



HEDIS[®] MY 2026

Quick Reference Guide

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For a complete list of codes and the most recent HEDIS measurements, standards, and information about changes the NCQA made to the technical specifications, such as changing the terminology from “member” to “person,” please visit the NCQA website at [ncqa.org](https://www.ncqa.org), or see the HEDIS value sets. Only subsets of the NCQA-approved codes are listed in this document. This list is not exhaustive. This information is based on technical specification released in August 2025. An addendum document will be available after the final technical specifications are released in spring 2026.

HEDIS[®] MY 2026

Quick Reference Guide

Updated to reflect NCQA HEDIS MY 2026 Technical Specifications

Arkansas Total Care strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS MY 2026 Quick Reference Guide to help you increase your practice's HEDIS rates and address care opportunities for your patients. Please always follow the state and/or Centers for Medicare and Medicaid Services (CMS) billing guidance and ensure the HEDIS codes are covered prior to submission. Measurement period 2026 is defined as Jan. 1, 2026 through Dec. 31, 2026.



What is HEDIS[®]?

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, healthcare providers, and policy makers.

▶ What are the scores used for?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for persons.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium — for example, Pay for Performance or Quality Bonus Funds.

▶ How are rates calculated?

HEDIS rates are collected in various ways: administrative data, hybrid (medical record review data), and electronic clinical data systems (ECDS). *Administrative* data consists of claim or encounter data submitted to the health plan. *Hybrid* data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of person medical records to abstract data for services rendered but not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or billed inaccurately, they are not included in the calculation.

(continued)



Transition to ECDS-Only Reporting

Over the last several years, NCQA has added the option to report the ECDS reporting standard for several existing HEDIS measures alongside traditional HEDIS reporting. This allows health plans to assess their ECDS reporting capabilities and represents a step forward in adapting HEDIS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement.

Based on these results, NCQA has announced the transition of several measures to ECDS-only. The major reporting change to be aware of is that the traditional hybrid measure (LSC) that transitions to ECDS-only will no longer use the annual chart retrieval process to demonstrate compliance. All compliance from medical records must be processed through prospective supplemental data. The data sources for ECDS are Electronic Health Records, Health Information Exchanges, Case Management Systems, and Administrative Claims. For more information on ECDS and the data allowed for compliance, please visit ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.

ECDS Measures Effective for MY 2026

| | |
|---|--------------------------------------|
| Adult Immunization Status (AIS-E) | (MCR*/MCD*/MKT*)** |
| Blood Pressure Control for Patients With Diabetes (BPD-E) | (MCR/MCD/MKT) |
| Blood Pressure Control for Patients With Hypertension (BPC-E) | (MCR*/MCD*/MKT) |
| Breast Cancer Screening (BCS-E) | (MCR*/MCD*/MKT*)** |
| Cervical Cancer Screening (CCS-E) | (MCD*/MKT)** (Optional scoring MKT) |
| Childhood Immunization Status (CIS-E) | (MCD*/MKT)** |
| Colorectal Cancer Screening (COL-E) | (MCR*/MCD*)** (Optional scoring MKT) |
| Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) | (MCR*/MCD*/MKT) |
| Documented Assessment After Mammogram (DBM-E) | (MCR/MCD/MKT) |
| Follow-Up After Abnormal Mammogram Assessment (FMA-E) | (MCR/MCD/MKT) |
| Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E) | (MCD) |
| Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) | (MCD*)** |
| Immunizations for Adolescents (IMA-E) | (MCD*/MKT*)** |
| Lead Screening in Children (LSC-E) | (MCD) |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) | (MCD*)** |
| Postpartum Depression Screening and Follow-Up (PDS-E) | (MCD) |
| Prenatal Depression Screening and Follow-Up (PND-E) | (MCD) |
| Prenatal Immunization Status (PRS-E) | (MCD*)** |
| Statin Therapy for Patients With Cardiovascular Disease (SPC-E) | (MCR/MCD) |
| Statin Therapy for Patients With Diabetes (SPD-E) | (MCD) |
| Social Need Screening and Intervention (SNS-E) | (MCD/MKT) |
| Tobacco Use Screening and Cessation Intervention (TSC-E) | (MCR/MCD) |
| Unhealthy Alcohol Use Screening and Follow-Up (ASF-E) | (MCR/MCD) |

*Impact to Health Plan Rating/MA Stars/QRS Stars information as of MY 2025. MY 2026 information is pending.

**Required to be reported for Medicare and Medicaid plans with Accreditation. Information as of MY 2025. MY 2026 information is pending.

(continued)



How can I improve my HEDIS® scores?

- ✓ Conduct preventive care visits annually and ensure your patients are up to date with their recommended screenings (i.e., mammograms, colonoscopies, etc.).
- ✓ Ensure that all claim/encounter data for each and every service rendered is submitted in an accurate and timely manner.
- ✓ Include Current Procedural Terminology (CPT) II codes to provide additional details and reduce medical record requests.
- ✓ Make sure that chart documentation reflects all services billed.
- ✓ Bill (or report by encounter submission) for all delivered services, regardless of contract status.
- ✓ Respond timely to medical records requests.
- ✓ Submit supplemental data throughout the measurement period.
- ✓ Early engagement with pharmacy adherence is key — once a person loses days on a prescription, those days cannot be recovered.
- ✓ Speak with the persons about any barriers to adherence.
- ✓ Consider utilizing RxEffect — a free online portal for our network providers that will prioritize your high-risk patients more efficiently. This will save on resources, as it lists your patients at highest risk for non-adherence.
- ✓ If you have any questions regarding pharmacy and person barriers, please reach out to your local Provider Relations Representative for assistance.
- ✓ Speak with your patients about the availability of a transportation benefit (if applicable) to assist with access to care.
- ✓ Ensure that patients are aware of the option for mail-order prescription refills.
- ✓ Remember that you are now able to prescribe 100 days' supply of medications for both retail and mail-order.



Updates to HEDIS® Measures

This guide has been updated with information from the release of the HEDIS 2026 Volume 2 Technical Specifications by NCQA and is subject to change.

▶ **New Measures MY 2026:**

- Blood Pressure Control for Patients With Diabetes (BPD-E)
- Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)
- Tobacco Use Screening and Cessation Intervention (TSC-E)

(continued)

▶ Retired Measures MY 2026:

- Asthma Medication Ratio (AMR)
- Lead Screening in Children (LSC)*
- Statin Therapy for Patients With Cardiovascular Disease (SPC)*
- Statin Therapy for Patients With Diabetes (SPD)*
- Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

**Only the LSC-E, SPD-E and SPC-E will be reported.*

▶ Transitioned Measures MY 2026:

- Lead Screening in Children (LSC-E)
- Statin Therapy for Patients With Cardiovascular Disease (SPC-E)
- Statin Therapy for Patients With Diabetes (SPD-E)



Availity

Clinical Quality Validation (CQV) is a time-saving application within Availity® Essentials that allows providers to quickly address and submit documentation for open Quality Care gaps, and is a source of submission for Pay for Performance (P4P)/Partnership 4 Quality (P4Q) programs. With an integrated workflow, pre-populated forms, document upload, and status tracking, CQV is entirely digital from start to finish. Providers can electronically document their patient's care and assessments to close HEDIS quality care gaps for health plan persons using CQV.

- ✓ The provider's office must be registered with Availity (**availity.com**) to receive and respond to quality care gaps electronically.
- ✓ Availity administrators must ensure that the roles to access CQV are assigned to the proper users.
Tip: Locate the administrator for the organization in the Essentials menu bar. Click *[Your Name's] Account | My Account | Organization(s) | Open My Administrators*.
- ✓ Trainings and step-by-step documentation on how to navigate Availity's CQV portal can be found within Availity Essentials under the Help & Training tab.

The Availity CQV portal can be used in place of mailing and faxing medical records, relieving the administrative burden on the provider's office.

CONTENTS

ADULT HEALTH












| | | |
|---|---|-----------|
|  | (AAP) Adults' Access to Preventive/Ambulatory Health Services | 12 |
|  | (ACP) Advance Care Planning..... | 13 |
|  | (AIS-E) Adult Immunization Status | 13 |
|  | (BPC-E) Blood Pressure Control for Patients With Hypertension | 14 |
|  | (BPD) Blood Pressure Control for Patients With Diabetes..... | 15 |
|  | (BPD-E) Blood Pressure Control for Patients With Diabetes | 16 |
|  | (CBP) Controlling High Blood Pressure | 17 |
|  | (COA) Care for Older Adults | 18 |
|  | (COL-E) Colorectal Cancer Screening | 19 |
|  | (EED) Eye Exam for Patients With Diabetes..... | 20 |
|  | (FMC) Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions | 21 |
|  | (GSD) Glycemic Status Assessment for Patients With Diabetes | 23 |
|  | (KED) Kidney Health Evaluation for Patients With Diabetes | 24 |
|  | (PCE) Pharmacotherapy Management of COPD Exacerbation..... | 25 |
|  | (PCR) Plan All-Cause Readmissions..... | 26 |
|  | (PCR-AD) Plan All-Cause Readmissions..... | 27 |
|  | (PQI01-AD) Diabetes Short-Term Complications Admission Rate | 28 |
|  | (PQI05-AD) COPD or Asthma in Older Adults Admission Rate..... | 29 |
|  | (PQI08-AD) Heart Failure Admission Rate | 31 |
|  | (PQI15-AD) Asthma in Younger Adults Admission Rate | 33 |
|  | (SPC-E) Statin Therapy for Patients With Cardiovascular Disease | 34 |
|  | (TRC) Transitions of Care..... | 36 |

CONTENTS





PHARMACY MEASURES

| | | |
|--|--|-----------|
|  | (AMO) Annual Monitoring for Persons on Long-Term Opioid Therapy | 39 |
|  | (COB-AD) Concurrent Use of Opioids and Benzodiazepines..... | 40 |
|  | (INR) International Normalized Ratio Monitoring for Individuals on Warfarin | 41 |
|  | (OHD-AD) Use of Opioids at High Dosage in Persons Without Cancer..... | 42 |
|  | (PDC) Proportion of Days Covered..... | 43 |
| | • (RASA) Adherence to Hypertensive Medications | |
| | • (DIAB) Adherence to Diabetes Medications | |
| | • (STAT) Adherence to Cholesterol Medications | |
|  | (SPD-E) Statin Therapy for Patients With Diabetes | 45 |
|  | (SUPD) Statin Use in Persons With Diabetes | 46 |









WOMEN'S HEALTH

| | | |
|---|---|-----------|
|  | (BCS-AD) Breast Cancer Screening..... | 47 |
|  | (BCS-E) Breast Cancer Screening..... | 48 |
|  | (CCP-AD) Contraceptive Care for Postpartum Women Ages 21–44 | 48 |
|  | (CCS-AD) Cervical Cancer Screening..... | 50 |
|  | (CCS-E) Cervical Cancer Screening | 51 |
|  | (CCW-AD) Contraceptive Care for all Women Ages 21–44..... | 52 |
|  | (CHL) Chlamydia Screening..... | 53 |
|  | (CHL-AD) Chlamydia Screening..... | 54 |
|  | (DBM-E) Documented Assessment After Mammogram | 56 |
|  | (FMA-E) Follow-Up After Abnormal Mammogram Assessment..... | 58 |
|  | (OMW) Osteoporosis Management in Women Who Had a Fracture | 60 |









CONTENTS

| | | |
|---|---|-----------|
|  | (OSW) Osteoporosis Screening in Older Women | 61 |
|  | (PPC) Prenatal and Postpartum Care | 61 |
|  | (PRS-E) Prenatal Immunization Status..... | 62 |
|  | Maternal Health and Infant Mortality, With a Focus on Preterm Birth (PTB-CH), Low-Birth Weight (LBW-CH), Very Low Birth Weight (VLBW-CH) | 63 |

PEDIATRIC HEALTH


| | | |
|---|--|-----------|
|  | (CIS-E) Childhood Immunization Status | 65 |
|  | (IMA-E) Immunizations for Adolescents | 66 |
|  | (LSC-E) Lead Screening in Children | 67 |
|  | (OED) Oral Evaluation, Dental Services..... | 67 |
|  | (TFC) Topical Fluoride for Children | 68 |
|  | (W30) Well-Child Visits in the First 30 Months of Life | 68 |
|  | (WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | 69 |
|  | (WCV) Child and Adolescent Well-Care Visits..... | 70 |

GENERAL HEALTH

| | | |
|---|--|-----------|
|  | (AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis | 71 |
|  | (AAF-E) Follow-Up After Acute and Urgent Care Visits for Asthma..... | 72 |
|  | (AMR-AD) Asthma Medication Ratio..... | 73 |
|  | (CWP) Appropriate Testing for Pharyngitis..... | 76 |
|  | (LBP) Use of Imaging Studies for Low Back Pain..... | 77 |
|  | (SNS-E) Social Needs Screening and Intervention | 78 |
|  | (TSC-E) Tobacco Use Screening and Cessation Intervention..... | 82 |
|  | (URI) Appropriate Treatment for Upper Respiratory Infection..... | 83 |

CONTENTS






SOCIAL DETERMINANTS OF HEALTH

| |
|--|
|  (SDOH) Social Determinants of Health 84 |
|--|

BEHAVIORAL HEALTH

| |
|--|
|  (ADD-E) Follow-up Care for Children Prescribed ADHD Medication..... 85 |
|  (AMM-AD) Antidepressant Medication Management..... 87 |
|  (APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics..... 88 |
|  (APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics..... 89 |
|  (ASF-E) Unhealthy Alcohol Use Screening and Follow-Up..... 90 |
|  (COU) Risk of Continued Opioid Use..... 91 |
|  (DSF-E) Depression Screening and Follow-Up for Adolescents and Adults 92 |
|  (FUA) Follow-Up After Emergency Department Visit for Substance Use Disorder (SUD) 94 |
|  (FUA-AD) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence 97 |
|  (FUH) Follow-Up After Hospitalization for Mental Illness 100 |
|  (FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (SUD) 102 |
|  (FUM) Follow-Up After Emergency Department Visit for Mental Illness..... 104 |
|  (FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness..... 106 |
|  (HDO) Use of Opioids at High Dosage..... 109 |
|  (IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment 113 |
|  (IET-AD) Initiation and Engagement of Substance Use Disorder Treatment..... 115 |
|  (OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder 121 |
|  (PDS-E) Postpartum Depression Screening and Follow-Up..... 122 |
|  (PND-E) Prenatal Depression Screening 125 |

CONTENTS

| | | |
|--|--|------------|
|  | (POD) Pharmacotherapy for Opioid Use Disorder | 127 |
|  | (SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 128 |
|  | (SAA-AD) Adherence to Antipsychotic Medications for Individuals With Schizophrenia | 129 |
|  | (SMC) Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia..... | 131 |
|  | (SMD) Diabetes Monitoring for People With Diabetes and Schizophrenia..... | 132 |
|  | (SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | 133 |
|  | (SSD-AD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | 134 |
|  | (UOP) Use of Opioids From Multiple Providers | 135 |

ADULT HEALTH

Call To Action: Please refer to the provider portal to find a complete list of person care gaps as applicable for the measures in this document.



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

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of persons 20 years of age and older who had an ambulatory or preventive care visit during the measurement period. Commercial persons who had an ambulatory or preventive care visit during the measurement period or the two years prior to the measurement. Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.



Tips

- Synchronous telehealth visits, asynchronous telehealth visits (e-visits and virtual check-ins), or telephone visits are acceptable.
- Help or schedule person's appointments for preventive care visits.
- Document the date and the type of visit.
- Submit the applicable codes.

| CPT* | HCPCS* | ICD-10* |
|---|--|---|
| 98966–98972, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337, 99421–99423, 99441–99444, 99457, 99458, 99483 | G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2063, G2251, G2252, S0620, S0621, S2250, T1015 | Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 |

*Codes subject to change.





(ACP) Advance Care Planning

Line of Business: Medicare

Measure evaluates the percentage of adults:

- ✓ 66 years of age and older with advanced illness, an indication of frailty, or who are receiving palliative care and had advance care planning during the measurement period.
- ✓ 81 years of age and older who had advance care planning during the measurement period.



Tips

- Encourage persons to consider an Advance Directive, Medical Power of Attorney, Health Care Power of Attorney, or Physician Orders for Life Sustaining Treatment (POLST).
- Help persons in scheduling an Annual Preventive Visit.
- Telephone visits, e-visits, or virtual check-ins are acceptable.
- Submit the applicable codes.

| CPT* | CPT II* | HCPCS* | ICD-10* |
|--------------|----------------------------|--------|---------|
| 99483, 99497 | 1123F, 1124F, 1157F, 1158F | S0257 | Z66 |

*Codes subject to change.



(AIS-E) Adult Immunization Status

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B, and coronavirus disease 2019 (COVID-19).



Tips

- Schedule appointments within immunization timeframes.
- Discuss the importance of vaccinations during person appointments.
- Include immunization history from all sources in the person's medical record.
- Use electronic medical record (EMR) system to set reminders flags.

| Description | Codes* |
|--------------------------------------|---|
| Adult Hepatitis B Vaccine Procedure | CPT: 90697, 90723, 90739, 90740, 90743, 90744, 90746–90759 |
| Adult Influenza Vaccine Procedure | CPT: 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 |
| Adult Pneumococcal Vaccine Procedure | CPT: 90670, 90671, 90677, 90684, 90732 HCPCS: G0009 |
| COVID-19 Vaccine Procedure | CPT: 91304, 91320, 91322 |
| Td Vaccine Procedure | CPT: 90714 |
| Tdap Vaccine Procedure | CPT: 90715 |
| Herpes Zoster Vaccine Procedure | CPT: 90750 |

*Codes subject to change.





(BPC-E) Blood Pressure Control for Patients With Hypertension

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 18 to 85 years of age during the measurement period who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.

The HTN diagnosis or HTN+ med can occur anytime between Jan. 1 of the prior year and Jun. 30 of the measurement period.

Note: For a person to be included in measure, the person must have had at least two medical visits on two different dates of service with a diagnosis of HTN, **OR** one medical visit with a diagnosis of HTN and a dispensed antihypertension medication.



Tips

- Collect BP reading via any telehealth visit (does not require a remote monitoring device to be the source).
- Retake BP readings if the reading is = or >140/90 mm Hg.
- Help persons schedule their hypertension follow-up appointments.
- Educate persons on what a controlled BP means.
- Talk with persons about taking their own BP via a digital device.
- If a person uses a digital device and reports the blood pressure reading(s), ensure the reading(s) are captured in the person's EMR.
- Submit applicable codes.

| Description | Codes* |
|--|--|
| Diastolic Blood Pressure | CPT II: 3078F, 3079F, 3080F |
| Diastolic Less Than 90 | CPT II: 3078F, 3079F |
| Systolic and Diastolic Result | CPT: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F |
| Systolic Blood Pressure | CPT: 3074F, 3075F, 3077F |
| Systolic Less Than 140 | CPT: 3074F, 3075F |
| Hypertension/Essential Hypertension | ICD-10-CM: I10 |
| Exclusion: Encounter for Palliative Care | ICD-10-CM: Z51.5 |

*Codes subject to change.





(BPD) Blood Pressure Control for Patients With Diabetes

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 18 to 75 years of age with diabetes (type 1 or 2) whose BP was adequately controlled (<140/90 mm Hg) during the measurement period.

Persons are identified by at least two diabetes diagnoses during measurement period or PY, or at least one diabetes diagnosis and at least one diabetes medication dispensing event.

Tips

- For self-reported BP readings, the person is required to utilize a digital device to record their BP measurement. Manual BP readings are not acceptable.
- Check BP on both arms and record the lowest systolic and diastolic readings.
- If the initial BP reading is >140 systolic or >90 diastolic on first measurement, retake BP readings after patient rests quietly for five minutes. Remember to record both the initial and second BP readings.
- Never round up BP readings.
- Use correct cuff size on bare arm.
- The most recent BP reading during the measurement period is used.
- Persons should rest quietly for at least five minutes before the first BP is taken.
- The last BP reading taken during the measurement period is used.
- Submit applicable codes.

| Description | Codes* |
|------------------------------------|----------------------|
| Palliative Care | HCPCS: G9054 |
| Systolic Greater Than/Equal to 140 | CPT II: 3077F |
| Systolic 130–139 | CPT II: 3075F |
| Systolic Less Than 130 | CPT II: 3074F |
| Diastolic 80–89 | CPT II: 3079F |
| Diastolic Greater Than/Equal to 90 | CPT II: 3080F |
| Diastolic Less Than 80 | CPT II: 3078F |

*Codes subject to change.





(BPD-E) Blood Pressure Control for Patients With Diabetes

This is a first-year measure.

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 18 to 75 years of age with diabetes (type 1 or 2) whose most recent BP was <140/90 mm Hg during the measurement period.

Persons are identified by a diabetes diagnosis.

Either of the following meets criteria:

- ✓ **Claim/encounter data.** At least two diagnoses of diabetes (Diabetes Value Set — Do not include laboratory claims [claims with POS code 81]) on different dates of service during the measurement period or the year prior to the measurement period.
- ✓ **Pharmacy data.** At least one diagnosis of diabetes (Diabetes Value Set — Do not include laboratory claims [claims with POS code 81]) and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication (Diabetes Medications List) during the measurement period or the year prior to the measurement period.



Tips

- For self-reported BP readings, the person is required to utilize a digital device to record their BP measurement. Manual BP readings are not acceptable.
- Check BP on both arms and record the lowest systolic and diastolic readings.
- If the initial BP reading is >140 systolic or >90 diastolic on first measurement, retake BP readings after patient rests quietly for five minutes. Remember to record both the initial and second BP readings.
- Never round up BP readings.
- Use correct cuff size on bare arm.
- The most recent BP reading during the measurement period is used.
- Persons should rest quietly for at least five minutes before the first BP is taken.
- The last BP reading taken during the measurement period is used.
- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.

If the most recent BP was identified based on a CPT Category II code (Systolic and Diastolic Result Value Set), use the following to determine compliance:

| Description | Codes* |
|------------------------|----------------------|
| Systolic 130-139 | CPT II: 3075F |
| Diastolic 80-89 | CPT II: 3079F |
| Diastolic Less Than 80 | CPT II: 3078F |

*Codes subject to change.





(CBP) Controlling High Blood Pressure

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement period.

Persons are identified by at least two visits with different dates of service with a diagnosis of hypertension on or between 1/1/PY-6/30/MY.



Tips

- For self-reported BP readings, the person is required to utilize a digital device to record their BP measurement. Manual BP readings are not acceptable.
- Check BP on both arms and record the lowest systolic and diastolic readings.
- If the initial BP reading is >140 systolic or >90 diastolic on first measurement, retake BP readings after patient rests quietly for five minutes. Remember to record both the initial and second BP readings.
- Never round up BP readings.
- Use correct cuff size on bare arm.
- The most recent BP reading during the measurement period is used.
- Persons should rest quietly for at least five minutes before the first BP is taken.
- The last BP reading taken during the measurement period is used.
- Submit applicable codes.

Note: When submitting CPT II codes, report both systolic and diastolic to complete blood pressure reading.

| Description | Codes* |
|------------------------------------|-----------------------------|
| Systolic Greater Than/Equal to 140 | CPT II: 3077F |
| Systolic Less than 140 | CPT II: 3074F, 3075F |
| Diastolic Greater Than/Equal to 90 | CPT II: 3080F |
| Diastolic 80-89 | CPT II: 3079F |
| Diastolic Less Than 80 | CPT II: 3078F |

*Codes subject to change.





(COA) Care for Older Adults

Line of Business: Medicare

Measure evaluates the percentage of adults 66 years of age and older who had each of the following during the measurement period:

- ✓ Medication review
- ✓ Functional status assessment



Tips

- A Functional Status Assessment does not require a specific setting. Services rendered during a telephone visit, e-visit, or virtual check-in meet criteria.
- Evidence of five Activities of Daily Living (ADLs) or four Instrumental Activities of Daily Living (iADLs) required for Functional Status Assessment.
- A complete medication list must be present if submitting a medical record for review (hybrid collection).
- Medication reviews must be completed, signed, and dated by the prescribing practitioner or clinical pharmacist. Reviews completed by registered nurses (RNs), licensed practical nurses (LPNs), etc., are not acceptable for this measure.
- Medication review may be performed without the person present.
- If the person is not taking any medications, there must be a signed and dated notation of this by the prescribing practitioner or clinical pharmacist.
- Complete the COA assessment form annually during an annual wellness exam.
- Submit applicable codes.

| Description | Codes* |
|--|--|
| Medication Review (Requires both CPT II codes of 1159F [Medication List] and 1160F [Medication Review] to be billed simultaneously to get credit.) | CPT: 90863, 99483, 99605, 99606 CPT II: Both 1159F and 1160F HCPCS: G8427 |
| Functional Status Assessment | CPT: 99483 CPT II: 1170F HCPCS: G0438, G0439 |

*Codes subject to change.





(COL-E) Colorectal Cancer Screening

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 45 to 75 years of age who had an appropriate screening for colorectal cancer during the measurement period.



Tips

- Educate persons on proper sample collection when distributing fecal immunochemical test (FIT) or fecal occult blood test (FOBT) testing kits.
- Complete and document all screenings for patients.
- Educate persons on the importance of colorectal cancer screenings for early detection and the options available to complete their screening.
- Talk with persons about using the home screenings for their colorectal cancer screening.
- Help persons schedule their colonoscopy screening appointments.
- Submit applicable codes.

| Description | Codes* |
|--|---|
| Colonoscopy (within past 10 years) | CPT: 44388–44392, 44394, 44401–44408, 45378–45382, 45384–45386, 45388–45393, 45398 HCPCS: G0105, G0121 |
| CT Colonography (within past five years) | CPT: 74261–74263 |
| sDNA FIT Lab Test (within past three years) | CPT: 0464U, 81528 |
| Flexible Sigmoidoscopy (within past five years) | CPT: 45330–45335, 45337–45338, 45340–45342, 45346–45347, 45349, 45350 HCPCS: G0104 |
| FOBT Lab Test (within measurement period) | CPT: 82270, 82274 HCPCS: G0328 |
| Colorectal Cancer | ICD-10: C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 |
| Palliative Care | HCPCS: G9054 |
| Total Colectomy | CPT: 44150–44153, 44155–44158, 44210–44212 |

*Codes subject to change.





(EED) Eye Exam for Patients With Diabetes

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 18 to 75 years of age with diabetes (type 1 or 2) who had a retinal eye exam during the measurement period.

Persons are identified by at least two diabetes diagnoses during measurement period or PY, or at least one diabetes diagnosis and at least one diabetes medication dispensing event.

Include the diagnosis of uncomplicated diabetes diagnosis on all claims as applicable.



Tips

- Refer all diabetic persons to an acceptable eye care professional (optometrist or ophthalmologist) annually for a dilated or retinal diabetic eye exam.
- Educate persons on the eye damage that could be caused by their diabetes.
- Help persons to schedule their annual diabetic eye exam appointments.
- Evidence of a result (whether retinopathy is found or not) must be present.
- Submit applicable codes.

| Description | Codes* |
|--|---|
| Retinal Eye Exam (Billed by an Eye Care Professional) | CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201–92205, 92230, 92235, 92250, 99213–99215, 99242–99245 HCPCS: S0620, S0621, S3000 |
| Retinal Imaging | CPT: 92227, 92228 |
| Autonomous Eye Exam | CPT: 92229 LOINC: 105914-6 with a result |
| Interactive Outpatient Encounter | CPT: 98970–98972, 99421–99423, 99457 HCPCS: G0071, G2010, G2012 |
| Unilateral Eye Enucleation With a Bilateral Modifier | CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 CPT Modifier: 50 |
| Eye Exam With Retinopathy | CPT II: 2022F, 2024F, 2026F |
| Eye Exam Without Retinopathy | CPT II: 2023F, 2026F, 2033F |
| Diabetic Retinal Screening Negative in Prior Year | CPT II: 3072F |

*Codes subject to change.





(FMC) Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions

Line of Business: Medicare

Measure evaluates the percentage of Emergency Department (ED) visits for persons 18 years of age and older who have multiple high-risk chronic conditions and had a follow-up service within seven days of the ED visit during the measurement period.



Tips

- Establish admission/discharge/transfer (ADT) feeds with local health systems to ensure timely notification of ED visits.
- Each ED visit requires a separate seven-day follow-up. If a patient has more than one ED visit in an eight-day period, only the first eligible visit is included.
- Maintain reserved appointments so patients with an ED visit can be seen within seven days of their discharge.
- An in-person office visit is not required. The follow-up visit may be provided via telehealth, telephone, e-visit, or virtual check-in.
- Submit applicable codes.

Eligible chronic condition diagnoses:

- Chronic obstructive pulmonary disease (COPD), asthma, or unspecified bronchitis
- Alzheimer’s disease and related disorders
- Chronic kidney disease
- Depression
- Heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack

| Description | Codes* |
|----------------------------------|---|
| Complex Care Management Services | CPT: 99439, 99487, 99489–99491 HCPCS: G0506 |
| Outpatient and Telehealth | CPT: 98966–98968, 98970–98972, 98980, 98981, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99429, 99441–99443, 99455–99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250–G2252, T1015 |
| Case Management Encounter | CPT: 99366 HCPCS: T1016, T1017, T2022, T2023 |
| Substance Use Disorder Services | CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 |

(continued)



(FMC) Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions *(continued)*

Line of Business: Medicare

| Description | Codes* |
|--|---|
| Outpatient or Telehealth Behavioral Health (BH) Outpatient | CPT: 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 HCPCS: G0155, G0176–G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036–H0037, H0039–H0040, H2000, H2010–H2011, H2013–H2020, T1015 |
| Substance Abuse Counseling and Surveillance** | ICD-10: Z71.41, Z71.51 **Do not include lab claims with place of service (POS) code 81. |
| Transitional Care Management Services | CPT: 99495, 99496 |
| Partial Hospitalization or Intensive Outpatient | HCPCS: G0410, G0411, G0035, G2001, G2012, S0201, S9480, S9484, S9485 |
| Visit Setting Unspecified | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 |
| An Outpatient or Telehealth Behavioral Health Visit | Visit Setting Unspecified with Outpatient POS: 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72 |
| An Intensive Outpatient Encounter or Partial Hospitalization | Visit Setting Unspecified with POS: 52 |
| A Community Mental Health Center Visit | Visit Setting Unspecified with POS: 53 |
| A Telehealth Visit | Visit Setting Unspecified with Telehealth POS: 02, 10 |
| Electroconvulsive Therapy | CPT: 90870 ICD-10: GZB0ZZZ–GZB4ZZZ With Outpatient POS: 24, 52, 53 |

*Codes subject to change.





(GSD) Glycemic Status Assessment for Patients With Diabetes

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 18 to 75 years of age with diabetes (type 1 or 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period:

- ✓ Glycemic Status <8.0%
- ✓ Glycemic Status >9.0%

Persons are identified by at least two diabetes diagnoses during measurement period or PY or at least one diabetes diagnosis and at least one diabetes medication dispensing event.



Tips

- If the glycemic status is >9.0%, re-test after implementing appropriate treatment.
- POC testing is acceptable with appropriate coding and documentation with date of service and value.
- Person-reported A1c/glucose results are acceptable if documented in chart with test date and value.
- Conduct a diabetic visit with diabetic patients at least once per year.
- Document all A1c lab values with dates for diabetic persons.
- Provide education to persons regarding the need to monitor and manage their blood sugars (HgA1c).
- Assist persons if needed to schedule lab visits for regular A1c testing to include transportation assistance.
- Submit applicable codes.

Note: A person who was previously compliant can become non-compliant with a more recent result.

| Description | Codes* |
|--|--------------------------|
| HbA1c Lab Test | CPT: 83036, 83037 |
| HbA1c Level Less Than 7 | CPT II: 3044F |
| HbA1c Level Greater Than/Equal to 7 and Less than 8 | CPT II: 3051F |
| HbA1c Level Greater Than/Equal to 8 and Less Than/Equal to 9 | CPT II: 3052F |
| HbA1c Greater Than 9.0 | CPT II: 3046F |

*Codes subject to change.

Note: Do **not** include a modifier when using CPT II codes.





(KED) Kidney Health Evaluation for Patients With Diabetes

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 18 to 85 years of age with diabetes (type 1 or 2) who received a kidney health evaluation, defined by **BOTH** an estimated glomerular filtration rate (eGFR) **AND** a urine albumin-creatinine ratio (uACR), on the same or different dates of service during the measurement period.

Persons are identified by at least two diabetes diagnoses during measurement period or PY or at least one diabetes diagnosis and at least one diabetes medication dispensing event.



Tips

- Conduct a diabetic visit with diabetic patients at least once per year.
- Educate persons on why good kidney function is important as they work to manage their health and diabetes.
- Help persons schedule their diabetes follow-up appointments and remind them of the care gaps that should be covered to include kidney function.
- Submit applicable codes.

Note the following gap closure criteria:

Persons who received **BOTH** an eGFR and a uACR during the measurement period on the same or different dates of service:

- ✓ **uACR** — a urine lab that may appear alone on lab report.

OR

- ✓ **Urine creatinine and quantitative urine albumin.** These two may appear on the lab report in addition to or without a uACR result.

To close the care gap with the urine creatinine and quantitative urine albumin, test **cannot** be completed more than four days apart.

Note: As a best practice, perform both urine tests on the same day.

| Description | Codes* |
|--|---|
| eGFR** | CPT: 80047, 80048, 80050, 80053, 80069, 82565 |
| AND | |
| Option 1: Quantitative Urine Albumin and Urine Creatinine** | CPT: 82043 and 82570 |
| OR | |
| Option 2: Urine Albumin Creatinine Ration (uACR)** | LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7 |

*Codes subject to change.

**Must perform both options 1 and 2 if eGFR is not done.





(PCE) Pharmacotherapy Management of COPD Exacerbation

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of COPD exacerbations for persons 40 years of age and older who had an acute inpatient discharge or ED visit on or between Jan. 1 to Nov. 30 of the measurement period and were dispensed appropriate medications.

Two rates are reported:

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

A prescription is considered active if the “days’ supply” indicated on the date when the person was dispensed the prescription is the number of days or more between that date and the relevant date.

- ✓ For acute inpatient stay, the relevant date is the date of admission.
- ✓ For an ED visit, the relevant date is the date of service.

The measure is based on episodes of acute inpatient discharges and ED visits. It is possible for there to be multiple events for the same person.

Tips

- Support early recognition of COPD exacerbations, emphasizing the importance of seeking care timely to prevent complications and slow disease progression.
- Reinforce the importance of adhering to prescribed medications, especially systemic corticosteroids and bronchodilators. Encourage use of pillboxes, reminder applications, and/or enrolling in automatic refill programs to support adherence.
- Prioritize early detection and management of COPD exacerbations with corticosteroids and bronchodilators to reduce the risk of acute episodes and support long-term disease control.
- Facilitate timely follow-up appointments to ensure medication access. Confirm prescriptions are filled, and address barriers such as cost or transportation.
- Reconcile medications carefully with discharge summaries to avoid errors and ensure continuity of care.
- Ensure vaccinations are up to date, including influenza, pneumonia, COVID-19, Respiratory Syncytial Virus (RSV), and others, as appropriate.

Systemic Corticosteroid Medications

| Description | Prescription |
|-----------------|--|
| Glucocorticoids | <ul style="list-style-type: none"> • cortisone • dexamethasone • hydrocortisone • methylprednisolone • prednisolone • prednisone |

(continued)



(PCE) Pharmacotherapy Management of COPD Exacerbation *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

| Bronchodilator Medications | | | |
|-----------------------------|---|---|--|
| Description | Prescription | | |
| Anticholinergic Agents | <ul style="list-style-type: none"> • aclidinium-bromide • ipratropium | <ul style="list-style-type: none"> • umeclidinium • tiotropium | |
| Beta 2-Agonists | <ul style="list-style-type: none"> • albuterol • metaproterenol • indacaterol | <ul style="list-style-type: none"> • levalbuterol • formoterol • oledaterol | <ul style="list-style-type: none"> • arformoterol • salmeterol |
| Bronchodilator Combinations | <ul style="list-style-type: none"> • albuterol-ipratropium • budesonide-formoterol • formoterol-mometasone • glycopyrrolate-indacaterol • Umeclidinium-vilanterol • Olodaterol-tiotropium | <ul style="list-style-type: none"> • formoterol-aclidinium • formoterol-glycopyrrolate • fluticasone-salmeterol • fluticasone-vilanterol • fluticasone furoate-umeclidinium-vilanterol | |

(PCR) Plan All-Cause Readmissions

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates for persons 18 years of age and older, the number of acute inpatient and observation stays during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days, and the predicted probability of an acute readmission.

Note: Marketplace and Medicaid: Patients 18 to 64 years of age. Medicare: Patients 18 years of age and older.

Tips

- Maintain reserved appointment availability for patients to follow up within seven days after discharge to help avoid readmissions.
- Educate patients on the importance of following discharge instructions, receiving adequate follow-up care, medication adherence, and improving health literacy.
- Address Social Determinants of Health (SDoH) to ensure patients can afford their medications, have sustainable housing, their nutrition and transportation needs are met, etc.
- Submit applicable codes.

| Description | Codes* |
|------------------|---|
| Inpatient Stay | UBREV: 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 |
| Observation Stay | UBREV: 0760, 0762, 0769 |

*Codes subject to change.





(PCR-AD) Plan All-Cause Readmissions

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age who had an acute inpatient and observation stay during 2024, followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. A lower rate indicates better performance.

Data is reported in the following categories:

- ✓ Count of Index Hospital Stays (IHS)
- ✓ Count of Observed 30-Day Readmissions
- ✓ Count of Expected 30-Day Readmissions

Data Collection Method: Administrative

Goal: Prevent beneficiaries who have been admitted for an acute inpatient or observation stay from being readmitted for any additional diagnosis during a 30-day period through follow-up hospital visits with a PCP within 7 days of initial discharge.

Tips for Improved Rates

- Validate that beneficiaries understood discharge instructions for changes that need immediate attention.
- Educate beneficiaries about calling the office with condition changes (weight gain, medication changes, high/low blood sugar readings).
- Monitor admission, discharge, and emergency department visit reports.
- Obtain hospital discharge summaries and use them to schedule post-discharge appointments within 7 days of discharge.
- Document in-office notes, and code any conditions found during hospital admission.
- Perform a medication reconciliation soon after discharge to prevent medication-related readmissions.
- Complete risk assessments to manage potential admissions (congestive heart failure, diabetes, COPD).

Exclusions

- Death, hospice, female beneficiaries with a principal diagnosis of pregnancy on the discharge claim, or a principal diagnosis of a condition originating in the perinatal period on the discharge claim.

Tips

- Assist the patient with navigation of the health system to lessen the impact of barriers such as using their transportation benefit to get to their follow-up appointment.
- Ensure the follow-up appointment is made before the patient leaves the hospital and is scheduled within 7 days of discharge.
- Ensure your patient understands local community support resources.
- Review medications with patients (and/or parent/caregiver as appropriate) to ensure they understand the purpose, appropriate frequency, and method of administration.
- Ensure accurate dates are documented for hospital discharge, scheduled outpatient appointments, and kept appointments.





(PQI01-AD) Diabetes Short-Term Complications Admission Rate

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age who are hospitalized for a principal diagnosis of Diabetes with Short-Term Complications (ketoacidosis, hyperosmolarity, or coma) during 2024. A lower rate indicates better performance.

Data Collection Method: Administrative

Goal: Prevent beneficiaries with a principal diagnosis of short-term complications of diabetes from being admitted to the hospital through preventive health, medication adherence, regular follow-up, and recommended diabetic testing.



Tips

- Assess for appropriate diabetes chronic condition management using a HbA1c test result. Then prescribe or adjust diabetes medications as appropriate and schedule a follow-up visit.

| Description | Codes* |
|---|--------------------------|
| Type 1 diabetes mellitus with ketoacidosis without coma | ICD-10-CM: E1010 |
| Type 1 diabetes mellitus with ketoacidosis with coma | ICD-10-CM: E1011 |
| Type 1 diabetes mellitus with hypoglycemia with coma | ICD-10-CM: E10641 |
| Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) | ICD-10-CM: E1100 |
| Type 2 diabetes mellitus with hyperosmolarity with coma | ICD-10-CM: E1101 |
| Type 2 diabetes mellitus with hypoglycemia with coma | ICD-10-CM: E11641 |
| Type 2 diabetes mellitus with ketoacidosis without coma | ICD-10-CM: E1110 |
| Type 2 diabetes mellitus with ketoacidosis with coma | ICD-10-CM: E1111 |
| Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC) | ICD-10-CM: E1300 |
| Other specified diabetes mellitus with hyperosmolarity with coma | ICD-10-CM: E1301 |
| Other specified diabetes mellitus with ketoacidosis without coma | ICD-10-CM: E1310 |
| Other specified diabetes mellitus with ketoacidosis with coma | ICD-10-CM: E1311 |
| Other specified diabetes mellitus with hypoglycemia with coma | ICD-10-CM: E13641 |

Exclusions

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), or another healthcare facility (see table below for admission codes for transfers)
- Discharges with an ungroupable DRG (DRG = 999)
- Discharges with missing age (AGE = missing), year (YEAR = missing), or principal diagnosis (DX1 = missing)
- Obstetric discharges (Note: By definition, discharges with a principal diagnosis of diabetes with short-term complications cannot be obstetric discharges. Thus, obstetric discharges are not included in the PQI rate.)

(continued)



(PQI01-AD) Diabetes Short-Term Complications Admission Rate *(continued)*

Line of Business: Marketplace

Admission Codes for Transfers

| | |
|------------------------------------|---|
| SID ASOURCE Codes | 2 – Another hospital 3 – Another facility, including long-term care |
| Point of Origin UB-04 Codes | 4 – Transfer from a hospital 5 – Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Assisted Living Facility (ALF), or other Nursing Facility (NF) 6 – Transfer from another healthcare facility F – Transfer from a hospice facility |

*Codes subject to change.



(PQI05-AD) COPD or Asthma in Older Adults Admission Rate

Line of Business: Marketplace

Measure evaluates beneficiaries 40 to 64 years of age who are hospitalized with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or Asthma during 2024. (A lower rate indicates better performance).

Data Collection Method: Administrative

Goal: Prevent beneficiaries with a principal diagnosis of COPD or asthma from being admitted to the hospital through preventive health, medication adherence, regular follow-up, and recommended testing.



Tips

- Assess for appropriate COPD and/or asthma chronic condition management, including the use of controller and rescue inhalers, and schedule a follow-up visit.

| Description | Code |
|--|------------------------|
| Simple chronic bronchitis | ICD-10-CM: J410 |
| Mucopurulent chronic bronchitis | ICD-10-CM: J411 |
| Mixed simple and mucopurulent chronic bronchitis | ICD-10-CM: J418 |
| Unspecified chronic bronchitis | ICD-10-CM: J42 |
| Unilateral pulmonary emphysema [MacLeod's syndrome] | ICD-10-CM: J430 |
| Panlobular emphysema | ICD-10-CM: J431 |
| Centrilobular emphysema | ICD-10-CM: J432 |
| Other emphysema | ICD-10-CM: J438 |
| Emphysema, unspecified | ICD-10-CM: J439 |
| Chronic obstructive pulmonary disease with acute lower respiratory infection | ICD-10-CM: J440 |
| Chronic obstructive pulmonary disease with (acute) exacerbation | ICD-10-CM: J441 |

(continued)



(PQI05-AD) COPD or Asthma in Older Adults Admission Rate *(continued)*

Line of Business: Marketplace

| Description | Code |
|---|------------------------|
| Chronic obstructive pulmonary disease, unspecified | ICD-10-CM: J449 |
| Bronchiectasis with acute lower respiratory infection | ICD-10-CM: J470 |
| Bronchiectasis with (acute) exacerbation | ICD-10-CM: J471 |
| Bronchiectasis, uncomplicated | ICD-10-CM: J479 |

Exclusions

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another healthcare facility (see Table below for admission codes for transfers)
- Discharges with an ungroupable DRG (DRG = 999)
- Discharges with missing age (AGE = missing), year (YEAR = missing), or principal diagnosis (DX1 = missing)
- Obstetric discharges (Note: By definition, discharges with a principal diagnosis of COPD, asthma, or acute bronchitis cannot be obstetric discharges. Thus, obstetric discharges are not included in the PQI rate.)
- Cases with any listed ICD-10-CM diagnosis codes for cystic fibrosis and anomalies of the respiratory system.

Admission Codes for Transfers

| | |
|------------------------------------|---|
| SID ASOURCE Codes | 2 – Another hospital 3 – Another facility, including long-term care |
| Point of Origin UB-04 Codes | 4 – Transfer from a hospital 5 – Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Assisted Living Facility (ALF), or other Nursing Facility (NF) 6 – Transfer from another healthcare facility F – Transfer from a hospice facility |

*Codes subject to change.





(PQI08-AD) Heart Failure Admission Rate

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age who were hospitalized with a principal diagnosis of heart failure during 2024. A lower rate indicates better performance.

Data Collection Method: Administrative

Goal: Prevent beneficiaries with a principal diagnosis of heart failure from being admitted to the hospital through preventive health, medication adherence, regular follow-up, and recommended testing.



Tips

- Assess for appropriate heart failure chronic condition management.
- Prescribe or adjust heart failure medications as appropriate.
- Schedule frequent follow-up visits and provide a plan for the patient to contact/visit the provider when symptoms worsen.

| Description | Codes* |
|--|--------------------------|
| Rheumatic heart failure | ICD-10-CM: I0981 |
| Hypertensive heart disease with heart failure | ICD-10-CM: I110 |
| Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease | ICD-10-CM: I130 |
| Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease | ICD-10-CM: I132 |
| Left ventricular failure, unspecified | ICD-10-CM: I501 |
| Unspecified systolic (congestive) heart failure | ICD-10-CM: I5020 |
| Acute systolic (congestive) heart failure | ICD-10-CM: I5021 |
| Chronic systolic (congestive) heart failure | ICD-10-CM: I5022 |
| Acute on chronic systolic (congestive) heart failure | ICD-10-CM: I5023 |
| Unspecified diastolic (congestive) heart failure | ICD-10-CM: I5030 |
| Acute diastolic (congestive) heart failure | ICD-10-CM: I5031 |
| Chronic diastolic (congestive) heart failure | ICD-10-CM: I5032 |
| Acute on chronic diastolic (congestive) heart failure | ICD-10-CM: I5033 |
| Unspecified combined systolic (congestive) and diastolic (congestive) heart failure | ICD-10-CM: I5040 |
| Acute combined systolic (congestive) and diastolic (congestive) heart failure | ICD-10-CM: I5041 |
| Chronic combined systolic (congestive) and diastolic (congestive) heart failure | ICD-10-CM: I5042 |
| Acute chronic combined systolic (congestive) and diastolic (congestive) heart failure | ICD-10-CM: I5043 |
| Heart failure, unspecified | ICD-10-CM: I509 |
| Right heart failure, unspecified | ICD-10-CM: I50810 |

(continued)



(PQI08-AD) Heart Failure Admission Rate *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|---|--------------------------|
| Acute right heart failure | ICD-10-CM: I50811 |
| Chronic right heart failure | ICD-10-CM: I50812 |
| Acute on chronic right heart failure | ICD-10-CM: I50813 |
| Right heart failure due to left heart failure | ICD-10-CM: I50814 |
| Biventricular heart failure | ICD-10-CM: I5082 |
| High output heart failure | ICD-10-CM: I5083 |
| End stage heart failure | ICD-10-CM: I5084 |
| Other heart failure | ICD-10-CM: I5089 |

Exclusions

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another healthcare facility (see Table below for admission codes for transfers)
- Discharges with an ungroupable DRG (DRG = 999)
- Discharges with missing age (AGE = missing), year (YEAR = missing), or principal diagnosis (DX1 = missing)
- Obstetric discharges (Note: By definition, discharges with a principal diagnosis of heart failure cannot be obstetric discharges. Thus, obstetric discharges are not included in the PQI rate.)
- Cases with any listed ICD-10-PCS procedure codes for cardiac procedure

Admission Codes for Transfers

| | |
|------------------------------------|---|
| SID ASOURCE Codes | 2 – Another hospital 3 – Another facility, including long-term care |
| Point of Origin UB-04 Codes | 4 – Transfer from a hospital 5 – Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Assisted Living Facility (ALF), or other Nursing Facility (NF) 6 – Transfer from another healthcare facility F – Transfer from a hospice facility |

*Codes subject to change.





(PQI15-AD) Asthma in Younger Adults Admission Rate

Line of Business: Marketplace

Measure evaluates beneficiaries ages 19 to 39 who were hospitalized with a principal diagnosis of Asthma during 2024. A lower rate indicates better performance.

Data Collection Method: Administrative

Goal: Prevent beneficiaries with a principal diagnosis of asthma from being admitted to the hospital through preventive health, medication adherence, regular follow-up, and recommended testing.



Tips

- Assess for appropriate asthma chronic condition management, including the use of controller and rescue inhalers, and schedule a follow-up visit.

| Description | Codes* |
|--|--------------------------|
| Mild intermittent asthma with (acute) exacerbation | ICD-10-CM: J4521 |
| Mild intermittent asthma with status asthmaticus | ICD-10-CM: J4522 |
| Mild persistent asthma with (acute) exacerbation | ICD-10-CM: J4531 |
| Mild persistent asthma with status asthmaticus | ICD-10-CM: J4532 |
| Moderate persistent asthma with (acute) exacerbation | ICD-10-CM: J4541 |
| Moderate persistent asthma with status asthmaticus | ICD-10-CM: J4542 |
| Severe persistent asthma with (acute) exacerbation | ICD-10-CM: J4551 |
| Severe persistent asthma with status asthmaticus | ICD-10-CM: J4552 |
| Unspecified asthma with (acute) exacerbation | ICD-10-CM: J45901 |
| Unspecified asthma with status asthmaticus | ICD-10-CM: J45902 |
| Exercise induced bronchospasm | ICD-10-CM: J45990 |
| Cough variant asthma | ICD-10-CM: J45991 |
| Other asthma | ICD-10-CM: J45998 |

Exclusions

- Transfer from a hospital (different facility), a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF), or another healthcare facility (see Table below for admission codes for transfers)
- Discharges with an ungroupable DRG (DRG = 999)
- Discharges with missing age (AGE = missing), year (YEAR = missing), or principal diagnosis (DX1 = missing)
- Obstetric discharges (Note: By definition, discharges with a principal diagnosis of heart failure cannot be obstetric discharges. Thus, obstetric discharges are not included in the PQI rate.)
- Cases with any listed ICD-10-PCS procedure codes for cardiac procedure

(continued)



(PQI15-AD) Asthma in Younger Adults Admission Rate *(continued)*

Line of Business: Marketplace

Admission Codes for Transfers

| | |
|------------------------------------|---|
| SID ASOURCE Codes | 2 – Another hospital 3 – Another facility, including long-term care |
| Point of Origin UB-04 Codes | 4 – Transfer from a hospital 5 – Transfer from a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Assisted Living Facility (ALF), or other Nursing Facility (NF) 6 – Transfer from another healthcare facility F – Transfer from a hospice facility |

*Codes subject to change.



(SPC-E) Statin Therapy for Patients With Cardiovascular Disease

Lines of Business: Medicaid, Medicare

The Statin Therapy for Patients With Cardiovascular Disease measure has transitioned to exclusive use of the Electronic Clinical Data Systems.

Measure evaluates the percentage of persons 21 to 75 years of age during the measurement period who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the criteria listed below.

The following rates are reported:

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

Note: Document patient muscular reactions to statins.



Tips

- Encourage patients to enroll in an auto-refill program at their pharmacy.
- Avoid giving samples. Any samples given will negatively impact adherence measurements and/or impact the “received statin therapy” rate.
- Offer tips to patients such as:
 - Take the medication at the same time each day.
 - Use a pill box.
 - Discuss potential side effects; encourage the person to contact the provider and not to stop using the medication.
- Review medication list during each visit with the patient.

(continued)



(SPC-E) Statin Therapy for Patients With Cardiovascular Disease *(continued)*

Lines of Business: Medicaid, Medicare

- Discuss the importance of medication adherence with the patient.
- Retry with a different statin medication if person could not tolerate statin in the past.
- When appropriate, recommend providers prescribe extended days' supply.

| High-Intensity Statin Medications | | |
|-----------------------------------|----------------------------------|--|
| Description | Prescription | Medication Lists |
| High-intensity Statin Therapy | Atorvastatin 40–80 mg | Atorvastatin High Intensity Medications List |
| High-intensity Statin Therapy | Amlodipine-atorvastatin 40–80 mg | Amlodipine Atorvastatin High Intensity Medications List |
| High-intensity Statin Therapy | Rosuvastatin 20–40 mg | Rosuvastatin High Intensity Medications List |
| High-intensity Statin Therapy | Simvastatin 80 mg | Simvastatin High Intensity Medications List |
| High-intensity Statin Therapy | Ezetimibe-simvastatin 80 mg | Ezetimibe Simvastatin High Intensity Medications List |

| Moderate-Intensity Statin Medications | | |
|---------------------------------------|----------------------------------|--|
| Description | Prescription | Medication Lists |
| Moderate-intensity Statin Therapy | Atorvastatin 10–20 mg | Atorvastatin Moderate Intensity Medications List |
| Moderate-intensity Statin Therapy | Amlodipine-atorvastatin 10–20 mg | Amlodipine Atorvastatin Moderate Intensity Medications List |
| Moderate-intensity Statin Therapy | Rosuvastatin 5–10 mg | Rosuvastatin Moderate Intensity Medications List |
| Moderate-intensity Statin Therapy | Simvastatin 20–40 mg | Simvastatin Moderate Intensity Medications List |
| Moderate-intensity Statin Therapy | Ezetimibe-simvastatin 20–40 mg | Ezetimibe Simvastatin Moderate Intensity Medication List |
| Moderate-intensity Statin Therapy | Pravastatin 40–80 mg | Pravastatin Moderate Intensity Medications List |
| Moderate-intensity Statin Therapy | Lovastatin 40 mg | Lovastatin Moderate Intensity Medications List |
| Moderate-intensity Statin Therapy | Fluvastatin 80 mg | Fluvastatin Moderate Intensity Medications List |
| Moderate-intensity Statin Therapy | Pitavastatin 2–4 mg | Pitavastatin Moderate Intensity Medications List |





(TRC) Transitions of Care

Line of Business: Medicare

Measure evaluates the percentage of discharges for persons 18 years of age and older who had **each** of the four reported rates listed below during the measurement period.

Four rates are reported:

1 Notification of Inpatient Admission.

Documentation of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days).

2 Receipt of Discharge Information.

Documentation of receipt of discharge information on the day of discharge through two days after the discharge (three total days).

3 Patient Engagement After Inpatient Discharge.

Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

4 Medication Reconciliation Post-Discharge.

Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).



Tips

- A medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse.
- A medication reconciliation performed without the person present meets criteria.
- Ensure follow-up appointments are scheduled within 30 days after discharge.
- Ensure the admission notification is documented in the patient's medical record and accessible to the primary care provider (PCP).
- A comprehensive medication list must be included.
- Document medication reconciliation including a reference to the patient's hospitalization, admission or inpatient stay.
- Services may be performed during a telephone visit, e-visit, or virtual check-in.
- Submit applicable codes.

(continued)



(TRC) Transitions of Care *(continued)*

Line of Business: Medicare

Best Documentation Practices

- ✓ Document evidence of receipt of **notification of inpatient admission** in the outpatient medical record.

Any of the examples meet criteria:

- Communication between inpatient providers or staff and the patient's PCP or ongoing care provider (e.g., phone call, email, fax).
- Communication about admission between ED and the patient's PCP or ongoing care provider (e.g., phone call, email, fax).
- Communication about admission to the patient's PCP or ongoing care provider through a health information exchange; an automated ADT alert system.
- Communication about admission with the patient's PCP or ongoing care provider through a shared EMR system. Evidence that the information was integrated into the EMR and is accessible to the PCP or ongoing care provider on the day of discharge through two days after the discharge (three total days) meets criteria.
- Communication about admission to the patient's PCP or ongoing care provider from the patient's health plan.
- Indication that the patient's PCP or ongoing care provider admitted the patient to the hospital.
- Indication that a specialist admitted the patient to the hospital and notified the patient's PCP or ongoing care provider.
- Indication that the PCP or ongoing care provider placed orders for tests and treatments any time during the patient's inpatient stay.
- Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission.

Note: When an ED visit results in an inpatient admission, notification that a provider sent the patient to the ED does not meet criteria. Evidence that the PCP or ongoing care provider communicated with the ED about the admission meets criteria.

- ✓ Document evidence of **receipt of notification of discharge information** in the outpatient medical record.

At a minimum, the discharge information must include **all** of the following:

- The practitioner responsible for the person's care during the inpatient stay.
- Procedures or treatment provided.
- Diagnoses at discharge.
- Current medication list.
- Testing results, documentation of pending tests, or no tests pending. Instructions for post-discharge patient care.

Note: If the PCP or ongoing care provider is the discharging provider, the discharge information must be documented in the medical record on the day of discharge through two days after the discharge (three total days).

- ✓ Document evidence of **patient engagement after inpatient discharge** (e.g., office visits, home visits, telehealth that does not include the date of discharge).

Any of the following meet criteria:

- An outpatient visit, including office visits and home visits.
- A telephone visit.
- A synchronous telehealth visit where real-time interaction occurred between the patient and provider using audio and video communication.
- An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not in real-time, occurred between the patient and provider).

Note: If the patient is unable to communicate with the provider, interaction between the patient's caregiver and the provider meets criteria.

(continued)



(TRC) Transitions of Care *(continued)*

Line of Business: Medicare

Best Documentation Practices

- ✓ Document evidence of **post-discharge medication reconciliation** and the date it was performed in the outpatient medical record. Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse. This reconciliation must be stored in the patient's medical record.

Any of the following meet criteria:

- Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- Documentation of the patient's current medications with a notation that the discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
- Documentation of the current medications with evidence that the patient was seen for post-discharge hospital follow up with evidence of medication reconciliation or review. Evidence that the patient was seen for post-discharge hospital follow up requires documentation that indicates the provider was aware of the patient's hospitalization or discharge.
- Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
- Notation that no medications were prescribed or ordered upon discharge.

Note: A medication reconciliation performed without the person present meets criteria.

| Description | Codes* |
|--|--|
| Medication Reconciliation Intervention | CPT II: 1111F |
| Medication Reconciliation | CPT: 99483, 99495–99496 |
| Outpatient and Telehealth | CPT: 98966–98968, 98970–98972, 98980–98981, 99202–99205, 99211–99215, 99242–99245, 99341–99342, 99344–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99421–99423, 99429, 99441–99443, 99455–99458, 99483 HCPGS: G0071, G0402, G0438–G0439, G0463, G2010, G2012, G2250–G2252, T1015 UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983 |
| Telehealth | CPT: 98000–98016 |
| Transitional Care Management Services | CPT: 99495, 99496 |

*Codes subject to change.



PHARMACY MEASURES



(AMO) Annual Monitoring for Persons on Long-Term Opioid Therapy

Line of Business: Marketplace

Measure evaluates the percentage of persons 18 years of age and older who are prescribed long-term opioid therapy and have not received a drug test at least once during the measurement period.

Measure looks for any paid, non-reversed prescription claims for 90 days' cumulative supply of any combination of opioid analgesics and drug screens/tests for at least one of the following targeted drug classes: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, and opiates/opioids during the measurement period.

- ✓ A lower rate indicates better performance.
- ✓ Includes opioid medications indicated for pain and combination products.
- ✓ Cumulative days' supply does not have to be consecutive and excludes days' supply extending beyond the measurement period.
- ✓ The prescription claims can be for same or different opioids.
- ✓ Excludes medications prescribed or provided as part of medication-assisted treatment for opioid use disorder and formulations delivered by intravenous (IV) or epidural (EP) routes.
- ✓ Persons meeting any of the following criteria are also **not** included: hospice services, cancer diagnosis, cancer-related pain treatment, and palliative care.



Tips

- Evaluate risks for opioid misuse and abuse, including dependency and/or adverse effects.
- Review opioids and other medications to determine appropriate type, dosage, and overall effectiveness.
- Order urine drug screens (UDS) at least annually to confirm adherence to prescribed medications and to detect any non-prescribed substances that may increase the risk of adverse events.
- Complete routine pain and functional assessments, adjusting opioid analgesic dosages and seeking alternative treatments when clinically indicated.
- Assess for underlying mental health conditions such as anxiety or depression, as these may impact treatment outcomes and indicate a need for additional support.
- Educate on safe opioid use and proper storage to reduce risk of misuse or diversion.

(continued)



(AMO) Annual Monitoring for Persons on Long-Term Opioid Therapy *(continued)*

Line of Business: Marketplace

| Opioid Analgesics | | | | |
|-------------------|------------------|---------------|---------------|--------------|
| • benzhydrocodone | • dihydrocodeine | • levorphanol | • oxycodone | • tapentadol |
| • buprenorphine | • fentanyl | • meperidine | • oxymorphone | • tramadol |
| • butorphanol | • hydrocodone | • methadone | • pentazocine | |
| • codeine | • hydromorphone | • morphine | | |

| Description | Codes* |
|-------------|--|
| Drug Test | CPT: 80184, 80305–80307, 80324–80326, 80345–80354, 80356, 80358, 80359, 80361–80365, 80372, 80373, 80375–80377, 82542 HCPCS: G0480–G0483, G0659 |

*Codes subject to change.



(COB-AD) Concurrent Use of Opioids and Benzodiazepines

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age during the measurement year with concurrent use of prescription opioids and benzodiazepines.

Goal: Prevent beneficiaries from having two or more prescription claims for benzodiazepine with different dates of service and concurrent use of opioids within 30 or more cumulative days.

A lower rate indicates better performance.

Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.

Data Collection Method: Administrative



Tips

- Educate members on medication purpose and instructions as well as the risks of addiction.
- Confirm they understand medication instructions and emphasize the importance of adherence.
- Reinforce the treatment plan and medication regimen with clear written instructions on proper medication usage and managing potential side effects.

| Opioid Medications ^{1,2} | | | |
|-----------------------------------|-----------------|-------------|---------------|
| • benzhydrocodone | • hydrocodone | • morphine | • oxymorphone |
| • butorphanol | • hydromorphone | • opium | • pentazocine |
| • codeine | • levorphanol | • oxycodone | • tapentadol |
| • dihydrocodeine | • meperidine | | • tramadol |
| • fentanyl | • methadone | | |

¹Includes combination products

²Excludes the following: injectable formulations; opioid cough and cold products; and sublingual sufentanil (used in a supervised setting); and all buprenorphine products (as a partial opioid agonist is not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids).

(continued)



(COB-AD) Concurrent Use of Opioids and Benzodiazepines *(continued)*

Line of Business: Marketplace

| Benzodiazepine Medications ^{1,3} | | | |
|---|-----------------|---------------|---------------|
| • benzhydrocodone | • hydrocodone | • morphine | • oxymorphone |
| • butorphanol | • hydromorphone | • opium | • pentazocine |
| • codeine | • levorphanol | • levorphanol | • tapentadol |
| • dihydrocodeine | • meperidine | • meperidine | • tramadol |
| • fentanyl | • methadone | • methadone | |

This measure is not intended for clinical decision-making. This measure is intended for retrospective evaluation of populations of patients and should not be used to guide clinical decisions for individual patients. For clinical guidance on opioid prescribing, see the CDC Guideline for Prescribing Opioids for Chronic Pain.⁴

¹Includes combination products

³Excludes injectable formulations

⁴[cdc.gov/opioids/data-resources/index.html](https://www.cdc.gov/opioids/data-resources/index.html)



(INR) International Normalized Ratio Monitoring for Individuals on Warfarin

Line of Business: Marketplace

Measure evaluates the percentage of persons 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one INR monitoring test during each 56-day interval with active warfarin therapy.

Time frame for measure: The index prescription start date (IPSD) is the earliest date of service for warfarin during the measurement period. The treatment period begins with the IPSD and ends with the last day of supply for warfarin (date of service plus the day's supply for the last prescription claim for warfarin minus one) during the measurement period.

- ✓ Looks at persons who received at least one INR monitoring test or were hospitalized during each 56-day interval during the treatment period.
- ✓ Excludes those identified with a lab or medical claim for *INR home monitoring* during the measurement period.
- ✓ A higher rate indicates better performance.

*Note: Pharmacy claims for warfarin determine eligibility. Compliance is met by evidence of at least one INR lab test or an inpatient stay of **at least 3 consecutive days** during the measurement period.*

(continued)



(INR) International Normalized Ratio Monitoring for Individuals on Warfarin *(continued)*

Line of Business: Marketplace

Tips

- Regular monitoring is crucial to ensure INR levels stay within the therapeutic range.
- Adjust medication doses based on INR results to avoid risks of bleeding or clotting.
- Review common signs and symptoms of bleeding, blood clots, and thrombotic events with the person during relevant visits.
- Encourage evening warfarin dosing and morning INR testing to allow for timely same-day dose adjustments when necessary.
- Provide education on dietary and supplement restrictions, emphasizing the importance of avoiding significant changes in vitamin K intake due to its effects on INR levels.

Meds: Warfarin

| Description | Codes* |
|-----------------------------|-------------------|
| INR Test — prothrombin time | CPT: 85610 |
| INR — measurement performed | CPT: 3555F |

*Codes subject to change.

(OHD-AD) Use of Opioids at High Dosage in Persons Without Cancer

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age during the measurement year who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more.

Goal: Prevent beneficiaries from having an opioid dosage greater than 90 MME over a period of 90 days or more.

A lower rate indicates better performance.

Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.

Data Collection Method: Administrative

Tips

- Advise them about the importance of treatment and attending appointments.
- Help the member manage stressors and identify triggers for a return to illicit opioid use.

(continued)



(OHD-AD) Use of Opioids at High Dosage in Persons Without Cancer *(continued)*

Line of Business: Marketplace

| Opioid Medications ^{1,2} | | | |
|-----------------------------------|-----------------|-------------|---------------|
| • benzhydrocodone | • hydrocodone | • morphine | • oxymorphone |
| • butorphanol | • hydromorphone | • opium | • pentazocine |
| • codeine | • levorphanol | • oxycodone | • tapentadol |
| • dihydrocodeine | • meperidine | | • tramadol |
| • fentanyl | • methadone | | |

This measure is not intended for clinical decision-making. This measure is intended for retrospective evaluation of populations of patients and should not be used to guide clinical decisions for individual patients. For clinical guidance on opioid prescribing, see the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain.³

¹Includes combination products

²Excludes the following: injectable formulations; opioid cough and cold products; and sublingual sufentanil (used in a supervised setting); and all buprenorphine products (as a partial opioid agonist is not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids).

³[cdc.gov/opioids/data-resources/index.html](https://www.cdc.gov/opioids/data-resources/index.html)



(PDC) Proportion of Days Covered

Lines of Business: Medicare, Marketplace

Measure evaluates the percentage of persons 18 years of age and older who met the PDC threshold of 80% during the measurement period.



Tips

- Discuss the importance of medications and their role in managing chronic conditions with the patient.
- Consider generic, free to person, or low-cost medications.
- When appropriate, prescribe an extended day supply.
- Encourage auto-refill enrollment at their pharmacy.
- Consider offering mail order services, especially for patients with transportation barriers.
- Assess for potential side effects regularly and consider other strategies prior to therapy discontinuation (e.g., switching to other agents, every other day dosing with accurate prescription [quantity/days' supply]).
- Review medication list during each visit with the patient.
- Use motivational interviewing to identify true barriers to medication adherence.
- Define your process for following up with persons for medication adherence.
- Offer tips to patients such as taking the medication at the same time each day.
- Recommend medication reminder apps, pillboxes, or alarms.

(continued)



(PDC) Proportion of Days Covered *(continued)*

Lines of Business: Medicare, Marketplace

Three rates are reported:

- ✓ Renin Angiotensin System Antagonists (PDC-RASA).
- ✓ Diabetes All Class (PDC-DR).
- ✓ Statins (PDC-STA).

1 (RASA) Adherence to Hypertensive Medications — Measure Overview

Measure evaluates the percentage of persons 18 years of age and older with a RASA medication with a PDC \geq 80% during the measurement period.

- Higher rate indicates better performance.
- Two fills needed to index into the measure.
- Targeted early in the year.

Gap Closure Requirements

PDC \geq 80% per person.

- **PDC calculated utilizing:** total days supplied of RASA pharmacy claims/date of first RASA fill to the end of the reporting interval.
- Each medication claim must be submitted through the health plan insurance. Cash payment, samples, or medications filled at out-of-network pharmacies do not count towards the measure.
- Final plan star score based upon the percentage of persons with a PDC \geq 80%.

Other Criteria

- **Medication Inclusions:** RASA medications — i.e., lisinopril, losartan, enalapril, valsartan.
- **Exclusions:** Persons with a sacubutril/valsartan claim, hospice enrollees, end-stage renal disease (ESRD).

2 (DIAB) Adherence to Diabetes Medications — Measure Overview

Measure evaluates the percentage of persons 18 years of age and older with a diabetes medication with a PDC \geq 80%.

- Higher rate indicates better performance.
- Two fills needed to index into the measure.
- Targeted early in the year.

Gap Closure Requirements

PDC \geq 80% per person.

- **PDC calculated utilizing:** total days supplied of diabetes pharmacy claims/date of first diabetes fill to the end of the reporting interval.
- Each medication claim must be submitted through the health plan insurance. Cash payment, samples or medications filled at out-of-network pharmacies do not count towards the measure.
- Final plan star score based upon the percentage of persons with a PDC \geq 80%.

(continued)



(PDC) Proportion of Days Covered *(continued)*

Lines of Business: Medicare, Marketplace

Other Criteria

- **Medication Inclusions:** Diabetes medications — i.e., metformin, glipizide, glimepiride, Januvia.
- **Exclusions:** Persons with an insulin claim, hospice enrollees, ESRD.

3 (STAT) Adherence to Cholesterol Medications — Measure Overview

Measure evaluates the percentage of persons 18 years of age and older with a cholesterol medication with a PDC \geq 80%.

- Higher rate indicates better performance.
- Two fills needed to index into the measure.
- Targeted early in the year.

Gap Closure Requirements

PDC \geq 80% per person.

- **PDC calculated utilizing:** total days supplied of STAT pharmacy claims/date of first STAT fill to the end of the reporting interval.
- Each medication claim must be submitted through the health plan insurance. Cash payment, samples or medications filled at out-of-network pharmacies do not count towards the measure.
- Final plan star score based upon the percentage of persons with a PDC \geq 80%.

Other Criteria

- **Medication Inclusions:** STAT medications — i.e., atorvastatin, simvastatin, rosuvastatin, pravastatin.
- **Exclusions:** Hospice enrollees, ESRD.



(SPD-E) Statin Therapy for Patients With Diabetes

Line of Business: Medicaid

The Statin Therapy for Patients with Diabetes measure has transitioned to exclusive use of the Electronic Clinical Data Systems.

Measure evaluates the percentage of persons 40 to 75 years of age during the measurement period with diabetes who did not have clinical atherosclerotic cardiovascular disease (ASCVD) and met the criteria listed below.

Two rates are reported:

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

Note: Document patient muscular reactions to statins.





(SUPD) Statin Use in Persons With Diabetes

Line of Business: Medicare

Measure evaluates the percentage of persons 40 to 75 years of age with diabetes who have a single fill of a statin during the measurement period.

- ✓ Higher rate indicates better performance.
- ✓ Only one fill needed to index in the measure.
- ✓ Targeted later in the year vs. other measures (starting in late Jul. or Aug.).

Gap Closure Requirements

Person received a statin therapy:

- The number of persons who had at least one dispensing event for a statin medication during the measurement period.

Other Criteria

- **Medication inclusions:** Statin medications — i.e., atorvastatin, simvastatin, rosuvastatin, pravastatin.
- **Exclusions:** Include documentation for ERSD, rhabdomyolysis, pregnancy, cirrhosis, pre-diabetes, polycystic ovary syndrome.

Tips

- Encourage patients to enroll in an auto-refill program at their pharmacy.
- Avoid giving samples. Any samples given will negatively impact adherence measurements and/or impact the “received statin therapy” rate.
- Offer tips to patients such as:
 - Take the medication at the same time each day.
 - Use a pill box.
 - Discuss potential side effects; encourage the person to contact the provider and not to stop using the medication.
- Review medication list during each visit with the patient.
- Discuss the importance of medication adherence with the patient.
- Retry with a different statin medication if person could not tolerate statin in the past.
- When appropriate, recommend providers prescribe extended days’ supply.



WOMEN'S HEALTH



(BCS-AD) Breast Cancer Screening

Line of Business: Marketplace

Measure evaluates women 50 to 64 years of age who had a mammogram to screen for breast cancer. One or more mammograms any time on or between Oct. 1, 2022, and Dec. 31, 2024.

Data Collection Method: Administrative



Tips

- Educate female patients about the importance of early detection and encourage testing.
- Use needed services list to identify patients in need of mammograms.
- Document a bilateral mastectomy in the medical record and fax Molina Healthcare in the chart.
- Schedule a mammogram for patient or send/give patient a referral/script (if needed).
- Create a list of mammogram facilities to share with the patient.

| Description | Codes* |
|----------------------------------|---|
| Mammograms | CPT: 77061, 77062, 77063, 77065, 77066, 77067 |
| Exclusions based on "History of" | History of Mastectomy (Unilateral or Bilateral) should be identified on claims at least once a year by using the following codes: ICD-10-CM: Z90.11, Z90.12, Z90.13 SNOMED CT: 136071000119101, 137671000119105, 137681000119108, 428529004, 429009003, 429242008 |
| Other exclusions | Mastectomy, Death, Hospice, Palliative Care, Frailty Diagnosis, Advanced Illness Diagnosis, Dementia Medication |

*Codes subject to change.





(BCS-E) Breast Cancer Screening

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of person 40 to 74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer during the measurement period. One or more mammograms any time on or between Oct. 1 two years prior to the measurement period and the end of the measurement period.

Tips

- Schedule person’s mammogram screening annually.
- Document the date and the specific procedure completed when reviewing the patient’s history.
- Submit the appropriate ICD-10 diagnosis code for a person’s history of bilateral mastectomy annually, Z90.13.
- Submit applicable codes.

| Description | Codes* |
|-----------------|--|
| Mammogram | CPT: 77061–77063, 77065–77067 ICD-10 (bilateral mastectomy): Z90.13 |
| Palliative Care | HCPCS: G9054 |

*Codes subject to change.



(CCP-AD) Contraceptive Care for Postpartum Women Ages 21–44

Line of Business: Marketplace

Measure evaluates women 21 to 44 years of age (during 2024) who had a live birth and who were provided a most effective or moderately effective method of contraception between 3 and 90 days after delivery.

Postpartum contraceptive care for women 21 to 44 years of age includes a range of options, with long-acting reversible contraception (LARC) like IUDs and implants being highly effective and available immediately after childbirth. Other methods, such as hormonal pills, patches, and rings, have different timing recommendations based on breastfeeding and risk factors.

Data Collection Method: Administrative

Tip

- Discuss family planning options with every pregnant woman early and throughout pregnancy.

(continued)



(CCP-AD) Contraceptive Care for Postpartum Women

Ages 21–44 (continued)

Line of Business: Marketplace

| Description | Codes* |
|------------------------------|---|
| Female Sterilization | CPT: 58565, 58600, 58605, 58611, 58615, 58670, 58671 HCPCS: A4264 ICD-10-CM: Z30.2 ICD-10-PCS: 0U570ZZ, 0U573ZZ, 0U574ZZ, 0U577ZZ, 0U578ZZ, 0UL70CZ, 0UL70DZ, 0UL70ZZ, 0UL73CZ, 0UL73DZ, 0UL73ZZ, 0UL74CZ, 0UL74DZ, 0UL74ZZ, 0UL77DZ, 0UL77ZZ, 0UL78DZ, 0UL78ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ |
| Hormonal Implant | CPT: 11981, 11983 HCPCS: J7306, J7307 ICD10CM: T83.31XA, T83.31XD, T83.31XS, T83.32XA, T83.32XD, T83.32XS, T83.39XA, T83.39XD, T83.39XS, Z30.014, Z30.430, Z30.431, Z30.433 ICD10PCS: 0JHD0HZ, 0JHD3HZ, 0JHF0HZ, 0JHF3HZ, 0JHG0HZ, 0JHG3HZ, 0JHH0HZ, 0JHH3HZ |
| Injectable (1-month/3-month) | HCPCS: J1050 ICD10CM: Z30.013, Z30.42 |
| IUD/IUS | CPT: 58300 HCPCS: J7296, J7297, J7298, J7300, J7301, S4981, S4989 ICD10CM: T83.31XA, T83.31XD, T83.31XS, T83.32XA, T83.32XD, T83.32XS, T83.39XA, T83.39XD, T83.39XS, Z30.014, Z30.430, Z30.431, Z30.433 ICD10PCS: 0UH90HZ, 0UH97HZ, 0UH98HZ, 0UHC7HZ, 0UHC8HZ |
| Oral Contraceptive Pills | HCPCS: S4993 ICD10CM: Z30.011, Z30.41 |
| Patch | HCPCS: J7304 ICD10CM: Z30.016, Z30.45 |
| Vaginal Ring | HCPCS: J7294, J7295 ICD10CM: Z30.015, Z30.44 |
| Exclusions | Deliveries that did not end in a live birth (e.g., miscarriage, ectopic, stillbirth, or pregnancy termination) |

*Codes subject to change.

| Contraceptive Effectiveness | Examples |
|---|--|
| Provision of a most effective method of contraception | Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUDs/IUSs). |
| Provision of a moderately effective method of contraception | Provision of injectables, oral pills, patch, or ring. |
| Provision of a LARC | Provision of contraceptive implants, IUDs, or IUSs. |





(CCS-AD) Cervical Cancer Screening

Line of Business: Marketplace

Measure evaluates women 21 to 64 years of age (during 2024) who were screened for cervical cancer using one of the following criteria by Dec. 31, 2024:

- ✓ Women 21 to 64 years of age who had cervical cytology performed within the last three years.
- ✓ Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- ✓ Women 30 to 64 years of age who had cervical cytology/hrHPV cotesting within the last five years.

Data Collection Method: Administrative



Acceptable Documentation/Tips:

- A lab source of “vaginal” is acceptable for a cervical cytology screening if the lab report indicates the sample was satisfactory for evaluation and endocervical component present.
- Lab results indicating the sample contained “no endocervical cells” if a valid result was reported for the test.
- Cervical cytology testing with date and result, or hrHPV testing with date and result indicating a screening was completed.
- Documentation in the progress note of an hrHPV test with results or findings and the date of service.
- Documentation of Pap/hrHPV cotest: Pap tests with the date of service, results AND documentation of an HPV test with results which has the same date of service as the Pap test.
- Documentation of “simple hysterectomy” is synonymous with “total hysterectomy” and would be acceptable documentation for exclusion.
- Documentation of “full hysterectomy” counts as evidence of a complete or total hysterectomy and would be acceptable documentation for the exclusion.
- Documentation of “vaginal hysterectomy” and “Laparoscopically Assisted Vaginal Hysterectomy” (LAVH) meet criteria for documentation of hysterectomy with no residual cervix and are acceptable for the exclusion.

| Description | Codes* |
|---|---|
| Cervical Cytology Lab Test (ages 24–64) | CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 |
| HPV Tests (30–64) | CPT: 87624, 87625 HCPCS: G0476 LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3 |
| Exclusions based on “History of” | History of Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix are identified by the following codes: ICD-10-CM: Z90.710, Z90.712 SNOMED CT: 37687000, 428078001, 429290001, 429763009, 473171009, 723171001, 10738891000119107 |
| Other exclusions | Hysterectomy, Death, Hospice, Palliative Care |

*Codes subject to change.





(CCS-E) Cervical Cancer Screening

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of persons 21 to 64 years of age who were screened for cervical cancer during the measurement period using **any** of the following criteria:

- ✓ Persons 21 to 64 years of age who had cervical cytology performed within last three years.
- ✓ Persons 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- ✓ Persons 30 to 64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last five years.



Tips

- Document and code if person has had a hysterectomy with no residual cervix or absence of cervix. Document the type of hysterectomy (e.g., full, partial, vaginal, laparoscopic).
- Help persons schedule their routine cervical cancer screening.
- Document the date and the specific procedure completed when reviewing the patient's history with result, or evidence of result.
- Submit the applicable codes.

| Description | Codes* |
|--|--|
| Cervical Cytology Lab Test (Age 21 to 64) | CPT: 88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091 |
| hrHPV Test (Age 30 to 64, every five years) | CPT: 87624–87626 HCPCS: G0476 |
| Palliative Care | HCPCS: G9054 |

*Codes subject to change.





(CCW-AD) Contraceptive Care for all Women Ages 21–44

Line of Business: Marketplace

Measure evaluates women 21 to 44 years of age (during the measurement year) who are at risk of unintended pregnancy and who were provided a most effective or moderately effective method of contraception prior to Dec. 31.

The Contraceptive Care

All Women measure (CCW) looks at women 21 to 44 years of age at risk of unintended pregnancy, and among those, the percentage that:

- 1 Were provided a most effective or moderately effective method of contraception.
- 2 Were provided a long-acting reversible method of contraception (LARC).

Data Collection Method: Administrative

Tips

- Contraceptive care should include screening, education, counseling, the provision of the method, and follow-up care which includes management, evaluation, and any necessary changes.
- Engage in a shared decision-making process to support a woman's reproductive autonomy.
- For women who may have difficulty with user-dependent methods (like pills), providers should discuss and offer less user-dependent alternatives like IUDs, implants, or sterilization.

| Description | Codes* |
|---------------------------------|---|
| Female Sterilization | CPT: 58565, 58600, 58605, 58611, 58615, 58670, 58671 HCPCS: A4264 ICD-10-CM: Z30.2 ICD-10-PCS: 0U570ZZ, 0U573ZZ, 0U574ZZ, 0U577ZZ, 0U578ZZ, 0UL70CZ, 0UL70DZ, 0UL70ZZ, 0UL73CZ, 0UL73DZ, 0UL73ZZ, 0UL74CZ, 0UL74DZ, 0UL74ZZ, 0UL77DZ, 0UL77ZZ, 0UL78DZ, 0UL78ZZ, 0UT70ZZ, 0UT74ZZ, 0UT77ZZ, 0UT78ZZ, 0UT7FZZ |
| Hormonal Implant | CPT: 11981, 11983 HCPCS: J7306, J7307 ICD-10-CM: Z30.017, Z30.46 ICD-10-PCS: 0JHD0HZ, 0JHD3HZ, 0JHF0HZ, 0JHF3HZ, 0JHGOHZ, 0JHG3HZ, 0JHH0HZ, 0JHH3HZ |
| Injectable (1-month/3-month) | HCPCS: J1050 ICD-10-CM: Z30.013, Z30.42 |
| IUD/IUS | CPT: 58300 HCPCS: J7296, J7297, J7298, J7300, J7301, S4981, S4989 ICD-10-CM: T83.31XA, T83.31XD, T83.31XS, T83.32XA, T83.32XD, T83.32XS, T83.39XA, T83.39XD, T83.39XS, Z30.014, Z30.430, Z30.431, Z30.433 ICD-10-PCS: 0UH90HZ, 0UH97HZ, 0UH98HZ, 0UHC7HZ, 0UHC8HZ |
| Oral Contraceptive Pills | HCPCS: S4993 ICD-10-CM: Z30.011, Z30.41 |
| Patch | HCPCS: J7304 ICD-10-CM: Z30.016, Z30.45 |

(continued)



(CCW-AD) Contraceptive Care for all Women Ages 21–44 *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|--------------|---|
| Vaginal Ring | HCPCS: J7294, J7295 ICD-10-CM: Z30.015, Z30.44 |
| Exclusions | Deliveries that did not end in a live birth (e.g., miscarriage, ectopic, stillbirth, or pregnancy termination). |

*Codes subject to change.

| Contraceptive Effectiveness | Examples |
|---|--|
| Provision of a most effective method of contraception | Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUDs/IUSs). |
| Provision of a moderately effective method of contraception | Provision of injectables, oral pills, patch, or ring. |
| Provision of a LARC | Provision of contraceptive implants, IUDs, or IUSs. |



(CHL) Chlamydia Screening

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of persons 16 to 24 years of age who were recommended for routine chlamydia screening, were identified as sexually active, and had at least one test for chlamydia during the measurement period.



Tips

- Providers should order an annual chlamydia screening for patients who will turn 16 years old by Dec. 31 of the measurement period.
- Perform chlamydia screening every year.
- Inform patient that chlamydia screening can be performed through a urine test. Offer this as an option for patients.
- Incorporate chlamydia screening as a standard laboratory test for patients aged 16 to 24, to be included during routine well-child and well-woman examinations.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Advise persons during wellness visits or when they are seen for birth control to get screened for chlamydia.
- Submit applicable codes.

CPT*

87110, 87270, 87320, 87490–87492, 87810

*Codes subject to change.





(CHL-AD) Chlamydia Screening

Line of Business: Marketplace

Measure evaluates women 21 to 24 years of age (during 2024) who were identified as sexually active and who had at least one test for chlamydia using the following criteria by Dec. 31.

Data Collection Method: Administrative

Persons recommended for routine chlamydia screening meet any of the following criteria:

- ✓ **Administrative Gender:** Female (Administrative Gender code female) any time in the person's history
- ✓ **Sex Assigned at Birth:** (LOINC code 76689-9) Female any time in the person's history
- ✓ **Sex Parameter for Clinical Use of Female** (Sex Parameter For Clinical Use code female-typical) during the measurement year

There are two methods for identifying sexually active persons: pharmacy data and claim/encounter data. The organization must use both methods to identify the initial population, but a person only needs to be identified by one method to be eligible for the measure.

Claim/encounter data. Persons who had a claim or encounter indicating sexual activity during the measurement year. Any of the following meets criteria:

- ✓ Diagnosis Indicating Sexual Activity. Do not include laboratory claims (claims with POS code 81).
- ✓ Procedures Indicating Sexual Activity
- ✓ Pregnancy Test

Pharmacy data. At least one contraceptive medication dispensing event during the measurement year.

For the persons identified in step 1 based on a pregnancy test alone, remove persons with either of the following:

- ✓ A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test through 6 days after the pregnancy test.
- ✓ A pregnancy test during the measurement year **and** an X-ray on the date of through 6 days after the pregnancy test.

Tips

- Chlamydia screening may not be captured via claims if the service is performed and billed under prenatal and postpartum global billing.
- May be either a urine analysis or vaginal swab from the same Thin Prep used for the Pap smear. Samples must be sent to the lab vendor for analysis.
- Document in the medical record should indicate the date the test was performed and the result or finding, including any follow-ups.
- Incorporate a sexual history into the history and physical documentation in your EMR.
- Have patient come in for their routine yearly visit and incorporate universal screening for all women in the age range.
- A chlamydia screening should occur with or without symptoms.

(continued)



(CHL-AD) Chlamydia Screening *(continued)*

Line of Business: Marketplace

- Educate member about sexually transmitted diseases (STD), include signs, symptoms, and treatment.
- For any visit where oral contraceptive, sexually transmitted diseases (STD), or urinary symptoms are discussed, a chlamydia screening should occur.
- Educate members about safe sex and abstinence.

| Description | Codes* |
|------------------|---|
| Acceptable codes | CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810 LOINC: 14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 23838-6, 31775-0, 34710-4, 42931-6, 44806-8, 44807-6, 45068-4, 45069-2, 45072-6, 45073-4, 45075-9, 45084-1, 45089-0, 45090-8, 45091-6, 45093-2, 45095-7, 50387-0, 53925-4, 53926-2, 57287-5, 6353-7, 6356-0, 6357-5, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6, 82306-2, 87949-4, 87950-2, 88221-7, 89648-0, 91860-7, 91873-0 SNOMED CT: 104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315095005, 315099004, 390784004, 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002 |
| Exclusions | Death, Hospice |

*Codes subject to change.





(DBM-E) Documented Assessment After Mammogram

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of episodes of mammograms during the measurement period documented in the form of a Breast Imaging Reporting and Data System (BI-RADS) assessment within 14 days of the mammogram for persons 40 to 74 years of age.

A higher rate indicates better performance.

Definitions:

✓ **BI-RADS assessment**

- Clinically documented BI-RADS score. BI-RADS is a standardized classification system proposed by the American College of Radiology, used for imaging of mammography, ultrasound, and magnetic resonance imaging (MRI) of the breast.

✓ **Episode date**

- The date of service for an eligible encounter during the intake period with a mammogram procedure.

✓ **Intake period**

- Dec. 18 of the prior measurement period to Dec. 17 of the measurement period. The intake period is used to capture the episode date.

BI-RADS Scoring Categories:

- ✓ **Category 0: Incomplete** — Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison, advises additional imaging.
- ✓ **Category 1: Negative** or **Category 2: Benign**, advises resuming routine screening.
- ✓ **Category 3: Probably Benign**, recommends diagnostic mammograms at 6 months, followed by repeat screenings every 6–12 months for 1–2 years, if appropriate.
- ✓ **Category 4: Suspicious** and **Category 5: Highly Suggestive of Malignancy**, the recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph. When a needle biopsy (aspiration or core needle biopsy) is performed, obtaining concordance between the pathology report and the imaging finding is crucial.
- ✓ For **Category 6: Known Biopsy-Proven Malignancy**, the recommendation depends on the primary tumor, size of the invasive component, estimated disease volume, histological grade, and other relevant characteristics.



Tips

- Document the BI-RADS score in the health record on or within 14 days after the mammogram (15 days total).
- Ensure all required elements of the mammogram report are documented, especially if not included in the original interpretation.
- After mammography, ensure clear communication of the BI-RADS assessment, including its implications for cancer risk and recommended screening follow-up.

(continued)



(DBM-E) Documented Assessment After Mammogram *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

- Educate persons with an inconclusive or high-risk BI-RADS assessment about the need for additional screening, such as ultrasound or MRI, as recommended by clinical guidelines.
- Engage radiologists, PCPs, and specialists to ensure appropriate care based on the mammogram results. Support smooth transitions between departments for timely diagnostic follow up.
- Submit applicable codes.

| Description | Codes* |
|--|--|
| BI-RADS Assessment | RadLex: RID36028–RID36036, RID36041 |
| | SNOMED: 397138000 Mammography assessment (Category 0) Need additional imaging evaluation |
| | SNOMED: 397140005 Mammography assessment (Category 1) Negative |
| | SNOMED: 397141009 Mammography assessment (Category 2) Benign finding |
| | SNOMED: 397143007 Mammography assessment (Category 3) Probably benign finding, short interval follow-up |
| | SNOMED: 397144001 Mammography assessment (Category 4) Suspicious abnormality, biopsy should be considered |
| | SNOMED: 397145000 Mammography assessment (Category 5) Highly suggestive of malignancy |
| | SNOMED: 6111000179101 Mammography assessment (Category 6) Known biopsy, proven malignancy |
| | SNOMED: 6121000179106 Mammography assessment (Category 4A) Suspicious abnormality, biopsy should be considered, low suspicion of malignancy |
| | SNOMED: 6131000179108 Mammography assessment (Category 4B) Suspicious abnormality, biopsy should be considered, moderate suspicion of malignancy |
| SNOMED: 6141000179100 Mammography assessment (Category 4C) Suspicious abnormality, biopsy should be considered, high suspicion of malignancy | |

*Codes subject to change.





(FMA-E) Follow-Up After Abnormal Mammogram Assessment

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of episodes during the measurement period for persons 40 to 74 years of age with inconclusive or high-risk BI-RADS assessments who received appropriate follow-up within 90 days of the assessment.

A higher rate indicates better performance.

✓ **BI-RADS assessment**

- Clinically documented BI-RADS score. BI-RADS is a standardized classification system proposed by the American College of Radiology, used for the imaging of mammography, ultrasound, and MRI of the breast.

✓ **Episode date**

- The dates of service during the intake period when a high-risk or inconclusive BI-RADS score was documented.

✓ **Intake period**

- Oct. 3 of the year prior to the measurement period to Oct. 2 of the measurement period. The intake period is used to capture the episode date.



Tips

- Document the BI-RADS score and appropriate follow-up within 90 days of assessment in the health record.
- Document inconclusive or high-risk BI-RADS assessment if it is missing from the mammogram report.
- To meet follow-up guidelines, ensure that one of the following appropriate actions occurs:
 - A **breast biopsy** at or within 90 days (91 days total) for a Category 4 (Suspicious) or Category 5 (Highly Suggestive of Malignancy) BI-RADS score.
 - A **mammogram** or **ultrasound** at or within 90 days (91 days total) for a BI-RADS score of 0 (Incomplete – Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison).
- Foster coordination between radiology, primary care, and oncology to ensure BI-RADS assessment is included in the follow-up plans for persons with higher risk factors.
- Submit applicable codes.

(continued)



(FMA-E) Follow-Up After Abnormal Mammogram Assessment *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

| Description | Codes* |
|------------------------------|--|
| Breast Biopsy | <p>CPT: 19081, 19083, 19085, 19100, 19101</p> <p>SNOMED: 10940003, 28768007, 42125001, 44578009, 116219004, 116220005, 116334007, 172086006, 237372000, 237375003, 237376002, 237377006, 237378001, 237379009, 265253005, 274331003, 287553003, 303689004, 307298009, 387736007, 432109009, 432157003, 432337008, 432550005, 433008009, 433685008, 433805008, 442963006, 445171002, 445437001, 448336005, 448689003, 709628007, 711508007, 723990008, 725936002, 736615002, 770568001, 770569009, 770570005, 771086002, 771625002, 785800009, 786883001, 866232001, 1179705005, 1179707002, 1179708007, 1220570007, 1220571006, 1220572004, 1264555004, 1264556003, 1268323005, 1268996004, 1332066007, 1332067003, 1333891002, 1333892009, 1333893004, 1333894005, 1333895006, 1333896007, 1333897003, 1333898008, 1333899000, 1333900005, 1333901009, 1333902002, 1333903007, 1333904001, 1333905000, 1333906004, 1334078005, 1334079002, 1334080004, 1356791009, 2131000087106, 2141000087100, 2841000087108, 4541000087104, 4551000087101, 5181000087103, 12131000087109, 305011000000108, 305051000000107, 305071000000103, 306371000000109, 306381000000106, 306641000000107, 306651000000105, 306671000000101, 307971000000105, 307981000000107, 308041000000102, 872731000000104</p> |
| Breast Ultrasound | <p>CPT: 76641, 76642</p> <p>LOINC: 105420-4, 105421-2, 24599-3, 24601-7, 26215-4, 26216-2, 26288-1, 26290-7, 42132-1</p> |
| High-Risk BI-RADS Assessment | <p>RadLex: RID36030-RID36034</p> <p>SNOMED: 397144001 Mammography assessment (Category 4) — Suspicious abnormality, biopsy should be considered</p> <p>SNOMED: 397145000 Mammography assessment (Category 5) — Highly suggestive of malignancy</p> <p>SNOMED: 6121000179106 Mammography assessment (Category 4A) — Suspicious abnormality, biopsy should be considered, low suspicion of malignancy</p> <p>SNOMED: 6131000179108 Mammography assessment (Category 4B) — Suspicious abnormality, biopsy should be considered, moderate suspicion of malignancy</p> <p>SNOMED: 6141000179100 Mammography assessment (Category 4C) — Suspicious abnormality, biopsy should be considered, high suspicion of malignancy</p> |
| Inconclusive BI-RADS | <p>RadLex: RID36036</p> <p>SNOMED: 397138000 Mammography assessment (Category 0) — Need additional imaging evaluation</p> |
| Mammography | <p>CPT: 77061-77063, 77065-77067</p> <p>LOINC: 103885-0, 103886-8, 103892-6, 103893-4, 103894-2, 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3</p> |

*Codes subject to change.





(OMW) Osteoporosis Management in Women Who Had a Fracture

Line of Business: Medicare

Measure evaluates the percentage of women 65 to 85 years of age during the measurement period 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.

Note: Fractures of fingers, toes, face, and skull are not included in this measure.

Tips

- Provide persons who had a fracture with a referral for BMD test and encourage them to obtain the screening.
- When appropriate, prescribe medication to treat osteoporosis (bisphosphates).
- Check that fracture codes are used appropriately.
- Consider offering onsite BMD test for persons at risk.
- Women at risk for osteoporosis should receive a BMD test every two years.
- Submit applicable codes.

| Description | Codes* |
|--|--|
| Palliative Care | HCPCS: G9054 |
| Bone Mineral Density Tests | CPT: 76977, 77080, 77081, 77085, 77086 |
| Osteoporosis Medications | HCPCS: J0897, J1740, J3110, J3111, J3489, Q5136 |
| Long-Acting Osteoporosis Medications during Inpatient Stay | HCPCS: J0897, J1740, J3489, Q5136 |

*Codes subject to change.

| Osteoporosis Medications | | | |
|--------------------------|---|--|---|
| Description | Prescription | | |
| Bisphosphonates | <ul style="list-style-type: none"> • Alendronate • Ibandronate | <ul style="list-style-type: none"> • Alendronate-cholecalciferol • Risedronate | <ul style="list-style-type: none"> • Zoledronic acid |
| Other agents | <ul style="list-style-type: none"> • Abaloparatide • Teriparatide | <ul style="list-style-type: none"> • Romosozumab • Raloxifene | <ul style="list-style-type: none"> • Denosumab |





(OSW) Osteoporosis Screening in Older Women

Line of Business: Medicare

Measure evaluates the percentage of women 65 to 75 years of age who received an osteoporosis screening on or between the person’s 65th birthday and Dec. 31 of the measurement period.



Tips

- Provide a BMD test for persons without a diagnosis who have not previously been treated for osteoporosis.
- Educate persons on bone health and how to adopt healthy practices.

| Description | Codes* |
|------------------------------|--|
| Osteoporosis Screening Tests | CPT: 76977, 77078, 77080, 77081, 77085 |

*Codes subject to change.



(PPC) Prenatal and Postpartum Care

Lines of Business: Medicaid, Marketplace

Measure evaluates percentage of live birth deliveries on or between Oct. 8 of the year prior to the measurement period and Oct. 7 of the measurement period. For these persons, the measure assesses the following facets of prenatal and postpartum care.

- ✓ **Timeliness of Prenatal Care:** Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.
- ✓ **Postpartum Care:** Percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.



Tips

- Schedule an initial prenatal visit within the first 12 weeks of pregnancy with an obstetrician/ gynecologist (OB/GYN), PCP, or nurse midwife.
- Educate persons on the importance of prenatal care throughout their pregnancy to include the postpartum visit.
- Ensure prenatal flow sheets and/or American College of Obstetricians and Gynecologists (ACOGs) person forms are fully completed, with dates of services and provider initials (if applicable).
- Schedule postpartum visits prior to discharge after delivery.
- Submit applicable codes.

(continued)



(PPC) Prenatal and Postpartum Care *(continued)*

Lines of Business: Medicaid, Marketplace

| Description | Codes* |
|-----------------------------|--|
| Online Assessments | CPT: 98970–98972, 99421–99423, 99457 HCPCS: G0071, G2010, G2012 |
| Prenatal Visits | CPT: 98980, 98981, 99202–99205, 99211–99215, 99242–99245, 99458, 99483 HCPCS: G0463, G2250–G2252, T1015 |
| Stand-Alone Prenatal Visits | CPT: 99500 CPT II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004 |
| Cervical Cytology Lab Test | CPT: 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001 |
| Postpartum Visits | CPT: 57170, 58300, 59430, 99501 CPT II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 |
| Telehealth Visits | CPT: 98000–98016, 98966–98968, 99441–99443 |

*Codes subject to change.

Note: When using the Online Assessment, Telephone Visit, or Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.



(PRS-E) Prenatal Immunization Status

Line of Business: Medicaid

Measure evaluates the percentage of deliveries in the measurement period in which persons had received influenza and Tdap vaccinations during the measurement period.

Measurement Period:

- ✓ **Flu** — on or between Jul. 1 of the year prior to the measurement period and the delivery date.
- ✓ **Tdap** — vaccine received during the pregnancy (including the delivery date).



Tips

- Identify persons with open care gaps and flag in EHR system if possible.
- Offer needed vaccines during prenatal visits and check-ups, or when person is admitted for delivery.
- Educate person on the importance of vaccinations and how they protect both person and baby, and address any fear or anxiety associated with vaccinations during pregnancy.
- Document all vaccinations in the person EMR.
- Submit applicable codes.

(continued)



(PRS-E) Prenatal Immunization Status *(continued)*

Line of Business: Medicaid

| Description | Codes* |
|-----------------------------------|---|
| Adult Influenza Immunization | CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 320 |
| Adult Influenza Vaccine Procedure | CPT: 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 |
| Tdap Immunization | CVX: 115 |
| Tdap Vaccine Procedure | CPT: 90715 |
| Encephalitis | SNOMED: 192710009, 192711008, 192712001 |
| Anaphylaxis | SNOMED: 428291000124105, 428281000124107 |

*Codes subject to change.



Maternal Health and Infant Mortality, With a Focus on Preterm Birth (PTB-CH), Low-Birth Weight (LBW-CH), Very Low Birth Weight (VLBW-CH)

Line of Business: Marketplace

- 1 Preterm Birth (PTB-CH):** Infants born alive between 17 and 36 weeks of gestation during MY2024. A lower rate indicates better performance.
- 2 Low Birth Weight (LBW-CH):** Infants born alive and weighing less than 2,500 (5 lbs, 8 oz) at birth during MY2024. (A lower rate indicates better performance.)
- 3 Very Low Birth Weight (VLBW-CH):** Infants born alive and weighing less than 1,500 grams (3 lbs, 4 oz) during MY2024. A lower rate indicates better performance.

Data Collection Method: State Vital Records submitted to the National Center for Health Statistics (NCHS) National Vital Statistics System, Natality.

Ambetter has partnered with DHS to improve the health and well-being of our state residents. In part, we are putting extra focus on maternal health and infant mortality. As a provider partner, we hope you join us in these efforts to support our mission.



Strategies for reducing Maternal and Infant Mortality

- According to the Centers for Disease Control and Prevention (CDC), preterm birth and low birth weight are among the leading causes of infant mortality, which is defined as the death of a baby before their first birthday.
- Provide comprehensive care and address disadvantages and disparities across every aspect of an expectant mother's life. This can reduce the risk of premature and low birth weights that lead to infant mortality.

(continued)



Maternal Health and Infant Mortality, With a Focus on Preterm Birth (PTB-CH), Low-Birth Weight (LBW-CH), Very Low Birth Weight (VLBW-CH) *(continued)*

Line of Business: Marketplace

- Address racial disparities. A pregnant patient's race, social status, access to medical care and living conditions all can affect whether they are more likely to deliver a baby weighing less than 5 pounds, 8 ounces (low birth weight).
- Care for the whole person to improve overall health.
- Check on social determinants of health (SDOH) needs. An unhealthy environment around expectant mothers can affect the baby's health. Does the beneficiary have safe housing free of damage and crime? Are they exposed to pollution or poor air quality?
- Assist the patient with adopting healthy personal and eating habits through a nutritionist or life coach. Expectant mothers can eat a healthy diet and take proper supplements to promote healthy birth weight. Folic acid and multivitamin supplementation may also decrease the risk of preterm birth and increase birth weight.
- Promote smoking cessation programs as well as programs that address substance use, when applicable.
- Having easy access to quality healthcare can make a big difference in the health outcome of the infant. When a person who is pregnant does not have access to quality prenatal care, which is often the case for more disadvantaged populations, the baby is at risk for multiple factors that can lead to infant mortality.
- Total prenatal care should include mental health services, which can have a positive effect on infant mortality. Through care plans you can teach, counsel, comfort, and talk to the beneficiary. These are essential forms of prenatal care.



PEDIATRIC HEALTH



(CIS-E) Childhood Immunization Status

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of children two years of age during the measurement period who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.



Tips

- Document both the name of the vaccine and the date it was administered in the medical record.
- Submit applicable codes.

| Description | Codes* |
|---|---|
| DTaP (4 doses)** | CPT: 90697, 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120, 146, 198 |
| HiB (3 doses)** | CPT: 90644, 90647, 90648, 90697, 90698, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148, 198 |
| Hep B (3 doses) May include a newborn vaccination. | CPT: 90697, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146, 198 HCPCS: G0010 ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 |
| IPV (3 doses)** | CPT: 90697, 90698, 90713, 90723 CVX: 10, 89, 110, 120, 146 |
| MMR (1 dose) If using history of illness to close MMR gap, there must be evidence of illness with all three measles, mumps, and rubella. | CPT: 90707, 90710 CVX: 03, 94 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 |
| Pneumococcal Conjugate PCV (4 doses)** | CPT: 90670, 90671, 90677 CVX: 109, 133, 152, 215, 216 HCPCS: G0009 |
| Varicella VZV (1 dose) | CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 |

(continued)



(CIS-E) Childhood Immunization Status *(continued)*

Lines of Business: Medicaid, Marketplace

| Description | Codes* |
|---|--|
| Hep A (1 dose) | CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9 |
| Influenza (2 doses)*** LAIV meets criteria for one of the two required vaccinations if administered on the 2nd birthday. | CPT: 90655–90658, 90660, 90661, 90672–90674, 90685–90689, 90756 CVX: 88, 111, 140, 141, 149, 150, 153, 155, 158, 161, 171, 186, 320 |
| Rotavirus (2 doses)** | CPT: 90681 |
| Rotavirus (3 doses)** | CPT: 90680 CVX: 116, 122 |
| Anaphylaxis | Please refer to the HEDIS Value Set Directory for applicable SNOMED codes for anaphylaxis and encephalitis. |

*Codes subject to change.

**Do not count a vaccination administered prior to 42 days after birth.

***Do not count a vaccination administered prior to 180 days after birth.

Note: Rotavirus is either 2 dose **OR** 3 dose for compliancy.



(IMA-E) Immunizations for Adolescents

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of adolescents 13 years of age during the measurement period who had one dose of meningococcal vaccine, one Tdap vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.



Tips

- Document both the name of the vaccine and the date it was administered in the medical record.
- Submit applicable codes.

| Description | Codes* |
|--|---|
| Meningococcal (serogroups A, C, W, Y or A, C, W, Y, B) (1 dose) — must be administered between 10th and 13th birthday | CPT: 90619, 90623, 90624, 90733, 90734 CVX: 32, 108, 114, 136, 147, 167, 203, 316, 328 |
| Tdap (1 dose) — must be administered between the 10th and 13th birthday | CPT: 90715 |
| HPV (2 or 3 dose series) — must be administered between 9th and 13th birthday | CPT: 90649–90651 CVX: 62, 118, 137, 165 |
| Anaphylaxis | Please refer to the HEDIS Value Set Directory for applicable SNOMED codes for anaphylaxis and encephalitis. |

*Codes subject to change.





(LSC-E) Lead Screening in Children

Line of Business: Medicaid

The Lead Screening in Children measure has transitioned to exclusive use of the Electronic Clinical Data Systems.

Measure evaluates the percentage of children two years of age during the measurement period who had one or more capillary or venous lead blood tests for lead poisoning on or prior to their second birthday.

Only one test is required.

Tips

- Lead screening must be performed on or prior to child’s second birthday.
- Document both the date and results of the lead screening.
- Results of ‘unknown’ are not acceptable.
- Submit applicable codes.

CPT*

83655

**Codes subject to change.*



(OED) Oral Evaluation, Dental Services

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of persons under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement period.

Tips

- Remind persons or their responsible party about dental benefits.
- Encourage regular check-up visits with a dentist for routine exams, cleanings, and oral x-rays.
- Help persons schedule an appointment to see a dentist.
- Federally Qualified Health Centers and Rural Health Clinics/ Centers can serve as a Primary Care Dental Home provider.

| Description | Codes* |
|-----------------|---|
| Dental Provider | Provider Taxonomy: 122300000X, 1223D0001X, 1223D0004X, 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 1223X2210X, 122400000X, 124Q00000X, 125J00000X, 125K00000X, 125Q00000X, 126800000X, 204E00000X, 261QD00000X, 261QF0400X, 261QR1300X, 261QS0112X |
| Oral Evaluation | CDT: D0120, D0145, D0150 |

**Codes subject to change.*





(TFC) Topical Fluoride for Children

Line of Business: Medicaid

Measure evaluates the percentage of persons one to four years of age who received at least two fluoride varnish applications during the measurement period.



Tips

- Children must receive two fluoride varnish applications on different dates of services.
- During visits, educate parents about the importance of having children receive fluoride varnish applications.
- PCP can start applying fluoride varnish with the first tooth eruption and apply it every three to six months.
- Perform an Oral Health Risk Assessment to determine any risk factors.
- TFC treatment can be completed by a pediatrician or other qualified health care professional.

| Description | Codes* |
|--|--|
| Topical Application of Fluoride Varnish | CPT: 99188 CDT: D1206 |
| Application of Dental Fluoride Varnish (Procedure) | SNOMED CT US Edition: 313042009 |

*Codes subject to change.



(W30) Well-Child Visits in the First 30 Months of Life

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of children who had the following number of well-child visits with PCP during the measurement period.

The following rates are reported:

- 1 Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement period: Six or more well-child visits.
- 2 Well-Child Visits for Age 15 Months to 30 Months.** Children who turned 30 months old during the measurement period: Two or more well-child visits.



Tips

- Remind caregivers of appointments by texts or phone calls.
- Educate caregivers about the importance of preventive care visits.
- Consider using templates with checkboxes to ensure required information is documented.
- Submit applicable codes.

Note: Telehealth well visits are no longer acceptable.

| CPT* | HCPCS* | ICD-10* |
|-----------------------------------|--------|---|
| 99381, 99382, 99391, 99392, 99461 | S0302 | Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z02.84, Z76.1, Z76.2 |

*Codes subject to change.





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

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of persons 3 to 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 period:

- ✓ Body Mass Index (BMI) percentile.
- ✓ Counseling for nutrition.
- ✓ Counseling for physical activity.



Tips

- Be sure to document all components of the WCC measure on every visit.
- Nutrition pertains to eating habits and behaviors (not appetite).
- BMI values are not acceptable, only percentiles. Ranges are not acceptable. If plotted on a chart, a BMI chart must be used (not age-growth chart).
- Call persons/caregivers to reschedule cancelled appointments.
- Include documentation if child/adolescent is counseled for weight or obesity.
- Submit applicable codes.

| Description | Codes* |
|----------------------|---|
| BMI Percentile | ICD-10: Z68.51, Z68.52, Z68.53, Z68.54, Z68.55, Z68.6 LOINC: 59574-4, 59575-1, 59576-9 |
| Nutrition Counseling | CPT: 97802-97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10: Z71.3 |
| Physical Activity | HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82 |

*Codes subject to change.





(WCV) Child and Adolescent Well-Care Visits

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of persons 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN within the measurement period.



Tips

- Remind caregivers of appointments by texts or phone calls.
- Educate caregivers about the importance of preventive care visits to assess growth and development and to provide immunizations and anticipatory guidance on nutrition, physical activity, and safety.
- Components of a WCV should include a health history, physical development history, and mental development history along with:
 - A physical exam (including height, weight, and BMI percentile).
 - Health education and anticipatory guidance.

Note: Telehealth well visits are no longer acceptable.

| CPT* | HCPCS* | ICD-10* |
|--------------------------|--|--|
| 99382–99385, 99391–99395 | G0438, G0439, S0302, S0610, S0612, S0613 | Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.2 |

*Codes subject to change.



GENERAL HEALTH



(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of episodes for persons three months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event on or three days after the episode.

Looks at eligible outpatient, telephone, ED visits, e-visits, or virtual check-ins with a diagnosis of acute bronchitis/bronchiolitis during the intake period from Jul. 1 of the year prior to the measurement period to Jun. 30 of the measurement period that did not result in an inpatient stay.

A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).



Tips

- When clinically appropriate, suggest alternate symptom management options, such as over-the-counter medications, humidifiers, adequate fluids and rest, and other non-pharmacologic therapies.
- Avoid prescribing antibiotics for acute bronchitis or bronchiolitis in uncomplicated cases, as these conditions are typically viral and self-limiting.
- If clinical indications warrant antibiotic therapy, document the appropriate diagnosis to support the prescribed treatment.
- Ensure persons receive recommended respiratory vaccinations (e.g., influenza, pneumococcal, COVID-19, RSV) based on clinical guidelines and personal risk factors to help reduce the risk of infections that may mimic or contribute to acute bronchitis.
- Submit applicable codes.

| Description | Codes* |
|------------------|---|
| Acute Bronchitis | ICD-10: J20.3-J20.9, J21.0, J21.1, J21.8, J21.9 |

*Codes subject to change.





(AAF-E) Follow-Up After Acute and Urgent Care Visits for Asthma

Line of Business: Medicaid

The percentage of persons 5 to 64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge, or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.

- ✓ **An asthma episode is defined as an encounter between Jan. 1 and Dec. 1 with a diagnosis of asthma.**
 - For urgent care visits that result in an ED visit, the ED visit is the episode.
 - For urgent care or ED visits that result in a nonacute inpatient stay, the urgent care or ED visit is the episode.
 - For acute inpatient or observation stays that result in a nonacute inpatient stay, the acute inpatient or observation stay discharge is the episode.
- ✓ **The asthma episode date is the date of service for the asthma episode.**
 - For acute inpatient or observation stay discharges, the episode date is the date of discharge.
 - For direct transfers, the episode date is the discharge date from the last transfer admission.
 - For ED or urgent care visits, the episode date is the date of service.

Note: Do not include persons with a diagnosis of cystic fibrosis in the measure. Do not include laboratory claims with POS 81.

| Description | Codes* |
|---------------------------|--|
| Outpatient and Telehealth | CPT: 98000–98016, 98966–98968, 98970–98972, 98980, 98981, 99202–99205, 99211, 99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99429, 99441–99443, 99455–99458, 99483 |
| Asthma | ICD-10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 |

*Codes subject to change.





(AMR-AD) Asthma Medication Ratio

Line of Business: Marketplace

Measure evaluates beneficiaries who turned 19 to 64, during 2024, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater.

Data Collection Method: Administrative



Tips

- Ensure providers schedule more frequent follow-up visits until asthma symptoms are controlled.
- Ensure provider educates patients on how to use asthma inhaler, and have patient return for demonstration.
- Ensure that providers educate patients on the difference between a rescue inhaler and a long-term controller.
- Avoid coding asthma if the diagnosis is for an asthma-like symptom (wheezing during viral upper respiratory infection and acute bronchitis).
- Educate patients on use of asthma medications.
- Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications.
- Use the needed services list and contact patients who have not filled a controller medication.

Follow the steps below to calculate the ratio

Use all the medication lists in the Asthma Controller Medications table to identify asthma controller medications. Use all the medication lists in the Asthma Reliever Medications table to identify asthma reliever medications.

Step 1: For each beneficiary, count the units of asthma controller medications dispensed during the measurement year. Refer to the definition of units of medications on the following page.

Step 2: For each beneficiary, count the units of asthma reliever medications dispensed during the measurement year. Refer to the definition of units of medications on the following page.

Step 3: For each beneficiary, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.

Step 4: For each beneficiary, calculate the ratio of controller medications to total asthma medications using the following formula. Round (using the .5 rule) to the nearest whole number.
$$\text{Units of Controller Medications (step 1) / Units of Total Asthma Medications (step 3)}$$

Step 5: Sum the total number of beneficiaries who have a ratio of 0.50 or greater in step 4.

(continued)



(AMR-AD) Asthma Medication Ratio *(continued)*

Line of Business: Marketplace

Units of medication definition

When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, one infusion, or a 30-day or less supply of an oral medication. For example, two inhaler canisters of the same medication dispensed on the same day count as two medication units and only one dispensing event.

Use the package size and unit columns in the medication lists to determine the number of canisters or injections.

Divide the dispensed amount by the package size to determine the number of canisters or injections dispensed. For example, if the package size for an inhaled medication is 10g and pharmacy data indicates the dispensed amount is 30g, three inhaler canisters were dispensed.

| Asthma Controller Medications | | |
|-------------------------------|------------------------|------------|
| Description | Prescriptions | Route |
| Antibody inhibitors | Omalizumab | Injection |
| Anti-interleukin-4 | Dupilumab | Injection |
| Anti-interleukin-5 | Benralizumab | Injection |
| Anti-interleukin-5 | Mepolizumab | Injection |
| Anti-interleukin-5 | Reslizumab | Injection |
| Inhaled steroid combinations | Budesonide-formoterol | Inhalation |
| Inhaled steroid combinations | Fluticasone-salmeterol | Inhalation |
| Inhaled steroid combinations | Fluticasone-vilanterol | Inhalation |
| Inhaled steroid combinations | Formoterol-mometasone | Inhalation |
| Inhaled corticosteroids | Beclomethasone | Inhalation |
| Inhaled corticosteroids | Budesonide | Inhalation |
| Inhaled corticosteroids | Ciclesonide | Inhalation |
| Inhaled corticosteroids | Flunisolide | Inhalation |
| Inhaled corticosteroids | Fluticasone | Inhalation |
| Inhaled corticosteroids | Mometasone | Inhalation |
| Leukotriene modifiers | Montelukast | Oral |
| Leukotriene modifiers | Zafirlukast | Oral |
| Leukotriene modifiers | Zileuton | Oral |
| Methylxanthines | Theophylline | Oral |

(continued)



(AMR-AD) Asthma Medication Ratio *(continued)*

Line of Business: Marketplace

| Asthma Reliever Medications | | |
|---------------------------------------|---------------|------------|
| Description | Prescriptions | Route |
| Short-acting, inhaled beta-2 agonists | Albuterol | Inhalation |
| Short-acting, inhaled beta-2 agonists | Levalbuterol | Inhalation |

| Description | Codes* |
|------------------------------|--|
| Mild Intermittent Asthma | ICD-10: J45.20, J45.21, J45.22 |
| Mild Persistent Asthma | ICD-10: J45.30, J45.31, J45.32 |
| Moderate Persistent Asthma | ICD-10: J45.40, J45.41, J45.42 |
| Severe Persistent Asthma | ICD-10: J45.50, J45.51, J45.52 |
| Other and Unspecified Asthma | ICD-10: J45.901, J45.902, J45.909, J45.990, J45.991, J45.998 |

*Codes subject to change.

| Asthma Controller Medications | |
|-------------------------------|--|
| Description | Prescriptions |
| Antiasthmatic combinations | Dyphylline-guaifenesin, Guaifenesin-theophylline |
| Antibody inhibitor | Omalizumab |
| 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 |
| Anti-interleukin-5 | Benralizumab, Mepolizumab, Reslizumab |

| Asthma Reliever Medications | |
|---------------------------------------|-------------------------|
| Description | Prescriptions |
| Short-acting, inhaled beta-2 agonists | Albuterol, Levalbuterol |





(CWP) Appropriate Testing for Pharyngitis

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of episodes for persons three years of age and older where the person was **diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test** in the seven-day period: from three days *prior* to the episode date through three days after the episode.

Measure looks at eligible outpatient, telephone, ED visits, e-visits, or virtual check-ins with a diagnosis of acute pharyngitis during the intake period from Jul. 1 of the year prior to the measurement period to Jun. 30 of the measurement period that did not result in an inpatient stay.



Tips

- Perform a group A strep test (rapid antigen or throat culture) in persons who present with symptoms suggestive of strep throat before prescribing antibiotics.
- For persons with viral pharyngitis, offer guidance on supportive care, including over-the-counter analgesics, throat lozenges, oral rinses, hydration, and rest as clinically appropriate to effectively manage symptoms.
- Review and clearly document the group A strep test in the health record. Prescribe antibiotics for pharyngitis only when the test is positive.
- Submit applicable codes.

| Description | Codes* |
|--------------------|--|
| Group A Strep Test | CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880 |
| Pharyngitis | ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 |

*Codes subject to change.

| Antibiotic Medications | |
|----------------------------------|--|
| Description | Prescriptions |
| Aminopenicillins | • amoxicillin • ampicillin |
| Beta-Lactamase Inhibitors | • amoxicillin-clavulanate |
| First-Generation Cephalosporins | • cefadroxil • cefazolin • cephalexin |
| Folate Antagonist | • trimethoprim |
| Lincomycin Derivatives | • clindamycin |
| Macrolides | • azithromycin • clarithromycin • erythromycin |
| Natural Penicillins | • penicillin G benzathine • penicillin G potassium • penicillin G sodium • penicillin V potassium |
| Quinolones | • ciprofloxacin • levofloxacin • moxifloxacin • ofloxacin |
| Second-Generation Cephalosporins | • cefaclor • cefprozil • cefuroxime |
| Sulfonamides | • sulfamethoxazole-trimethoprim |
| Tetracyclines | • doxycycline • minocycline • tetracycline |
| Third-Generation Cephalosporins | • cefdinir • cefixime • cefpodoxime • ceftriaxone |





(LBP) Use of Imaging Studies for Low Back Pain

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 18 to 75 years of age with a principal diagnosis of low back pain who did not have an imaging study (i.e., plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

The Index Episode Start Date (IESD) is the earliest eligible date of service during the Intake Period (Jan. 1 through Dec. 3 of the measurement period) when a person presents with a principal diagnosis of low back pain and has no claims or encounters for low back pain in the 180 days prior to that date.

A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies **did not** occur).

Excludes persons who meet any of the following criteria:

- ✓ Inpatient stays or visits resulting in an inpatient stay.
- ✓ Deceased, or receiving hospice or palliative care during the measurement period.
- ✓ Age 66+ with both frailty and advanced illness (including use of dementia medications).
- ✓ Medical history that may justify imaging within specified timeframes, such as:
 - Cancer, HIV, history of organ transplant, osteoporosis, or spondylopathy.
 - Lumbar surgery or medication treatment for osteoporosis.
 - IV drug use, neurologic impairment, or spinal infection.
 - Trauma or fragility fractures.
 - Prolonged corticosteroid use (≥90 consecutive days).



Tips

- If not medically required, avoid ordering diagnostic studies (i.e., plain X-ray, MRI, CT scan) for the diagnosis of uncomplicated low back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- When clinically indicated, provide person with education on cautious pain relief measures such as over-the-counter analgesics, activity modifications, and the use of ice and/or heat.
- If medically appropriate, consider physical therapy or other interventions such as massage, stretching, strengthening exercises, and manipulation.
- Assess for other contributing factors to low back pain (e.g., depression, anxiety, narcotic dependence, psychosocial stressors) and address them as clinically appropriate.
- Ensure timely and accurate submission of claims and encounter data to reflect care provided.
- Submit applicable codes.

(continued)



(LBP) Use of Imaging Studies for Low Back Pain *(continued)*

Lines of Business: Medicaid, Marketplace

| Description | Codes* |
|-----------------------------|---|
| Imaging Study | CPT: 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080–72084, 72100, 72110, 72114, 72120, 72125–72133, 72141, 72142, 72146–72149, 72156–72158, 72200, 72202, 72220 |
| Uncomplicated Low Back Pain | ICD-10: M47.26–M47.28, M47.816–M47.818, M47.896–M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.360, M51.362, M51.369, M51.37, M51.370, M51.372, M51.379, M51.86, M51.87, M53.2X6–M53.2X8, M53.3, M53.86–M53.88, M54.16–M54.18, M54.30–M54.32, M54.40–M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS |

*Codes subject to change.



(SNS-E) Social Needs Screening and Intervention

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of persons (all ages) who were screened using prespecified instruments at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive during the measurement period.

Six rates are reported:

- ✓ **Food Screening.** The percentage of persons who were screened for food insecurity.
- ✓ **Food Intervention.** The percentage of persons who received a corresponding intervention within 30 days (one month) of screening positive for food insecurity.
- ✓ **Housing Screening.** The percentage of persons who were screened for housing instability, homelessness, or housing inadequacy.
- ✓ **Housing Intervention.** The percentage of persons who received a corresponding intervention within 30 days (one month) of screening positive for housing instability, homelessness, or housing inadequacy.
- ✓ **Transportation Screening.** The percentage of persons who were screened for transportation insecurity.
- ✓ **Transportation Intervention.** The percentage of persons who received a corresponding intervention within 30 days (one month) of screening positive for transportation insecurity.

The SNS-E screening numerator counts only screenings that use instruments in the measure specification as identified by the associated LOINC® code(s).

The SNS-E measure specification does not prohibit cultural adaptations or linguistic translations from being counted toward the measure's screening numerators.

Only screenings documented using the LOINC codes specified in the SNS-E measure count toward the measure's screening numerators. Some screening tools are proprietary and may require licensing agreements or costs.

(continued)



(SNS-E) Social Needs Screening and Intervention *(continued)*

Lines of Business: Medicaid, Marketplace

| Food Insecurity Instruments | Screening Item LOINC Codes | Positive Finding LOINC Codes |
|---|-------------------------------|------------------------------|
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool | 88122-7 88123-5 | LA28397-0 LA6729-3 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool | 88122-7 88123-5 | LA28397-0 LA6729-3 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool — Short Form | 88122-7 88123-5 | LA28397-0 LA6729-3 |
| Health Leads Screening Panel ^{®1} | 95251-5 | LA33-6 |
| Hunger Vital Sign ^{™1} (HVS) | 88124-3 | LA19952-3 |
| Protocol for Responding to and Assessing Persons' Assets, Risks and Experiences (PRAPARE) ^{®1} | 93031-3 | LA30125-1 |
| Safe Environment for Every Kid (SEEK) ^{®1} | 95400-8 95399-2 | LA33-6 |
| U.S. Household Food Security Survey (U.S. FSS) | 95264-8 | LA30985-8 LA30986-6 |
| U.S. Adult Food Security Survey (U.S. FSS) | 95264-8 | LA30985-8 LA30986-6 |
| U.S. Child Food Security Survey (U.S. FSS) | 95264-8 | LA30985-8 LA30986-6 |
| U.S. Household Food Security Survey — Six-Item Short Form (U.S. FSS) | 95264-8 | LA30985-8 LA30986-6 |
| We Care Survey | 96434-6 | LA32-8 |
| WellRx Questionnaire | 93668-2 | LA33-6 |
| Housing Instability and Homelessness Instruments | Screening Item LOINC Codes | Positive Finding LOINC Codes |
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool | 71802-3 | LA31994-9 LA31995-6 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool | 99550-6 | LA33-6 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool — Short Form | 71802-3 | LA31994-9 LA31995-6 |
| Children's Health Watch Housing Stability Vital Signs [™] | 98976-4 98977-2 98978-0 | LA33-6 ≥2 |
| Health Leads Screening Panel ^{®1} | 99550-6 | LA33-6 |
| Protocol for Responding to and Assessing Persons' Assets, Risks and Experiences (PRAPARE) ^{®1} | 93033-9 71802-3 | LA33-6 LA30190-5 |
| We Care Survey | 96441-1 | LA33-6 |
| WellRx Questionnaire | 93669-0 | LA33-6 |

¹Proprietary; cost or licensing requirement may be associated with use.

(continued)



(SNS-E) Social Needs Screening and Intervention *(continued)*

Lines of Business: Medicaid, Marketplace

| Housing Inadequacy Instruments | Screening Item LOINC Codes | Positive Finding LOINC Codes |
|--|----------------------------|---|
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool | 96778-6 | LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool | 96778-6 | LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool — Short Form | 96778-6 | LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2 |
| Norwalk Community Health Center Screening Tool (NCHC) | 99134-9 99135-6 | LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2 |
| Transportation Insecurity Instruments | Screening Item LOINC Codes | Positive Finding LOINC Codes |
| Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool | 93030-5 | LA33-6 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool | 99594-4 | LA33-6 |
| American Academy of Family Physicians (AAFP) Social Needs Screening Tool — Short Form | 99594-4 | LA33093-8 LA30134-3 |
| Comprehensive Universal Behavior Screen (CUBS) | 89569-8 | LA29232-8 LA29233-6 LA29234-4 |
| Health Leads Screening Panel ^{®1} | 99553-0 | LA33-6 |

¹Proprietary; cost or licensing requirement may be associated with use.

(continued)



(SNS-E) Social Needs Screening and Intervention *(continued)*

Lines of Business: Medicaid, Marketplace

| Transportation Insecurity Instruments | Screening Item LOINC Codes | Positive Finding LOINC Codes |
|--|----------------------------|-------------------------------------|
| Inpatient Rehabilitation Facility — Patient Assessment Instrument (IRF-PAI) — version 4.0 (CMS Assessment) | 101351-5 | LA30133-5 LA30134-3 |
| Outcome and Assessment Information Set (OASIS) Form — version E — Discharge from Agency (CMS Assessment) | 101351-5 | LA30133-5 LA30134-3 |
| Outcome and Assessment Information Set (OASIS) Form — version E — Resumption of Care (CMS Assessment) | 101351-5 | LA30133-5 LA30134-3 |
| Outcome and Assessment Information Set (OASIS) Form — version E — Start of Care (CMS Assessment) | 101351-5 | LA30133-5 LA30134-3 |
| Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences (PRAPARE) ¹ | 93030-5 | LA30133-5 LA30134-3 |
| PROMIS ^{®1} | 92358-1 | LA30024-6 LA30026-1 LA30027-9 |
| WellRx Questionnaire | 93671-6 | LA33-6 |

- ✓ Identify persons with positive screening and conduct an intervention corresponding to the type of need identified on or up to 30 days after the date of the first positive screening during the measurement period.



Tips

- Interventions may include any of the following categories: adjustment, assistance, coordination, counseling, education, evaluation of eligibility, evaluation/assessment, provision, or referral.

| Description | Codes* |
|---|---|
| Food Insecurity Procedures | CPT: 97802–97804 HCPCS: S5170 (Home delivered meals, including preparation; per meal) HCPCS: S9470 (Nutritional counseling, dietitian visit) |
| Food Insecurity (must be associated with Food Interventions) | ICD-10: Z59.41 and Z59.48 |
| Administration of a Standardized, Evidence-Based Social Determinants of Health Risk Assessment Tool, 5–15 Minutes | HCPCS: G0136 |
| Homelessness Diagnosis | ICD-10: Z59.00–Z59.02 |
| Housing Inadequacy | ICD-10: Z59.10–Z59.12; Z59.19 |

*Codes subject to change.

¹Proprietary; cost or licensing requirement may be associated with use.





(TSC-E) Tobacco Use Screening and Cessation Intervention

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of persons 12 years of age and older who were screened for commercial tobacco product use at least once during the measurement period, and who received tobacco cessation intervention if identified as a tobacco user.

Two rates are reported:

- 1 **Tobacco Use Screening.** The percentage of persons who were screened for tobacco use.
 - 2 **Cessation Intervention.** The percentage of persons who were identified as a tobacco user and who received tobacco cessation intervention.
- ✓ A positive tobacco user is a person who was screened for tobacco use and had a documented positive result. Any of the following meet criteria:
 - Tobacco Use Screening Value Set with Yes Value Set.
 - LOINC code 72166-2 with Positive Tobacco Use Status Value Set.
 - ✓ A negative tobacco user is a person who was screened for tobacco use and had a documented negative result. Any of the following meet criteria:
 - Tobacco Use Screening Value Set with No Value Set.
 - LOINC code 72166-2 with Negative Tobacco Use Status Value Set.

| Description | Codes* |
|--|--|
| Positive Tobacco Use Status Note: Do not include laboratory claims (claims with POS code 81). | LOINC: LA18976-3, LA18977-1, LA18981-3, LA18982-1 |
| Tobacco Use Cessation Counseling | CPT: 99406, 99407 |

*Codes subject to change.





(URI) Appropriate Treatment for Upper Respiratory Infection

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of episodes for persons three months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event on or three days after the episode.

Measure looks at eligible outpatient, telephone, ED visits, e-visits, or virtual check-ins with a diagnosis of URI during the intake period from Jul. 1 of the year prior to the measurement period to Jun. 30 of the measurement period that did not result in an inpatient stay.

A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that **did not** result in an antibiotic dispensing event).

Tips

- Unless clinically indicated, discourage antibiotics for routine treatment of uncomplicated viral infections, such as common colds, which are usually self-limiting and do not require antibiotic therapy.
- Provide clear instructions on supportive care and symptom management.
- When antibiotics are not indicated, recommend symptom management strategies such as fluids, rest, over-the-counter medications, and nasal saline to support recovery and minimize unnecessary antibiotic prescribing.
- Submit applicable codes.

| Description | Codes* |
|--|----------------------|
| Acute Nasopharyngitis (common cold) | ICD-10: J00 |
| Acute Laryngopharyngitis | ICD-10: J06.0 |
| Acute Upper Respiratory Infection, Unspecified | ICD-10: J06.9 |

*Codes subject to change.



SOCIAL DETERMINANTS OF HEALTH



(SDOH) Social Determinants of Health

| Description | Codes* |
|---|---|
| Occupational Exposure to Risk Factors | ICD-10: Z57.0–Z57.9 |
| Problems Related to Education and Literacy | ICD-10: Z55.0–Z55.9 |
| Problems Related to Employment and Unemployment | ICD-10: Z56.0–Z56.9 |
| Problems Related to Physical Environment | ICD-10: Z58.0–Z58.9 |
| Problems Related to Housing and Economic Circumstances | ICD-10: Z59.0–Z59.9 |
| Problems Related to Social Environment | ICD-10: Z60.0–Z60.9 |
| Problems Related to Upbringing | ICD-10: Z62.0–Z62.9 |
| Problems Related to Primary Support Group, Including Family Circumstances | ICD-10: Z63.0–Z63.9 |
| Problems Related to Certain Psychosocial Circumstances | ICD-10: Z64.0–Z64.4 |
| Problems Related to Other Psychosocial Circumstances | ICD-10: Z65.0–Z65.9 |
| CPT/HCPCS Screening Codes Applicable to SDOH | CPT: 96156–96161, 97802–97804, 99377–99378 HCPCS: S5170, S9470, G0182, G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046 |
| Other Risk Factors | ICD-10: Z91.89 |

*Codes subject to change.



Best Practices:

Include supplemental codes in the diagnosis section of a person's claim form. Assign as many SDOH codes necessary to describe all the social problems, conditions, or risk factors documented during the current episode of care.



BEHAVIORAL HEALTH



(ADD-E) Follow-up Care for Children Prescribed ADHD Medication

Line of Business: Medicaid

Time frame is measurement period.

Measure evaluates the percentage of children newly prescribed attention deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10-month) period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

- 1 Initiation Phase:** percentage of persons 6 to 12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
- 2 Continuation and Maintenance (C&M) Phase:** percentage of persons 6 to 12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.



Tips

- Complete a comprehensive medical and psychiatric exam, including rating scales from parents and teachers, before diagnosing and prescribing.
- Limit the first prescription of ADHD medication to a 28- to 30-day supply and schedule follow-up before the family leaves the office.
- Re-evaluate medication effectiveness no more than 30 days after initiation via telehealth when available, and regularly monitor medication effects thereafter.
- Periodically review the ongoing need for continued medication therapy.
- Reschedule any canceled appointments right away.
- Schedule telehealth visits if office visits are not acceptable.
- Submit applicable codes.

(continued)



(ADD-E) Follow-up Care for Children Prescribed ADHD Medication *(continued)*

Line of Business: Medicaid

| Description | Codes* |
|---|---|
| Visit Setting Unspecified | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72 |
| BH Outpatient Visit | CPT: 98000–98006, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 |
| Health and Behavior Assessment/Intervention | CPT: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 |
| Partial Hospitalization/ Intensive Outpatient | HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |
| Telehealth Visit | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 02, 10 |
| Telephone Visits | CPT: 98966–98968, 99441–99443 |
| E-visit/Virtual Check-in | CPT: 98970–98972, 98980, 98981, 99421–99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250–G2252 |
| Visit Setting Unspecified Value Set with Community Mental Health Center POS | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 53 |

*Codes subject to change.





(AMM-AD) Antidepressant Medication Management

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.

Two rates are reported:

- 1 Effective Acute Phase Treatment.** Percentage of beneficiaries who remained on an antidepressant medication for at least 84 days (12 weeks).
- 2 Effective Continuation Phase Treatment.** Percentage of beneficiaries who remained on an antidepressant medication for at least 180 days (six months).

Data Collection Method: Administrative



Tips

- Educate patients on common side effects, how long the side effects may last and how to manage them, and the importance of medication adherence.
- Consider an injectable antidepressant if medication adherence is an issue for the patient.
- Encourage members to continue any prescribed medication, even if they feel better. Discuss the danger of discontinuing suddenly. If they take medication for less than six months, they are at a higher risk of recurrence.
- Give members written instructions to reinforce the proper use of medication and what to do if they experience side effects.
- Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy.
- Assess members for any side effects and their response to treatment within 30 days from when the prescription is first filled.

Effective Acute Phase Treatment

At least 84 days (12 weeks) of treatment with antidepressant medication, beginning on the IPSD through 114 days after the IPSD (115 total days). This allows gaps in medication treatment up to a total of 31 days during the 115-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Effective Continuation Phase Treatment

At least 180 days (six months) of treatment with antidepressant medication, beginning on the IPSD through 231 days after the IPSD (232 total days). This allows gaps in medication treatment up to a total of 52 days during the 232-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

(continued)



(AMM-AD) Antidepressant Medication Management *(continued)*

Line of Business: Marketplace

Definitions

- ✓ **Intake period:** The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.
- ✓ **IPSD:** Index Prescription Start Date (IPSD). The earliest prescription dispensing date for an antidepressant medication where the date is in the intake period and there is a negative medication history.
- ✓ **Negative medication history:** A period of 105 days prior to the IPSD when the beneficiary had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.
- ✓ **Treatment days:** The actual number of calendar days covered with prescriptions within the specified measurement interval. For Effective Continuation Phase Treatment, a prescription of 90 days (three months) supply dispensed on the 151st day will have 82 days counted in the 232-day interval.

| Description | Codes* |
|---|---|
| Psychosocial Care | CPT: 90832–90834, 90836–90840, 90845–90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409–G0411, H0004, H0034–H0040, H2000, H2001, H2011–H2014, H2017–H2020, S0201, S9480, S9484, S9485 |
| Residential Behavioral Health Treatment | HCPCS: H0017, H0018, H0019, T2048 |

*Codes subject to change.



(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics

Applicable Foster Care Measure

Line of Business: Medicaid

Measure evaluates the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement period.

Three rates reported:

- 1 Percentage of children and adolescents on antipsychotics who **received blood glucose testing**.
- 2 Percentage of children and adolescents on antipsychotics who **received cholesterol testing**.
- 3 Percentage of children and adolescents on antipsychotics who **received blood glucose and cholesterol testing**.



Tips

- Provide persons/caregivers with lab orders for HbA1c or glucose and cholesterol or LDL-C to be completed yearly.
- Coordinate care between behavioral and physical health providers.

(continued)



(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics *(continued)*

Line of Business: Medicaid

- Educate the person and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow-up care.
- Submit applicable codes.

| Description (Need either A1c or Glucose and LCL-C or Cholesterol) | Codes* |
|--|---|
| HbA1c Lab Tests | CPT: 83036, 83037 CPT II: 3044F, 3046F, 3051F, 3052F |
| Glucose Lab Tests | CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |
| LDL-C Lab Tests | CPT: 80061, 83700, 83701, 83704, 83721 CPT II: 3048F, 3049F, 3050F |
| Cholesterol Lab Tests | CPT: 82465, 83718, 83722, 84478 |

*Codes subject to change.

Note: Do **not** include a modifier when using CPT II codes.



(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Line of Business: Medicaid

Measure evaluates the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Identify persons eligible for antipsychotic medications and provide psychosocial care from 90 days prior to 30 days after beginning a medication.

Tips

- Before prescribing antipsychotic medication, complete or refer for a trial of first-line psychosocial care.
- Antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- The need for continued therapy with antipsychotic medications should be reviewed periodically.

| Description | Codes* |
|--|---|
| Psychosocial Care or Residential Behavioral Health Treatment | CPT: 90832–90834, 90836–90840, 90845–90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409–G0411, H0004, H0035–H0039, H0040, H2000, H2001, H2011–H2014, H2017–H2020, S0201, S9480, S9484, S9485 |
| Residential Behavioral Health Treatment | HCPCS: H0017–H0019, T2048 |

*Codes subject to change.

[Back to Contents](#)





(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of persons 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument between Jan. 1 and Nov. 1 of the measurement period and, if screened positive, received appropriate follow-up care.

Two rates are reported:

- 1 Unhealthy Alcohol Use Screening.** The percentage of persons who had a systematic screening for unhealthy alcohol use.
- 2 Follow-Up Care on Positive Screen.** The percentage of persons receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.

Note: A LOINC code submission via flat file is required to be adherent for the screening numerator.



Tips

- Train staff on the importance of screenings and recognizing the risk factors for unhealthy alcohol use.
- Develop a workflow that includes utilizing a standardized instrument for unhealthy alcohol screenings at least annually.
- Ask your provider relations representative about ways to submit data to the health plan directly from your EHR/EMR.
- Document follow up on positive screen on or up to 60 days after the first positive screen.

Unhealthy Alcohol Screening instrument: A standard assessment instrument that has been normalized and validated for the adult patient population. Eligible screening instruments with thresholds for positive findings for numerator 1 include:

| Screening Instruments | Total Score LOINC Codes | Positive Finding |
|---|----------------------------|--|
| Alcohol Use Disorders Identification Test (AUDIT) Screening Instrument | 75624-7 | Total score ≥ 8 |
| Alcohol Use Disorders Identification Test Consumption (AUDIT-C) Screening Instrument | 75626-2 | Total score ≥ 4 for men Total score ≥ 3 for women |
| Single-Question Screen (for men): “How many times in the past year have you had 5 or more drinks in a day?” | 88037-7 | Response ≥ 1 |
| Single-Question Screen (for women and all adults older than 65 years): “How many times in the past year have you had 4 or more drinks in a day?” | 75889-6 | Response ≥ 1 |

- ✓ If the unhealthy alcohol screening is positive, the person must receive alcohol counseling or other follow-up care within 60 days of the first positive screen.

(continued)



(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up *(continued)*

Lines of Business: Medicaid, Medicare

| Description | Codes* |
|--|---|
| Alcohol Counseling or Other Follow Up Care | CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H00050, H2035, H2036, T1006, T1012 |
| A Diagnosis of Encounter for Alcohol Counseling and Surveillance | ICD-10: Z71.41 |

*Codes subject to change.

(COU) Risk of Continued Opioid Use

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of persons 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.

Two rates are reported:

- 1 The percentage of persons with **at least 15 days of prescription opioids in a 30-day period.**
- 2 The percentage of persons with **at least 31 days of prescription opioids in a 62-day period.**

Decreased numerator score indicates improvement.

Tips

- Educate on opioid safety and risk associated with long-term use and use of multiple opioids from different providers.
- Involve person in decisions to initiate or continue opioid use, only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.

Use all the medication lists below to identify opioid medication dispensing events

- Acetaminophen Benzhydrocodone Medications List
- Buprenorphine Medications List
- Butorphanol Medications List
- Acetaminophen Butalbital Caffeine Codeine Medications List
- Acetaminophen Codeine Medications List
- Aspirin Butalbital Caffeine Codeine Medications List
- Aspirin Carisoprodol Codeine Medications List
- Codeine Sulfate Medications List
- Acetaminophen Caffeine Dihydrocodeine Medications List
- Fentanyl Medications List
- Acetaminophen Hydrocodone Medications List
- Hydrocodone Medications List
- Hydrocodone Ibuprofen Medications List
- Hydromorphone Medications List
- Levorphanol Medications List
- Meperidine Medications List
- Methadone Medications List
- Morphine Medications List
- Belladonna Opium Medications List
- Opium Medications List
- Acetaminophen Oxycodone Medications List
- Aspirin Oxycodone Medications List
- Ibuprofen Oxycodone Medications List
- Oxycodone Medications List
- Oxymorphone Medications List
- Naloxone Pentazocine Medications List
- Tapentadol Medications List
- Acetaminophen Tramadol Medications List
- Tramadol Medications List





(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of persons 12 years of age and older who were screened for clinical depression during the measurement period using a standardized instrument and, if screened positive, received follow-up care.

Two rates are reported:

- 1 Depression Screening.** The percentage of persons who were screened for clinical depression using a standardized instrument.
- 2 Follow-Up on Positive Screen.** The percentage of persons who received follow-up care within 30 days of a positive depression screen finding.

Depression screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate person population.

The following table includes eligible screening instruments with thresholds for positive findings.

| Instruments for Adolescents (≤17 years) | Total Score LOINC Codes | Positive Finding |
|---|-------------------------|------------------|
| Patient Health Questionnaire (PHQ-9) [®] | 44261-6 | Total score ≥10 |
| Patient Health Questionnaire Modified for Teens (PHQ-9M) [®] | 89204-2 | Total score ≥10 |
| Patient Health Questionnaire-2 (PHQ-2) [®] | 55758-7 | Total score ≥3 |
| Beck Depression Inventory-Fast Screen (BDI-FS) [®] | 89208-3 | Total score ≥8 |
| Center for Epidemiologic Studies Depression Scale — Revised (CESD-R) | 89205-9 | Total score ≥17 |
| Edinburgh Postnatal Depression Scale (EPDS) | 99046-5 | Total score ≥10 |
| PROMIS Depression | 71965-8 | Total score ≥60 |
| Instruments for Adults (18+ years) | Total Score LOINC Codes | Positive Finding |
| Patient Health Questionnaire (PHQ-9) [®] | 44261-6 | Total score ≥10 |
| Patient Health Questionnaire-2 (PHQ-2) [®] | 55758-7 | Total score ≥3 |
| Beck Depression Inventory-Fast Screen (BDI-FS) [®] | 89208-3 | Total score ≥8 |
| Beck Depression Inventory (BDI-II) | 89209-1 | Total score ≥20 |
| Center for Epidemiologic Studies Depression Scale — Revised (CESD-R) | 89205-9 | Total score ≥17 |
| Duke Anxiety — Depression Scale (DUKE-AD) [®] | 90853-3 | Total score ≥30 |
| Geriatric Depression Scale Short Form (GDS) | 48545-8 | Total score ≥5 |
| Geriatric Depression Scale Long Form (GDS) | 48544-1 | Total score ≥10 |
| Edinburgh Postnatal Depression Scale (EPDS) | 99046-5 | Total score ≥10 |
| My Mood Monitor (M-3) [®] | 71777-7 | Total score ≥5 |
| PROMIS Depression | 71965-8 | Total score ≥60 |
| PROMIS Emotional Distress — Depression — Short Form | 77861-3 | Total score ≥60 |
| Clinically Useful Depression Outcome Scale (CUDOS) | 90221-3 | Total score ≥31 |

(continued)



(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

Tips

- Use age-appropriate screening instruments.
- Train staff on the importance of depression screenings and recognizing the risk factors for depression.
- Work with a care team to coordinate follow-up care for persons with a positive screening.
- Ensure all services conducted during the visit are coded appropriately, including the depression screening LOINC codes.
- Coordinate file submissions to the health plan that include EHR data.

| Description | Codes* |
|---|---|
| Behavioral Health Encounter | CPT: 90791, 90792, 90832–90839, 90845–90849, 90853, 90865–90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 |
| Depression Case Management Encounter That Documents Assessment for Symptoms of Depression or a Diagnosis of Depression or Other Behavioral Health | CPT: 99366, 99492–99494 HCPCS: G0512, T1016, T1017, T2022, T2023 |
| Follow Up Visit With a Diagnosis of Depression or Other Behavioral Health Condition | CPT: 98000–98016, 98960–98962, 98966–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99342, 99344–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250–G2252, T1015 ICD-10: F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F21–F24, F25.0, F25.1, F25.8, F25.9, F28–F29, F30.10–F30.13, F30.2–F30.4, F30.8, F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64, F31.70–F31.78, F31.81, F31.89, F32.0–F32.5, F32.81, F32.89, F32.9, F32.A, F33.0–F33.3, F33.40–F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00–F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230–F40.233, F40.240–F40.243, F40.248, F40.290, F20.291, F40.298, F40.8–F41.1, F41.3, F41.8, F41.9, F42.2–F42.4, F42.8, F42.9, F43.0, F43.10–F43.12, F43.20–F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0–F60.7, F60.81, F60.89, F60.9, F63.0–F63.3, F63.81, F63.89, F63.9, F69.10–F68.13, F68.8, F68.A, F84.0, F8.2, F84.3, F84.5, F84.8, F84.9, F90.0–F90.2, F90.8, F90.9, F91.0–F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0–F94.2, F94.8, F94.9, O90.6, O99.340–O99.345 |

(continued)



(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

| Description | Codes* |
|---|---|
| Hospice Encounter With a Diagnosis of Depression or Other Behavioral Health Condition | ICD-10: F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28-F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F32.0-F32.5, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240--F40.243, F40.248, F40.290, F20.291, F40.298, F40.8-F41.1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F69.10-F68.13, F68.8, F68.A, F84.0, F8.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9, O90.6, O99.340-O99.345 |
| Exercise Counseling | ICD-10: Z71.82 |
| Dispensed Antidepressant Medication | |

*Codes subject to change.



(FUA) Follow-Up After Emergency Department Visit for Substance Use Disorder (SUD)

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of ED visits among persons 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose for which there was a follow-up.

Measure is based on ED visits; persons may appear in a measure sample more than once. Each ED visit requires a separate follow-up.

Two rates are reported:

- 1 Discharges for which the person received follow-up within 30 days of discharge.**
A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.
- 2 Discharges for which the person received follow-up within seven days of discharge.**
A follow-up visit or a pharmacotherapy dispensing event within seven days after the ED visit (eight total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

(continued)



(FUA) Follow-Up After Emergency Department Visit for Substance Use Disorder (SUD) *(continued)*

Lines of Business: Medicaid, Medicare



Tips

- Offer virtual, telehealth, and phone visits.
- Maintain appointment availability in your practice for persons, and schedule follow-up appointments before the person leaves the office.
- Discuss the benefits of seeing a primary or specialty provider.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), or other community support groups.
- Reach out proactively within 24 hours if the person does not keep scheduled appointment to schedule another.

The visit can be with any practitioner if the claim includes a diagnosis of SUD (e.g., F10.xx–F19.xx) or drug overdose (e.g., T40–T43, T51). If the visit occurs with a mental health provider, the claim does not have to include the SUD or drug overdose diagnosis.

| Description | Codes* |
|--|--|
| Outpatient Visit with any Diagnosis of SUD or Drug Overdose | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013, H2015, H2013–H2020, T1015</p> <p>POS: 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72</p> |
| Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of SUD or Drug Overdose | <p>CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> |
| Non-residential Substance Abuse Treatment Facility with any Diagnosis of SUD or Drug Overdose | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 57, 58</p> |
| Community Mental Health Center Visit with any Diagnosis of SUD or Drug Overdose | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 53</p> |

(continued)



(FUA) Follow-Up After Emergency Department Visit for Substance Use Disorder (SUD) *(continued)*

Lines of Business: Medicaid, Medicare

| Description | Codes* |
|--|--|
| Peer Support Service with any Diagnosis of SUD or Drug Overdose | HCPCS: G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016 |
| Opioid Treatment Service That Bills Monthly or Weekly with any Diagnosis of SUD or Drug Overdose | HCPCS: G2086, G2087, G2071, G8074–G2077, G2080 |
| Telehealth Visit with any Diagnosis of SUD or Drug Overdose | CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 02, 10 |
| Telephone Visit with any Diagnosis of SUD or Drug Overdose | CPT: 98966–98968, 99441–99443 |
| E-Visit or Virtual Check In with any Diagnosis of SUD or Drug Overdose | CPT: 98970–98972, 98980, 98981, 99422–99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250–G2252 |
| Substance Use Disorder Services | CPT: 99408, 99409 HCPCS: G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, H0006, H0028, T1006, T1012 |
| Behavioral Health Screening or Assessment for SUD or Mental Health Disorders | CPT: 99408, 99409 HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049 |
| Pharmacotherapy Dispensing Event or Medication Treatment Event | Medications: Disulfiram (oral), Naltrexone (oral and injectable), acamprosate (oral; delayed-release tablet), buprenorphine (implant, injection, or sublingual tablet), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) HCPCS: G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 |

*Codes subject to change.





(FUA-AD) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age who had emergency department (ED) visits during the measurement year with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported:

- 1 Seven-Day Follow-Up:** A follow-up visit or pharmacotherapy dispensing event within 7 days after the ED visit (eight total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.
- 2 30-Day Follow-Up:** A follow-up visit or pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

Data Collection Method: Administrative

Tips

- Inform providers that this measure is based on ED visits. If a patient has more than one ED visit, they could be in the measure more than once.
- Encourage providers to have reserved appointments so patients with an ED visit can be seen within 7 days of their discharge.
- Remind providers that an in-person office visit is not required, follow-up can be provided via a telehealth, telephone, e-visit, or virtual visit.
- Ask providers to work collaboratively with hospital ERs to obtain data exchange reports on patients seen in the ER to improve care coordination.

| Description | Codes* |
|--|---|
| An outpatient visit with an outpatient POS, with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 |
| A behavioral health outpatient visit with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 |

(continued)



(FUA-AD) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|--|---|
| An intensive outpatient encounter or partial hospitalization with a partial hospitalization POS, with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 POS: 52 |
| An intensive outpatient encounter or partial hospitalization with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |
| A non-residential substance abuse treatment facility visit with a non-residential substance abuse treatment facility POS, with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 POS: 57, 58 |
| A community mental health center visit with a community mental health center POS, with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 POS: 53 |
| An observation visit with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 99217, 99218, 99219, 99220 |
| A peer support service with any diagnosis of SUD, substance use, or drug overdose | HCPCS: G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016 |
| An opioid treatment service that bills monthly or weekly with any diagnosis of SUD, substance use, or drug overdose | HCPCS: G2086, G2087, G2071, G2074, G2075, G2076, G2077, G2080 |
| A telehealth visit with a telehealth POS with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 POS: 02, 10 |
| A telephone visit with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 98966, 98967, 98968, 99441, 99442, 99443 |

(continued)



(FUA-AD) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|---|---|
| An e-visit or virtual check-in with any diagnosis of SUD, substance use, or drug overdose Or with a mental health provider | CPT: 98969, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252 |
| A substance use disorder service | CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 |
| A behavioral health screening or assessment for SUD or mental health disorders | CPT: 99408, 99409 HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049 |
| A substance use service | HCPCS: H0006, H0028 |
| An alcohol or opioid use disorder medication treatment event | HCPCS: G2067, G2068, G2069, G2069, G2070, G2070, G2072, G2072, G2073, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109 |
| A Pharmacotherapy Dispensing event using an alcohol or opioid use disorder treatment medication | Note: The gap will only close if the member completes the transaction at the pharmacy. |

*Codes subject to change.





(FUH) Follow-Up After Hospitalization for Mental Illness

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the percentage of discharges for persons six years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.

Two rates are reported:

- 1 Discharges for which the person received **follow-up within 30 days after discharge**.
- 2 Discharges for which the mperson received **follow-up within seven days after discharge**.



Tips

- Schedule follow-up appointments prior to discharge and include the date and time on discharge instructions.
- Offer telehealth, and phone visits.
- Reach out proactively to assist in scheduling/rescheduling appointments within the required timeframes.
- Partner with the health plan to address social determinants, health equity, and quality care.
- Address comorbidities and integrate care with peer support and psychiatric collaborative care models.
- Submit applicable codes.

| Description | Codes* |
|--|--|
| Outpatient Visit with a Mental Health Provider or With Any Diagnosis of a Mental Health Disorder | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015 |
| Visit Setting Unspecified for Intensive Outpatient Encounter or Partial Hospitalization | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 52 |
| Partial Hospitalization/ Intensive Outpatient | HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |

(continued)



(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

| Description | Codes* |
|--|---|
| Community Mental Health Center Visit | <p>CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960–98962, 99078, 99202–99205, 99211–99215, 99221–99223, 99231–99233, 99238, 99239, 99242–99245, 99252–99255, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015</p> <p>POS: 53</p> |
| Electroconvulsive Therapy | <p>CPT: 90870</p> <p>POS: 24, 52, 53</p> |
| Peer Support Services or With Any Diagnosis of a Mental Health Disorder | <p>HCPCS: G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1013</p> |
| Psychiatric Residential | <p>CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 56</p> |
| Telehealth Visit With a Mental Health Provider or Any Diagnosis of a Mental Health Disorder | <p>CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 02, 10</p> |
| Transitional Care Management | <p>CPT: 99495, 99496</p> |
| Telephone Visit With a Mental Health Provider or Any Diagnosis of a Mental Health Disorder | <p>CPT: 98966–98968, 99441–99443</p> |
| Psychiatric Collaborative Care Management With a Mental Health Provider or Any Diagnosis of a Mental Health Disorder | <p>CPT: 99492–99494</p> <p>HCPCS: G0512</p> |

*Codes subject to change.





(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (SUD)

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management visits for a diagnosis of substance use disorder among persons 13 years of age and older that result in a follow-up visit or service for substance use disorder during the measurement period.

- ✓ For an acute inpatient discharge or residential treatment discharge, or for withdrawal management that occurred during an acute inpatient stay or residential treatment stay, the episode date is the date of discharge.
- ✓ For direct transfers, the episode date is the discharge date from the transfer admission.
- ✓ For withdrawal management (other than withdrawal management that occurred during an acute inpatient stay or residential treatment stay), the episode date is the date of service.

Two rates are reported:

- 1 The percentage of visits or discharges for which the person received follow-up for substance use disorder **within the 30 days after the visit or discharge.**
- 2 The percentage of visits or discharges for which the person received follow-up for substance use disorder **within the seven days after the visit or discharge.**

Note: Follow up does not include withdrawal management.

Tips

- Offer virtual, telehealth, and phone visits.
- Maintain appointment availability in your practice for persons and schedule follow-up appointments before the person leaves the office.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), or other community support groups.
- Reach out proactively within 24 hours if the person does not keep scheduled appointment to schedule another.

The claim should include a principal diagnosis of substance use disorder (e.g., applicable code F10.10–F19.29)

(continued)



(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (SUD) *(continued)*

Lines of Business: Medicaid, Medicare

| Description | Codes* |
|---|--|
| Outpatient Visit with a Diagnosis of SUD | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98000–98007, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2011, H2013–H2020, H0039, H0040, T1015</p> <p>POS: 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72</p> |
| Intensive Outpatient Encounter or Partial Hospitalization with a Diagnosis of SUD | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>POS: 52</p> |
| Non-residential Substance Abuse Treatment Facility with a Diagnosis of SUD | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 57, 58</p> |
| Community Mental Health Center Visit with a Diagnosis of SUD | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 53</p> |
| Telehealth Visit with a Diagnosis of SUD | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 02, 10</p> |
| Substance Use Disorder Services with a Diagnosis of SUD | <p>CPT: 99408, 99409</p> <p>HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012</p> |
| Opioid Treatment Service that Bills Monthly or Weekly with a Diagnosis of SUD | <p>HCPCS: G2071, G2074–G2077, G2080, G2086, G2087</p> |
| Residential Behavioral Health Treatment with a Diagnosis of SUD | <p>HCPCS: H0017, H0018, H0019, T2048</p> |
| Substance Use Disorder Counseling and Surveillance | <p>ICD-10: Z71.41, Z71.51</p> |
| Telephone Visit with a Diagnosis of SUD | <p>CPT: 98966–98968, 99441–99443</p> |

(continued)



(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (SUD) *(continued)*

Lines of Business: Medicaid, Medicare

| Description | Codes* |
|--|--|
| E-Visit or Virtual Check in with a Diagnosis of SUD | CPT: 98970–98972, 98980, 98981, 99421–99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250–G2252 |
| Pharmacotherapy Dispensing Event or Medication Treatment Event | Medications: Disulfiram (oral), Naltrexone (oral and injectable), acamprosate (oral; delayed-release tablet), buprenorphine (implant, injection, or sublingual tablet), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) HCPCS: G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 |
| Peer Support Services with a Diagnosis of SUD | HCPCS: G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017 |

*Codes subject to change.



(FUM) Follow-Up After Emergency Department Visit for Mental Illness

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of ED visits for persons six years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service during the measurement period.

Two rates are reported:

- 1 The percentage of ED visits for which the person received follow-up **within 30 days of the ED visit (31 total days)**.
- 2 The percentage of ED visits for which the person received follow-up **within seven days of the ED visit (eight total days)**.



Tips

- Offer virtual, telehealth, and phone visits.
- Maintain appointment availability in your practice for persons and schedule follow-up appointments before the person leaves the office.
- Discuss the benefits of seeing a primary or specialty provider and appropriate ED utilization.
- Partner with the health plan to address social determinants, health equity, and quality care.

The claim should include a diagnosis of mental health disorder.

(continued)



(FUM) Follow-Up After Emergency Department Visit for Mental Illness *(continued)*

Lines of Business: Medicaid, Medicare

| Description | Codes* |
|--|--|
| Outpatient Visit with any Diagnosis of a Mental Health Disorder | <p>CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98000–98007, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015</p> <p>POS: 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72</p> |
| Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of a Mental Health Disorder | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>POS: 52</p> |
| Community Mental Health Center Visit | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 53</p> |
| Electroconvulsive Therapy | <p>CPT: 90780</p> <p>POS: 24, 52, 53</p> |
| Telehealth Visit with any Diagnosis of a Mental Health Disorder | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 02, 10</p> |
| Telephone Visit with any Diagnosis of a Mental Health Disorder | <p>CPT: 98966–98968, 99441–99443</p> |
| E-Visit or Virtual Check in with any Diagnosis of a Mental Health Disorder | <p>CPT: 98970–98972, 98980, 98981, 99421–99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250–G2252</p> |
| Peer Support Services with any Diagnosis of a Mental Health Disorder | <p>HCPCS: G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016</p> |
| Psychiatric Collaborative Care Management | <p>CPT: 99492–99494</p> <p>HCPCS: G0140, T1017</p> |
| Psychiatric Residential Treatment | <p>CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>POS: 56</p> |

*Codes subject to change.





(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age during the measurement year who had an emergency department (ED) visit with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness.

Two rates are reported:

- 1 7-Day Follow-Up:** A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 days after the ED visit (eight total days). Include visits that occur on the date of the ED visit.
- 2 30-Day Follow-Up:** A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm, and any diagnosis of mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.

Data Collection Method: Administrative



Tips

- Inform providers that this measure is based on ED visits. If a patient has more than one ED visit, they could be in the measure more than once.
- Encourage providers to have reserved appointments so patients with an ED visit can be seen within 7 days of their discharge.
- Remind providers that an in-person office visit is not required, follow-up can be provided via a telehealth, telephone, e-visit, or virtual visit.
- Ask providers to work collaboratively with hospital ERs to obtain data exchange reports on patients seen in the ER to improve care coordination.

| Description | Codes* |
|--|--|
| An outpatient visit with an outpatient POS, with a principal diagnosis of a mental health disorder | CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 |
| Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder | HCPCS: G0402, G0438, G0439, G0463, T1015 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 |

(continued)



(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|--|---|
| <p>A behavioral health outpatient visit with a principal diagnosis of a mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015</p> |
| <p>An intensive outpatient encounter or partial hospitalization with a partial hospitalization POS, with a principal diagnosis of mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p>POS: 52</p> |
| <p>An intensive outpatient encounter or partial hospitalization with a principal diagnosis of a mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> |
| <p>A community mental health center visit with a community mental health center POS, with a principal diagnosis of a mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99495, 99496, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015</p> <p>POS: 53</p> |

(continued)



(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|--|--|
| <p>Electroconvulsive therapy with POS in either an ambulatory surgical center, community mental health center, outpatient, or partial hospitalization setting with a principal diagnosis of a mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>CPT: 90870</p> <p>POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p> |
| <p>A telehealth visit with a telehealth POS, with a principal diagnosis of a mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p>POS: 02, 10</p> |
| <p>An observation visit, with a principal diagnosis of a mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>CPT: 99217, 99218, 99219, 99220</p> |
| <p>A telephone visit, with a principal diagnosis of a mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> |
| <p>An e-visit or virtual check-in with a principal diagnosis of a mental health disorder</p> <p>Or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder</p> | <p>CPT: 98969, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99444, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252</p> |

*Codes subject to change.





(HDO) Use of Opioids at High Dosage

Lines of Business: Medicaid, Medicare

Measures the percentage of persons 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement period.

Decreased score indicates improvement.

| Type of Opioid | Medication Lists | Strength | MME Conversion Factor |
|---|--|----------|-----------------------|
| Benzhydrocodone | • Acetaminophen Benzhydrocodone 4.08 mg Medications List | 4.08 mg | 1.2 |
| | • Acetaminophen Benzhydrocodone 6.12 mg Medications List | 6.12 mg | |
| | • Acetaminophen Benzhydrocodone 8.16 mg Medications List | 8.16 mg | |
| Butorphanol | • Butorphanol 10 MGPML Medications List | 10 mg | 7 |
| Codeine | • Codeine Sulfate 15 mg Medications List | 15 mg | 0.15 |
| | • Codeine Sulfate 30 mg Medications List | 30 mg | |
| | • Codeine Sulfate 60 mg Medications List | 60 mg | |
| Codeine | • Acetaminophen Codeine 2.4 MGPML Medications List | 2.4 mg | 0.15 |
| | • Acetaminophen Codeine 15 mg Medications List | 15 mg | |
| | • Acetaminophen Codeine 30 mg Medications List | 30 mg | |
| | • Acetaminophen Codeine 60 mg Medications List | 60 mg | |
| Codeine | • Acetaminophen Butalbital Caffeine Codeine 30 mg Medications List | 30 mg | 0.15 |
| Codeine | • Aspirin Butalbital Caffeine Codeine 30 mg Medications List | 30 mg | 0.15 |
| Codeine | • Aspirin Carisoprodol Codeine 16 mg Medications List | 16 mg | 0.15 |
| Dihydrocodeine | • Acetaminophen Caffeine Dihydrocodeine 16 mg Medications List | 16 mg | 0.25 |
| Fentanyl Buccal or Sublingual Tablet, Transmucosal Lozenge (mcg) ¹ | • Fentanyl 100 mcg Medications List | 100 mcg | 0.13 |
| | • Fentanyl 200 mcg Medications List | 200 mcg | |
| | • Fentanyl 300 mcg Medications List | 300 mcg | |
| | • Fentanyl 400 mcg Medications List | 400 mcg | |
| | • Fentanyl 600 mcg Medications List | 600 mcg | |
| | • Fentanyl 800 mcg Medications List | 800 mcg | |
| | • Fentanyl 1200 mcg Medications List | 1200 mcg | |
| | • Fentanyl 1600 mcg Medications List | 1600 mcg | |
| Fentanyl Oral Spray (mcg) ² | • Fentanyl 100 MCGPS Oral Medications List | 100 mcg | 0.18 |
| | • Fentanyl 200 MCGPS Oral Medications List | 200 mcg | |
| | • Fentanyl 400 MCGPS Oral Medications List | 400 mcg | |
| | • Fentanyl 600 MCGPS Oral Medications List | 600 mcg | |
| | • Fentanyl 800 MCGPS Oral Medications List | 800 mcg | |

(continued)



(HDO) Use of Opioids at High Dosage *(continued)*

Lines of Business: Medicaid, Medicare

| Type of Opioid | Medication Lists | Strength | MME Conversion Factor |
|---|--|-----------------|-----------------------|
| Fentanyl Nasal Spray (mcg) ³ | • Fentanyl 100 MCGPS Nasal Medications List | 100 mcg | 0.16 |
| | • Fentanyl 300 MCGPS Nasal Medications List | 300 mcg | |
| | • Fentanyl 400 MCGPS Nasal Medications List | 400 mcg | |
| Fentanyl Transdermal Film/Patch (mcg/hr) ⁴ | • Fentanyl 12 MCGPH Medications List | 12 mcg | 7.2 |
| | • Fentanyl 25 MCGPH Medications List | 25 mcg | |
| | • Fentanyl 37.5 MCGPH Medications List | 37.5 mcg | |
| | • Fentanyl 50 MCGPH Medications List | 50 mcg | |
| | • Fentanyl 62.5 MCGPH Medications List | 62.5 mcg | |
| | • Fentanyl 75 MCGPH Medications List | 75 mcg | |
| | • Fentanyl 87.5 MCGPH Medications List | 87.5 mcg | |
| | • Fentanyl 100 MCGPH Medications List | 100 mcg | |
| Hydrocodone | • Hydrocodone 10 mg Medications List | 10 mg | 1 |
| | • Hydrocodone 15 mg Medications List | 15 mg | |
| | • Hydrocodone 20 mg Medications List | 20 mg | |
| | • Hydrocodone 30 mg Medications List | 30 mg | |
| | • Hydrocodone 40 mg Medications List | 40 mg | |
| | • Hydrocodone 50 mg Medications List | 50 mg | |
| | • Hydrocodone 60 mg Medications List | 60 mg | |
| | • Hydrocodone 80 mg Medications List | 80 mg | |
| | • Hydrocodone 100 mg Medications List | 100 mg | |
| | • Hydrocodone 120 mg Medications List | 120 mg | |
| Hydrocodone | • Acetaminophen Hydrocodone .5 MGPML Medications List | .5 mg .67 mg | 1 |
| | • Acetaminophen Hydrocodone .67 MGPML Medications List | 2.5 mg 5 mg | |
| | • Acetaminophen Hydrocodone 2.5 mg Medications List | 7.5 mg | |
| | • Acetaminophen Hydrocodone 5 mg Medications List | 10 mg | |
| | • Acetaminophen Hydrocodone 7.5 mg Medications List | | |
| | • Acetaminophen Hydrocodone 10 mg Medications List | | |
| Hydrocodone | • Hydrocodone Ibuprofen 2.5 mg Medications List | 2.5 mg | 1 |
| | • Hydrocodone Ibuprofen 5 mg Medications List | 5 mg | |
| | • Hydrocodone Ibuprofen 7.5 mg Medications List | 7.5 mg | |
| | • Hydrocodone Ibuprofen 10 mg Medications List | 10 mg | |
| Hydromorphone | • Hydromorphone 1 MGPML Medications List | 1 mg | 4 |
| | • Hydromorphone 2 mg Medications List | 2 mg | |
| | • Hydromorphone 3 mg Medications List | 3 mg | |
| | • Hydromorphone 4 mg Medications List | 4 mg | |
| | • Hydromorphone 8 mg Medications List | 8 mg | |
| | • Hydromorphone 12 mg Medications List | 12 mg | |
| | • Hydromorphone 16 mg Medications List | 16 mg | |
| | • Hydromorphone 32 mg Medications List | 32 mg | |

(continued)



(HDO) Use of Opioids at High Dosage *(continued)*

Lines of Business: Medicaid, Medicare

| Type of Opioid | Medication Lists | Strength | MME Conversion Factor |
|------------------------|---|----------|-----------------------|
| Levorphanol | • Levorphanol 2 mg Medications List | 2 mg | 11 |
| | • Levorphanol 3 mg Medications List | 3 mg | |
| Meperidine | • Meperidine 10 MGPML Medications List | 10 mg | 0.1 |
| | • Meperidine 50 mg Medications List | 50 mg | |
| | • Meperidine 100 mg Medications List | 100 mg | |
| Methadone ⁵ | • Methadone 1 MGPML Medications List | 1 mg | 3 |
| | • Methadone 2 MGPML Medications List | 2 mg | |
| | • Methadone 5 mg Medications List | 5 mg | |
| | • Methadone 10 mg Medications List | 10 mg | |
| | • Methadone 10 MGPML Medications List | 10 mg | |
| | • Methadone 40 mg Medications List | 40 mg | |
| Morphine | • Morphine 2 MGPML Medications List | 2 mg | 1 |
| | • Morphine 4 MGPML Medications List | 4 mg | |
| | • Morphine 5 mg Medications List | 5 mg | |
| | • Morphine 10 mg Medications List | 10 mg | |
| | • Morphine 15 mg Medications List | 15 mg | |
| | • Morphine 20 MGPML Medications List | 20 mg | |
| | • Morphine 20 mg Medications List | 20 mg | |
| | • Morphine 30 mg Medications List | 30 mg | |
| | • Morphine 40 mg Medications List | 40 mg | |
| | • Morphine 45 mg Medications List | 45 mg | |
| | • Morphine 50 mg Medications List | 50 mg | |
| | • Morphine 60 mg Medications List | 60 mg | |
| | • Morphine 75 mg Medications List | 75 mg | |
| | • Morphine 80 mg Medications List | 80 mg | |
| | • Morphine 90 mg Medications List | 90 mg | |
| | • Morphine 100 mg Medications List | 100 mg | |
| | • Morphine 120 mg Medications List | 120 mg | |
| | • Morphine 200 mg Medications List | 200 mg | |
| Opium | • Belladonna Opium 30 mg Medications List | 30 mg | 1 |
| | • Belladonna Opium 60 mg Medications List | 60 mg | |
| Oxycodone | • Oxycodone 1 MGPML Medications List | 1 mg | 1.5 |
| | • Oxycodone 5 mg Medications List | 5 mg | |
| | • Oxycodone 7.5 mg Medications List | 7.5 mg | |
| | • Oxycodone 9 mg Medications List | 9 mg | |
| | • Oxycodone 10 mg Medications List | 10 mg | |
| | • Oxycodone 13.5 mg Medications List | 13.5 mg | |
| | • Oxycodone 15 mg Medications List | 15 mg | |
| | • Oxycodone 18 mg Medications List | 18 mg | |

(continued)



(HDO) Use of Opioids at High Dosage *(continued)*

Lines of Business: Medicaid, Medicare

| Type of Opioid | Medication Lists | Strength | MME Conversion Factor |
|------------------------------------|--|---|-----------------------|
| Oxycodone | • Oxycodone 20 mg Medications List | 20 mg | 1.5 |
| | • Oxycodone 20 MGPML Medications List | 20 mg | |
| | • Oxycodone 27 mg Medications List | 27 mg | |
| | • Oxycodone 30 mg Medications List | 30 mg | |
| | • Oxycodone 36 mg Medications List | 36 mg | |
| | • Oxycodone 40 mg Medications List | 40 mg | |
| | • Oxycodone 60 mg Medications List | 60 mg | |
| | • Oxycodone 80 mg Medications List | 80 mg | |
| Oxycodone | • Acetaminophen Oxycodone 1 MGPML Medications List | 1 mg | 1.5 |
| | • Acetaminophen Oxycodone 2 MGPML Medications List | 2 mg | |
| | • Acetaminophen Oxycodone 2.5 mg Medications List | 2.5 mg | |
| | • Acetaminophen Oxycodone 5 mg Medications List | 5 mg | |
| | • Acetaminophen Oxycodone 7.5 mg Medications List | 7.5 mg | |
| | • Acetaminophen Oxycodone 10 mg Medications List | 10 mg | |
| Oxycodone | • Aspirin Oxycodone 4.84 mg Medications List | 4.84 mg | 1.5 |
| Oxycodone | • Ibuprofen Oxycodone 5 mg Medications List | 5 mg | 1.5 |
| Oxymorphone | • Oxymorphone 5 mg Medications List | 5 mg | 3 |
| | • Oxymorphone 7.5 mg Medications List | 7.5 mg | |
| | • Oxymorphone 10 mg Medications List | 10 mg | |
| | • Oxymorphone 15 mg Medications List | 15 mg | |
| | • Oxymorphone 20 mg Medications List | 20 mg | |
| | • Oxymorphone 30 mg Medications List | 30 mg | |
| | • Oxymorphone 40 mg Medications List | 40 mg | |
| | Pentazocine | • Naloxone Pentazocine 50 mg Medications List | |
| Tapentadol | • Tapentadol 50 mg Medications List | 50 mg | 0.4 |
| | • Tapentadol 75 mg Medications List | 75 mg | |
| | • Tapentadol 100 mg Medications List | 100 mg | |
| | • Tapentadol 150 mg Medications List | 150 mg | |
| | • Tapentadol 200 mg Medications List | 200 mg | |
| | • Tapentadol 250 mg Medications List | 250 mg | |
| | Tramadol | • Tramadol 5 MGPML Medications List | |
| • Tramadol 50 mg Medications List | | 50 mg | |
| • Tramadol 100 mg Medications List | | 100 mg | |
| • Tramadol 150 mg Medications List | | 150 mg | |
| • Tramadol 200 mg Medications List | | 200 mg | |
| • Tramadol 300 mg Medications List | | 300 mg | |
| Tramadol | • Acetaminophen Tramadol 37.5 mg Medications List | 37.5 mg | 0.1 |





(IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare, Marketplace

Time frame for measure: (to capture episodes) Nov. 15 of the year prior to the measurement period through Nov. 14 of the measurement period.

Measure evaluates the percentage of adolescent and adult persons with a new episode of substance use disorder (SUD) episodes during the measurement period that result in treatment initiation and engagement.

Two rates are reported:

- 1 Initiation of SUD Treatment:** percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication treatment **within 14 days**.
- 2 Engagement of SUD Treatment:** percentage of new SUD episodes that have evidence of treatment engagement **within 34 days of initiation**.



Tips

- Complete a comprehensive exam before diagnosing; co-existing disorders are not uncommon and can undermine effectiveness and adherence to treatment.
- Develop working alliances with specialists in substance use disorders for persons who would benefit from specialty care.
- Explain the importance of a follow-up to your persons.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule persons as soon as possible if they do not keep initial appointments.
- Use telehealth where appropriate.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), or other community support groups.
- Maintain appointment availability in your practice for persons and schedule follow-up appointments before the person leaves the office.
- Submit applicable codes.

A diagnosis of Alcohol, Opioid, or Other Drug Abuse and Dependence with one of the following:

| Description | Codes* |
|---------------------------------------|--|
| Acute or Nonacute Inpatient Admission | UBREV: 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 |
| Outpatient Visit | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 with POS 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72 |

(continued)



(IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

| Description | Codes* |
|--|--|
| Behavioral Health Outpatient Visit | CPT: 98000–98007, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347, 99348, 99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99483, 99492–99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015 |
| Intensive Outpatient Encounter or Partial Hospitalization | CPT: 90791–90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238–99239, 99251–99255 with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |
| Non-residential Substance Abuse Treatment Facility | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238–99239, 99251–99255 with POS 57, 58 |
| An Outpatient Visit at a Community Mental Health Center | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238–99239, 99251–99255 with POS 53 |
| Telehealth Visit | CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875–90876, 99221–99223, 99231–99233, 99238–99239, 99251–99255 with POS 02, 10 |
| A Substance Use Disorder Service | CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 |
| A Substance Use Disorder Counseling and Surveillance | ICD-10: Z71.41, Z71.51 |
| Telephone Visit | CPT: 98966–98968, 99441–99443 |
| An E-Visit or Virtual Check-In Visit | CPT: 98969–98972, 98980, 98981, 99421–99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061–G2063, G2250–H2252 |
| Opioid Treatment Service that Bills Monthly or Weekly | HCPCS: G2071, G2074–G2077, G2080, G2086, G2087 |
| An Alcohol Use Disorder Medication Dispensing Event (For Alcohol Cohort) | Disulfiram (oral), naltrexone (oral and injectable), acamprosate (oral and delayed-release tablet) |
| An Opioid Use Disorder Medication Dispensing Event (For Opioid Use Cohort) | Naltrexone (oral and injectable), buprenorphine (sublingual tablet, injection, implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) HCPCS: G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J2315, Q9991, Q9992, S0109, G2067–G2070, G2072, G2073 |

*Codes subject to change.

(continued)



(IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment *(continued)*

Lines of Business: Medicaid, Medicare, Marketplace

Medication Treatment Events:

- ✓ **Alcohol Use Disorder Treatment Medications:** Disulfiram (oral), naltrexone (oral and injectable), acamprosate (oral; delayed-release tablet).
- ✓ **Opioid Use Disorder Treatment Medications:** Naltrexone (oral and injectable), buprenorphine (sublingual tablet, injection, and implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film).
- ✓ Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.



(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age with new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Two rates are reported:

- 1 Initiation of SUD Treatment:** New SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment **within 14 days**.
- 2 Engagement of SUD Treatment:** New SUD episodes with evidence of treatment engagement **within 34 days of initiation**.

For each rate, report the following SUD diagnosis cohorts for each age group:

- ✓ Alcohol use disorder
- ✓ Opioid use disorder
- ✓ Other substance use disorder
- ✓ Total (sum of the SUD diagnosis cohort stratifications)

Additional Notes:

- All of the following combinations must have one of the following diagnoses present on the claim: Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence.
- Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder (OUD) administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

Data Collection Method: Administrative

(continued)



(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Line of Business: Marketplace



Tips

- Explain the importance of follow-up to your patients.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule patients who do not keep initial appointments as soon as possible.
- Use telehealth where appropriate.

Follow the steps below to identify compliancy for Initiation of SUD Treatment

- Step 1:** If the SUD episode was an inpatient discharge, the inpatient stay is considered initiation of treatment, and the SUD episode is compliant.
- Step 2:** If the SUD episode was an opioid treatment service that bills monthly the opioid treatment service is considered initiation of treatment, and the SUD episode is compliant.
- Step 3:** For remaining SUD episodes (those not compliant after steps 1–2), identify episodes with at least one of the following on the SUD episode date or during the 13 days after the SUD episode date (14 total days).
- An acute or nonacute inpatient admission with an applicable diagnosis on the discharge claim, (see above). To identify acute and nonacute inpatient admissions:
 - Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 - Identify the admission date for the stay.
 - An outpatient visit with an Outpatient POS with an applicable diagnosis (see above).
 - A behavioral health outpatient visit with an applicable diagnosis (see above).
 - An intensive outpatient encounter or partial hospitalization with an applicable diagnosis (see above).
 - An intensive outpatient encounter or partial hospitalization with an applicable diagnosis (see above).
 - A non-residential substance abuse treatment facility visit with a non-residential Substance Abuse Treatment Facility POS with an applicable diagnosis (see above).
 - A community mental health center visit with a Community Mental Health Center POS with an applicable diagnosis (see above).
 - A telehealth visit with a Telehealth POS with an applicable diagnosis (see above).
 - A substance use disorder service with an applicable diagnosis (see above).
 - Observation Value Set with an applicable diagnosis (see above).
 - A telephone visit with an applicable diagnosis, see above.
 - An e-visit, virtual check-in (Online Assessment) with an applicable diagnosis (see above).
 - A weekly or monthly opioid treatment service with an applicable diagnosis (see above).
 - For SUD episodes in the alcohol use disorder cohort, an alcohol use disorder medication treatment dispensing event or a medication administration event (Naltrexone Injection, see medication list on the following page).
 - For SUD episodes in the opioid use disorder cohort, an opioid use disorder medication treatment dispensing event (Naltrexone, Buprenorphine, Buprenorphine Naloxone) or a medication administration event (Naltrexone, Buprenorphine, Naloxone, Methadone). See medication list on the following page.

For all initiation events except medication treatment dispensing events and medication administration events, initiation on the same day as the SUD episode date must be with different providers to count.

Exclude the beneficiary from the denominator for both indicators (Initiation of SUD Treatment and Engagement of SUD Treatment) if the initiation of treatment event is an inpatient stay with a discharge date after Nov. 27 of the measurement year.

(continued)



(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Line of Business: Marketplace

| Opioid Use Disorder Treatment Medications | |
|---|--|
| Description | Prescription |
| Antagonist | Naltrexone (oral) |
| Antagonist | Naltrexone (injectable) |
| Partial agonist | Buprenorphine (sublingual tablet) |
| Partial agonist | Buprenorphine (injection) |
| Partial agonist | Buprenorphine (implant) |
| Partial agonist | Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) |

Follow the steps below to identify compliancy for Engagement of SUD Treatment

- Step 1:** Identify all SUD episodes compliant for the Initiation of SUD Treatment numerator. SUD episodes that are not compliant for Initiation of SUD Treatment are not compliant for Engagement of SUD Treatment.
- Step 2:** Identify SUD episodes that had at least one weekly or monthly opioid treatment service with medication administration on the day after the initiation encounter through 34 days after the initiation event. The opioid treatment service is considered engagement of treatment, and the SUD episode is compliant.
- Step 3:** Identify SUD episodes with long-acting SUD medication administration events on the day after the initiation encounter through 34 days after the initiation event. The long-acting SUD medication administration event is considered engagement of treatment, and the SUD episode is compliant. Any of the following meet criteria:
- For SUD episodes in the alcohol use disorder cohort, an alcohol use disorder medication treatment dispensing event (Naltrexone Injection), or a medication administration event (Naltrexone Injection).
 - For SUD episodes in the opioid use disorder cohort, an opioid use disorder medication treatment dispensing event (Naltrexone, Buprenorphin, see medication list below), or a medication administration event (Buprenorphine, Naloxone, Methadone, see the medication list on the following page).
- Step 4:** For remaining SUD episodes, identify episodes with at least two of the following (any combination) on the day after the initiation encounter through 34 days after the initiation event:
- Engagement visit
 - Engagement medication treatment event
- Two engagement visits may be on the same date of service, but they must be with different providers to count as two events. An engagement visit on the same date of service as an engagement medication treatment event meets criteria (there is no requirement that they be with different providers). Refer to the following descriptions to identify engagement visits and engagement medication treatment events.

(continued)



(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Line of Business: Marketplace

Follow the steps below to identify compliancy for Engagement of SUD Treatment

Step 4: Engagement Visits

(cont.) Any of the following meet criteria for an engagement visit:

- An acute or nonacute inpatient admission with one of the applicable diagnosis listed above (on the discharge claim).
 - To identify acute or nonacute inpatient admissions: Identify all acute and nonacute inpatient stays.
 - Identify the admission date for the stay.
- An outpatient visit with an Outpatient POS with an applicable diagnosis (see above).
- A behavioral health outpatient visit with an applicable diagnosis (see above).
- An intensive outpatient encounter or partial hospitalization with a Partial Hospitalization POS with an applicable diagnosis (see above).
- An intensive outpatient encounter or partial hospitalization with an applicable diagnosis (see above).
- A non-residential substance abuse treatment facility visit with a Non-residential Substance Abuse Treatment Facility POS with an applicable diagnosis (see above).
- A community mental health center visit with a Community Mental Health Center POS with an applicable diagnosis (see above).
- A telehealth visit with a Telehealth POS with an applicable diagnosis (see above).
- A substance use disorder service with an applicable diagnosis (see above).
- Observation Value Set with an applicable diagnosis (see above).
- A telephone visit with an applicable diagnosis (see above).
- An e-visit or virtual check-in (online assessment) with an applicable diagnosis (see above).
- An opioid treatment service.

Engagement Medication Treatment Events

Either of the following meets criteria for an engagement medication treatment event:

- For SUD episodes in the alcohol use disorder cohort, an alcohol use disorder medication treatment dispensing event (see medication list below).
- For SUD episodes in the opioid use disorder cohort, an opioid use disorder medication treatment dispensing event (Naltrexone, Buprenorphin, see medication list below), or a medication administration event (Buprenorphine, Naloxone, Methadone, see the medication list below).

Opioid Use Disorder Treatment Medications

| Description | Prescription |
|-----------------|--|
| Antagonist | Naltrexone (oral) |
| Antagonist | Naltrexone (injectable) |
| Partial agonist | Buprenorphine (sublingual tablet) |
| Partial agonist | Buprenorphine (injection) |
| Partial agonist | Buprenorphine (implant) |
| Partial agonist | Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) |

(continued)



(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|---|--|
| Code Alcohol Abuse and Dependence | ICD-10: F10.10, F10.120, F10.121, F10.129-F10.132, F10.139, 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 |
| Opioid Abuse and Dependence | ICD-10: F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29 |
| Other Drug Abuse and Dependence | ICD-10: F12.10, F12.120-F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220-F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129-F13.132, F13.139, 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, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280-F14.282, F14.288, F14.29, F15.10, F15.120-F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180-F15.182, F15.188, F15.19, F15.20, F15.220-F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280-F15.282, F15.288, F15.29, F16.10, F16.120-F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120-F19.122, F19.129-F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220-F19.222, F19.229-F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280-F19.282, F19.288, F19.29 |
| BH Outpatient Visit | CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 09140917, 0919, 0982, 0983 |
| Partial Hospitalization or Intensive Outpatient | CPT Visit Setting Unspecified: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS: 52 HCPCS Partial Hospitalization: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 UBREV: 0905, 0907, 0912, 0913 |

(continued)



(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|---|--|
| Visit Setting Unspecified | <p>CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255</p> <p>With Outpatient</p> <p>POS: 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72</p> <p>With Partial Hospitalization</p> <p>POS: 52</p> <p>With Non-residential Substance Abuse Treatment Facility</p> <p>POS: 57, 58</p> <p>With Community Mental Health Center</p> <p>POS: 53</p> <p>With Telehealth</p> <p>POS: 02, 10</p> |
| Substance Use Disorder Service or Substance Abuse Counseling and Surveillance | <p>CPT: 99408, 99409</p> <p>HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012</p> <p>UBREV: 0906, 0944, 0955 ICD-10: Z71.41, Z71.51</p> |
| Opioid Treatment Services | <p>ODU Weekly Non-Drug Service</p> <p>HCPCS: G2071, G2074, G2075, G2076, G2077, G2080</p> <p>ODU Weekly Drug Treatment Service</p> <p>HCPCS: G2067, G2068, G2069, G2070, G2072, G2073</p> <p>ODU Monthly Office Based Treatment</p> <p>HCPCS: G2086, G2087</p> |
| Telephone Visits | <p>CPT: 98966–98968, 99441–99443</p> |
| Online Assessments (E-visits or Virtual Check-in) | <p>CPT: 98970–98972, 98980, 98981, 99421–99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250–G2252</p> |
| Opioid Treatment | <p>Weekly Treatment</p> <p>HCPCS: G2067–2077</p> <p>Monthly Treatment</p> <p>HCPCS: G2086, G2087</p> |

*Codes subject to change.





(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder

Line of Business: Marketplace

Measure evaluates beneficiaries 19 to 64 years of age during the measurement year, with an opioid use disorder (OUD), who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year.

Five rates are reported:

- 1 A total (overall) rate capturing any medications used in medication-assisted treatment of opioid dependence and addiction

Four separate rates representing the following types of FDA-approved drug products:

- 2 Buprenorphine
- 3 Oral naltrexone
- 4 Long-acting, injectable naltrexone
- 5 Methadone



Tips

- Provide resources to the patient to help manage stressors and identify triggers for relapses.
- Identify alternatives to opioids for pain management

Goal: Prescribe one or more of the four FDA-approved drug products throughout the year to all beneficiaries who had at least one encounter with a diagnosis of opioid abuse, dependence, or remission (primary or other) at any time during the measurement year.

For each beneficiary in the denominator population, follow the steps below to identify beneficiaries for the total numerator and the numerator for each rate.

| | |
|---|--|
| Total | Identify beneficiaries with evidence of at least one prescription filled, or who were administered or dispensed an FDA-approved medication for OUD during the measurement year through use of pharmacy claims (relevant NDC code) or through relevant HCPCS coding of medical service. |
| Buprenorphine | Identify beneficiaries with evidence of at least one prescription for buprenorphine at any point during the measurement year. |
| Oral Naltrexone | Identify beneficiaries with evidence of at least one prescription for oral naltrexone at any point during the measurement year. |
| Long-Acting, Injectable Naltrexone | Identify beneficiaries with evidence of at least one prescription for long-acting, injectable naltrexone at any point during the measurement year. |
| Methadone | Identify beneficiaries with evidence of at least one dose of methadone at any point during the measurement year. |

(continued)



(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder *(continued)*

Line of Business: Marketplace

| Description | Codes* |
|-----------------------------|--|
| Opioid Abuse and Dependence | ICD-10: F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29 |
| Buprenorphine Implant | HCPCS: G2070, G2072, J0570 |
| Buprenorphine Injection | HCPCS: G2069, Q9991, Q9992 |
| Buprenorphine Naloxone | HCPCS: J0572, J0573, J0574, J0575 |
| Buprenorphine Oral | HCPCS: H0033, J0571 |
| Buprenorphine Oral Weekly | HCPCS: G2068, G2079 |
| Methadone Oral | HCPCS: H0020, S0109 |
| Methadone Oral Weekly | HCPCS: G2067, G2078 |
| Naltrexone Injection | HCPCS: G2073, J2315 |

*Codes subject to change.



(PDS-E) Postpartum Depression Screening and Follow-Up

Line of Business: Medicaid

Measure evaluates the percentage of deliveries in which persons were screened for clinical depression **during the postpartum period**, and if screened positive, received follow-up care.

Two rates are reported:

- 1 Depression Screening.** The percentage of deliveries in which persons were screened for clinical depression using a standardized instrument during the postpartum period (7-84 days following the date of delivery).
- 2 Follow-Up on Positive Screen.** The percentage of deliveries in which persons received follow-up care on or up to 30 days after the date of the first positive depression screen finding (31 total days).

Note: A LOINC code submission via flat file is required to be adherent for the depression screening numerator.



Tips

- Use age-appropriate screening instruments.
- If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow up.
- Train staff on the importance of depression screenings and recognizing the risk factors for depression during and post pregnancy.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit.

(continued)



(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

Line of Business: Medicaid

- Ask your provider relations representative about ways to submit data to the health plan directly from your EHR/EMR.
- Document follow-up on positive screen on or up to 30 days after the first positive screen.

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate person population. Eligible screening instruments with thresholds for positive findings for numerator 1 include:

| Instruments for Adolescents (≤17 years) | Total Score LOINC Codes | Positive Finding |
|---|-------------------------|------------------|
| Patient Health Questionnaire (PHQ-9) [®] | 44261-6 | Total score ≥10 |
| Patient Health Questionnaire Modified for Teens (PHQ-9M) [®] | 89204-2 | Total score ≥10 |
| Patient Health Questionnaire-2 (PHQ-2) [®] | 55758-7 | Total score ≥3 |
| Beck Depression Inventory-Fast Screen (BDI-FS) [®] | 89208-3 | Total score ≥8 |
| Center for Epidemiologic Studies Depression Scale—Revised (CESD-R) | 89205-9 | Total score ≥17 |
| Edinburgh Postnatal Depression Scale (EPDS) | 99046-5 | Total score ≥10 |
| PROMIS Depression | 71965-8 | Total score ≥60 |
| Instruments for Adults (18+ years) | Total Score LOINC Codes | Positive Finding |
| Patient Health Questionnaire (PHQ-9) [®] | 44261-6 | Total score ≥10 |
| Patient Health Questionnaire-2 (PHQ-2) [®] | 55758-7 | Total score ≥3 |
| Beck Depression Inventory-Fast Screen (BDI-FS) [®] | 89208-3 | Total score ≥8 |
| Beck Depression Inventory (BDI-II) | 89209-1 | Total score ≥20 |
| Center for Epidemiologic Studies Depression Scale—Revised (CESD-R) | 89205-9 | Total score ≥17 |
| Duke Anxiety—Depression Scale (DUKE-AD) [®] | 90853-3 | Total score ≥30 |
| Edinburgh Postnatal Depression Scale (EPDS) | 99046-5 | Total score ≥10 |
| My Mood Monitor (M-3) [®] | 71777-7 | Total score ≥5 |
| PROMIS Depression | 71965-8 | Total score ≥60 |
| PROMIS Emotional Distress-Depression-Short Form | 77861-3 | Total score ≥60 |
| Clinically Useful Depression Outcome Scale (CUDOS) | 90221-3 | Total score ≥31 |

- ✓ If the depression screening is positive, the person must receive follow-up care on or up to 30 days after the date of the first positive screening.

(continued)



(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

Line of Business: Medicaid

| Description | Codes* |
|---|--|
| An Outpatient, Telephone, E-visit, or Virtual Check-In Follow-Up Visit with a Diagnosis of Depression or Other Behavioral Health Condition | UBREV: 0510, 0513, 0516, 0517, 0519–0523, 0526–0529, 0982, 0983 CPT: 98960–98962, 98966–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250–G2252, T1015 |
| Depression Case Management Encounter that Documents Assessment for Symptoms of Depression (i.e., SNOMED) or a Diagnosis of Depression or Other Behavioral Health Condition | CPT: 99366, 99492–99494 HCPCS: G0512, T1016, T1017, T2022, T2023 |
| Behavioral Health Encounter, Including Assessment, Therapy, Collaborative Care, or Medication Management | CPT: 90791, 90792, 90832–90834, 90836–90839, 90845–90847, 90849, 90853, 90865, 90867–90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 HCPCS: G0155, G0176, G0177, G0409–G0411, G0511, G0512, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, S0201, S9480, S9484, S9485 UBREV: 0900–0905, 0907, 0911–0917, 0919 |
| Exercise Counseling | ICD-10: Z71.82 |
| Dispensed Antidepressant Medication | |
| Documentation of an additional depression screening on a full-length instrument (i.e., PHQ-9®) indicating either no depression or no symptoms that require follow-up (i.e., negative screen) on the same day as a positive screen on a brief screening instrument (i.e., PHQ-2®). | |

*Codes subject to change.

(continued)





(PND-E) Prenatal Depression Screening

Line of Business: Medicaid

Measure evaluates the percentage of deliveries with at least 37 weeks of gestation in which persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care during the measurement period.

Two rates are reported:

- 1 Depression Screening.** The percentage of deliveries in which persons were screened for clinical depression during pregnancy using a standardized instrument.
- 2 Follow-Up on Positive Screen.** The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.

Note: Applicable LOINC codes are required for numerator 1 (Depression Screening).

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate person population. Eligible screening instruments with thresholds for positive findings include:

| Instruments for Adolescents (≤ 17 years) | Positive Finding | LOINC Code (Required for numerator 1) |
|---|-----------------------|---------------------------------------|
| Patient Health Questionnaire (PHQ-9) [®] | Total score ≥ 10 | 44261-6 |
| Patient Health Questionnaire Modified for Teens (PHQ-9M) [®] | Total score ≥ 10 | 89204-2 |
| Patient Health Questionnaire-2 (PHQ-2) ^{®1} | Total score ≥ 3 | 55758-7 |
| Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2} | Total score ≥ 8 | 89208-3 |
| Center for Epidemiologic Studies Depression Scale — Revised (CESD-R) | Total score ≥ 17 | 89205-9 |
| Edinburgh Postnatal Depression Scale (EPDS) | Total score ≥ 10 | 99046-5 |
| PROMIS Depression | Total score ≥ 60 | 71965-8 |
| Instruments for Adults (18+ years) | Positive Finding | LOINC Code (Required for numerator 1) |
| Patient Health Questionnaire (PHQ-9) [®] | Total score ≥ 10 | 44261-6 |
| Patient Health Questionnaire-2 (PHQ-2) ^{®1} | Total score ≥ 3 | 55758-7 |
| Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2} | Total score ≥ 8 | 89208-3 |
| Beck Depression Inventory (BDI-II) | Total score ≥ 20 | 89209-1 |
| Center for Epidemiologic Studies Depression Scale — Revised (CESD-R) | Total score ≥ 17 | 89205-9 |
| PROMIS Emotional Distress Depression — Short Form | Total score ≥ 60 | 77861-3 |
| Duke Anxiety-Depression Scale (DUKE-AD) ^{®2} | Total score ≥ 30 | 90853-3 |
| Edinburgh Postnatal Depression Scale (EPDS) | Total score ≥ 10 | 99046-5 |

¹Brief screening instrument. All other instruments are full-length.

²Proprietary; may be cost or licensing requirement associated with use.

(continued)



(PND-E) Prenatal Depression Screening *(continued)*

Line of Business: Medicaid

| Instruments for Adults (18+ years) | Positive Finding | LOINC Code (Required for numerator 1) |
|--|------------------|---------------------------------------|
| My Mood Monitor (M-3) [®] | Total score ≥5 | 71777-7 |
| PROMIS Depression | Total score ≥60 | 71965-8 |
| Clinically Useful Depression Outcome Scale (CUDOS) | Total score ≥31 | 90221-3 |



Tips

- Use age-appropriate screening instruments.
- If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.
- Train staff on the importance of depression screenings and recognizing the risk factors for depression in pregnancy.
- Develop a workflow that includes utilizing a standardized instrument for depression screenings at every visit.
- Ask your provider relations representative about ways to submit data to the health plan directly from your EHR/EMR.
- Document follow-up on positive screen on or up to 30 days after the first positive screen.

| Description | Codes* |
|---|---|
| Behavioral Health Encounter | CPT: 90791, 90792, 90832–90839, 90845–90849, 90853, 90865–90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 HCPCS: G0155, G0176, G0177, G0409–G0411, G0511, G0512, H0002, H0004, H0031, H0034–H0037, H0039, H0040, H2000, H2001, H2010–H2020, S0201, S9480, S9484, S9485 |
| Depression Case Management Encounter | CPT: 99366, 99492–99494 HCPCS: G0512, T1016, T1017, T2022, T2023 |
| Outpatient, Telephone, E-Visit, or Virtual Check-In with a Diagnosis of Depression or other Behavioral Health Condition | CPT: 98960–98962, 98966–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483, G0071, G0463, G2010, G2012, G2250, G2252, T1015 ICD-10: Applicable code between F01.511–F94.7, O90.6, O99.340–O99.345 |
| Exercise Counseling | ICD-10: Z71.82 |
| Dispensed Antidepressant Medication | |

Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

*Codes subject to change.





(POD) Pharmacotherapy for Opioid Use Disorder

Line of Business: Medicaid

Measure evaluates the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among persons 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event during the measurement period.

Measure must meet the following requirements:

- ✓ Persons 16 years of age and older.
- ✓ OUD dispensing event is captured between a 12-month period that begins on Jul. 1 of the year prior to the measurement period and ends on Jun. 30 of the measurement period (intake period).
- ✓ Persons must have a negative medication history (no OUD pharmacotherapy medications) as of 31 days prior to the new OUD pharmacotherapy.

Care Gap Closure: The measure is event-based, and it is met when the person adheres to OUD pharmacotherapy for 180 days or more without a gap in treatment of more than eight days.



Tips

- Closely monitor medication prescriptions and do not allow any gap in treatment of eight or more consecutive days.
- Offer mutual help like peer recovery support, harm reduction, 12-step fellowships such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.
- Reach out proactively within 24 hours if the person does not keep scheduled appointment to schedule another.
- Inform person of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.

Note: Persons can have multiple treatment period start dates and treatment periods during the measurement period. Treatment periods can overlap.

| Description | Codes* |
|--|---|
| Buprenorphine/Naloxone (Sublingual Tablet, Buccal Film, Sublingual Film) | HCPCS: J0572, J0573, J0574, J0575 |
| Buprenorphine Oral, Implant, and Injectable** | HCPCS: H0033, J0570, J0571, Q9991, Q9992 |
| Methadone | HCPCS: G2067, G2078, H0020, S0109 |
| Naltrexone Injection | HCPCS: G2073, J2315 |

*Codes subject to change.

**Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.





(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Lines of Business: Medicaid, Medicare

The index prescription start date (IPSD) is the earliest prescription dispensing data for any antipsychotic medication during the measurement period.

The treatment period is defined as the time beginning on the IPSD through the last day of the measurement period.

Measure evaluates the percentage of persons 18 years of age and older during the measurement period with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

If an oral medication and a long-acting injection are dispensed on the same day, calculate number of days covered by an antipsychotic medication using the prescription with the longest days' supply.

Tips

- Consider the use of long-acting injectable antipsychotic medications to increase adherence.
- Provide education on how to take the medication, expected side effects, and the importance of talking to the prescriber before stopping the medication.

| Oral Antipsychotics | | | | |
|---------------------|----------------|----------------|--------------------|------------------------------|
| • aripiprazole | • haloperidol | • molindone | • ziprasidone | • thioridazine |
| • asenapine | • iloperidone | • olanzapine | • chlorpromazine | • trifluoperazine |
| • brexpiprazole | • loxapine | • paliperidone | • fluphenazine | • amitriptyline-perphenazine |
| • cariprazine | • lumateperone | • quetiapine | • perphenazine | • thiothixene |
| • clozapine | • lurasidone | • risperidone | • prochlorperazine | |

| Long-Acting Injections | |
|---------------------------------------|--|
| Description | Prescription |
| Long-acting Injections 14-Day Supply | • risperidone (excluding Perseris®) |
| Long-acting Injections 28-Day Supply | • aripiprazole • aripiprazole lauroxil • fluphenazine decanoate • haloperidol decanoate • olanzapine |
| Long-acting Injections 30-Day Supply | • risperidone (Perseris®) |
| Long-acting Injections 35-Day supply | • paliperidone palmitate (Invega Sustenna) |
| Long-acting Injections 104-Day supply | • paliperidone palmitate (Invega Trinza) |
| Long-acting Injections 201-Day Supply | • paliperidone palmitate (Invega Hafyera) |





(SAA-AD) Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Line of Business: Marketplace

Measure evaluates beneficiaries who were 19 to 64 years of age during the measurement year and had schizophrenia or schizoaffective disorder, who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Data Collection Method: Administrative

Tips

- Encourage providers to have staff call patients/parent to reschedule missed appointments.
- Remind providers that services may be performed during a telephone visit, e-visit, or virtual check-in.
- Encourage providers to complete medication reconciliation during every visit.
- Encourage providers to work collaboratively with hospital ERs and other treating providers to obtain data exchange reports on patients seen in care settings.

Follow the steps below to identify numerator compliance

Use the long-acting injections 14-day supply; long-acting injections 28-day supply; long-acting injection 30-day supply; and all the medication lists in the Oral Antipsychotic Medications and Long-Acting Injections tables below to identify antipsychotic medication-dispensing events.

- Step 1:** Identify the IPSD. The IPSD is the earliest dispensing event for any antipsychotic medication during the measurement year.
- Step 2:** To determine the treatment period, calculate the number of days beginning on the IPSD through the end of the measurement year.
- Step 3:** Count the days covered by at least one antipsychotic medication during the treatment period. To ensure that days supply that extend beyond the measurement year are not counted, subtract any days supply that extends beyond Dec. 31 of the measurement year.
- Step 4:** Calculate the beneficiary's PDC using the following equation. Multiply the equation by 100 and round (using the .5 rule) to the nearest whole number. For example, if a beneficiary has 291 total days covered by a medication during a 365-day treatment period, this calculates to 0.7972. Multiply this number by 100, convert it to 79.72% and round it to 80%, the nearest whole number.
- $$\frac{\text{Total days covered by antipsychotic medication in the treatment period (step 3)}}{\text{Total days in treatment period (step 2)}}$$
- Step 5:** Sum the number of beneficiaries whose PDC is ≥ 80 percent for their treatment period.

(continued)



(SAA-AD) Adherence to Antipsychotic Medications for Individuals With Schizophrenia *(continued)*

Line of Business: Marketplace

| Oral Antipsychotic Medications | |
|---|--|
| Description | Prescription |
| Miscellaneous antipsychotic agents (oral) | Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidon |
| Phenothiazine antipsychotics (oral) | Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine |
| Psychotherapeutic combinations (oral) | Amitriptyline-perphenazine |
| Thioxanthenes (oral) | Thiothixene |
| Long-Acting Injections | |
| Description | Prescription |
| Long-acting injection — 14-day supply | Risperidone (excluding Perseris®) |
| Long-acting injection — 28-day supply | Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate |
| Long-acting injection — 30-day supply | Risperidone (Perseris) |
| Description | Codes* |
| Long-Acting Injections | HCPCS: C9037, J0401, J1631, J2358, J2426, J2680, J2794 |

*Codes subject to change.





(SMC) Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Line of Business: Medicaid

Measure evaluates the percentage of persons 18 to 64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement period.



Tips

- Provide persons/caregivers with lab orders for HbA1c or glucose lab test and cholesterol or LDL-C to be completed yearly.
- Educate the person and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow-up care.
- Consider using standing orders to get lab tests.
- Educate persons and their caregivers on the importance of completing annual visits and blood work.
- Discuss weight management options and encourage persons to increase physical activity, improve sleep, and maintain a well-balanced diet.
- Submit applicable codes.

| Description | Codes* |
|----------------|---|
| LDL-C Lab Test | CPT: 80061, 83700, 83701, 83704, 83721 |

| LDL-C Test Result or Finding | Codes* |
|---|--------------------------|
| Most Recent LDL-C Less Than 100 mg/dL (CAD) (DM) | CPT-CAT-II: 3048F |
| Most Recent LDL-C 100-129 mg/dL (CAD) (DM) | CPT-CAT-II: 3049F |
| Most Recent LDL-C Greater Than or Equal to 130 mg/dL (CAD) (DM) | CPT-CAT-II: 3050F |

*Codes subject to change.





(SMD) Diabetes Monitoring for People With Diabetes and Schizophrenia

Line of Business: Medicaid

Measure evaluates the percentage of persons 18 to 64 years of age (as of the last day of the measurement period) with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement period.



Tips

- Provide persons/caregivers with lab orders for HbA1c or glucose lab test and cholesterol or LDL-C to be completed yearly.
- Educate the person and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow-up care.
- Consider using standing orders to get lab tests.
- Educate persons and their caregivers on the importance of completing annual visits and blood work.
- Discuss weight management options and encourage persons to increase physical activity, improve sleep, and maintain a well-balanced diet.
- Submit applicable codes.

| Description | Codes* |
|------------------------------|--|
| Glucose Lab Test | CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |
| HbA1c Lab Test | CPT: 83036, 83037 LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4 |
| HbA1c Test Result or Finding | CAT II: 3044F, 3046F, 3051F, 3052F |
| LDL-C Lab Test | CPT: 80061, 83700, 83701, 83704, 83721 LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7 |
| LDL-C Test Result or Finding | CAT II: 3048F, 3049F, 3050F |

*Codes subject to change.





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

Line of Business: Medicaid

Measure evaluates the percentage of persons 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period.

Identify persons with diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder, and conduct a glucose or HbA1c lab test.

Tips

- Provide persons/caregivers with lab orders for HbA1c or glucose lab test to be completed yearly.
- Educate the person and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow-up care.
- Consider using standing orders to get lab tests.
- Educate persons and their caregivers on the importance of completing annual visits and blood work.
- Discuss weight management options and encourage persons to increase physical activity, improve sleep, and maintain a well-balanced diet.
- Submit applicable codes.

| Description | Codes* |
|------------------------------|--|
| Glucose Lab Test | CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |
| HbA1c Lab Test | CPT: 83036, 83037 |
| HbA1c Test Result or Finding | CPT II: 3044F, 3046F, 3051F, 3052F |

*Codes subject to change.

Note: Do **not** include a modifier when using CPT II codes.





(SSD-AD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Line of Business: Marketplace

Measure evaluates beneficiaries who were 19 to 64 years of age during the measurement year and had schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Either a glucose test or HbA1c test should be performed during the measurement year.

Data Collection Method: Administrative



Tips

- Complete routine HbA1c or glucose testing for patients who are using antipsychotic medications.
- Educate the member about the risks associated with taking antipsychotic medications and the importance of regular follow-up care and testing.
- Contact members who cancel appointments and reschedule as soon as possible.

| Description | Codes* |
|--|--|
| Glucose Lab “Test” Note: When billing services, you need to provide the “test” code and the “test result” code. | CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7 SNOMED CT: 104686004, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 22569008, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000, 313631001, 313697000, 313698005, 33810002, 33747003, 412928005, 440576000, 443780009, 444008003, 444127006, 52302001, 72191006, 73128004, 88856000 |
| Glucose “Test Result” or “Finding” | SNOMED CT: 166890005, 166891009, 166892002, 16691400, 166915000, 166916004, 166917008, 166918003, 166919006, 166921001, 166922008, 166923003, 442545002, 444780001 |
| HbA1c Lab “Test” Note: When billing services, you need to provide the “test” code and the “test result” code. | CPT: 83036 LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4 SNOMED CT: 43396009, 313835008 |
| HbA1c “Test Result” or “Finding” | CPT II: 3044F, 3046F, 3051F, 3052F SNOMED CT: 165679005, 451061000124104 |

*Codes subject to change.





(UOP) Use of Opioids From Multiple Providers

Lines of Business: Medicaid, Medicare

Measure evaluates the percentage of persons 18 years and older receiving prescription opioids for ≥ 15 days during the measurement period who received opioids from multiple providers.

Three rates are reported:

- 1 Multiple Prescribers.** Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different prescribers during the measurement period. Use the NPI to determine if the prescriber for medication dispensing events was the same or different.
- 2 Multiple Pharmacies.** Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different pharmacies during the measurement period. Use the NPI to determine if the pharmacy for medication dispensing events was the same or different.
- 3 Multiple Prescribers and Multiple Pharmacies.** Identify all opioid medication dispensing events during the measurement period. Include persons who received opioids from four or more different prescribers and four or more different pharmacies during the measurement period (i.e., persons who are numerator compliant for both the Multiple prescribers and Multiple pharmacies rates).

Decreased score indicates improvement.



Tips

- Use the state Prescription Drug Monitoring Program (PDMP) database prior to initiating opioid therapy and periodically, ranging from every prescription to every three months.
- Educate persons on opioid safety and risk associated with long-term use and use of multiple opioids from different providers.

Opioid Medications Lists

- Acetaminophen Benzhydrocodone Medications List
- Buprenorphine Medications List
- Butorphanol Medications List
- Acetaminophen Butalbital Caffeine Codeine Medications List
- Acetaminophen Codeine Medications List
- Aspirin Butalbital Caffeine Codeine Medications List
- Aspirin Carisoprodol Codeine Medications List
- Codeine Sulfate Medications List
- Acetaminophen Caffeine Dihydrocodeine Medications List
- Fentanyl Medications List
- Acetaminophen Hydrocodone Medications List
- Hydrocodone Medications List
- Hydrocodone Ibuprofen Medications List
- Hydromorphone Medications List
- Levorphanol Medications List
- Meperidine Medications List
- Methadone Medications List
- Morphine Medications List
- Belladonna Opium Medications List
- Opium Medications List
- Acetaminophen Oxycodone Medications List
- Aspirin Oxycodone Medications List
- Ibuprofen Oxycodone Medications List
- Oxycodone Medications List
- Oxymorphone Medications List
- Naloxone Pentazocine Medications List
- Tapentadol Medications List
- Acetaminophen Tramadol Medications List
- Tramadol Medications List



