

2018/2019



HEDIS® REFERENCE GUIDE

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Disclaimer

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HEDIS® Reference Guide

Welcome to the NextLevel Health Healthcare Effectiveness Data and Information Set (HEDIS®) Reference Guide.

This booklet is designed to help your practice

- Increase working knowledge of HEDIS® measures and requirements.
- Understand the coding that will provide evidence of services rendered for patients and improve Quality Incentive Program earnings potential.
- Improve chart documentation through use of the outlined tips.
- Increase HEDIS® performance scores

What is HEDIS®?

Healthcare **E**ffectiveness **D**ata and **I**nformation **S**et (HEDIS®) is a set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA) to objectively measure and report quality performance across health plans. NCQA defines HEDIS as “a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare performance of health care plans.” HEDIS performance measures cross six domains of care (Effectiveness of Care, Access/Availability of Care, Utilization and Risk Adjusted Utilization, Health Plan Descriptive Information and Measures Collected Using Electronic Clinical Data Systems) and include more than 90 measures.

Managed care organizations perform focused HEDIS reviews at the same time each year. These reviews represent a retrospective review of services and performance of care from the prior calendar year. Data for the performance measures is obtained through several collection methods as outlined below and utilized for reporting as well as quality improvement processes, educational initiatives, and preventive care programs.



HEDIS® Data Collection Methods

Two methods are utilized in the data collection process:

Administrative Data	Administrative data collection consists of information collected from submitted claims and encounters data. The calculated metric is based solely on data from these sources.
Hybrid Data	Hybrid data is a combination of data obtained through review of member medical records. Medical records are abstracted for services rendered but that are not reported to the health plan through claims/encounter data. This abstracted data is combined with administrative data to create a hybrid metric.

HEDIS® Medical Record Review (MRR) Process:

Under the hybrid data collection method, data is collected via fax, mail, on-site visits for larger requests. Medical record fax requests will include a member list which will identify the necessary information required by the health plan. The required information should be submitted to the health plan within 3-5 days from the request date in order to ensure inclusion in the reporting timeframe.

For on-site chart collections, the office will be contacted to advise of date and/or schedule a time for the on-site abstractor at your location for chart review. A list of members being reviewed will be provided ahead of time.

HEDIS® Timeline



February – May

Quality Department staff collect and review HEDIS data (on-site provider office chart collection occurs)



May: Pencils Down –
Collected data analyzed



JUNE
wrap-up!



June
HEDIS results certified and reported to NCOA



October
NCOA Releases Quality
Compass results



Provider Glossary

PCP (Primary Care Provider):

A physician or nonphysician (e.g., nurse practitioner, physician assistant) who offers primary care medical services. *Licensed practical nurses and registered nurses are not considered PCPs.* Includes: General or Family Practice Physicians/Geriatricians/General Internal Medicine Physicians/General Pediatricians/ Obstetricians/Gynecologists (OB/GYN)

OB/GYN (and other prenatal care practitioners):

- A. A physician certified as obstetrician or gynecologist by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology.
- B. Certified nurse midwives, nurse practitioners or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider).

Mental Health Practitioner:

- A. A medical doctor (M.D.) or doctor of osteopathy (D.O.) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patientcare psychiatry or child psychiatry, if required by the state of practice
- B. An individual who is currently licensed as a psychologist in his/her state of practice
- C. An individual who is certified by the American Board of Examiners in Clinical Social Work, who is listed on the National Association of Social Worker's Clinical Register, or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice

- D. A registered nurse (R.N.) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master’s degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice
- E. An individual (normally with a master’s or doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy
- F. An individual (normally with a master’s or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors

HEDIS® Focus Measures

Area of Focus	Measure	Measure Key	HealthChoice
Adult Preventive Health	• Adult BMI Assessment	ABA	X
	• Adults' Access to Preventive/Ambulatory Health Services	AAP	X
Behavioral Health	• Antidepressant Medication Management	AMM	X
	• Initiation and Engagement of Alcohol and Other Drug Dependency Treatment	IET	X
	• Follow-Up After Hospitalization for Mental Illness	FUH	X
	• Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications	SSD	X
	• Follow-Up for Children Prescribed ADHD Medication	ADD	X
Child/Adolescent Preventive Health	• Well-Child Visits in the First 15 Months of Life - 6+ visits	W15	X
	• Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	W34	X
	• Children and Adolescents' Access to Primary Care Practitioners	CAP	X

	<ul style="list-style-type: none"> • Childhood Immunization Status - Combo 10 • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents • Adolescent Well-Care Visits • Immunizations for Adolescents - Combo 2 	<p>CIS WCC</p> <p>AWC IMA</p>	<p>X X</p> <p>X X</p>
Chronic Conditions	<ul style="list-style-type: none"> • Controlling High Blood Pressure • Comprehensive Diabetes Care • Annual Monitoring for Patients on Persistent Medications • Statin Therapy for Patients with Diabetes 	<p>CBP CDC MPM SPD</p>	<p>X X X X</p>
Older Adult Preventive Health	<ul style="list-style-type: none"> • Care for Older Adults • Colorectal Cancer Screening • Osteoporosis Management in Women Who Had a Fracture 	<p>COA COL OMW</p>	
Respiratory Health	<ul style="list-style-type: none"> • Medication Management for People with Asthma - 75% Compliance • Use of Spirometry Testing in the Assessment and Diagnosis of COPD • Pharmacotherapy for Management of COPD Exacerbation – Bronchodilators • Pharmacotherapy for Management of COPD Exacerbation - Systemic Corticosteroid 	<p>MMA SPR PCE</p> <p>PCE</p>	<p>X X X</p> <p>X</p>
Women's Preventive Health	<ul style="list-style-type: none"> • Timeliness of Prenatal Care • Postpartum Care • Breast Cancer Screening • Cervical Cancer Screening • Chlamydia Screening in Women 	<p>PPC PPC BCS CCS CHL</p>	<p>X X X X X</p>

HEDIS® Measures, Descriptions, Billing Reference and Tips

Adolescent Well-Care Visit (AWC)

Measure Definition	Billing Reference			Documentation Tips				
<p>Members age 12-21yrs who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year. Well-child visits consist of the following:</p> <ul style="list-style-type: none"> • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance 	Well-Child Visits			<p>Ensure medical record includes the date of service for health & developmental history, physical exam, health education/ anticipatory guidance.</p> <p style="text-align: center;">❖</p> <p>Provide preventive or ambulatory services during a sports or day care physical and code appropriately.</p> <p style="text-align: center;">❖</p> <p>Don't miss opportunities to provide a well-care visit during sick visits</p>				
	<table border="1"> <thead> <tr> <th>ICD-10</th> <th>CPT</th> <th>HCPCS</th> </tr> </thead> <tbody> <tr> <td>Z00.110, X00.11, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9</td> <td>99381-99385, 99391-99395, 99461</td> <td>G0438</td> </tr> </tbody> </table>	ICD-10	CPT		HCPCS	Z00.110, X00.11, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9	99381-99385, 99391-99395, 99461	G0438
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Adult BMI Assessment (ABA)

Measure Definition	Billing Reference	Documentation Tips																				
<p>Members age 18-74 with documentation of an outpatient visit from the same date of service and whose BMI was documented in 2016 or 2017:</p> <p>Members 20 years of age or older: <i>Documentation in the medical record must indicate the weight and BMI value on the same date of service during the measurement year or the year prior to the measurement year.</i></p> <p>Members younger than 20 years of age: <i>Documentation must indicate height, weight and BMI percentile on the same date of service during the measurement year or the year prior to the measurement year.</i></p> <p>The following meet BMI percentile criteria:</p> <ul style="list-style-type: none"> • Documented BMI percentile (e.g., 85th percentile) • Documented BMI percentile plotted on an age-growth chart 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">BMI</th> </tr> </thead> <tbody> <tr> <td>19 or less, adult</td> <td>Z68.1</td> </tr> <tr> <td>Between 20-24, adult</td> <td>Z68.20- Z68.24</td> </tr> <tr> <td>Between 25-29, adult</td> <td>Z68.25- 68.29</td> </tr> <tr> <td>Between 30-39, adult</td> <td>Z68.30- Z68.39</td> </tr> <tr> <td>40 and over, adult</td> <td>Z68.41- Z68.45</td> </tr> <tr> <td><5th percentile for age, pediatric</td> <td>Z68.51</td> </tr> <tr> <td>5th percentile to <85th percentile for age, pediatric</td> <td>Z68.52</td> </tr> <tr> <td>85th percentile to <95th percentile for age, pediatric</td> <td>Z68.53</td> </tr> <tr> <td>≥ 95th percentile for age, pediatric</td> <td>Z68.54</td> </tr> </tbody> </table>	BMI		19 or less, adult	Z68.1	Between 20-24, adult	Z68.20- Z68.24	Between 25-29, adult	Z68.25- 68.29	Between 30-39, adult	Z68.30- Z68.39	40 and over, adult	Z68.41- Z68.45	<5th percentile for age, pediatric	Z68.51	5th percentile to <85th percentile for age, pediatric	Z68.52	85th percentile to <95th percentile for age, pediatric	Z68.53	≥ 95th percentile for age, pediatric	Z68.54	<p style="text-align: center;">Use correct billing codes.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Ensure provider signature and proper documentation for BMI is in the medical record.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Ensure EMR templates automatically calculate BMI.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Do not use ICD-9 codes for services in 2016.</p>
BMI																						
19 or less, adult	Z68.1																					
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≥ 95th percentile for age, pediatric	Z68.54																					

Adults' Access to Preventive/Ambulatory Health Services (AAP)

Measure Definition	Billing Reference				Documentation Tips
<p>Members age 20 years and older who had an ambulatory or preventive care visit during the measurement year.</p>	Ambulatory Visits				<div style="background-color: #4a4a9a; color: white; padding: 20px; border-radius: 15px;"> <p align="center">Use correct billing codes.</p> <p align="center">❖</p> <p align="center">Outreach to patients and encourage them to schedule and office visit for needed preventive or ambulatory services.</p> <p align="center">❖</p> <p align="center">Contact patients to provide reminders for scheduled appointments.</p> <p align="center">❖</p> <p align="center">Educate patients about the importance of preventive/ambulatory care.</p> </div>
	CPT	ICD-10	HCPCS	UB	
	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0- Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9	G0438, T1015	0510-0517, 0519-0523, 0526-0529, 0982-0983	
	Other Ambulatory Visits				
92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337			0524, 0525		

Annual Monitoring for Patients on Persistent Medications (MPM)

Measure Definition	Billing Reference		Documentation Tips										
<p>Members age 18 and older who received at least 180 treatment days of ambulatory medication therapy for ACE/ARB, Digoxin and/or diuretics during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year:</p> <ul style="list-style-type: none"> • For Digoxin: At minimum, one serum potassium and one serum Digoxin therapeutic monitoring test in the year • ACE/ARB: At minimum, one serum potassium and one serum creatinine therapeutic monitoring test in the year • For diuretics: At minimum, one serum potassium and one serum creatinine therapeutic monitoring test in the year 	<table border="1"> <thead> <tr> <th data-bbox="751 415 1045 444">Test Description</th> <th data-bbox="1058 415 1352 444">CPT</th> </tr> </thead> <tbody> <tr> <td data-bbox="751 451 1045 516">Lab panel</td> <td data-bbox="1058 451 1352 516">80047, 80048, 80050, 80053, 80069</td> </tr> <tr> <td data-bbox="751 522 1045 555">Serum potassium</td> <td data-bbox="1058 522 1352 555">80051, 84132</td> </tr> <tr> <td data-bbox="751 561 1045 594">Serum creatinine</td> <td data-bbox="1058 561 1352 594">82565, 82575</td> </tr> <tr> <td data-bbox="751 600 1045 633">Digoxin Level</td> <td data-bbox="1058 600 1352 633">80162</td> </tr> </tbody> </table>		Test Description	CPT	Lab panel	80047, 80048, 80050, 80053, 80069	Serum potassium	80051, 84132	Serum creatinine	82565, 82575	Digoxin Level	80162	<div style="background-color: #4a4a9a; color: white; padding: 20px; border-radius: 15px;"> <p align="center">Submit timely claims ❖</p> <p align="center">Educate member regarding medication regimen. ❖</p> <p align="center">Document blood pressure during every visit ❖</p> <p align="center">Ensure that the BP cuff is the correct size for patient's arm. ❖</p> <p align="center">Stress the importance of medication compliance at every visit.</p> </div>
Test Description	CPT												
Lab panel	80047, 80048, 80050, 80053, 80069												
Serum potassium	80051, 84132												
Serum creatinine	82565, 82575												
Digoxin Level	80162												

Antidepressant Medication Management (AMM)

Measure Definition	Billing Reference	Documentation Tips																								
<p>Members 18 years of age and older who had a diagnosis of major depression and who were treated with antidepressant medication and remain on an antidepressant medication treatment. Two rates are reported:</p> <ul style="list-style-type: none"> • 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) 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Major Depression</th> </tr> <tr> <th colspan="2" style="text-align: center;">ICD-10</th> </tr> </thead> <tbody> <tr> <td colspan="2">F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</td> </tr> <tr> <th colspan="2" style="text-align: center;">Antidepressants</th> </tr> <tr> <th style="text-align: center;">Class</th> <th style="text-align: center;">Generic Name</th> </tr> <tr> <td>Aminoketone</td> <td>Bupropion</td> </tr> <tr> <td>Phenylpiperazine antidepressants</td> <td>Nefazodone Trazodone</td> </tr> <tr> <td>Psychotherapeutic combinations</td> <td>Amitriptyline-perphenazine</td> </tr> <tr> <td>SNRI antidepressants</td> <td>Desvenlafaxine succinate Duloxetine Venlafaxine</td> </tr> <tr> <td>SSRI antidepressants</td> <td>Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline</td> </tr> <tr> <td>Tetracyclic antidepressants</td> <td>Maprotiline Mirtazapine</td> </tr> <tr> <td>Tricyclic antidepressants</td> <td>Amitriptyline Amoxapine Clomipramine Desipramine Doxepin</td> </tr> </tbody> </table>	Major Depression		ICD-10		F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9		Antidepressants		Class	Generic Name	Aminoketone	Bupropion	Phenylpiperazine antidepressants	Nefazodone Trazodone	Psychotherapeutic combinations	Amitriptyline-perphenazine	SNRI antidepressants	Desvenlafaxine succinate Duloxetine Venlafaxine	SSRI antidepressants	Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline	Tetracyclic antidepressants	Maprotiline Mirtazapine	Tricyclic antidepressants	Amitriptyline Amoxapine Clomipramine Desipramine Doxepin	<p style="text-align: center;">Use correct billing codes.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Educate patients about depression and the importance to adhering to the treatment plan.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Explain what to expect when starting a new medication regimen.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Schedule follow up visits before patient leaves the office visit.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Educate patient on common side effects, how to manage them and how long side effects may last.</p>
Major Depression																										
ICD-10																										
F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9																										
Antidepressants																										
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Phenylpiperazine antidepressants	Nefazodone Trazodone																									
Psychotherapeutic combinations	Amitriptyline-perphenazine																									
SNRI antidepressants	Desvenlafaxine succinate Duloxetine Venlafaxine																									
SSRI antidepressants	Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline																									
Tetracyclic antidepressants	Maprotiline Mirtazapine																									
Tricyclic antidepressants	Amitriptyline Amoxapine Clomipramine Desipramine Doxepin																									

		Imipramine Nortriptyline	
	Monoamine oxidase inhibitors	Phenelzine Selegiline Tranlycypromine	

Breast Cancer Screening (BCS)

Measure Definition	Billing Reference	Documentation Tips	
<p>Women age 52–74 with one or more mammograms within the last 2 years (beginning at age 50).</p> <p><i>Documentation should include the date of the test and the result, or a copy of the mammogram results included in the medical record.</i></p>	Breast Cancer Screening		
	CPT	HCPCS	UB
	77055-77057, 77061-77067	G0202, G0204, G0206	0401, 0403
	<div style="background-color: #6a3d9a; color: white; padding: 10px; border-radius: 15px;"> <p>Encourage mammography to all women within the measure age group.</p> <p style="text-align: center;">❖</p> <p>Educate women regarding benefits of early detection of breast cancer through routine screening.</p> <p style="text-align: center;">❖</p> <p>At least one screening mammogram should have been performed within the last two years.</p> </div>		

Care for Older Adults (COA)

Measure Definition	Billing Reference	Documentation Tips																																							
<p>Adults 66 years and older who had each of the following in 2017:</p> <ul style="list-style-type: none"> • Advance care planning • Medication review • Functional status assessment • Pain assessment 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Advance Care Planning</th> </tr> <tr> <th style="width: 33%;">CPT</th> <th style="width: 33%;">HCPS</th> <th style="width: 33%;">CPT II</th> </tr> </thead> <tbody> <tr> <td>99497</td> <td>S0257</td> <td>1123F, 1124F, 1157F, 1158F</td> </tr> <tr> <th colspan="3" style="text-align: center;">Medication List</th> </tr> <tr> <td></td> <td>G8427</td> <td>1159F</td> </tr> <tr> <th colspan="3" style="text-align: center;">Pain Assessment</th> </tr> <tr> <td></td> <td></td> <td>1125F, 1126F</td> </tr> <tr> <th colspan="3" style="text-align: center;">Functional Status Assessment</th> </tr> <tr> <td></td> <td></td> <td>1170F</td> </tr> <tr> <th colspan="3" style="text-align: center;">Medication Review</th> </tr> <tr> <td>90863, 99605, 99606</td> <td></td> <td>1160F</td> </tr> <tr> <th colspan="3" style="text-align: center;">Transitional Care Management Codes alone meet Medication Review compliance</th> </tr> <tr> <td>99495, 99496</td> <td></td> <td></td> </tr> </tbody> </table>	Advance Care Planning			CPT	HCPS	CPT II	99497	S0257	1123F, 1124F, 1157F, 1158F	Medication List				G8427	1159F	Pain Assessment					1125F, 1126F	Functional Status Assessment					1170F	Medication Review			90863, 99605, 99606		1160F	Transitional Care Management Codes alone meet Medication Review compliance			99495, 99496			<p>Document discussion and/or presence of advance directive or living will in chart.</p> <p style="text-align: center;">❖</p> <p>Ensure medication list is in chart and medication review performed by prescribing provider annually.</p> <p style="text-align: center;">❖</p> <p>Address cognitive and ambulation status, sensory ability, and functional independence.</p> <p style="text-align: center;">❖</p> <p>Document pain screening or methods of pain management.</p>
Advance Care Planning																																									
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90863, 99605, 99606		1160F																																							
Transitional Care Management Codes alone meet Medication Review compliance																																									
99495, 99496																																									

Cervical Cancer Screening (CCS)

Measure Definition	Billing Reference			Documentation Tips
<p>Members aged 21–64 who had cervical cytology performed in the past three years: Documentation must include the date when cervical cytology was performed and the result.</p> <p>Members aged 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed in the past five years: Documentation must include the date when the cervical cytology and HPV was performed and results.</p> <p><i>Both tests must be performed on the same date of service.</i></p>	Cytology-based Screening			<p style="text-align: center;">Documentation of hysterectomy must include words such as 'complete', 'total', or “radical”.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">If testing was performed elsewhere, obtain documents showing date and result.</p>
	CPT	HCPCS	UB	
	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091	0923	
	HPV Testing			
87620 - 87622, 87624, 87625	G0476			

Children and Adolescents’ Access to Primary Care Practitioners (CAP)

Measure Definition	Billing Reference				Documentation Tips																																																								
<p>Members age 12 months-19yrs who had a PCP visit during the measurement year or the year prior to the measurement year.</p> <ul style="list-style-type: none"> • Children 12-24 months: who had a PCP visit during the measurement year. • Children 25 months to 6 years: who had a PCP visit during the measurement year. • Children 7-11 years: who had a PCP visit during the measurement year. • Adolescents 12-19: years who had a PCP visit during the measurement year. 	Ambulatory Visits				<p>Ensure medical record includes the date of service for health & developmental history, physical exam, health education/ anticipatory guidance.</p> <p align="center">❖</p> <p>Provide preventive or ambulatory services during a sports or day care physical and code appropriately.</p> <p align="center">❖</p> <p>Don’t miss opportunities to provide a well-child visit during sick visits</p>																																																								
	ICD-10	CPT	HCPCS	UB																																																									
<table border="1"> <tr> <td>Z00.00,</td> <td>99201-</td> <td>G0438,</td> <td>0510-</td> </tr> <tr> <td>Z00.01,</td> <td>99205,</td> <td>T1015</td> <td>0517,</td> </tr> <tr> <td>Z00.121,</td> <td>99211-</td> <td></td> <td>0519-</td> </tr> <tr> <td>Z00.129,</td> <td>99215,</td> <td></td> <td>0523,</td> </tr> <tr> <td>Z00.5,</td> <td>99241-</td> <td></td> <td>0526-</td> </tr> <tr> <td>Z00.8,</td> <td>99245,</td> <td></td> <td>0529,</td> </tr> <tr> <td>Z02.0-</td> <td>99341-</td> <td></td> <td>0982,</td> </tr> <tr> <td>Z02.6,</td> <td>99345,</td> <td></td> <td>0983</td> </tr> <tr> <td>Z02.71,</td> <td>99347-</td> <td></td> <td></td> </tr> <tr> <td>Z02.79,</td> <td>99350,</td> <td></td> <td></td> </tr> <tr> <td>Z02.81-</td> <td>99381-</td> <td></td> <td></td> </tr> <tr> <td>Z02.83,</td> <td>99387,</td> <td></td> <td></td> </tr> <tr> <td>Z02.89,</td> <td>99391-</td> <td></td> <td></td> </tr> <tr> <td>Z02.9</td> <td>99397,</td> <td></td> <td></td> </tr> <tr> <td></td> <td>99401</td> <td></td> <td></td> </tr> </table>	Z00.00,	99201-	G0438,	0510-	Z00.01,	99205,	T1015	0517,	Z00.121,	99211-		0519-	Z00.129,	99215,		0523,	Z00.5,	99241-		0526-	Z00.8,	99245,		0529,	Z02.0-	99341-		0982,	Z02.6,	99345,		0983	Z02.71,	99347-			Z02.79,	99350,			Z02.81-	99381-			Z02.83,	99387,			Z02.89,	99391-			Z02.9	99397,				99401			
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Z02.89,	99391-																																																												
Z02.9	99397,																																																												
	99401																																																												

Childhood Immunization Status - Combo 10 (CIS)

Measure Definition	Billing Reference	Documentation Tips						
<p>Children 2 years of age who had all doses of the following vaccinations on or before the child's second birthday:</p>	DTaP	<p style="text-align: center;">Use correct billing codes.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Review a child's immunization record before each visit and administer any needed vaccines.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Use the State immunization registry.</p>						
<p><u>Combo 10</u></p> <ul style="list-style-type: none"> • DTaP (4 doses) • IPV (3 doses) • PCV (4 doses) • Hepatitis B (3 doses) • HIB (3 doses) • RV (2 or 3 doses) • Hepatitis A (1 dose) • Flu (2 doses) • MMR (1 dose) • VZV (1 dose) 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CPT</td> <td style="width: 50%;">CVX</td> </tr> <tr> <td>90698, 90700, 90723</td> <td>20,50, 106,107,110, 120</td> </tr> </table>		CPT	CVX	90698, 90700, 90723	20,50, 106,107,110, 120		
CPT	CVX							
90698, 90700, 90723	20,50, 106,107,110, 120							
	IPV							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CPT</td> <td style="width: 50%;">CVX</td> </tr> <tr> <td>90698, 90713, 90723</td> <td>10, 89, 110, 120</td> </tr> </table>		CPT	CVX	90698, 90713, 90723	10, 89, 110, 120		
CPT	CVX							
90698, 90713, 90723	10, 89, 110, 120							
	MMR (combination)							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CPT</td> <td style="width: 50%;">CVX</td> </tr> <tr> <td>90707, 90710</td> <td>03, 94</td> </tr> </table>		CPT	CVX	90707, 90710	03, 94		
CPT	CVX							
90707, 90710	03, 94							
	Measles and rubella							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">04</td> </tr> </table>			04				
	04							
	Measles							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">05</td> </tr> </table>			05				
	05							
	Mumps							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">07</td> </tr> </table>			07				
	07							
	Rubella							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">06</td> </tr> </table>		06					
	06							
	HiB							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CPT</td> <td style="width: 50%;">CVX</td> </tr> <tr> <td>90644,90647 90648, 90698</td> <td>17, 46-51, 120, 148</td> </tr> </table>	CPT	CVX	90644,90647 90648, 90698	17, 46-51, 120, 148			
CPT	CVX							
90644,90647 90648, 90698	17, 46-51, 120, 148							
	HepB							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">CPT</td> <td style="width: 33%;">HCPCS</td> <td style="width: 33%;">CVX</td> </tr> <tr> <td>90723, 90740, 90744, 90747, 90748</td> <td>G0010</td> <td>08, 44, 45 51, 110</td> </tr> </table>	CPT	HCPCS	CVX	90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45 51, 110	
CPT	HCPCS	CVX						
90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45 51, 110						
	Newborn HepB (ICD-10): 3E0234Z							

VZV		
CPT	CVX	
90710, 90716	21, 94	
Pneumococcal conjugate		
CPT	HCPCS	CVX
90670	G0009	100, 133, 152
HepA		
CPT	CVX	
90633	31, 83, 85	
Rotavirus (2-Dose)		
CPT	CVX	
90681	119	
Rotavirus (3-Dose)		
CPT	CVX	
90680	116, 122	
Influenza		
CPT	HCPCS	CVX
90662, 90673, 90685, 90687, 90688	G0008	88, 135, 140, 141, 150, 153, 155, 161

Chlamydia Screening in Women (CHL)

Measure Definition	Billing Reference	Documentation Tips			
<p>Members aged 16-24 who are sexually active and have had at least one chlamydia test during the measurement year.</p> <p><i>Documentation must include date of testing and result.</i></p>	<table border="1"> <tr> <td align="center">Chlamydia Screening</td> </tr> <tr> <td align="center">CPT</td> </tr> <tr> <td align="center">87110, 87270, 87320, 87490-87492, 87810</td> </tr> </table>	Chlamydia Screening	CPT	87110, 87270, 87320, 87490-87492, 87810	<div style="background-color: #6a3d9a; color: white; padding: 20px; border-radius: 15px; text-align: center;"> <p>Submit claims timely.</p> <p>❖</p> <p>Educate patients about STDs, transmission and the importance of regular testing.</p> </div>
Chlamydia Screening					
CPT					
87110, 87270, 87320, 87490-87492, 87810					

Colorectal Cancer Screening (COL)

Measure Definition	Billing Reference	Documentation Tips		
<p>Members 50–75 years of age who had appropriate screening for colorectal cancer through performance of a fecal occult blood test (FOBT), colonoscopy or flexible sigmoidoscopy by December 31, 2018.</p>	Fecal Occult Blood test (gFOBT - 3 samples- or iFOBT in 2017)	<p style="text-align: center;">Document blood pressure at each visit. ❖</p> <p style="text-align: center;">Educate members on importance of screening to enable early detection of colon cancer. ❖</p> <p style="text-align: center;">A fecal occult test done in the office via a digital rectal exam does not count toward this measure.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">CPT</td> <td style="width: 50%; text-align: center;">HCPS</td> </tr> </table>		CPT	HCPS
	CPT		HCPS	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">82270, 82274</td> <td style="width: 50%;">G0328</td> </tr> </table>		82270, 82274	G0328
	82270, 82274		G0328	
	FIT-DNA test			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">81528</td> <td style="width: 50%;">G0464</td> </tr> </table>		81528	G0464
	81528		G0464	
	Flexible Sigmoidoscopy			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">45330-45335, 45337-45342, 45345-45347, 45349-45350</td> <td style="width: 50%;">G0104</td> </tr> </table>		45330-45335, 45337-45342, 45345-45347, 45349-45350	G0104
45330-45335, 45337-45342, 45345-45347, 45349-45350	G0104			
Colonoscopy				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398</td> <td style="width: 50%;">G0105</td> </tr> </table>	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	G0105		
44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	G0105			
CT Colonography				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">74261-74263</td> <td style="width: 50%; background-color: #cccccc;"></td> </tr> </table>	74261-74263			
74261-74263				

Comprehensive Diabetes Care (CDC)

Measure Definition	Billing Reference	Documentation Tips																		
<p>Members 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c test in 2018.</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="2">Diabetes</th> </tr> <tr> <th>CPT</th> <th>ICD-10</th> </tr> </thead> <tbody> <tr> <td style="background-color: #cccccc;"></td> <td>E10.10-E13.9, O24.011-O24.33, O24.811-O24.83</td> </tr> <tr> <th colspan="2">Diabetes Without Complications</th> </tr> <tr> <td style="background-color: #cccccc;"></td> <td>E10.9, E11.9, E13.9</td> </tr> <tr> <th colspan="2">HbA1c Screening</th> </tr> <tr> <td style="background-color: #cccccc;">83036, 83037</td> <td style="background-color: #cccccc;"></td> </tr> <tr> <th colspan="2">Diabetic Retinal Screening</th> </tr> <tr> <td style="background-color: #cccccc;"></td> <td>67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228</td> </tr> </tbody> </table>	Diabetes		CPT	ICD-10		E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	Diabetes Without Complications			E10.9, E11.9, E13.9	HbA1c Screening		83036, 83037		Diabetic Retinal Screening			67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228	<p style="text-align: center;">Document Stage 4 chronic kidney disease or End-Stage Renal Disease (ESRD) with appropriate codes.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Be sure to indicate if a member is on an ACE/ARB medication.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Refer member to optometrist or ophthalmologist for annual Dilated Retinal Eye Exam.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Order screenings at least annually and educate member on importance.</p>
	Diabetes																			
	CPT	ICD-10																		
		E10.10-E13.9, O24.011-O24.33, O24.811-O24.83																		
	Diabetes Without Complications																			
		E10.9, E11.9, E13.9																		
	HbA1c Screening																			
	83036, 83037																			
	Diabetic Retinal Screening																			
		67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228																		
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Test Description</th> <th>Result</th> <th>CPT Result</th> </tr> </thead> <tbody> <tr> <td rowspan="3">HbA1c Results</td> <td><7%</td> <td>3044F</td> </tr> <tr> <td>7.0% - 9.0%</td> <td>3045F</td> </tr> <tr> <td>>9.0%</td> <td>3046F</td> </tr> <tr> <td rowspan="3">Blood Pressure</td> <td>Diastolic B/P < 80mmHg</td> <td>3078F</td> </tr> <tr> <td>Diastolic B/P ≥ 80 and ≤ 89 mmHg</td> <td>3079F</td> </tr> <tr> <td>Diastolic B/P is ≥ 90 mmHg</td> <td>3080F</td> </tr> </tbody> </table>	Test Description	Result	CPT Result	HbA1c Results	<7%	3044F	7.0% - 9.0%	3045F	>9.0%	3046F	Blood Pressure	Diastolic B/P < 80mmHg	3078F	Diastolic B/P ≥ 80 and ≤ 89 mmHg	3079F	Diastolic B/P is ≥ 90 mmHg	3080F			
Test Description	Result	CPT Result																		
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Blood Pressure	Diastolic B/P < 80mmHg	3078F																		
	Diastolic B/P ≥ 80 and ≤ 89 mmHg	3079F																		
	Diastolic B/P is ≥ 90 mmHg	3080F																		

Controlling High Blood Pressure (CBP)

Measure Definition	Billing Reference			Documentation Tips
<p>The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) in the first six months of 2018 and whose BP was adequately controlled, based on the following criteria:</p> <ul style="list-style-type: none"> Members 18–59 years of age whose BP was <140/90 mm Hg. Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. 	Essential Hypertension			<p style="text-align: center;">Document all BP readings.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Retake the blood pressure if elevated - HEDIS accepts lowest BP taken at the visit.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Ensure that the BP cuff is the correct size for patient's arm.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Stress the importance of medication compliance at every visit.</p>
	CPT	ICD-10	HCPCS	
	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99201- 99205, 99211- 99215, 99241- 99245, 99341- 99345, 99347- 99350, 99381- 99387, 99391- 99397, 99401- 99404, 99411, 99412, 99429, 99455, 99456	I10	G0402, G0438, G0439, G0463, T1015	

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

Measure Definition	Billing Reference	Documentation Tips				
<p>Members age 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test (glucose test or HbA1c test) during the measurement year.</p>	Glucose Tests	<p>Order a diabetes screening test every year and check every visit to ensure it was completed.</p> <p style="text-align: center;">❖</p> <p>Ensure patient (and/ or caregiver) is aware and educated about the risk of diabetes while taking antipsychotic medication.</p> <p style="text-align: center;">❖</p> <p>Collaborate with the PCP to schedule lab screening test prior to the next appointment date.</p>				
	CPT					
	80047, 80048, 80053, 80069, 82947, 82950, 82951					
	HbA1c Tests					
	CPT					
	83036, 83037					
	CPT II					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">if HbA1c<7%</td> <td style="text-align: right; padding: 2px;">3044F</td> </tr> <tr> <td style="padding: 2px;">if HbA1c 7%-9%</td> <td style="text-align: right; padding: 2px;">3045F</td> </tr> <tr> <td style="padding: 2px;">if HbA1c>9%</td> <td style="text-align: right; padding: 2px;">3046F</td> </tr> </table>	if HbA1c<7%	3044F	if HbA1c 7%-9%	3045F	if HbA1c>9%	3046F
if HbA1c<7%	3044F					
if HbA1c 7%-9%	3045F					
if HbA1c>9%	3046F					

Follow-Up After Hospitalization for Mental Illness (FUH)

Measure Definition	Billing Reference			Documentation Tips
<p>Members age 6 and older who were hospitalized for treatment of selected mental health diagnoses and who had:</p> <ul style="list-style-type: none"> • 7-day follow up outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days after discharge. • 30-day follow up outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after discharge. <p><i>See provider glossary for list of qualified mental health practitioners.</i></p>	Follow-Up Visits (must be with mental health practitioner)			<p style="text-align: center;">Ensure that a follow up visit is scheduled within 7 days of discharge before the patient leaves the hospital.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Follow up visits must be supported by a claim, encounter or note from the mental health practitioner’s medical chart.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Assist patient with any barriers regarding the follow up appointment, such as transportation.</p> <p style="text-align: center;">❖</p> <p style="text-align: center;">Provide the patient with community support resources</p> <p style="text-align: center;">❖</p> <p style="text-align: center;"><i>Remember:</i> Visits scheduled the same day as discharge do not meet criteria.</p>
	CPT	HCPCS	UB	
	99201-99205	H0002, H0004, H0031, H0039, H0040, H2010, H2011, H2015, H2017, S0201, S9480	<i>(For visit in a non-behavioral health setting):</i> 0510, 0515-0516, 0521, 0522, 0528	
	Or			
CPT	WITH	POS		
90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90870		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72		

	99221- 99223, 99231- 99233, 99238, 99239, 99251-99255	WITH	02, 52, 53	
<i>With or without a Telehealth modifier CPT: 95, GT</i>				

Follow-Up for Children Prescribed ADHD Medication (ADD)

Measure Definition	Billing Reference			Documentation Tips
<p>Members age 6-12 with a new prescription for an attention-deficit/hyperactivity disorder (ADHD) medication who had:</p> <ul style="list-style-type: none"> At least one follow-up visit with practitioner with prescribing authority during the first 30 days of when the ADHD medication was dispensed. (Initiation Phase) At least two follow-up visits within 270 days (9 months) after the end of the initiation phase. One of these visits may be a telephone call. (Continuation and Maintenance phase) 	Follow-Up Visits (must be with mental health practitioner)			<div style="background-color: #4a4a9a; color: white; padding: 20px; border-radius: 15px;"> <p align="center">Use correct billing codes.</p> <p align="center">❖</p> <p align="center">Ensure that a follow up visit is scheduled within 30 days after ADHD medication was dispensed.</p> <p align="center">❖</p> <p align="center">Ensure that 2 follow up visits are scheduled within 9 months after the first 30 days. These visits must occur on different dates of service.</p> <p align="center">❖</p> <p align="center">Ensure the patient has been provided community support resources in the event of a crisis.</p> </div>
	CPT	HCPCS	UB	
	96150-96154, 99078, 99201, 99204, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401	H0002, H0004, H0031, H0034, H0039, H2011, H2015, H2017	0516-0517, 0519-0523, 0526-0529, 0905, 0917, 0919, 0982, 0983	
	<i>Or</i>			
	CPT	WITH	POS	
	90791, 90792, 90832-90834, 90836-90839, 90845, 90847, 90849, 90853, 90875, 90876		03, 05, 07, 09, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72	
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53		

Immunizations for Adolescents - Combo 2 (IMA)

Measure Definition	Billing Reference	Documentation Tips																		
<p>Members 13 years of age who received the following vaccines on or before their 13th birthday.</p> <ul style="list-style-type: none"> • One meningococcal conjugate vaccine (must be completed on or between the 11th and 13th birthdays) • One Tdap or one tetanus, diphtheria toxoids and acellular pertussis (Tdap) (must be completed on or between the 10th and 13th birthdays) • At least two human papillomavirus (HPV) vaccines or three HPV vaccines with different dates of service on or between the 9th and 13th birthdays 	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="751 410 1350 443">Meningococcal</th> </tr> </thead> <tbody> <tr> <td data-bbox="751 443 1045 475">CPT</td> <td data-bbox="1045 443 1350 475">CVX</td> </tr> <tr> <td data-bbox="751 475 1045 508"></td> <td data-bbox="1045 475 1350 508">108,136, 147</td> </tr> <tr> <th colspan="2" data-bbox="751 508 1350 540">Tdap</th> </tr> <tr> <td data-bbox="751 540 1045 573">CPT</td> <td data-bbox="1045 540 1350 573">CVX</td> </tr> <tr> <td data-bbox="751 573 1045 605">90715</td> <td data-bbox="1045 573 1350 605">115</td> </tr> <tr> <th colspan="2" data-bbox="751 605 1350 638">HPV</th> </tr> <tr> <td data-bbox="751 638 1045 670">CPT</td> <td data-bbox="1045 638 1350 670">CVX</td> </tr> <tr> <td data-bbox="751 670 1045 703">90649,90650, 90651</td> <td data-bbox="1045 670 1350 703">62,118, 137,165</td> </tr> </tbody> </table>	Meningococcal		CPT	CVX		108,136, 147	Tdap		CPT	CVX	90715	115	HPV		CPT	CVX	90649,90650, 90651	62,118, 137,165	<div style="background-color: #4a4a9a; color: white; padding: 20px; border-radius: 15px;"> <p>Use correct billing codes.</p> <p align="center">❖</p> <p>Review a patient’s immunization record before each visit and administer any needed vaccines.</p> <p align="center">❖</p> <p>Take advantage of sick visits to catch up on needed vaccines.</p> <p align="center">❖</p> <p>Use the State immunization registry.</p> </div>
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Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

Measure Definition	Billing Reference	Documentation Tips			
<p>Members age 13 years of age and older with a new episode of alcohol or other drug (AOD) abuse or dependence with the following:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment. Initiate treatment through inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of diagnosis. • Engagement of AOD Treatment. Initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit. 	<table border="1"> <thead> <tr> <th data-bbox="751 444 1350 483">Alcohol/Other Drug Dependence</th> </tr> <tr> <th data-bbox="751 483 1350 522">ICD-10</th> </tr> </thead> <tbody> <tr> <td data-bbox="751 522 1350 1425"> F10.10 F10.120, F10.121, F10.129, F10.14, F10.150, F10.151, F10.159, F10.180-F10.182, F10.188, F10.19-F10.20, F10.220, F10.221, F10.229-F10.232, F10.239, F10.24, F10.250-F10.251, F10.259, F10.26, F10.27, F10.280-F10.282, F10.288, F10.29, F11.10, F11.120-F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120-F12.122, F12.129, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220-F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180- F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229-F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280-F13.282, F13.288, F13.29, F14.10, F14.120-F14.122, F14.129, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, </td> </tr> </tbody> </table>	Alcohol/Other Drug Dependence	ICD-10	F10.10 F10.120, F10.121, F10.129, F10.14, F10.150, F10.151, F10.159, F10.180-F10.182, F10.188, F10.19-F10.20, F10.220, F10.221, F10.229-F10.232, F10.239, F10.24, F10.250-F10.251, F10.259, F10.26, F10.27, F10.280-F10.282, F10.288, F10.29, F11.10, F11.120-F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120-F12.122, F12.129, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220-F12.222, F12.229, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180- F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229-F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280-F13.282, F13.288, F13.29, F14.10, F14.120-F14.122, F14.129, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222,	<div style="background-color: #4a4a9a; color: white; padding: 20px; border-radius: 15px;"> <p>Use correct billing codes.</p> <p align="center">❖</p> <p>Ensure Provider signature and proper documentation for substance abuse is located in the medical record.</p> <p align="center">❖</p> <p>Schedule follow up visits within 14 days and 2 additional visits within 30 days before patient leaves the office visit.</p> <p align="center">❖</p> <p>Refer patient to BH provider when given a diagnosis of alcohol or other drug dependence.</p> </div>
Alcohol/Other Drug Dependence					
ICD-10					
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	<p style="text-align: center;">CPT</p> <p>98960-98962, 98966-98969, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99281-99285, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-</p>	

99404, 99408, 99409, 99411, 99412, 99441-99444, 99510, HZ2ZZZZ	
CPT w/ POS	
90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853	02, 03, 05, 07, 09, 11, 12, 13, 14, 15,16,17,18,19, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72
99221-99223, 99231-99233	02, 52, 53
UB revenue	
0100, 0101, 0110-0154, 0156-0160, 0164, 0617, 0169-0174, 0179, 0190-0194, 0199- 0204, 0206-0214, 0219, 0456, 0459, 0510, 0513, 0515-0517, 0519-0523, 0521, 0522, 0528, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0981, 0983, 1000-1002	
HCPCS	
H0001, H0002, H0004, H0005, H0010, H0020, H0031, H0034, H0039, H0047, H2010-H2020, H2035	

Medication Management for People with Asthma – 75% Compliance (MMA)

Measure Definition	Billing Reference	Documentation Tips																														
<p>Members aged 5-64 with persistent asthma who have been dispensed asthma control medications and who remained on asthma controller medication for at least 75% of the treatment period.</p> <p><i>Treatment period begins on the earliest prescription dispensing date for any asthma controller during the measurement year.</i></p>	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="751 418 1344 454">Asthma</th> </tr> <tr> <th colspan="2" data-bbox="751 461 1344 496">ICD-10</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="751 500 1344 604">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</td> </tr> <tr> <th colspan="2" data-bbox="751 639 1344 675">Asthma Controllers</th> </tr> <tr> <td data-bbox="751 678 1045 753">Cromolyn Sodium</td> <td data-bbox="1056 678 1344 753">Montelukast Sodium</td> </tr> <tr> <td data-bbox="751 756 1045 792">Atrovent</td> <td data-bbox="1056 756 1344 792">Aerospan</td> </tr> <tr> <td data-bbox="751 795 1045 831">Incruse Ellipta</td> <td data-bbox="1056 795 1344 831">Budesonide</td> </tr> <tr> <td data-bbox="751 834 1045 906">Ipratropium Bromide</td> <td data-bbox="1056 834 1344 906">Flovent</td> </tr> <tr> <td data-bbox="751 909 1045 945">Tudorza Pressair</td> <td data-bbox="1056 909 1344 945">Dulera Aero</td> </tr> <tr> <td data-bbox="751 948 1045 1019">Montelukast Sodium</td> <td data-bbox="1056 948 1344 1019">Metaproterenol Sulfate</td> </tr> <tr> <td data-bbox="751 1023 1045 1058">Pulmicort</td> <td data-bbox="1056 1023 1344 1058">Serevent</td> </tr> <tr> <td data-bbox="751 1062 1045 1097">Albuterol Sulfate</td> <td data-bbox="1056 1062 1344 1097">Terbutaline Sulfate</td> </tr> <tr> <td data-bbox="751 1101 1045 1136">Combivent</td> <td data-bbox="1056 1101 1344 1136">Ventolin</td> </tr> <tr> <td data-bbox="751 1140 1045 1211">Ipratropium-Albuterol</td> <td data-bbox="1056 1140 1344 1211">Metaproterenol Sulfate</td> </tr> <tr> <td data-bbox="751 1214 1045 1250">Symbicort</td> <td data-bbox="1056 1214 1344 1250"></td> </tr> </tbody> </table>	Asthma		ICD-10		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 Controllers		Cromolyn Sodium	Montelukast Sodium	Atrovent	Aerospan	Incruse Ellipta	Budesonide	Ipratropium Bromide	Flovent	Tudorza Pressair	Dulera Aero	Montelukast Sodium	Metaproterenol Sulfate	Pulmicort	Serevent	Albuterol Sulfate	Terbutaline Sulfate	Combivent	Ventolin	Ipratropium-Albuterol	Metaproterenol Sulfate	Symbicort		<div style="background-color: #6a3d9a; color: white; padding: 20px; border-radius: 15px;"> <p align="center">Assess patient compliance with use of prescribed medication.</p> <p align="center">❖</p> <p align="center">Consider prescribing 1-month or 90-day supply of asthma medications to encourage continued compliance.</p> </div>
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Osteoporosis Management in Women Who Had a Fracture (OMW)

Measure Definition	Billing Reference	Documentation Tips		
<p>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.</p>	Bone Mineral Density Test	<div style="background-color: #4a4a9a; color: white; padding: 20px; border-radius: 15px;"> <p>Prescribe medications to treat osteoporosis, when indicated.</p> <p align="center">❖</p> <p>Schedule women aged 67-85 for a bone mineral density test within 6 months of fracture if they have not had a test in the prior 24 months.</p> </div>		
	CPT		HCPS	ICD-10 PCS
	76977, 77078, 77080- 77082, 77085- 77086		G0130	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

Pharmacotherapy for Management of COPD Exacerbation – Systemic Corticosteroid (PCE)

Measure Definition	Billing Reference	Documentation Tips																								
<p>Members 40 years of age and older with a diagnosis of COPD, emphysema or chronic bronchitis who had an ED visit or an acute inpatient stay for exacerbation, and who were dispensed appropriate medications.</p> <p>Document evidence of an active prescription for a systemic corticosteroid within 14 days of inpatient or ER discharge.</p> <p><i>Documentation must include an appropriate medication and the date of prescription.</i></p>	<table border="1"> <tr><td align="center" colspan="2">COPD</td></tr> <tr><td align="center" colspan="2">ICD-10</td></tr> <tr><td align="center" colspan="2">J44.0, J44.1, J44.9</td></tr> <tr><td align="center" colspan="2">Emphysema</td></tr> <tr><td align="center" colspan="2">J43.0-J43.2, J43.8, J43.9</td></tr> <tr><td align="center" colspan="2">Chronic Bronchitis</td></tr> <tr><td align="center" colspan="2">J41.0, J41.1, J41.8, J42</td></tr> <tr><td align="center" colspan="2">Corticosteroids</td></tr> <tr><td>Betamethasone</td><td>Dexamethasone</td></tr> <tr><td>Hydrocortisone</td><td>Methylprednisolone</td></tr> <tr><td>Prednisolone</td><td>Prednisone</td></tr> <tr><td>Triamcinolone</td><td></td></tr> </table>	COPD		ICD-10		J44.0, J44.1, J44.9		Emphysema		J43.0-J43.2, J43.8, J43.9		Chronic Bronchitis		J41.0, J41.1, J41.8, J42		Corticosteroids		Betamethasone	Dexamethasone	Hydrocortisone	Methylprednisolone	Prednisolone	Prednisone	Triamcinolone		<div style="background-color: #6a3d9a; color: white; padding: 20px; border-radius: 15px;"> <p align="center">Review NLH Formulary for covered medications.</p> <p align="center">❖</p> <p align="center">Perform medication reconciliation at each visit.</p> <p align="center">❖</p> <p align="center">Perform medication education. Include instructions for use, side effects and how to fill prescriptions.</p> <p align="center">❖</p> <p align="center"><u>Schedule post-discharge follow up appointments within 7 days of hospitalization or ED visit.</u></p> </div>
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Pharmacotherapy for Management of COPD Exacerbation – Bronchodilators (PCE)

Measure Definition	Billing Reference	Documentation Tips																
<p>Members 40 years of age and older with a diagnosis of COPD, emphysema or chronic bronchitis who had an ED visit or an acute inpatient stay for exacerbation, and who were dispensed appropriate medications.</p> <p>Document evidence of an active prescription for a bronchodilator within 30 days of inpatient or ER discharge.</p> <p><i>Documentation must include an appropriate medication and the date of prescription.</i></p>	<table border="1"> <tr><td align="center">COPD</td></tr> <tr><td align="center">ICD-10</td></tr> <tr><td>J44.0, J44.1, J44.9</td></tr> <tr><td align="center">Emphysema</td></tr> <tr><td>J43.0-J43.2, J43.8, J43.9</td></tr> <tr><td align="center">Chronic Bronchitis</td></tr> <tr><td>J41.0, J41.1, J41.8, J42</td></tr> </table>	COPD	ICD-10	J44.0, J44.1, J44.9	Emphysema	J43.0-J43.2, J43.8, J43.9	Chronic Bronchitis	J41.0, J41.1, J41.8, J42	<div style="background-color: #4a4a9a; color: white; padding: 20px; border-radius: 15px;"> <p align="center">Review NLH Formulary for covered medications.</p> <p align="center">❖</p> <p align="center">Perform medication reconciliation at each visit.</p> <p align="center">❖</p> <p align="center">Perform medication education: Include instructions for use, side effects and how to fill prescriptions.</p> <p align="center">❖</p> <p align="center"><u>Schedule post-discharge follow up appointments within 7 days of hospitalization or ED visit.</u></p> </div>									
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Postpartum Care (PPC)

Measure Definition	Billing Reference			Documentation Tips
<p>Women who delivered a live baby in the past 12 months and had a postpartum visit with on OB/GYN, midwife or other PCP for a pelvic exam or postpartum visit on or between 21 and 56 days after delivery.</p> <p><i>Documentation must include the postpartum visit date and one of the following:</i></p> <ul style="list-style-type: none"> • <i>Pelvic exam, or</i> • <i>Breast exam (including breastfeeding status), abdominal exam, blood pressure and weight, or</i> • <i>Notation of postpartum care</i> 	ICD-10	CPT	HCPCS	<p>Teach office staff to schedule members for first appointment with provider in the first trimester. Schedule sooner if late entry to care.</p> <p style="text-align: center;">❖</p> <p>Visits to a PCP must include a diagnosis of pregnancy.</p> <p style="text-align: center;">❖</p> <p>Documentation by an RN alone does not meet HEDIS compliance.</p> <p style="text-align: center;">❖</p> <p>A C-section incision check <i>does not</i> qualify as a postpartum visit.</p> <p style="text-align: center;">❖</p> <p>Notation of postpartum care in the medical record should include: “PP care,” “postpartum care,” “6 week check,” etc. <i>or</i> be documented on a preprinted postpartum care form.</p>
Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	57170, 58300, 59430, 99501, 0503F	G0101		
Postpartum Bundled Services				
	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622			

Statin Therapy for Patients with Diabetes (SPD)

Measure Definition	Billing Reference	Documentation Tips		
<p>Members 40-75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:</p> <ul style="list-style-type: none"> • Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year. • Statin Adherence 80%. Members who remained on statin medication of any intensity for at least 80% of the treatment period. 	<table border="1"> <thead> <tr> <th align="center" data-bbox="747 412 1350 448">Statins</th> </tr> </thead> <tbody> <tr> <td data-bbox="747 453 1350 630"> atorvastatin calcium pravastatin sodium rosuvastatin calcium simvastatin lovastatin </td> </tr> </tbody> </table>	Statins	atorvastatin calcium pravastatin sodium rosuvastatin calcium simvastatin lovastatin	<div style="background-color: #6a3d9a; color: white; padding: 20px; border-radius: 15px;"> <p align="center">Review medication list at every visit.</p> <p align="center">❖</p> <p align="center">Educate patients about the importance of medication adherence.</p> </div>
Statins				
atorvastatin calcium pravastatin sodium rosuvastatin calcium simvastatin lovastatin				

Timeliness of Prenatal Care (PPC)

Measure Definition	Billing Reference	Documentation Tips			
<p>Members who received a prenatal care visit as a member of Next Level Health in the first trimester <i>or</i> within 42 days of enrollment with the plan.</p> <p><i>Documentation must include an ICD-10 diagnosis indicating pregnancy.</i></p>	Stand Alone Prenatal Visit	<p>Diagnoses with a greater degree of specificity should be considered first.</p> <p align="center">❖</p> <p>A visit with the PCP during the first trimester can count as a prenatal visit if: a visit with LMP or EDD is documented with an obstetrical history or a risk assessment and counseling/education OR a visit with a pregnancy diagnosis code is submitted on the same claim as the visit AND at least one of the services listed is completed on the same or different date of service.</p>			
	<table border="1"> <tr> <td align="center">CPT</td> <td align="center">HCPCS</td> </tr> </table>		CPT	HCPCS	
	CPT		HCPCS		
	<table border="1"> <tr> <td>99500, 0500F, 0501F, 0502F</td> <td>H1000-H1004</td> </tr> </table>		99500, 0500F, 0501F, 0502F	H1000-H1004	
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Pregnancy Diagnosis					
ICD-10					
<table border="1"> <tr> <td>O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36</td> </tr> </table>	O09-O16, O20-O26, O28-O36, O40-O48, O60.0, O71, O88, O91, O92, O98, O99, O9A, Z03.7, Z33, Z34, Z36				
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Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Measure Definition	Billing Reference	Documentation Tips
<p>Members ≥ 40 years of age with new or newly active diagnosis of COPD receiving appropriate spirometry to confirm the diagnosis.</p>	COPD	<div style="background-color: #6a3d9a; color: white; padding: 20px; border-radius: 15px;"> <p>Educate newly diagnosed patients about the importance of spirometry testing.</p> <p align="center">❖</p> <p>Submit claims for spirometry testing on the date of service, if possible.</p> </div>
	ICD-10	
	J44.0, J44.1, J44.9	
	Emphysema	
	J43.0-J43.2, J43.8, J43.9	
	Chronic Bronchitis	
	J41.0, J41.1, J41.8, J42	
Spirometry Testing		
CPT		
94010, 94014-94016, 94060, 94070, 94375, 94620		

Well-Child Visits in the First 15 Months of Life - 6+ visits (W15)

Measure Definition	Billing Reference			Documentation Tips
<p>Children 0-15 months who had 6 or more well-child visits with a PCP during their first 15 months of life. Well- Child visits consist of the following:</p> <ul style="list-style-type: none"> • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance 	Well-Child Visits			<p align="center">Use correct billing codes.</p> <p align="center">❖</p> <p align="center">Ensure medical record includes the date of service for health & developmental history, physical exam, health education/ anticipatory guidance.</p> <p align="center">❖</p> <p align="center">Don't miss opportunities to provide a well-child visit during sick visits.</p>
	ICD-10	CPT	HCPCS	
	Z00.110, X00.11, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0- Z02.6, Z02.71, Z02.79, Z02.81- Z02.83, Z02.89, Z02.9	99381- 99385 99391- 99395 99461	G0438	

Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)

Measure Definition	Billing Reference			Documentation Tips
<p>Children age 3-6yrs: Children who had at least one or more well- child visits with a PCP during the measurement year. Well-child visits consist of the following:</p> <ul style="list-style-type: none"> • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance 	Well-Child Visits			<p align="center">Use correct billing codes.</p> <p align="center">❖</p> <p align="center">Ensure medical record includes the date of service for health & developmental history, physical exam, health education/ anticipatory guidance.</p> <p align="center">❖</p> <p align="center">Don't miss opportunities to provide a well-child visit during sick visits</p>
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Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Measure Definition	Billing Reference		Documentation Tips										
<p>Members age 3-17yrs who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. Documentation should include:</p> <ul style="list-style-type: none"> • BMI percentile (<i>Height, weight and BMI percentile must be from the same date of service</i>) • Counseling for Nutrition • Counseling for physical activity 	<table border="1"> <thead> <tr> <th>BMI Percentile</th> <th>ICD-10</th> </tr> </thead> <tbody> <tr> <td><5% for age</td> <td>Z68.51</td> </tr> <tr> <td>5% to <85% for age</td> <td>Z68.52</td> </tr> <tr> <td>85% to <95% for Age</td> <td>Z68.53</td> </tr> <tr> <td>≥95% for age</td> <td>Z68.54</td> </tr> </tbody> </table>		BMI Percentile	ICD-10	<5% for age	Z68.51	5% to <85% for age	Z68.52	85% to <95% for Age	Z68.53	≥95% for age	Z68.54	<div style="background-color: #4a4a9a; color: white; padding: 10px; border-radius: 15px;"> <p>When <u>counseling for physical activity</u> document:</p> <ul style="list-style-type: none"> • Physical activity counseling/education (e.g. child rides tricycle in yard) • Current physical activity behaviors (e.g. exercise routine, participation in sports activities and exam for sports participation) • While “cleared for sports” does not count, <i>a sports physical does count</i> • Include specific mention of physical activity recommendations to meet criteria for notation of anticipatory guidance <p align="center">❖</p> <p>When <u>counseling for nutrition</u>, document current nutrition behaviors (e.g. <i>meal patterns, eating and dieting habits</i>).</p> </div>
BMI Percentile	ICD-10												
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