

1. Perform a group A Strep Test on all children before treating with an antibiotic for pharyngitis
2. Submit the claim for the group A Strep Test

Billing Reference

Description	ICD-10 CM
Pharyngitis	J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91
Description	CPT
Group A Strep Tests	87070, 87071, 87081, 87430, 87650-87652, 87880

Antibiotic Medications

Description	Prescriptions	
Aminopenicillins	Amoxicillin	Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate	
First generation cephalosporins	Cefadroxil	Cephalexin
	Cefazolin	
Folate antagonist	Trimethoprim	
Lincomycin derivatives	Clindamycin	
Macrolides	Azithromycin	Erythromycin ethylsuccinate
	Clarithromycin	Erythromycin lactobionate
	Erythromycin	Erythromycin stearate
Natural penicillins	Penicillin G potassium	Penicillin V potassium
	Penicillin G sodium	
Penicillinase-resistant	Dicloxacillin	
Quinolones	Ciprofloxacin	Moxifloxacin
	Levofloxacin	Ofloxacin
Second generation cephalosporins	Cefaclor	Cefuroxime
	Cefprozil	
Sulfonamides	Sulfamethoxazole-trimethoprim	
Tetracyclines	Doxycycline	Tetracycline
	Minocycline	
Third generation cephalosporins	Cefdinir	Ceftibuten
	Cefixime	Cefditoren
	Cefpodoxime	Ceftriaxone

DAE Use of High-Risk Medications in the Elderly

Measure Definition:

1. The percentage of Medicare members 66 years of age and older who received at least one high-risk medication dispensing event in the measurement year.
2. The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications dispensing events in the measurement year

For both rates, a lower rate represents better performance.

For both measures, a high-risk medication is defined as any of the following:

A dispensed prescription from High-Risk Medications table.

Dispensed prescriptions that meet days supply criteria from High-Risk Medications With Days Supply Criteria table.

A dispensed prescription that meets average daily dose criteria from High-Risk Medications With Average Daily Dose Criteria table.

Billing Reference

High-Risk Medications

Description	Prescription	
Anticholinergics, first-generation antihistamines	Brompheniramine	Diphenhydramine (oral)
	Carbinoxamine	Dimenhydrinate
	Chlorpheniramine	Doxylamine
	Clemastine	Hydroxyzine
	Cyproheptadine	Meclizine
	Dexbrompheniramine	Promethazine
	Dexchlorpheniramine	Triprolidine
Anticholinergics, anti-Parkinson agents	Benztropine (oral)	Trihexyphenidyl
Antispasmodics	Dicyclomine	Hyoscyamine
	Belladonna alkaloids	Propantheline
	Clidinium-chlordiazepoxide	Scopolamine
	Atropine (exclude ophthalmic)	
Antithrombotics	Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin)	
	Ticlopidine	
Cardiovascular, alpha agonists, central	Guanfacine	Methyldopa
Cardiovascular, other	Disopyramide	Nifedipine, immediate release
Central nervous system, antidepressants	Amitriptyline	Trimipramine
	Clomipramine	Nortriptyline
	Amoxapine	Paroxetine
	Desipramine	Protriptyline
	Imipramine	

High-Risk Medications continued

Description	Prescription	
Central nervous system, barbiturates	Amobarbital	Pentobarbital
	Butabarbital	Phenobarbital
	Butalbital	Secobarbital
Central nervous system, vasodilators	Ergot mesylates	Isoxsuprine
Central nervous system, other	Meprobamate	
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen	Estradiol
	Esterified estrogen	Estropipate
Endocrine system, sulfonylureas, long-duration	Chlorpropamide	Glyburide
Endocrine system, other	Desiccated thyroid	Megestrol
Pain medications, skeletal muscle relaxants	Carisoprodol	Metaxalone
	Chlorzoxazone	Methocarbamol
	Cyclobenzaprine	Orphenadrine
Pain medications, other	Indomethacin	Meperidine
	Ketorolac, includes parenteral	Pentazocine

High-Risk Medications With Days Supply Criteria

Description	Prescription		Days Supply Criteria
Anti-Infectives, other	Nitrofurantoin	Nitrofurantoin macrocrystals-monohydrate	>90 days
	Nitrofurantoin macrocrystals		
Nonbenzodiazepine hypnotics	Eszopiclone	Zolpidem	>90 days
	Zaleplon		

High-Risk Medications With Average Daily Dose Criteria

Description	Prescription	Average Daily Dose Criteria
Alpha agonists, central	Reserpine	>0.1 mg/day
Cardiovascular, other	Digoxin	>0.125 mg/day
Tertiary TCAs (as single agent or as part of combination products)	Doxepin	>6 mg/day

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DDE Potentially Harmful Drug-Disease Interactions in the Elderly

Measure Definition:

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

Three individual rates and a total rate reported:

1. A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics or tricyclic antidepressants.
2. Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents.
3. Chronic kidney disease and a prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs

Billing Reference

Description	ICD-10 CM			
Falls	Any fall or hip fracture ICD10 or CPT code pulls the member into this measure			
Dementia	F01.5, 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			
Chronic Kidney Disease Stage 4	N18.4			
Description	ICD-10 CM	ICD-10 PCS	HCPCS	CPT
ESRD	N18.5, N18.6, Z91.15, Z99.2	3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z	G0257, S9339	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512
Kidney Transplant	Z94.0	0TY00Z0 - 0TY00Z2, 0TY10Z0 - 0TY10Z2	S2065	50300, 50320, 50340, 50360, 50365, 50370, 50380

Potentially Harmful Medications

Potentially Harmful Drugs - Rate 1

Description	Prescription			
Anticonvulsants	Carbamazepine	Felbamate	Methsuximide	Tiagabine HCL
	Clobazam	Fosphenytoin	Oxcarbazepine	Topiramate
	Divalproex sodium	Gabapentin	Phenytoin	Valproate sodium
	Ethosuximide	Lacosamide	Pregabalin	Valproic acid
	Ethotoin	Lamotrigine	Primidone	Vigabatrin
	Ezogabine	Levetiracetam	Rufinamide	Zonisamide
SSRIs	Citalopram	Fluoxetine	Paroxetine	
	Escitalopram	Fluvoxamine	Sertraline	

Potentially Harmful Drugs - Rate 1 and Rate 2

Description	Prescription			
Antipsychotics	Aripiprazole	Fluphenazine	Olanzapine	Thioridazine
	Asenapine	Haloperidol	Paliperidone	Thiothixene
	Brexpiprazole	Iloperidone	Perphenazine	Trifluoperazine
	Cariprazine	Loxapine	Pimozide	Ziprasidone
	Chlorpromazine	Lurasidone	Quetiapine	
	Clozapine	Molindone	Risperidone	
Benzodiazepines	Alprazolam	Estazolam	Quazepam	
	Chlordiazepoxide products	Flurazepam HCL	Temazepam	
	Clonazepam	Lorazepam	Triazolam	
	Clorazepate-dipotassium	Midazolam HCL		
	Diazepam	Oxazepam		
Nonbenzodiazepine hypnotics	Eszopiclone	Zaleplon	Zolpidem	
Tricyclic antidepressants	Amitriptyline	Desipramine	Nortriptyline	
	Amoxapine	Doxepin (>6 mg)	Protriptyline	
	Clomipramine	Imipramine	Trimipramine	

Potentially Harmful Medications continued

Potentially Harmful Drugs - Rate 2

Description	Prescription			
H2 receptor antagonists	Cimetidine	Famotidine	Nizatidine	Ranitidine
Anticholinergic agents, antihistamines	Prochlorperazine	Promethazine		
Anticholinergic agents, antihistamines	Carbinoxamine	Triprolidine	Dexbrompheniramine	
	Chlorpheniramine	Cyproheptadine	Dexchlorpheniramine	
	Hydroxyzine	Dimenhydrinate	Doxylamine	
	Brompheniramine	Diphenhydramine		
	Clemastine	Meclizine		
Anticholinergic agents, antispasmodics	Atropine		Dicyclomine	Scopolamine
	Homatropine		Hyoscyamine	Clidinium-chlordiazepoxide
	Belladonna alkaloids		Propantheline	
Anticholinergic agents, antimuscarinics (oral)	Darifenacin	Flavoxate	Solifenacin	Trospium
	Fesoterodine	Oxybutynin	Tolterodine	
Anticholinergic agents, anti-Parkinson agents	Benztropine	Trihexyphenidyl		
Anticholinergic agents, skeletal muscle relaxants	Cyclobenzaprine	Orphenadrine		
Anticholinergic agents, SSRIs	Paroxetine			
Anticholinergic agents, antiarrhythmics	Disopyramide			

Potentially Harmful Drugs - Selective NSAIDs and Nonaspirin NSAIDs Rate 3

Description	Prescription			
Cox-2 Selective NSAIDs	Celecoxib			
Nonaspirin NSAIDs	Diclofenac potassium		Ketoprofen	Naproxen sodium
	Diclofenac sodium		Ketorolac	Oxaprozin
	Etodolac		Meclofenamate	Piroxicam
	Fenoprofen		Mefenamic acid	Sulindac
	Flurbiprofen		Meloxicam	Tolmetin
	Ibuprofen		Nabumetone	
	Indomethacin		Naproxen	

FUH Follow-Up After Hospitalization for Mental Illness

Measure Definition:

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

The percentage of discharges for which the member received follow-up within 30 days of discharge.

The percentage of discharges for which the member received follow-up within 7 days of discharge.

****Visits on the same day as discharge do not meet criteria.**

Billing Reference

Codes to Identify Follow-Up Visits With a Mental Health Practitioner

CPT

98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510

HCPCS

G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015

UBREV

510, 513, 515-517, 519-523, 526-529, 900, 902-904, 911, 914-917, 919, 982, 983

TCM CPT

99495, 99496

OR

CPT

90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

POS

WITH

2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72

All of the Above With or Without Telehealth modifier CPT: 95, GT

Observation

CPT

99217-99220

Partial Hospital/IOP

HCPCS

G410, G411, H0035, H2001, H2012, S2021, S9480, S9484, S9485

UBREV

905, 907, 912, 913

Electroconvulsive Therapy

CPT

90870

ICD10PCS

GZB0ZZZ-GZB4ZZZ

UBREV

901

Any ECT code with POS code: 3, 5, 7, 9, 11-20, 22, 23, 33, 49, 50, 52, 53, 71, 72

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IMA Immunizations for Adolescents

Measure Definition:

The percentage of adolescents turning 13 years of age in the measurement year who received one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The

measure calculates a rate for each vaccine and two combination rates:

- Tdap and Meningococcal conjugate
- Tdap, Meningococcal conjugate and HPV

Common Chart Deficiencies and Tips:

1. Participate in State Immunization registries, where available
2. Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations
3. Meningococcal recombinant serogroup B does NOT count
4. Educate teens and parents/guardians about the importance of these immunizations.

Meningococcal Vaccine - At least one meningococcal serogroups A, C, W, Y vaccine administered between the 11th and 13th birthday

Tdap Vaccine - administered between the 10th and 13th birthday

HPV - two HPV vaccines between the 9th and 13th birthday with at least 146 days between the doses OR three doses with different dates of service between the 9th and 13th birthday.

Billing Reference

Description	CPT	CVX
Tdap	90715	115
Meningococcal	90734	108, 114, 136, 147, 167
Human Papillomavirus	90649, 90650, 90651	62, 118, 137, 165

Measure Exclusion Criteria:

Exclusion: Exclude children who had a contraindication for a specific vaccine.

Exclusion Description	ICD-10 CM
Anaphylactic Reaction	T80.52XA, T80.52XD, T80.52XS
DTaP - Encephalopathy with Adverse-Effect	G04.32
	WITH
	T50.A15A, T50.A15D, T50.A15S

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LBP Use of Imaging Studies for Low Back Pain

Measure Definition:

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This measure is for members aged 18-50 years old.

***Inverted Measure:** Numerator identifies appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Billing Reference

ICD-10 CM Diagnosis Uncomplicated Low Back Pain

M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.340-M54.42, M54.5, M54.89, M54.9, M99.03-M99.04, M99.23 -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

Description	CPT	UB Revenue
Imaging Studies	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220	0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972

Measure Exclusion Criteria:

Anytime in member's history:

Cancer, Major Organ Transplant, HIV

Any time during the 3 months prior to the diagnosis of low back pain:

Recent Trauma

Any time during the 12 months prior to low back pain diagnosis:

Neurological Impairment, Spinal Infection, IV Drug Use

Or 90 consecutive days of corticosteroid treatment any time during 12 months prior to the diagnosis of low back pain

LSC Lead Screening in Children

Measure Definition:

The percentage of children turning 2 years of age in the measurement year who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Common Chart Deficiencies and Tips:

1. Lead screening is considered late if performed after the child turns 2 years of age
2. A lead risk assessment does not satisfy the venous blood lead requirement for Medicaid members regardless of the risk score
3. Options exist for in-office lead testing, including blood lead analyzer and MedTox filter paper testing

Billing Reference

Description	CPT
Lead Tests	83655

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MMA Medication Management for People With Asthma

Measure Definition:

The percentage of members 5–64 years of age in the measurement year who were identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Billing Reference

Description	ICD-10 CM
Asthma	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998

Asthma Controller Medications

Description	Prescriptions
Antiasthmatic Combinations	• Dyphylline-guaifenesin
Antibody Inhibitor	• Omalizumab
Anti-interleukin-5	• Mepolizumab • Reslizumab
Inhaled Steroid Combinations	• Budesonide-formoterol • Fluticasone-salmeterol
	• Mometasone-formoterol • Fluticasone-vilanterol
Inhaled Corticosteroids	• Beclomethasone • Flunisolide
	• Budesonide • Fluticasone CFC free
	• Ciclesonide • Mometasone
Leukotriene Modifiers	• Montelukast • Zafirlukast • Zileuton
Methylxanthines	• Theophylline

Members with any of these diagnoses, anytime in their history are excluded from this measure:

Acute Respiratory Failure, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis, or Other Emphysema

Also excluded are any members who had no asthma controller medications dispensed during the measurement year.

OMW Osteoporosis Management in Women Who Had a Fracture

Measure Definition:

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

Billing Reference

Description	CPT	HCPCS	ICD-10 PCS
Bone Mineral Density Test	76977, 77078, 77080-77082, 77085-77086	G0130	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

FDA-Approved Osteoporosis Therapies

Description	Prescriptions	HCPCS J
Biphosphonates	Alendronate	Risedronate
	Alendronate-cholecalciferol	Zoledronic acid
	Ibandronate	
Other agents	Abaloparatide	Raloxifene
	Calcitonin	Teriparatide
	Denosumab	

Additional Exclusion Criteria

Exclude from Medicare reporting members age 67 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 67 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

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PBH Persistence of Beta-Blocker Treatment After a Heart Attack

Measure Definition:

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

Billing Reference

Description	ICD-10 CM
AMI	I21.01-I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9

Beta-Blocker Medications

Description	Prescriptions	
Noncardioselective beta-blockers	Carvedilol	Propranolol
	Labetalol	Timolol
	Nadolol	Sotalol
	Pindolol	
Cardioselective beta-blockers	Acebutolol	Bisoprolol
	Atenolol	Metoprolol
	Betaxolol	Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone	Hydrochlorothiazide-metoprolol
	Bendroflumethiazide-nadolol	Hydrochlorothiazide-propranolol
	Bisoprolol-hydrochlorothiazide	

Measure Exclusion Criteria:

Patients identified as having an intolerance or allergy to beta-blocker therapy. Any of the following anytime during the member's history through 179 days after discharge:

Members with any of these diagnoses, anytime in their history are excluded from this measure:

History of Asthma, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Obstructive Chronic Bronchitis, Hypotension, Heart Block >1st degree, Sinus bradycardia, a medication dispensing event indicative of a history of asthma.

Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

PCE Pharmacotherapy Management of COPD Exacerbation

Measure Definition:

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30, 2017 and who were dispensed appropriate medications. Two rates are reported:

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

Billing Reference

Description	ICD-10 CM
COPD	J44.0, J44.1, J44.9
Emphysema	J43.0-J43.2, J43.8, J43.9
Chronic Bronchitis	J41.0, J41.1, J41.8, J42

COPD Medications

Systemic Corticosteroids

Description	Prescriptions	
Glucocorticosteroids	Cortisone-acetate	Methylprednisolone
	Dexamethasone	Prednisolone
	Hydrocortisone	Prednisone

Bronchodilators

Description	Prescriptions	
Anticholinergic Agents	Albuterol-ipratropium	Ipratropium
	Aclidinium-bromide	Tiotropium
	Umeclidinium	
Beta 2-agonists	Albuterol	Indacaterol-glycopyrrolate
	Arformoterol	Levalbuterol
	Budesonide-formoterol	Mometasone-formoterol
	Fluticasone-salmeterol	Metaproterenol
	Fluticasone-vilanterol	Olodaterol-hydrochloride
	Formoterol	Olodaterol-tiotropium
	Formoterol-glycopyrrolate	Salmeterol
Indacaterol	Umeclidinium-vilanterol	
Antiasthmatic combinations	Dyphylline-guaifenesin	

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PPC Prenatal and Postpartum Care

Measure Definition:

The percentage of deliveries of live births between November 6, 2017 and November 5, 2018. For these women, the measure assesses the following facets of prenatal and postpartum care.

Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.

Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Common Chart Deficiencies and Tips

1. C-section suture/staple removal appointment prior to 21 days after delivery does not meet measure criteria
2. Schedule postpartum follow-up visit for C-section patients before they leave after suture/staple removal.

Billing Reference

Timeliness of Prenatal Care

Codes to Identify Prenatal Care Visit - Method 1

Description	CPT/CPT II	HCPCS
Prenatal Bundled Services	59400, 59425, 59426, 59510, 59610, 59618	H1005
Stand Alone Prenatal Visits	99500, 0500F, 0501F, 0502F	H1000-H1004

Codes to Identify Prenatal Care Visits - Method 2

CPT	HCPCS	UB Revenue
99201-99205, 99211-99215, 99241-99245	T1015, G0463	0514

WITH One of the Following Diagnosis or Procedure Codes:

Description	CPT	ICD-10 PCS
Obstetric Panel	80055, 80081	
Prenatal Ultrasound	76801, 76805, 76811, 76813, 76815-76821, 76825-76828	BY49ZZZ, BY4BZZZ-BY4DZZZ, BY4FZZZ, BY4GZZZ
Pregnancy Diagnosis	ICD10CM	O08.0-09A519, Z03.71-Z36.9

OR

A provider visit code WITH Toxoplasma Antibody, Rubella Antibody, Cytomegalovirus, and Herpes Simplex CPT:

Toxoplasma Antibody	86777, 86778	Rubella Antibody	86762
Cytomegalo- virus Antibody	86644	Herpes Simplex Antibody	86694-86696

Codes to Identify Prenatal Care Visits - Method 2 continued

OR

Description	CPT		HCPCS	UB Revenue
Provider Visit Code WITH Rubella Antibody and ABO CPT Code:				
Rubella Antibody	86762	AND	ABO	86900

OR

Description	CPT			
Provider Visit WITH Rubella Antibody and Rh CPT:				
Rubella Antibody	86762	AND	Rh	86901

OR

Description	CPT			
Provider Visit WITH Rubella Antibody and ABO/Rh CPT/LOINC Code:				
Rubella Antibody CPT	86762	AND	ABO/Rh LOINC	77397-8, 882-1, 884-7

Identifying Prenatal Care Visits - Method 3 - PCP

A visit with the PCP during the first trimester can count as a prenatal visit if:
 - a pregnancy diagnosis code is submitted on the same claim as the visit AND at least one of the services described above in method 2 is completed on the same or different date of service

Postpartum Visit - Any of the following Meet Criteria

Description	CPT/CPT II	ICD-10 CM	HCPCS
Postpartum Visit	57170, 58300, 59430, 99501, 0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	G0101

Description	CPT	UB Rev	HCPCS
Cervical Cytology	88141-88143, 88147, 88148, 88150, 88152-88154, 88164- 88167, 88174, 88175	0923	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

Description	CPT
Postpartum Bundled Services	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

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PSA Non-Recommended PSA-Based Screening in Older Men

Measure Definition:

The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

Billing Reference

Exclusions

Description	ICD-10 CM	
Prostate Cancer	C61, D07.5, D40.0, Z15.03, Z85.46	
Prostate Dysplasia	N42.3-N42.32, N42.39	
Description	CPT	HCPCS
A PSA test during the year prior to them measurement year, where laboratory data indicate an elevated result (>4.0 ng/mL)	84153	G0103

Dispensed a prescription for a 5-alpha reductase inhibitor (Finasteride or Dutasteride) during the measurement year.

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SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Measure Definition:

The percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period.

Common Chart Deficiencies and Tips:

1. Discuss and assess for possible side effects at each visit and address if an issue.

Billing Reference

Diagnosis	ICD-10 CM
Schizophrenia	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Exclusions	ICD-10 CM
Dementia Dx during the measurement year	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,

Member did not have at least two antipsychotic medication dispensing events in the measurement year.

Oral Antipsychotic Medications

Description	Prescription			
Miscellaneous antipsychotic agents (oral)	Aripiprazole	Clozapine	Lurisdone	Quetiapine
	Asenapine	Haloperidol	Molindone	Quetiapine fumarate
	Brexipiprazole	Iloperidone	Olanzapine	Risperidone
	Cariprazine	Loxapine	Paliperidone	Ziprasidone
Phenothiazine antipsychotics (oral)	Chlorpromazine	Perphenazine	Thioridazine	
	Fluphenazine	Prochlorperazine	Trifluoperazine	
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine			
Thioxanthenes (oral)	Thiothixene			

Antipsychotic Injections

Description	Prescription	
Long-acting injections 28-days supply	Aripiprazole	Olanzapine
	Fluphenazine decanoate	Paliperidone palmitate
	Haloperidol decanoate	
Long-acting injections 14-days supply	Risperidone	

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SPC Statin Therapy for Patients with Cardiovascular Disease

Measure Definition:

The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The

following rates are reported:

1. *Received Statin Therapy*. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
2. *Statin Adherence 80%*. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Common Chart Deficiencies and Tips:

1. Review medication list at every visit.

Diagnosis

Members are identified for this measure by event or diagnosis.

Events: Any of the following during the year prior to the measurement year:

Discharged from an inpatient setting with an MI diagnosis, CABG, PCI or other revascularization procedures.

Diagnosis: Members identified as having ischemic vascular disease during at least one OP visit or one IP encounter, during the measurement year and the year prior to the measurement year.

Exclusions	ICD-10 CM/PCS
ESRD	N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 5A1D60Z
Cirrhosis	K70.30, K70.31, K71.7, K74.3 - K74.5, K74.60, K74.69, P78.81
Myalgia, myopathy, myositis or rhabdomyolysis	G72.0, G72.2, G72.9, M62.82, M79.1

Pregnancy during the measure year or year prior

In vitro fertilization in the measurement year or the year prior

Dispensed a prescription for Clomiphene during the measurement year or the year prior

Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

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High and Moderate-Intensity Statin Medications

High-intensity statin therapy	Atorvastatin 40-80 mg	Rosuvastatin 20-40 mg
	Amlodipine-atorvastatin 40-80 mg	Simvastatin 80 mg
	Ezetimibe-simvastatin 80 mg	
Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Pravastatin 40-80 mg
	Amlodipine-atorvastatin 10-20 mg	Lovastatin 40 mg
	Rosuvastatin 5-10 mg	Fluvastatin XL 80 mg
	Simvastatin 20-40 mg	Fluvastatin 40 mg bid
	Ezetimibe-simvastatin 20-40 mg	Pitavastatin 2-4 mg

SPD Statin Therapy for Patients With Diabetes

Measure Definition:

The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. **Received Statin Therapy** . Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. **Statin Adherence 80%** . Members who remained on statin medication of any intensity for at least 80% of the treatment period.

Common Chart Deficiencies and Tips:

1. Review medication list at every visit .
2. Educate patients about the importance of medication compliance.

Diagnosis

Members are identified for this measure claims/encounter data and pharmacy data. The members must have at least 2 outpatient visits or 1 acute inpatient encounter with the diagnosis of diabetes in the measurement year or the year prior. Or the member was dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior.

Exclusion Criteria

During the year prior to the measurement year: Diagnosis of MI, CABG, PCI, other revascular procedure.

During the measurement year or year prior: Pregnancy, IVF, dispensed at least one Rx for Clomophene, ESRD or Cirrhosis.

During the measurement year: Myalgia, Myositis, Myopathy or Rhabdomyolysis.

In both the measurement year AND the year prior to the measurement year : IVD

Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

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Statin Medications

High-intensity statin therapy	Atorvastatin 40-80 mg	Rosuvastatin 20-40 mg
	Amlodipine-atorvastatin 40-80 mg	Simvastatin 80 mg
	Ezetimibe-simvastatin 80 mg	
Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Pravastatin 40-80 mg
	Amlodipine-atorvastatin 10-20 mg	Lovastatin 40 mg
	Rosuvastatin 5-10 mg	Fluvastatin XL 80 mg
	Simvastatin 20-40 mg	Fluvastatin 40 mg bid
	Ezetimibe-simvastatin 20-40 mg	Pitavastatin 2-4 mg
Low-intensity statin therapy	Simvastatin 10 mg	Lovastatin 20 mg
	Ezetimibe-simvastatin 10 mg	Fluvastatin 20-40 mg
	Pravastatin 10-20 mg	Pitavastatin 1 mg

SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Measure Definition:

The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed antipsychotic medication and had a diabetes screening test during the measurement year.

Common Chart Deficiencies and Tips:

1. Order a diabetes screening test every year and check every visit to ensure that it has been completed.
2. Educate patients about the importance of the test.
3. Check at each visit for the completed test and reorder if not done.

Billing Reference

Diagnosis	ICD-10 CM
Schizophrenia	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Bipolar Disorder	F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.0, F31.1-F31.13, F31.2-F31.32, F31.4-F31.64, F31.7-F31.78
Test Description	CPT/CPT II Code
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1C Test	83036, 83037, 3044F-3046F

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URI Appropriate Treatment for Children With Upper Respiratory Infection

Measure Definition:

The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and *were not* dispensed an antibiotic.

*Inverted Measure: Numerator identifies members who received an antibiotic; considered non-compliant for the intent of this measure.

Billing Reference

ICD-10-CM URI Diagnosis

J00, J06.0, J06.9

ICD-10 CM Pharyngitis Diagnosis

J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91

Measure Exclusion Criteria:

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

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

Measure Definition:

The percentage of members who turned 15 months old in the measurement year and had the following number of well-child visits with a PCP during their first 15 months of life:

No well-child visits

One well-child visit

Two well-child visits

Three well-child visits

Four well-child visits

Five well-child visits

Six well-child visits (**goal**)

The comprehensive well care visit includes:

- Health history - assessment of history of disease or illness and family health history
- Physical developmental history - assessment of specific age appropriate physical development milestones
- Mental development history - assessment of specific age appropriate mental development milestones
- Physical exam
- Health education/anticipatory guidance - guidance given in anticipation of emerging issues that a child/family may face

Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit -turn a sick visit into a well-child visit
3. Schedule next visit at the end of each appointment
4. Call parent/guardian to reschedule when a visit is missed
5. Educate parent/guardian regarding the need for so many visits during

Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	99381-99382, 99391-99392, 99461	G0438, G0439	Z00.11-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

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W34 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Measure Definition:

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP in 2017.

The comprehensive well care visit includes:

- Health history - assessment of history of disease or illness and family health history
- Physical developmental history - assessment of specific age appropriate physical development milestones
- Mental development history - assessment of specific age appropriate mental development milestones
- Physical exam
- Health education/anticipatory guidance - guidance given in anticipation of emerging issues that a child/family may face

Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit -turn a sick visit into a well-child visit
3. Schedule next visit at end of each appointment
4. Call parent/guardian to reschedule when a visit is missed

Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	99382-99383, 99392-99393	G0438, G0439	Z00.121-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

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WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Measure Definition:

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

Common Chart Deficiencies and Tips:

1. BMI percentile or BMI percentile plotted on growth chart for members 3-17 years of age required to meet measure. BMI value alone does NOT meet compliance
2. Must include documentation indicating counseling for nutrition and

Billing Reference

Description	CPT	HCPCS	ICD-10 CM
BMI Percentile			Z68.51-Z68.54
Nutrition Counseling	97802-97804	G0270, G0271, G0447, S9449, S9452, S9470	Z71.3
Physical Activity Counseling		G0447 (face to face behavioral counseling for obesity—15 minutes) , S9451 (Exercise classes— non-physician provider)	Z02.5 (Sports physical) Z71.82 (Exercise counseling)

Measure Exclusion Criteria:

Any diagnosis of pregnancy during the measurement year counts as an exclusion for this measure

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