



## Quality Measures 2022

### Provider Reference Guide for Healthcare Effectiveness Data & Information Set (HEDIS) related quality measures

Information below provides guidance to evidence-based services and related coding to support quality

Children and Adolescents												
HEDIS Measure Definition	Required Service/Documentation	Coding Tips										
<p><b>Childhood Immunization Status (CIS)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Children who received recommended vaccinations on or before their second birthday.</p>	<p>Percentage of children two years of age with appropriate childhood immunizations on or before their second birthday:</p> <table border="1"> <tr> <td><b>4-DTaP</b></td> <td><b>4-PCV</b></td> </tr> <tr> <td><b>3-IPV</b></td> <td><b>1-HEP A*</b></td> </tr> <tr> <td><b>1-MMR*</b></td> <td><b>2-3 Rotavirus</b></td> </tr> <tr> <td><b>3-HIB</b></td> <td><b>2-Influenza</b></td> </tr> <tr> <td><b>3-HEP B</b></td> <td><b>1-VZV</b></td> </tr> </table> <p>*On or between the child's first and second birthdays.</p> <p>Exclusions:</p> <p>Anaphylactic reaction due to vaccination; <b>DTaP</b> - Encephalopathy due to vaccination with vaccine causing adverse effect; <b>MMR</b>, <b>VZV</b>, and <b>Influenza</b> - Disorders of the immune system, HIV, malignant neoplasm of lymphatic tissue, anaphylactic reaction to neomycin; <b>Rotavirus</b> - Severe combined immunodeficiency; intussusception; <b>IPV</b> - Anaphylactic reaction to streptomycin, polymyxin B or neomycin; <b>HEP B</b> - Anaphylactic reaction to common baker's yeast.</p>	<b>4-DTaP</b>	<b>4-PCV</b>	<b>3-IPV</b>	<b>1-HEP A*</b>	<b>1-MMR*</b>	<b>2-3 Rotavirus</b>	<b>3-HIB</b>	<b>2-Influenza</b>	<b>3-HEP B</b>	<b>1-VZV</b>	<p><b><u>DTaP Vaccine CPT:</u></b> 90698, 90700, 90723</p> <p><b><u>IPV Vaccine CPT:</u></b> 90698, 90713, 90723</p> <p><b><u>MMR Vaccine CPT:</u></b> 90707, 90710; <b><u>Measles Rubella Vaccine CPT:</u></b> 90708; <b><u>Mumps Vaccine CPT:</u></b> 90704; <b><u>Measles Vaccine CPT:</u></b> 90705; <b><u>Rubella Vaccine CPT:</u></b> 90706</p> <p><b><u>HIB Vaccine CPT:</u></b> 90644, 90647, 90648, 90698, 90748</p> <p><b><u>Hepatitis B Vaccine CPT:</u></b> 90723, 90740, 90744, 90747, 90748; <b><u>HCPCS:</u></b> G0010</p> <p><b><u>VZV Vaccine CPT:</u></b> 90710, 90716</p> <p><b><u>Pneumococcal Conjugate Vaccine CPT:</u></b> 90670; <b><u>HCPCS:</u></b> G0009</p> <p><b><u>Hepatitis A Vaccine CPT:</u></b> 90633</p> <p><b><u>Rotavirus 2 Dose Schedule Vaccine CPT:</u></b> 90681; <b><u>Rotavirus 3 Dose Schedule Vaccine CPT:</u></b> 90680</p> <p><b><u>Influenza Vaccine CPT:</u></b> 90655, 90657, 90660, 90661, 90672, 90673, 90685-90689; <b><u>HCPCS:</u></b> G0008</p>
<b>4-DTaP</b>	<b>4-PCV</b>											
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Children and Adolescents		
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<p><b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>BMI percentile documentation</li> <li>Counseling for nutrition</li> <li>Counseling for physical activity</li> </ul>	<p>There must be documentation at least once during the measurement year of the following:</p> <ol style="list-style-type: none"> <li>Height and weight in the measurement year and BMI percentile rating</li> <li>Counseling for nutrition</li> <li>Counseling for physical activity</li> </ol> <p>Exclusion: Pregnancy</p>	<p><b>BMI Percentile</b> <b>ICD-10 Codes:</b> Z68.51 BMI – Z68.54</p> <p><b>Nutrition Counseling</b> <b>CPT:</b> 97802-97804 <b>ICD-10 Code:</b> Z71.3 <b>HCPCS Codes:</b> S9470, S9452, S9449, G0270, G0447</p> <p><b>Physical Activity Counseling</b> <b>ICD-10 Code:</b> Z02.5, Z71.82 <b>HCPCS Codes:</b> G0447, S9451</p>
<p><b>Annual Dental Visit (ADV)</b></p> <ul style="list-style-type: none"> <li><b>Medicaid</b></li> </ul> <p>The percentage of members 2–20 years of age who had at least one dental visit during the measurement year.</p>	<p>Any visit with a dental practitioner during the measurement year meets criteria.</p>	<p>Any dental code with a dental practitioner.</p>



Children and Adolescents		
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<p><b>Immunizations for Adolescents (IMA)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Adolescents who received recommended vaccinations on or before their 13th birthday.</p>	<p>The percentage of adolescents 13 years of age with appropriate immunizations on or by their 13th birthday:</p> <ul style="list-style-type: none"> <li>1 - meningococcal vaccine between 11th and 13th birthdays</li> <li>1 - Tdap vaccine between 10th and 13th birthdays</li> <li>2 – HPV vaccines at least 146 days apart between 9th and 13th birthdays, <b>or</b> 3 HPV vaccines on different dates of service between 9th and 13th birthdays</li> </ul> <p>Exclusions: Anaphylactic reaction: <b>ICD-10:</b> T80.52XA, T80.52XD, and T80.52XS</p>	<p><b><u>Meningococcal</u></b> <b>CPT:</b> 90619, 90734</p> <p><b><u>Tdap</u></b> <b>CPT:</b> 90715</p> <p><b><u>HPV</u></b> <b>CPT:</b> 90649, 90650, 90651</p>
<p><b>Lead Screening in Children (LSC)</b></p> <ul style="list-style-type: none"> <li><b>Medicaid</b></li> </ul> <p>Children 2 years of age who had one or more lead screening by their second birthday.</p>	<p>At least one lead capillary or venous blood test on or before the child's second birthday. Documentation in the medical record must include the following:</p> <ul style="list-style-type: none"> <li>Note indicating the date the test was performed</li> <li>Result or finding</li> </ul> <p>Exclusions: N/A</p>	<p><b><u>Lead Screening Test</u></b> <b>CPT:</b> 83655</p>



Children and Adolescents		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Child and Adolescent Well-Care Visits (WCV)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>	<p>At least one well-care visit during the year.</p> <p>Exclusions: N/A</p>	<p><b>Well-Care</b>  <b>CPT:</b> 99381-99385, 99391-99395, 99461;</p> <p><b>HCPCS:</b> G0438, G0439, S0302;</p> <p><b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p>
<p><b>Well-Child Visits in the First 30 Months of Life (W30)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months: six or more well-child visits for members who turned 15 months old during the measurement year and two or more well-child visits for members who turned 30 months during the measurement year.</p>	<p>First 15 Months:</p> <ul style="list-style-type: none"> <li>At least six well-care visits before the 15-month birthday.</li> </ul> <p>Months 15-30:</p> <ul style="list-style-type: none"> <li>At least two well care visits.</li> </ul> <p>Exclusions: N/A</p>	<p><b>Well-Care</b>  <b>CPT:</b> 99381-99385, 99391-99395, 99461;</p> <p><b>HCPCS:</b> G0438, G0439, S0302;</p> <p><b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p>



## Women's Health and Maternity

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Prenatal and Postpartum Care (PPC)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Percentage of deliveries of live births that received prenatal care in the first trimester and postpartum care between 7 and 84 days after delivery.</p>	<p><b>Prenatal Care</b> A diagnosis of pregnancy must be present. Documentation in the medical record must include evidence of ONE of the following:</p> <ul style="list-style-type: none"> <li>A basic physical obstetrical exam that includes auscultation of fetal heart tone, measurement of fundus height, or a pelvic exam with obstetric observations</li> <li>Evidence that a prenatal care procedure was performed such as an obstetric panel, or TORCH antibody panel alone, or a rubella antibody test/titer with a Rh incompatibility (ABO/Rh) blood typing, or Ultrasound of a pregnant uterus</li> <li>Documentation indicating pregnancy such as: prenatal flow sheet, LMP, EDD, gestational age, gravidity and parity, complete obstetrical history, prenatal risk assessment and counseling/education, or a positive pregnancy test result.</li> </ul> <p><b>Postpartum Visit</b> Must occur on or between 7 and 84 days after delivery. Documentation in the medical record must have ONE of the following:</p> <ul style="list-style-type: none"> <li>Pelvic exam</li> <li>Evaluation of weight, BP, breasts and abdomen</li> <li>Notation of PPC, including, but not limited to: "postpartum care", "6-week check", or a preprinted PP form</li> <li>Perineal or cesarean incision check</li> <li>Screening for depression, anxiety, substance use disorder, tobacco use, or preexisting mental health disorders</li> <li>Glucose screening for women with gestational diabetes.</li> <li>Documentation of family planning or intercourse resumption, infant care or breastfeeding, sleep/fatigue, healthy weight attainment, physical activity resumption</li> </ul>	<p><b>Prenatal</b></p> <p><b>Prenatal Bundled Services</b> <b>CPT:</b> 59400, 59425, 59426, 59510, 59610, 59618; <b>HCPCS:</b> H1005</p> <p><b>Stand Alone Prenatal Visits</b> <b>CPT:</b> 99500; <b>CPT-CAT-II:</b> 0500F, 0501F, 0502F; <b>HCPCS:</b> H1000-H1004</p> <p><b>Prenatal Visits</b> <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99483; <b>HCPCS:</b> G0463, T1015</p> <p><b>Telephone Visit</b> <b>CPT</b> (with a pregnancy-related diagnosis code): 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b>Online Assessment</b> <b>CPT</b> (with a pregnancy-related diagnosis code): 98969-98972, 99421-99423, 99444, 99458; <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063, G0071</p> <p><b>Postpartum</b></p> <p><b>Postpartum Visits</b> <b>CPT:</b> 57170, 58300, 59430, 99501; <b>CPT-CAT-II:</b> 0503F; <b>HCPCS:</b> G0101; ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p><b>Cervical Cytology Lab Test CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175; <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091;</p> <p><b>Postpartum Bundled Services</b> <b>CPT:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 (Exclusions: services provided in an acute inpatient setting)</p>



Women's Health and Maternity		
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<p><b>Breast Cancer Screening (BCS)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid, &amp; Medicare</b></li> </ul> <p>Women 50-74 years of age who had a mammogram to screen for breast cancer.</p>	<p>One or more mammograms any time on or between October 1, two years prior to the measurement year and December 31 of the measurement year.</p> <p>Exclusions:</p> <p><b><u>Bilateral Mastectomy</u></b>  <b>ICD-10:</b> OHTV0ZZ</p> <p><b><u>Unilateral Mastectomy</u></b>  <b>CPT:</b> 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307</p> <p><b>Modifier: 50; History of Bilateral Mastectomy ICD-10</b> Z90.13</p>	<p><b><u>Mammography</u></b>  <b>CPT:</b> 77061- 77063, 77065-77067  <b>HCPCS Codes:</b> G0202, G0204, G0206</p>
<p><b>Cervical Cancer Screening (CCS)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following:</p> <ul style="list-style-type: none"> <li>Women 21-64 years of age who had cervical cytology performed every three years</li> <li>Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years</li> <li>Women age 30-64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed every five years</li> </ul>	<p>Cervical cytology/HPV co-testing must occur on the same claim and date of service (DOS).</p> <p>Exclusions:</p> <p><b><u>Hysterectomy</u></b>  <b>CPT:</b> 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58575, 58951, 58953, 58954, 58956, 59135  <b>ICD-10:</b> Q51.5, Z90.710, Z90.712</p>	<p><b><u>Cervical Cytology</u></b>  <b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175  <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b><u>HPV Test</u></b>  <b>CPT:</b> 87624, 87625  <b>HCPCS:</b> G0476</p>



Women's Health and Maternity		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Chlamydia Screening in Women (CHL)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Percentage of sexually active women 16-24 with annual chlamydia screening during measurement year.</p>	<p>Sexually active women ages 16-24 should have at least one chlamydia test a year.</p> <p>The CHL measure is driven by administrative capture and not medical record review.</p> <p>Exclusions:</p> <p>Pregnancy test exclusion and a prescription for isotretinoin on the date of the pregnancy test or the six days after the test; pregnancy test and diagnostic radiology</p>	<p><b>Chlamydia Tests</b>  <b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810</p>
Adults		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Colorectal Cancer Screening (COL)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicare</b></li> </ul> <p>Percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.</p>	<p>At least one of the following screenings in the appropriate time frame:</p> <ul style="list-style-type: none"> <li>FOBT during the measurement year</li> <li>Flexible sigmoidoscopy within the past five years</li> <li>Colonoscopy within the past 10 years</li> <li>CT colonography within the past five years</li> <li>FIT-DNA within the past three years</li> </ul> <p>Exclusions:</p> <p><b>History of Colorectal Cancer</b>  <b>HCPCS:</b> G0213, G0214, G0215, G0231  <b>ICD-10:</b> C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048</p> <p><b>Total Colectomy</b>  <b>CPT:</b> 44150-44153, 44155-44158, 44210-44212</p>	<p><b>FOBT Lab Test</b>  <b>CPT:</b> 82270, 82274;  <b>HCPCS:</b>G0328</p> <p><b>FIT-DNA Lab Test</b>  <b>CPT:</b> 81528  <b>HCPCS:</b> G0464</p> <p><b>CT Colonography</b>  <b>CPT:</b> 74261-74263</p> <p><b>Flexible Sigmoidoscopy</b>  <b>CPT:</b> 45330-45335, 45337-45342, 45346-45347, 45349, 45350  <b>HCPCS:</b> G0104</p> <p><b>Colonoscopy</b>  <b>CPT:</b> 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398  <b>HCPCS:</b> G0105, G0121</p>



Adults		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Care for Older Adults (COA)</b></p> <ul style="list-style-type: none"> <li><b>Medicare DSNP</b></li> </ul> <p>Percentage of adults 66 years and older who had each of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>Advance care planning</li> <li>Medication review (includes a medication list and a review)</li> <li>Functional status assessment</li> <li>Pain assessment</li> </ul>	<p>There must be documentation of all of the following:</p> <ul style="list-style-type: none"> <li>Advance care planning</li> <li>Medication review (includes a medication list and a review)</li> <li>Functional status assessment</li> <li>Pain assessment</li> </ul> <p>Exclusions: Medication review, functional status assessment, and pain assessment during acute inpatient stay</p>	<p><b><u>Advance Care Planning</u></b> CPT: 99483, 99497 HCPCS: S0257 CPT-CAT-II: 1123F, 1124F, 1157F, 1158F ICD-10: Z66</p> <p><b><u>Medication Review</u></b> CPT: 90863, 99483, 99605, 99606 CPT-CAT-II: 1160F</p> <p><b><u>Medication List</u></b> HCPCS: G8427 CPT-CAT-II: 1159F</p> <p><b><u>Transitional Care Management Services</u></b> CPT: 99495, 99496 (exclude services provided in an acute inpatient setting)</p> <p><b><u>Functional Status Assessment</u></b> CPT: 99483 HCPCS: G0438, G0439 CPT-CAT-II: 1170F (exclude services provided in an acute inpatient setting)</p> <p><b><u>Pain Assessment</u></b> CPT-CAT-II: 1125F, 1126F (exclude services provided in an acute inpatient setting)</p>





Respiratory Conditions		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Appropriate Testing for Pharyngitis (CWP)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of members 3 years or older diagnosed with pharyngitis, prescribed an antibiotic, and tested for strep.</p>	Exclusions: N/A	<p><b>Group A Strep Test</b></p> <p><b>CPT:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880</p>
<p><b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of members 40 years or older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis during the last two years.</p>	Exclusions: N/A	<p><b>Spirometry</b></p> <p><b>CPT:</b> 94010, 94014-94016, 94060, 94070, 94375, 94620</p>



Respiratory Conditions		
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<p><b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Members dispensed systemic corticosteroid within 14 days or bronchodilator within 30 days of an acute inpatient discharge or ED encounter with a principal diagnosis of COPD.</p>	<p>Inpatient or ED visit with primary discharge of COPD.</p> <p>Exclusions: N/A</p>	<p><b><u>Systemic Corticosteroid Medications</u></b>            Glucocorticoids (cortisone-acetate, dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone)</p> <p><b><u>Bronchodilator Medications</u></b>            Anticholinergic agents (aclidinium bromide, ipratropium, tiotropium, umeclidinium)</p> <p><b><u>Beta 2-Agonists</u></b>            Albuterol, arformoterol, formoterol, indacaterol, levalbuterol, metaproterenol, salmeterol</p> <p><b><u>Bronchodilator Combinations</u></b>            Albuterol-ipratropium, budesonide-formoterol, dyphylline-guaifenesin, fluticasone-salmeterol, fluticasone-vilanterol, fluticasone furoate-umeclidinium-vilanterol, formoterol-aclidinium, formoterol-glycopyrrolate, formoterol-mometasone, indacaterol-glycopyrrolate, olodaterol hydrochloride, olodaterol-tiotropium, umeclidinium-vilanterol)</p>



Respiratory Conditions		
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<p><b>Asthma Medication Ratio (AMR)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Percentage of members 5-64 years of age with asthma who had a ratio of controller medications to total asthma medications of .5 or greater.</p>	<p>Members 5-64 years of age who are identified as having persistent asthma.</p>	<p><b><u>Asthma Controller Medications</u></b>            Anti-asthmatic combinations (Dyphylline-guaifenesin), antibody inhibitors (Omalizumab), anti-interleukin-4 (Dupilumab), anti-interleukin-5 (Benralizumab, Mepolizumab, Reslizumab), inhaled steroid combinations (Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone), inhaled corticosteroids (Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone), leukotriene modifiers (Montelukast, Zafirlukast, Zileuton), methylxanthines (Theophylline)</p> <p><b><u>Asthma Reliever Medications</u></b>            Short-acting, inhaled beta-2 agonists (Albuterol, Levalbuterol)</p>



Cardiovascular		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Controlling High Blood Pressure (CBP)</b></p> <ul style="list-style-type: none"> <li><b>All LOB</b></li> </ul> <p>Percentage of members age 18 or older with diagnosis of hypertension and whose most recent blood pressure during the measurement year was controlled (&lt;140/90 mm Hg).</p>	<p>18–85 years of age whose last blood pressure in the measurement year was &lt;140/90 mm Hg.</p> <p>Document blood pressure readings every visit for members 18–85 years of age with a diagnosis of hypertension.</p> <p>Repeat uncontrolled blood pressure readings.</p>	<p><b><u>Systolic Blood Pressure</u></b>  <b>CPT-CAT-II:</b> 3074F; 3075F, 3077F and  <b><u>Diastolic Blood Pressure</u></b>  <b>CPT-CAT-II:</b> 3078F, 3079F, 3080F</p> <p>During one of the following:</p> <p><b><u>Outpatient</u></b>  <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483;  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b><u>Telephone Visit</u></b>  <b>CPT:</b> 98966-98968, 99441-99443</p> <p><b><u>Online Assessment</u></b>  <b>CPT:</b> 98969-98972, 99421-99423, 99444, 99457;  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p> <p><b><u>Remote Blood Pressure Monitoring</u></b>  <b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p>



Cardiovascular		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of members 18 years or older who were discharged with a diagnosis of acute myocardial infarction and received a beta-blocker treatment for six months after discharge.</p>	<p>Exclusions:</p> <p>Asthma; COPD; chronic respiratory conditions due to fumes or vapors; beta-blocker contraindications; asthma exclusions medications: bronchodilator combinations (Budesonide-formoterol, Fluticasone-vilanterol, Fluticasone-salmeterol, Formoterol-mometasone), inhaled corticosteroids (Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone); adverse effect of beta-adrenoreceptor antagonists</p>	<p><b><u>Beta Blocker Medications:</u></b></p> <p>Non-cardio-selective beta-blockers (Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol), cardio-selective beta blockers (Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol), anti-hypertensive combinations (Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol)</p>
<p><b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>The percentage of males 21-75 years of age and females 40-75 years of age with clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate intensity statin medication during the measurement year and remained on medication for at least 80% of the treatment period.</p>	<p>Exclusions: N/A</p>	<p><b><u>High-Intensity Statin Therapy Medications</u></b></p> <p>Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg</p> <p><b><u>Moderate-Intensity Statin Therapy Medications</u></b></p> <p>Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 2-4 mg</p>



Cardiovascular		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Cardiac Rehabilitation (CRE)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>The percentage of members age 18 and older who attended cardiac rehabilitation following a qualifying cardiac event (including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement).</p>	<p>Initiation: At least 2 sessions from event date through 30 days.</p> <p>Engagement 1: At least 12 sessions from event date through 90 days.</p> <p>Engagement 2: At least 24 sessions from event date through 180 days.</p> <p>Achievement: At least 36 sessions from event date through 180 days.</p> <p>Exclusions: N/A</p>	<p>Four rates reported:</p> <ol style="list-style-type: none"> <li>1. Initiation (2 sessions)</li> <li>2. Engagement 1 (12 sessions)</li> <li>3. Engagement 2 (24 sessions)</li> <li>4. Achievement of (36 sessions)</li> </ol> <p><b><u>Cardiac Rehabilitation</u></b>  <b>CPT:</b> 93797, 93798  <b>HCPCS:</b> G0422, G0423, S9472</p>



Diabetes		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Hemoglobin A1c Control for Patients with Diabetes (HBD)</b></p> <ul style="list-style-type: none"> <li>Commercial, Medicaid &amp; Medicare</li> </ul> <p>The percentage of members 18-75 years of age with diabetes whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> <li>HbA1c control (&lt;8.0%)</li> <li>HbA1c poor control (&gt;9.0%)</li> </ul> <p>*A level less than 9.0% indicates better performance.</p>	<p>An HbA1c test and the most recent HbA1c level performed during the measurement year.</p> <p>Exclusions: No diagnosis of diabetes during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes.</p>	<p><b><u>HbA1c Test</u></b> CPT: 83036, 83037</p> <p><b><u>HbA1c Test Result</u></b> CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p>
<p><b>Blood Pressure Control for Patients with Diabetes (BPD)</b></p> <ul style="list-style-type: none"> <li>Commercial, Medicaid &amp; Medicare</li> </ul> <p>The percentage of members 18-75 years of age with diabetes whose blood pressure was adequately controlled (140/90 mm Hg) during the measurement year.</p>	<p>The most recent blood pressure performed during the measurement year.</p> <p>Exclusions: No diagnosis of diabetes during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes.</p>	<p><b><u>Systolic Blood Pressure</u></b> CPT-CAT-II: 3074F, 3075F, 3077F</p> <p><b><u>Diastolic Blood Pressure</u></b> CPT-CAT-II: 3078F, 3079F, 3080F</p>
<p><b>Eye Exam for Patients with Diabetes (EED)</b></p> <ul style="list-style-type: none"> <li>Commercial, Medicaid &amp; Medicare</li> </ul> <p>The percentage of members 18-75 years of age with diabetes who had a retinal eye exam.</p>	<p>A screening for diabetic retinal disease in the measurement year or a screening in the prior year with a negative result. Or a bilateral eye enucleation any time.</p> <p>Retinal exams must be performed or interpreted by an eye care professional.</p> <p>Exclusions: No diagnosis of diabetes during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes.</p>	<p><b><u>Eye Exams – Diabetic Retinal Screening</u></b> CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 671015, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203, 99205, 99213-99215, 99242-99245; HCPCS: S0620, S0621, S3000</p> <p><b><u>Eye Exam with Evidence of Retinopathy</u></b> CPT-CAT-II: 2022F, 2024F, 2026F</p> <p><b><u>Eye Exam without Evidence of Retinopathy</u></b> CPT-CAT-II: 2023F, 2025F, 2033F</p> <p><b><u>Retinal Screening Negative in the Prior Year</u></b> CPT-CAT-II: 3072F</p> <p><b><u>Unilateral Eye Enucleation</u></b> CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p>



Diabetes		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Kidney Health Evaluation for Patients with Diabetes (KED)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>The percentage of diabetic members 18-85 years of age who received a kidney health evaluation including an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement year.</p>	<p>Exclusions: N/A</p>	<p><b><u>Estimated Glomerular Filtration Rate Lab Test</u></b>  <b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82565</p> <p><b><u>Quantitative Urine Albumin Lab Test</u></b>  <b>CPT:</b> 82043</p> <p><b><u>Urine Creatinine Lab Test</u></b>  <b>CPT:</b> 82570</p>
<p><b>Statin Therapy for Patients with Diabetes (SPD)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>The percentage of diabetic members 40-75 years of age who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one statin medication during the measurement year and remained on medication for at least 80% of the treatment period.</p>	<p>Exclusions: N/A</p>	<p><b><u>High Intensity Statin Therapy Medications</u></b>  Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg</p> <p><b><u>Moderate Intensity Statin Therapy Medications</u></b>  Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 2-4 mg</p> <p><b><u>Low-Intensity Statin Therapy Medications</u></b>  Ezetimibe-simvastatin 10 mg, Fluvastatin 20 mg, Lovastatin 10-20 mg, Pravastatin 10-20 mg, Simvastatin 5-10 mg</p>





Musculoskeletal		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b></p> <ul style="list-style-type: none"> <li><b>Medicare</b></li> </ul> <p>Percentage of women 67-85 years of age who suffered a fracture and received appropriate osteoporosis treatment as indicated by one of the following:</p> <ul style="list-style-type: none"> <li>Bone mineral density test within six months of the fracture or during the inpatient stay if fracture occurred during hospitalization</li> <li>Osteoporosis therapy within six months of the fracture</li> <li>Long-acting osteoporosis therapy during the inpatient stay if fracture occurred during hospitalization</li> <li>A dispensed prescription to treat osteoporosis within six months of the fracture</li> </ul>	<p>Exclusions: N/A</p>	<p><b><u>Bone Mineral Density Test</u></b>  <b>CPT:</b> 76977, 77078, 77080, 77081, 77085, 77086</p> <p><b><u>Osteoporosis Medication Therapy</u></b>  <b>HCPCS:</b> J0897, J1740, J3110, J3489</p> <p><b><u>Long-Acting Osteoporosis Medications</u></b>  <b>HCPCS:</b> J0897, J1740, J3489</p> <p><b><u>Dispensed an Osteoporosis Medication</u></b>  Bisphosphonates (Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid), other agents (Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide)</p>
<p><b>Osteoporosis Screening in Older Women (OSW)</b></p> <ul style="list-style-type: none"> <li><b>Medicare</b></li> </ul> <p>Percentage of women 65-75 years of age who received osteoporosis screening.</p>	<p>Exclusions: N/A</p>	<p><b><u>Osteoporosis Screening Test</u></b>  <b>CPT:</b> 76977, 77078, 77080, 77081, 77085</p>



Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Antidepressant Medication Management (AMM)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of members 18 years or older diagnosed with depression who remained on antidepressant for at least six months.</p> <p>*This measure is a 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.</p>	<p>Exclusions: N/A</p>	<p><b><u>Antidepressant Medications</u></b></p> <p>Miscellaneous antidepressants (Bupropion, Vilazodone, Vortioxetine), monoamine oxidase inhibitors (Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine), phenylpiperazine antidepressants (Nefazodone, Trazodone), psychotherapeutic combinations (Amitriptyline-chlordiazepoxide, amitriptyline-perphenazine, Fluoxetine-olanzapine), SNRI antidepressants (Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine), SSRI antidepressants (Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline), tetracyclic antidepressants (Maprotiline, Mirtazapine), tricyclic antidepressants (Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin &gt;6 mg, Imipramine, Nortriptyline, Protriptyline, Trimipramine)</p>



Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Percentage of children 6-12 years of age with newly prescribed ADHD medication who received the appropriate follow-up visits to include an initiation visit within 30 days of the prescription dispensing date and two visits within nine months of the initiation visit.</p> <p>*This measure is a 12-month window starting on March 1 of the year prior to the measurement year and ending the last day of February of the measurement year.</p>	<p>Exclusions: Narcolepsy</p>	<p><b><u>Initiation Visit – Outpatient</u></b>  <b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72  <b><u>BH Outpatient Visit</u></b>  <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510; <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015  <b><u>Observation</u></b>  <b>CPT:</b> 99217, 99218, 99219, 99220  <b><u>Health and Behavior Assessment or Intervention</u></b>  <b>CPT:</b> 96150-96159, 96164, 96165, 96167, 96168, 96170, 96171  <b><u>Partial Hospitalization</u></b>  <b>POS:</b> 52  <b><u>Partial Hospitalization or Intensive Outpatient</u></b>  <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485  <b><u>Community Mental Health Center</u></b>  <b>POS:</b> 53  <b><u>Telehealth Visit</u></b>  <b>POS:</b> 02  <b><u>Telephone Visit</u></b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443  <b><u>Maintenance Visit</u></b>  Any of the above codes or  <b><u>Online Assessment</u></b>  <b>CPT:</b> 98969-98972, 99421-99423, 99444, 9945;  <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p>



Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Follow-Up After Hospitalization for Mental Illness (FUH)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of a mental health disorder and received appropriate follow-up visits within 7 and 30 days.</p>	<p>Exclusions: N/A</p>	<p>Any of the following with a mental health provider:</p> <p><b><u>Outpatient</u></b>  <b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p><b><u>BH Outpatient Visit</u></b>  <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510; <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p> <p><b><u>Partial Hospitalization</u></b>  <b>POS:</b> 52</p> <p><b><u>Partial Hospitalization or Intensive Outpatient</u></b>  <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b><u>Community Mental Health Center</u></b>  <b>POS:</b> 53</p> <p><b><u>Electroconvulsive Therapy</u></b>  <b>CPT:</b> 90870</p> <p><b><u>Telehealth Visit</u></b>  <b>POS:</b> 02</p> <p><b><u>Telephone Visit</u></b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b><u>Observation</u></b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b><u>Transitional Care Management Services</u></b>  <b>CPT:</b> 99495, 99496</p> <p><b><u>Behavioral Healthcare Setting</u></b>  <b>UBREV:</b> 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919</p>



Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b></p> <ul style="list-style-type: none"> <li>Commercial, Medicaid &amp; Medicare</li> </ul> <p>Percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 7 and 30 days.</p>	<p>Exclusions: N/A</p>	<p>Any of the following with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder:</p> <p><b>Outpatient</b>  <b>POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p><b>BH Outpatient Visit</b>  <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510; <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p> <p><b>Partial Hospitalization</b>  <b>POS:</b> 52</p> <p><b>Partial Hospitalization or Intensive Outpatient</b>  <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b>Community Mental Health Center</b>  <b>POS:</b> 53</p> <p><b>Electroconvulsive Therapy</b>  <b>CPT:</b> 90870</p> <p><b>Telehealth Visit</b>  <b>POS:</b> 02</p> <p><b>Telephone Visit</b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443;</p> <p><b>Observation</b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b>Online Assessment</b>  <b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458; <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p>



Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Follow-Up After High Intensity Care for Substance Use Disorder (FUI)</b></p> <ul style="list-style-type: none"> <li>Commercial, Medicaid &amp; Medicare</li> </ul> <p>Percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit within 7 and 30 days.</p>	<p>Exclusions: N/A</p>	<p>Any of the following with a principal diagnosis of substance use disorder:</p> <p><b><u>Inpatient Stay</u></b>  <b>UBREV:</b> 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002</p> <p><b><u>IET Stand Alone Visits</u></b>  <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411, 99412, 99483, 99510; <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015; <b>UBREV:</b> 0510, 0513, 0515-0517, 0519 - 0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p> <p><b><u>ODU Weekly Non-Drug Service HCPCS:</u></b>  G2071, G2074-G2077, G2080</p> <p><b><u>ODU Monthly Office Based Treatment HCPCS:</u></b> G2086, G2087</p> <p><b><u>IET Visits</u></b>  <b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b><u>Observation</u></b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b><u>Residential Behavioral Health Treatment HCPCS:</u></b> H0017, H0018, H0019, T2048</p> <p><b><u>Telephone Visit</u></b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b><u>Online Assessment</u></b>  <b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458;  <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p> <p>A pharmacotherapy dispensing event of medication treatment event [Medications: Naltrexone (oral &amp; injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film), Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral and delayed-release tablet)]</p>



Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of emergency department visits for members 13 years of age or older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow up visit for AOD within 7 and 30 days.</p>	<p>Exclusions: N/A</p>	<p>Any of the following with a principal diagnosis of AOD abuse or dependence:</p> <p><b><u>IET Stand Alone Visits</u></b>  <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411, 99412, 99483, 99510; <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012; <b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p> <p><b><u>ODU Weekly Non-Drug Service</u></b>  <b>HCPCS:</b> G2071, G2074-G2077, G2080</p> <p><b><u>ODU Monthly Office Based Treatment</u></b>  <b>HCPCS:</b> G2086, G2087</p> <p><b><u>ODU Weekly Drug Treatment Service</u></b>  <b>HCPCS:</b> G2067-G2070, G2072, G2073</p> <p><b><u>IET Visits</u></b>  <b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b><u>Observation</u></b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b><u>Telephone Visit</u></b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b><u>Online Assessment</u></b>  <b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458; <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p>



Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Pharmacotherapy for Opioid Use Disorder (POD)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of new opioid use disorder pharmacotherapy events with OUD pharmacotherapy for 180 days or more among members age 16 and older with this diagnosis.</p>	<p>Exclusions: N/A</p>	<p><b><u>Opioid Use Disorder Treatment Medications</u></b>  Naltrexone oral medications, naltrexone injection medications, buprenorphine oral medications, buprenorphine implant medications, buprenorphine naloxone medication, methadone.</p>
<p><b>Diabetes Screening for People with Schizophrenia or Bipolar Who Are Using Antipsychotic Meds (SSD)</b></p> <ul style="list-style-type: none"> <li><b>Medicaid</b></li> </ul> <p>Percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed on antipsychotic medication and had a diabetes screening test during the measurement year.</p>	<p>Exclusions: N/A</p>	<p><b><u>Glucose Lab Test</u></b>  <b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951  <b><u>HbA1c Lab Test</u></b>  <b>CPT:</b> 83036, 83037; <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F</p>
<p><b>Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</b></p> <ul style="list-style-type: none"> <li><b>Medicaid</b></li> </ul> <p>Percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had an LDL-C test and an HbA1c test during the measurement year.</p>	<p>Exclusions:  No diagnosis of diabetes during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes</p>	<p><b><u>HbA1c Lab Test</u></b>  <b>CPT:</b> 83036, 83037; <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F  <b><u>LDL-C Lab Test</u></b>  <b>CPT:</b> 80061, 83700, 83701, 83704, 83721; <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F</p>





Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)</b></p> <ul style="list-style-type: none"> <li><b>Medicaid</b></li> </ul> <p>Percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LCL-C test during the during the measurement year.</p>	<p>Exclusions: N/A</p>	<p><b><u>LDL-C Lab Test</u></b>  <b>CPT:</b> 80061, 83700, 83701, 83704, 83721; <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F</p>
<p><b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of members 18 years and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p>	<p>Exclusions: Dementia Diagnosis</p>	<p><b><u>Dementia Medication</u></b>  Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-memantine</p> <p><b><u>Oral Antipsychotic Medications</u></b>  Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, liooperidone, Loxapine, Lurisdadone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Amitriptyline-perphenazine, Thiothixene</p> <p><b><u>Long-Acting Injections</u></b>  Risperidone, Aripiprazole, Fluphenazine decanoate, Haloperidol deconoate, Olanzapine, Paliperidone palmitate; <b>HCPCS:</b> J2794, J0401, J1631, J2358, J2426, J2680</p>



Behavioral Health		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing including at least one of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>Blood glucose testing</li> <li>Cholesterol testing</li> </ul>	<p>Exclusions: N/A</p>	<p><b><u>Glucose Lab Test</u></b>  <b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b><u>HbA1c Lab Test</u></b>  <b>CPT:</b> 83036, 83037; <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F</p> <p><b><u>LDL-C Lab Test</u></b>  <b>CPT:</b> 80061, 83700, 83701, 83704, 83721; <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F</p> <p><b><u>Cholesterol Lab Test</u></b>  <b>CPT:</b> 82465, 83718, 83722, 84478</p>



Medication Management		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Transitions of Care (TRC)</b></p> <ul style="list-style-type: none"> <li><b>Medicare</b></li> </ul> <p>Percentage of discharges during the measurement year for members 18 years of age and older who had each of the following:</p> <ul style="list-style-type: none"> <li>Notification of inpatient admission (on day of admission or following day)</li> <li>Receipt of discharge information (on day of discharge or following day)</li> <li>Patient engagement after inpatient discharge (within 30 days after discharge)</li> <li>Medication reconciliation post-discharge (within 30 days after discharge)</li> </ul>	<p>Exclusions: N/A</p>	<p><b><u>Patient Engagement Outpatient</u></b>  <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483; <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b><u>Telephone Visit</u></b>  <b>CPT:</b> 98966-98968, 99441-99443</p> <p><b><u>Transitional Care Management Services</u></b>  <b>CPT:</b> 99495, 99496</p> <p><b><u>Online Assessment</u></b>  <b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458; <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063, G0071</p> <p><b><u>Medication Reconciliation</u></b>  <b>CPT:</b> 99483, 99495, 99496;  <b>CPT-CAT-II:</b> 1111F</p>



Medication Management		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Follow up After Emergency Department Visit for People with Multiple High-RiskChronic Conditions (FMC)</b></p> <ul style="list-style-type: none"> <li>• <b>Medicare</b></li> </ul> <p>Percentage of members 18 years and older with multiple high-risk chronic conditions who had a follow-up service within 7 days of an ED visit during the measurement year.</p>	<p>Exclusions: N/A</p>	<p>Follow-up service:</p> <p><b><u>Outpatient</u></b>  <b>POS:</b> 03, 05, 07, 09, 11-20, 33, 49, 50, 71, 72</p> <p><b><u>Outpatient</u></b>  <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347, 99348-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483; <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015</p> <p><b><u>Transitional Care Management Services</u></b>  <b>CPT:</b> 99495, 99496</p> <p><b><u>Case Management Encounter</u></b>  <b>CPT:</b> 99366; <b>HCPCS:</b> T1016, T1017, T2022, T2023</p> <p><b><u>Complex Care Management Services</u></b>  <b>CPT:</b> 99487, 99489, 99490, 99491; <b>HCPCS:</b> G0506</p> <p><b><u>BH Outpatient Visit</u></b>  <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510; <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 H2020, T1015</p> <p><b><u>Partial Hospitalization</u></b>  <b>POS:</b> 52  <b><u>Partial Hospitalization or Intensive Outpatient</u> HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b><u>Community Mental Health Center</u></b>  <b>POS:</b> 53</p> <p><b><u>Electroconvulsive Therapy</u></b>  <b>CPT:</b> 90870</p> <p><b><u>Telehealth Visit</u></b>  <b>POS:</b> 02  <b><u>Telephone Visit</u></b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b><u>Observation</u></b>  <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b><u>IET Stand Alone Visits</u></b>  <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411, 99412, 99483, 99510; <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012; <b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p> <p><b><u>Online Assessment</u></b>  <b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458; <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p>



Overuse/Appropriateness		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>Percentage of adolescent females 16-20 years of age who were screened unnecessarily for cervical cancer.</p> <p>*A lower rate indicates better performance.</p>	<p>Exclusions: N/A</p>	<p><b><u>Cervical Cytology</u></b>  <b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175;  <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b><u>HPV Test</u></b>  <b>CPT:</b> 87624, 87625; <b>HCPCS:</b> G0476</p>
<p><b>Non-Recommended PSA-Based Screening in Older Men (PSA)</b></p> <ul style="list-style-type: none"> <li><b>Medicare</b></li> </ul> <p>Percentage of men 70 years and older during the measurement year who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA) - based screening.</p> <p>*A lower rate indicates better performance.</p>	<p>Exclusions: N/A</p>	<p><b><u>PSA Lab Test</u></b>  <b>CPT:</b> 84152-84154; <b>HCPCS:</b> G0103</p>



Overuse/Appropriateness		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Appropriate Treatment for Upper Respiratory Infection (URI)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of episodes for members 3 months of age and older diagnosed with upper respiratory infection and not dispensed an antibiotic.</p> <p>*This measure has a 12-month window starting July 1 of the year prior to the measurement year and ending June 30 of the measurement year.</p>	<p>Exclusions: N/A</p>	<p><b><u>CWP Antibiotic Medications</u></b> Aminopenicillins (Amoxicillin, Ampicillin)</p> <p><b><u>Beta-lactamase Inhibitors</u></b> Amoxicillin-clavulanate, first generation cephalosporins (Cefadroxil, Cefazolin, Cephalexin), folate antagonist (Trimethoprim), lincomycin derivatives (Clindamycin), macrolides (Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate), natural penicillins (Penicillin G benzathine, Penicillin G potassium, Penicillin G sodium, Penicillin V potassium), penicillinase-resistant penicillins (Dicloxacillin), quinolones (Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin), second generation cephalosporins (Cefaclor, Cefprozil, Cefuroxime), sulfonamides (Sulfamethoxazole-trimethoprim), tetracyclines (Doxycycline, Minocycline, Tetracycline), third generation cephalosporins (Cefdinir, Cefixime, Cefpodoxime, Ceftributen, Cefditoren, Ceftriaxone)</p>



Overuse/Appropriateness		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of members 3 months and older diagnosed with acute bronchitis who were not dispensed an antibiotic.</p> <p>*This measure has a 12-month window starting July 1 of the year prior to the measurement year and ending June 30 of the measurement year.</p>	<p>Exclusions: N/A</p>	<p><b><u>Antibiotic Prescriptions</u></b></p> <p>Aminoglycosides (Amikacin, Gentamicin, Streptomycin, Tobramycin), aminopenicillins (Amoxicillin, Ampicillin), beta-lactamase inhibitors (Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam), first generation cephalosporins (Cefadroxil, Cefazolin, Cephalexin), fourth generation cephalosporins (Cefepime), ketolides (Telithromycin), lincomycin derivatives (Clindamycin, Lincomycin), macrolides (Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate), miscellaneous antibiotics (Aztreonam, Chloramphenicol, Dalbapristinquinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin), natural penicillins (Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine), penicillinase-resistant penicillins (Dicloxacillin, Nafcillin, Oxacillin), quinolones (Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin), rifamycin derivatives (Rifampin), second generation cephalosporin (Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime), sulfonamides (Sulfadiazine, Sulfamethoxazole-trimethoprim), tetracyclines (Doxycycline, Minocycline, Tetracycline), third generation cephalosporins (Cefdinir, Cefditoren, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftibuten, Ceftriaxone), urinary anti-infectives (Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim)</p>



Overuse/Appropriateness		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Use of High Risk Medications in Older Adults (DAE)</b></p> <ul style="list-style-type: none"> <li><b>Medicare</b></li> </ul> <p>The percentage of members 67 years of age and older who had at least two dispensing events for the same high-risk medication during the measurement year.</p> <p>*A lower rate indicates better performance.</p>	<p>Exclusions: N/A</p>	<p><b><u>High-Risk Medications</u></b>            Anticholinergics, first-generation antihistamines (Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Diphenhydramine (oral), Dimenhydrinate, Doxylamine, Hydroxyzine, Meclizine, Promethazine, Pyrilamine, Triprolidine) Anticholinergics, anti-Parkinson agents [Benztropine (oral), Trihexyphenidyl], Antispasmodics [Atropine (exclude ophthalmic), Belladonna alkaloids, Chlordiazepoxide-clidinium, Dicyclomine, Hyoscyamine, Methscopolamine, Propantheline, Scopolamine], Antithrombotic [Dipyridamole, oral short-acting], Cardiovascular, alpha agonists, central [Guanfacine, Methyldopa], Cardiovascular, other [Disopyramide, Nifedipine, immediate release], Central nervous system, antidepressants [Amitriptyline, Amoxapine, Clomipramine, Desipramine, Imipramine, Nortriptyline, Paroxetine, Protriptyline, Trimipramine], Central nervous system, barbiturates [Amobarbital, Butobarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital], Central nervous system, vasodilators [Ergoloid mesylates, Isoxsuprine], Central nervous system, other [Meprobamate], Endocrine system, estrogens with or without progestins; include only oral and topical patch products [Conjugated estrogen, Esterified estrogen, Estradiol, Estropipate], Endocrine system, sulfonyleureas, long-duration [Chlorpropamide, Glimepiride, Glyburide], Endocrine system, other [Desiccated thyroid, Megestrol], Nonbenzodiazepine hypnotics [Eszopiclone, Zaleplon, Zolpidem], Pain medications, skeletal muscle relaxants [Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine], Pain medications, other [Indomethacin, Ketorolac, includes parenteral, Meperidine]</p> <p><b><u>High-Risk Medications with Days Supply Criteria</u></b>            &gt;90 days            Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals- monohydrate</p> <p><b><u>High-Risk Medications with Average Daily Dose Criteria</u></b>            &gt;0.1 mg/day Reserpine; &gt;0.125 mg/day Digoxin; &gt;6 mg/day Doxepin</p> <p><b><u>High-Risk Medications Based on Prescription and Diagnosis Data</u></b>            Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimavanserin, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone, Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate, Diazepam, Estazolam, Flurazepam, Lorazepam, Midazolam, Oxazepam, Quazepam, Temazepam, Triazolam</p>





Overuse/Appropriateness		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Use of Opioids at High Dose (HDO)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Proportion of members 18 years and older who received prescription opioids at a high dose for ≥15 days during the measurement year.</p> <p>*A lower rate indicates better performance.</p>	Exclusions: N/A	The number of members whose average morphine milligram equivalent dose (MME) was ≥90 during the treatment period.
<p><b>Use of Opioids from Multiple Providers (UOP)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Proportion of members 18 years and older receiving prescription opioids for ≥15 days during measurement year who received opioids from multiple providers.</p> <p>*A lower rate indicates better performance.</p>	Exclusions: N/A	<p>Three rates reported:</p> <ol style="list-style-type: none"> <li>Multiple prescribers (4 or more prescribers)</li> <li>Multiple pharmacies (4 or more pharmacies)</li> <li>Multiple prescribers &amp; pharmacies (both 4 or more prescribers and 4 or more pharmacies)</li> </ol>
<p><b>Risk of Continued Opioid Use (COU)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of members 18 years or older who have a new episode of opioid use during the measurement year that puts them at risk for continued opioid use.</p> <p>*A lower rate indicates better performance.</p>	Exclusions: N/A	<p>Two rates reported:</p> <ol style="list-style-type: none"> <li>Percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period</li> <li>Percentage of members whose new episode of opioid use last at least 31 days in 62-day period</li> </ol>



Access/Availability of Care		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Adults Access to Preventive/ Ambulatory Health Services (AAP)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>The percentage of members 20 years or older who had an ambulatory or preventive care visit during:</p> <ul style="list-style-type: none"> <li>Measurement year (Medicaid and Medicare) or</li> <li>Measurement year or the two years prior (Commercial)</li> </ul>	<p>Exclusions: N/A</p>	<p><b><u>Ambulatory Visits</u></b>  <b>CPT:</b> 92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99461, 99483; <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015; <b>ICD-10:</b> 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;</p> <p><b><u>Telephone Visit</u></b>  <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b><u>Online Assessment</u></b>  <b>CPT:</b> 98969-98972, 99421-99423, 99444, 99457; <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063</p>



Access/Availability of Care		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Percentage of members 13 years of age and older with a new diagnosis of alcohol or other drug (AOD) abuse or dependence who received initial treatment within 14 days of the diagnosis and a follow-up visit within 34 days of the initiation.</p>	<p>Exclusions: N/A</p>	<p>Any of the following with a diagnosis matching the start date diagnosis cohort using one of the following: Alcohol abuse and dependence diagnoses, opioid abuse and dependence diagnoses, or other drug abuse and dependence diagnoses.</p> <p><b><u>Inpatient Stay</u></b> <b>UBREV:</b> 0100, 0101, 0110-0114, 0116-0124, 0126-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000, 1001, 1002</p> <p><b><u>IET Stand Alone Visits</u></b> <b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411, 99412, 99483, 99510; <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012; <b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</p> <p><b><u>Observation</u></b> <b>CPT:</b> 99217, 99218, 99219, 99220</p> <p><b><u>IET Visits</u></b> <b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p><b><u>Telephone Visit</u></b> <b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443</p> <p><b><u>Online Assessment</u></b> <b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458; <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063</p> <p><b><u>ODU Weekly Non-Drug Service</u></b> <b>HCPCS:</b> G2071, G2074-G2077, G2080</p> <p><b><u>ODU Monthly Office-Based Treatment</u></b> <b>HCPCS:</b> G2086, G2087</p> <p>Medication treatment dispensing event of alcohol use disorder treatment medications [Disulfiram (oral), naltrexone (oral and injectable), acamprosate (oral; delayed-release tablet)] or opioid use disorder treatment medications [Naltrexone (oral and injectable), buprenorphine (sublingual tablet, injection, implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)]</p>



Access/Availability of Care		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicaid</b></li> </ul> <p>The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</p>	Exclusions: N/A	<p><b><u>Psychosocial Care</u></b>  <b>CPT:</b> 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880; <b>HCPCS:</b> G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485</p>
<p><b>Frequency of Selected Procedures (FSP)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Summary of utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.</p>	Exclusions: N/A	<p><b><u>Procedures:</u></b>  Tonsillectomy, bariatric weight loss surgery, hysterectomy, cholecystectomy, back surgery, PCI, cardiac catheterization, CABG, prostatectomy, total hip replacement, total knee replacement, carotid endarterectomy, mastectomy, lumpectomy</p>



Use of Services		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Ambulatory Care (AMB)</b></p> <ul style="list-style-type: none"> <li>• <b>Medicaid</b></li> </ul> <p>Summary of utilization of ambulatory care in the following categories: outpatient visits including telehealth and ED visits.</p>	Exclusions: N/A	N/A
<p><b>Inpatient Utilization – General Hospital/Acute Care (IPU)</b></p> <ul style="list-style-type: none"> <li>• <b>Medicaid</b></li> </ul> <p>Summary of utilization of acute inpatient care in the following categories: maternity, surgery, medicine, total (sum of maternity, surgery, and medicine)</p>	Exclusions: N/A	N/A
<p><b>Identification of Alcohol and Other Drug Services (IAD)</b></p> <ul style="list-style-type: none"> <li>• <b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Summary of the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year: Inpatient, intensive outpatient or hospitalization, outpatient or medication treatment, ED, telehealth, any service.</p>	Exclusions: N/A	N/A
<p><b>Mental Health Utilization (MPT)</b></p> <ul style="list-style-type: none"> <li>• <b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Summary of the number and percentage of members receiving the following mental health services during the measurement year: inpatient, intensive outpatient or partial hospitalization, outpatient, ED, telehealth, any service.</p>	Exclusions: N/A	N/A



Use of Services		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Antibiotic Utilization (ABX)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Summary of the following data on outpatient utilization of antibiotic prescriptions during the measurement year:</p> <ul style="list-style-type: none"> <li>Total number of antibiotic prescriptions</li> <li>Average number of antibiotic prescriptions per member per year (PMPY)</li> <li>Total days supplied for all antibiotic prescriptions</li> <li>Average days supplied per antibiotic prescription</li> <li>Total number of prescriptions for antibiotics of concern</li> <li>Average number of prescriptions PMPY for antibiotics of concern</li> <li>Percentage of antibiotics of concern for all antibiotic prescriptions</li> <li>Average number of antibiotics PMPY reported by drug class</li> </ul>	Exclusions: N/A	N/A
<p><b>Plan All Cause Readmissions (PCR)</b></p> <ul style="list-style-type: none"> <li><b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</p>	Exclusions: N/A	N/A
<p><b>Hospitalization Following Discharge from a Skilled Nursing Facility (HFS)</b></p> <ul style="list-style-type: none"> <li><b>Medicare</b></li> </ul> <p>For members 65 years of age and older, the percentage of skilled nursing facility discharges to the community that were followed by an unplanned acute hospitalization for any diagnosis within 30 and 60 days.</p>	Exclusions: N/A	N/A



Risk Adjusted Utilization		
HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Acute Hospital Utilization (AHU)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicare</b></li> </ul> <p>For members 18 and older, the acute inpatient and observation stay discharges during the measurement year.</p>	Exclusions: N/A	N/A
<p><b>Emergency Department Utilization (EDU)</b></p> <ul style="list-style-type: none"> <li><b>Commercial &amp; Medicare</b></li> </ul> <p>For members 18 and older, ED visits during the measurement year.</p>	Exclusions: N/A	N/A
<p><b>Hospitalization for Potentially Preventable Complications (HPC)</b></p> <ul style="list-style-type: none"> <li><b>Medicare</b></li> </ul> <p>For members 67 years of age and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.</p>	Exclusions: N/A	N/A
<p><b>Fall Risk Management (FRM)</b></p> <ul style="list-style-type: none"> <li><b>Medicare</b></li> </ul> <p>Assesses different facets of fall risk management.</p>	Exclusions: N/A	Discussing and managing fall risk



## Measures Collected Through CAHPS Health Plan Survey

HEDIS Measure Definition	Required Service/Documentation	Coding Tips
<p><b>Management Urinary Incontinence in Older Adults (MUI)</b></p> <ul style="list-style-type: none"> <li>• <b>Medicare</b></li> </ul> <p>Assesses the management of urinary incontinence in older adults.</p>	Exclusions: N/A	Discussing urinary incontinence and treatment
<p><b>Physical Activity in Older Adults (PAO)</b></p> <ul style="list-style-type: none"> <li>• <b>Medicare</b></li> </ul> <p>Assesses different facets of promoting physical activity in older adults.</p>	Exclusions: N/A	Discussing and advising physical activity
<p><b>Flu Shots for Adults (FVA)</b></p> <ul style="list-style-type: none"> <li>• <b>Commercial &amp; Medicaid</b></li> </ul> <p>Percentage of members 18-64 years who received a flu shot in the last year.</p>	Exclusions: N/A	Advising flu shot
<p><b>Flu Shots in Older Adults (FVO)</b></p> <ul style="list-style-type: none"> <li>• <b>Medicare</b></li> </ul> <p>Percentage of members 65 years and older who received a flu shot in the last year.</p>	Exclusions: N/A	Advising flu shot
<p><b>Medical Assistance with Smoking Cessation (MSC)</b></p> <ul style="list-style-type: none"> <li>• <b>Commercial, Medicaid &amp; Medicare</b></li> </ul> <p>Assesses different facets of providing medical assistance with smoking and tobacco cessation.</p>	Exclusions: N/A	Advising smokers and tobacco users to quit, discussing cessation medications, and discussing cessation strategies
<p><b>Pneumonia Vaccine Status (PNU)</b></p> <ul style="list-style-type: none"> <li>• <b>Medicare</b></li> </ul> <p>Percentage of members 65 years and older who received a pneumococcal vaccine during the measurement year.</p>	Exclusions: N/A	Advising pneumonia vaccine

