



wellcareTM

Quick Reference Guide HEDIS[®] MY 2025

FOR MORE INFORMATION, VISIT [NCQA.ORG](https://www.ncqa.org)

For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, Fidelis Care, Trillium Advantage, and 'Ohana Health Plan transitioned to the newly refreshed Wellcare brand. If you have any questions, please contact Provider Relations.



By Allwell
By Fidelis Care
By Health Net
By 'Ohana Health Plan
By Trillium Advantage

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS measures and specifications were developed by and are owned by NCQA. NCQA holds a copyright in these materials and may rescind or alter these materials at any time. Users of the HEDIS measures and specifications shall not have the right to alter, enhance, or otherwise modify the HEDIS measures and specifications, and shall not disassemble, recompile, or reverse engineer the HEDIS measures and specifications. Anyone desiring to use or reproduce the materials, subject to licensed user restrictions, without modification for an internal non-commercial purpose may do so without obtaining any approval from NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. All other uses, including a commercial use, or any external reproduction, distribution, or publication must be approved by NCQA and are subject to a license at the discretion of NCQA.

For a complete list of codes, 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.

HEDIS® MY 2025 Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2025 Technical Specifications

Wellcare strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2025 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 CMS billing guidance and ensure the HEDIS® codes are covered prior to submission. Measurement year 2025 is defined as Jan. 1, 2025 through Dec. 31, 2025.



What is HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) 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 members.

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 member medical records to abstract data for services rendered but that were 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.



Transition to ECDS Only Reporting

Over the last several years, NCQA has added the option to report the ECDS (Electronic Clinical Data Systems) 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 traditional hybrid measures (COL, CIS, IMA, CCS) that transition 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/](https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/).

ECDS Measures Effective for MY 2025

- ✓ Adult Immunization Status (AIS-E)*
- ✓ Blood Pressure Control for Patients With Hypertension (BPC-E)*
- ✓ Breast Cancer Screening (BCS-E)*
- ✓ Colorectal Cancer Screening (COL-E)*
- ✓ Depression Remission or Response for Adolescents and Adults (DRR-E)
- ✓ Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- ✓ Documented Assessment After Mammogram (DBM-E)*
- ✓ Follow-Up After Abnormal Mammogram Assessment (FMA-E)*
- ✓ Social Need Screening and Intervention (SNS-E)
- ✓ Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- ✓ Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

*Impact to Health Plan Rating/MA Stars/QRS Stars in MY 2025.
Required to be reported for Medicare plans with Accreditation.

Reference:

ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/



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 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 year.
- ✓ Early Engagement with Pharmacy Adherence is key — once a member loses days on a prescription, those days cannot be recovered.
- ✓ Speak with the members 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 member 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 100DS 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® 2025 Volume 2 Technical Specifications by NCQA and is subject to change.



New Measures MY 2025:

- ✓ Documented Assessment After Mammogram (DBM-E)
- ✓ Follow-Up After Abnormal Mammogram Assessment (FMA-E)
- ✓ Blood Pressure Control for Patients With Hypertension (BPC-E)



Retired Measures MY 2025:

- ✓ Care for Older Adults – Pain Assessment (COA-PA)
- ✓ Childhood Immunization Status (CIS)*
- ✓ Immunizations for Adolescents (IMA)*
- ✓ Cervical Cancer Screening (CCS)*
- ✓ Antidepressant Medication Management (AMM)
- ✓ Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- ✓ Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- ✓ Ambulatory Care (AMB)
- ✓ Inpatient Utilization — General Hospital/Acute Care (IPU)

**Only the CIS-E, IMA-E and CCS-E measures will be reported.*



Transitioned Measures MY 2025:

- ✓ Colorectal Cancer Screening (COL)*
- ✓ Follow-Up Care for Children Prescribed ADHD Medication (ADD)*
- ✓ Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)*

**Only the COL-E, ADD-E and APM-E measures will be reported.*



Revised Measures:

- ✓ (HBD) Hemoglobin A1c Control for Patients with Diabetes, replaced with (GSD) Glycemic Status Assessment for Patients with Diabetes.



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 P4P/P4Q programs. With an integrated workflow, pre-populated forms, document upload, 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 members 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 of 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 thereby relieving administrative burden on the provider's office.

Quick Reference Guide




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	16
	(CBP) Controlling High Blood Pressure	18
	(COA) Care for Older Adults	19
	(COL-E) Colorectal Cancer Screening.....	20
	(EED) Eye Exam for Patients with Diabetes	21
	(FMC) Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	23
	(GSD) Glycemic Status Assessment for Patients with Diabetes	26
	(KED) Kidney Health Evaluation for Patients with Diabetes	28
	(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack	29
	(PCE) Pharmacotherapy Management of COPD Exacerbation.....	33

	(PCR) Plan All-Cause Readmissions	35
	(SPC) Statin Therapy for Patients with Cardiovascular Disease	36
	(TRC) Transitions of Care	38






Pharmacy Measures

	(PDC) Proportion of Days Covered.....	43
	• (RASA) Adherence to Hypertensive Medications	
	• (DIAB) Adherence to Diabetes Medications	
	• (STAT) Adherence to Cholesterol Medications	
	(SPD) Statin Therapy for Patients with Diabetes	46
	(SUPD) Statin Use in Persons with Diabetes.....	46


Women's Health

	(BCS-E) Breast Cancer Screening	47
	(DBM-E) Documented Assessment After Mammogram.....	48
	(FMA-E) Follow-Up After Abnormal Mammogram Assessment.....	49
	(OMW) Osteoporosis Management in Women Who Had a Fracture	51
	(OSW) Osteoporosis Screening in Older Women	53








General Health

	(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	54
	(CWP) Appropriate Testing for Pharyngitis	55
	(LBP) Use of Imaging Studies for Low Back Pain	57
	(SNS-E) Social Needs Screening and Intervention	59
	(URI) Appropriate Treatment for Upper Respiratory Infection.....	65

Social Determinants of Health

	(SDOH) Social Determinants of Health	66
---	--	-----------

Behavioral Health

	(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults	68
	(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder (SUD)	71
	(FUH) Follow-Up After Hospitalization for Mental Illness	75
	(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder (SUD)	78
	(FUM) Follow-Up After Emergency Department Visit for Mental Illness	81
	(IET) Initiation and Engagement of Substance Use Disorder (SUD) Treatment.....	84
	(POD) Pharmacotherapy for Opioid Use Disorder	87
	(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia	89

Adult Health

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



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

Measure evaluates the percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year. 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.
- Assist or schedule member’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

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 year.
- ✓ 81 years of age and older who had advance care planning during the measurement year.

Tips:

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

Description	Codes*
Advanced Care Planning	CPT: 99483, 99497 CPT II: 1123F, 1124F, 1157F, 1158F HCPCS: S0257 ICD-10: Z66

*Codes subject to change.



(AIS-E) Adult Immunization Status

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

Tips:

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

(continued)

(AIS-E) Adult Immunization Status *(continued)*

Description	Codes*
Adult Hepatitis B Vaccine Procedure	CPT: 90740, 90744, 90746, 90747, 90759, 90739, 90743
Adult Influenza Vaccine Procedure	CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
Adult Pneumococcal Vaccine Procedure	CPT: 90670, 90671, 90677, 90732 HCPGS: G0009
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

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

Note: For a member to be included in measure, the member must have had at least two medical visits on two different date of services with a diagnosis of HTN, OR one medical visit with an HTN Diagnosis and a dispensed antihypertension medication.

Tips:

- Collect BP reading via any telehealth visit, and it does not require a remote monitoring device to be the source.
- Retake BP readings if the reading is = or >140/90 mm Hg.
- Help members schedule their hypertension follow-up appointments.

(BPC-E) Blood Pressure Control
for Patients with Hypertension *(continued)*

- Educate members on what a controlled BP means.
- Talk with members about taking their own BP via a digital device.
- If members use a digital device, and report the BP reading, capture the reading in member EMR.
- Submit applicable codes.

Description	Codes*
Diastolic Blood Pressure	CPT: 3078F, 3079F, 3080F
Diastolic Less Than 90	CPT: 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.

*Note: Do **not** include CPT Cat II codes with a modifier (1P, 2P, 3P, 8P).*



(BPD) Blood Pressure Control for Patients with Diabetes

Measure evaluates the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

Tips:

- Member-reported BP readings can be documented in the medical record and are acceptable.
- Telehealth visits are acceptable as long as the BP reading is taken by an electronic device. (Device does not have to be remote monitoring device.) Use of a manual device does not meet criteria. Document in the note the reading is specifically from an electronic device.
- Check BP on both arms and record the lowest systolic and diastolic readings.
- Retake BP readings, after patient rests quietly for 5 minutes, if the initial BP reading is >140 systolic or >90 diastolic on first measurement. 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 blood pressure reading during the measurement year is used.
- Patients should rest quietly for at least five minutes before the first BP is taken.
- Submit applicable codes.

Description	Codes*
Palliative Care	HCPCS: G9054
Outpatient Codes (must include a diagnosis of diabetes)	CPT: 99202–99205, 99211–99215, 99242–99245, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015

(BPD) Blood Pressure Control

for Patients with Diabetes *(continued)*

Description	Codes*
Non-Acute Inpatient (must include a diagnosis of diabetes)	CPT: 99304–99310, 99315–99316
Telephone Visits (must include a diagnosis of diabetes)	CPT: 98966–98968, 99441–99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	CPT: 98969–98972, 99421–99423, 99457 HCPCS: G0071, G2010, G2012
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
Remote BP Monitoring — Supports Telehealth	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

*Codes subject to change.



(CBP) Controlling High Blood Pressure

Measure evaluates the percentage of members 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 year.

Tips:

- Exclude BP readings taken from ER or inpatient visits and visits for procedures that require a change in diet or medication regimen.
- The last blood pressure reading taken during the measurement year is used.
- Blood pressure reading can be collected via any telehealth visit and it does not require a remote monitoring device to be the source.
- Retake BP readings if the reading is >140/90 mm Hg.
- Help members schedule their hypertension follow-up appointments.
- Educate members on what a controlled blood pressure means.
- Talk with members about taking their own blood pressure via a digital device.
- The patient must use a digital device to self report a blood pressure reading.
- Submit applicable codes.

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

Description	Codes*
Essential Hypertension	ICD-10: I10
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

(CBP) Controlling High Blood Pressure *(continued)*

Description	Codes*
Telephone Visits	CPT: 98966–98968, 99441–99443
Remote BP Monitoring — Supports Telehealth	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

*Codes subject to change.



(COA) Care for Older Adults

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

- ✓ 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 meets criteria.
- A complete medication list must be present if submitting a medical record for review (hybrid collection).
- Medication reviews must be completed by the prescribing practitioner or clinical pharmacist (reviews completed by RNs, LPNs, etc. are not acceptable for this measure).
- Medication review may be performed without the patient present.
- Complete the COA assessment form annually during an annual wellness exam.
- Submit applicable codes.

Description	Codes*
Medication Review (would require 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: 1159F, 1160F HCPCS: G8427
Functional Status Assessment	CPT: 99483 CPT II: 1170F HCPCS: G0438, G0439

*Codes subject to change.



(COL-E) Colorectal Cancer Screening

The Colorectal Cancer Screening measure has transitioned to exclusive use of the Electronic Clinical Data Systems.

Summary of Changes: Only COL-E measure will be reported. COL is a retired measure and replaced with the new COL-E measure.

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

Tips:

- Educate patients 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 members on the importance of colorectal cancer screenings for early detection and the options available to complete their screening.
- Talk with members about using the home screenings for colorectal cancer screening.
- Help members 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: 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 year)	CPT: 82270, 82274 HCPCS: G0328

(COL-E) Colorectal Cancer Screening (continued)

Description	Codes*
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

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

Tips:

- Members need the eye exam even if they don’t wear glasses.
- Refer diabetic members to an acceptable eye care professional (optometrist or ophthalmologist) annually for a dilated or retinal diabetic eye exam.
- Educate members on the eye damage that could be caused by their diabetes.
- Help members to schedule their annual diabetic eye exam appointments.
- Submit applicable codes.

Description	Codes*
Palliative Care	HCPCS: G9054
Outpatient Codes (must include a diagnosis of diabetes)	CPT: 99202–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015

(EED) Eye Exam for Patients with Diabetes *(continued)*

Description	Codes*
Non-Acute Inpatient (must include a diagnosis of diabetes)	CPT: 99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337
Retinal Eye Exam	CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250 HCPCS: S0620, S0621, S3000
Retinal Imaging	CPT: 92227, 92228
Automated Eye Exam	CPT: 92229
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
Eye Exam Without Retinopathy	CPT II: 2023F, 2025F, 2033F

*Codes subject to change.



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

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

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. Follow-up may be provided via a telehealth, telephone, e-visit, or virtual check-in.
- Submit applicable codes.

Eligible chronic condition diagnoses:

- 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

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

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
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 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

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

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
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

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

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

Tips:

- If the glycemic status is >9%, re-test after implementing appropriate treatment.
- Point of Care Testing is acceptable with appropriate coding and documentation with date of service and value.
- Member-reported A1c/GSD 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 members.
- Provide education to members regarding the need to monitor and manage their blood sugars (HgA1c).
- Assist members if needed to schedule lab visits for regular A1c testing to include transportation assistance.
- Submit applicable codes.

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

Description	Codes*
Palliative Care	HCPCS: G9054
Outpatient Codes (must include a diagnosis of diabetes)	CPT: 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015

(GSD) Glycemic Status Assessment

for Patients with Diabetes *(continued)*

Description	Codes*
Non-Acute Inpatient (must include a diagnosis of diabetes)	CPT: 99304–99310, 99315, 99316, 99334–99337
Telephone Visits (must include a diagnosis of diabetes)	CPT: 98966–98968, 99441–99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	CPT: 98970–98972, 99421–99423, 99457 HCPCS: G0071, G2010, G2012
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

Measure evaluates the percentage of members 18 to 85 years of age with diabetes (type 1 and type 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 year.

Tips:

- Conduct a diabetic visit with diabetic patients at least once per year.
- Educate members on why good kidney function is important as they work to manage their health and diabetes.
- Help members 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:

Members who received **BOTH** an eGFR and a uACR during the measurement year 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.

(KED) Kidney Health Evaluation for Patients with Diabetes (continued)

Description	Codes*
EGR: 80047, 80048, 80050, 80053, 80069, 82565	Option 1 – Urine albumin creatinine ratio (uACR): 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7 OR Option 2 – (Must be within 4 days of each other) Quantitative Urine Albumin: 82043 Urine Creatinine: 82570
Palliative Care	HCPCS: G9054

*Codes subject to change.

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



(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack

Measure evaluates the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI), and who received persistent beta-blocker treatment for 180 days (six months) after discharge.

Note: The 180-day period that includes the discharge date and the 179 days after discharge.

Tips:

- Unless contraindicated, opt for cardioselective beta-blockers, which are less likely to affect bladder and prostate health.
- Encourage patients to report changes in urinary function.
- Proactively discuss the side effect profile(s) of beta-blockers with members to decrease the likelihood of them discontinuing treatment when experiencing mild side effects.
- Work with members to develop a dosing schedule and cadence that fits their routine.

(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack *(continued)*

- Recommend use of medication reminders/alarms, apps, and/or pill organizers.
- When possible, simplify medication regimens by reviewing medications lists and prescribing fewer pills or using combination drugs.
- Schedule more frequent follow-ups during the early states of treatment to address concerns and make necessary dose adjustments.
- Promote heart-healthy lifestyle modifications (i.e., diet, exercise, tension control).
- Address mental and emotional health concerns to identify and support members who may be overwhelmed by their health situation(s).
- Educate patients about the life-saving benefits of beta-blocker therapy, stressing the importance of medication adherence.
- Counsel patients that suddenly stopping medication can lead to complications such as heart attack, increased hypertension (high blood pressure) or increased anxiety.
- To prevent a risk of hypotension (low blood pressure), dose adjust medications gradually for members who are also taking alpha-blocker(s).

Beta-Blocker Medications				
Description	Prescription			
Noncardioselective Beta-blockers	• Carvedilol • Propranolol	• Labetalol • Timolol	• Nadolol • Sotalol	• Pindolol
Cardioselective Beta-blockers	• Acebutolol • Atenolol	• Betaxolol • Bisoprolol	• Metoprolol • Nebivolol	
Antihypertensive Combinations	• Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol			

(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack *(continued)*

Required Exclusions:

- ✓ Members who use hospice services or elect to use a hospice benefit during the measurement year.
- ✓ Members who die during the measurement year.
- ✓ Members with an intolerance or allergy to beta-blocker therapy.
- ✓ Members with a diagnosis or medication dispensing event that indicates a contraindication to beta-blocker therapy and/or indicative of a history of:
 - Asthma • COPD • Obstructive chronic bronchitis
 - Chronic respiratory conditions due to fumes and vapors.
 - Hypotension (low blood pressure), heart block > 1st degree or sinus bradycardia.
 - Dispensed a medication indicative of a history of asthma (table on the following page).
- ✓ Medicare members 66 years of age and older as of Dec. 31 of the measurement year who meet either of the following:
 - Enrolled in a SNP.
 - Live long-term in an institution.
- ✓ Members 66 to 80 years of age as of Dec. 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded.
- ✓ Members 81 years of age and older as of Dec. 31 of the measurement year (all product lines) with at least two indications of frailty.
- ✓ Dispensed dementia medication (table below).

(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack *(continued)*

Asthma Exclusion Medications		
Description	Prescription	
Bronchodilator combinations	<ul style="list-style-type: none"> • Budesonide-formoterol • Fluticasone-vilanterol • Fluticasone-salmeterol • Formoterol-mometasone 	
Inhaled corticosteroids	<ul style="list-style-type: none"> • Beclomethasone • Ciclesonide • Fluticasone 	<ul style="list-style-type: none"> • Budesonide • Flunisolide • Mometasone
Dementia Exclusion Medications		
Description	Prescription	
Cholinesterase inhibitors	<ul style="list-style-type: none"> • Donepezil • Rivastigmine 	<ul style="list-style-type: none"> • Galantamine
Miscellaneous Central Nervous System Agents	<ul style="list-style-type: none"> • Memantine 	
Dementia combinations	<ul style="list-style-type: none"> • Donepezil-memantine 	



(PCE) Pharmacotherapy Management of COPD Exacerbation

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

Two rates are reported:

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

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for there to be multiple events for the same individual.

Tips:

- Educate patients on recognizing the early signs of a COPD exacerbation and the importance of seeking care early to prevent complications.
- Educate patients on 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.
- A prescription is considered active if the “days’ supply” indicated on the date when the member 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.

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

Systemic Corticosteroid Medications			
Description	Prescription		
Glucocorticoids	<ul style="list-style-type: none"> • Cortisone • Prednisolone • Methylprednisolone 	<ul style="list-style-type: none"> • Hydrocortisone • Dexamethasone • Prednisone 	
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-vilarterol 	



(PCR) Plan All-Cause Readmissions

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

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.



(SPC) Statin Therapy for Patients with Cardiovascular Disease

Measure evaluates the percentage of males 21 to 75 years of age and females 40 to 75 years of age during the measurement year 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:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- 2 Statin Adherence 80%:** Members who remained on a high-intensity or moderate intensity statin medication for at least 80% of the treatment period.

Note: Document patient muscular reactions to statins.

Tips:

- Encourage patients to enroll in an auto-refill program at their pharmacy.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Offer tips to patients such as:
 - Taking the medication at the same time each day.
 - Use a pill box.
 - Discuss potential side effects and encourage the member to contact the provider and not stop usage.
- Review medication list during each visit with the patient.
- Discuss the importance of medication adherence with the patient.
- When appropriate, recommend providers prescribe 90+ days supply.

**(SPC) Statin Therapy for Patients
with Cardiovascular Disease** *(continued)*

High- and Moderate-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 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 40–80 mg	Fluvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	• Pitavastatin 1–4 mg	Pitavastatin Moderate Intensity Medications List



(TRC) Transitions of Care

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

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:

- For this measure, medication reconciliation may be conducted by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse.
- A medication reconciliation performed without the member present meets criteria.
- Ensure follow-up appointments are scheduled within 30 days after discharge.
- For hybrid medical record review, 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.

(TRC) Transitions of Care *(continued)*

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 primary care physician (PCP) or ongoing care provider (e.g., phone call, email, fax).
 - Communication about admission between emergency department 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 admission, or discharge and transfer (ADT) alert system.
 - Communication about admission with the patient's PCP or ongoing care provider through a shared electronic medical record (EMR) system. When using a shared EMR system, documentation of a "received date" is not required to meet criteria. Evidence that the information was filed in the EMR and is accessible to the PCP or ongoing care provider on the day of admission through two days after the admission (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.

(TRC) Transitions of Care *(continued)*

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: and keep the bullets that follow:

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

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** (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.

(TRC) Transitions of Care *(continued)*

- ✓ Document evidence of **medication reconciliation post-discharge** and the date it was performed in the outpatient 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 member present meets criteria.

(TRC) Transitions of Care *(continued)*

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 HCPCS: 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
Transitional Care Management Services	CPT: 99495, 99496

*Codes subject to change.

Pharmacy Measures



(PDC) Proportion of Days Covered

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

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 members 18 years of age and older with a RASA medication with a PDC \geq 80% during the measurement year.

- ✓ 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 member

- **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 members with a PDC \geq 80%.

(continued)



For more information, visit [ncqa.org](https://www.ncqa.org)

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

Other Criteria

- **Medication Inclusions:** RASA Medications — i.e., Lisinopril, Losartan, Enalapril, Valsartan.
- **Exclusions:** Members with a Sacubutril/valsartan claim; Hospice enrollees, ESRD.

2 (DIAB) Adherence to Diabetes Medications — Measure Overview

Measure evaluates the percentage of members 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 member

- **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 members with a PDC \geq 80%.

Other Criteria

- **Medication Inclusions:** Diabetes Medications — i.e., Metformin, Glipizide, Glimepiride, Januvia.
- **Exclusions:** Members with an insulin claim; Hospice enrollees, ESRD.

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

3 (STAT) Adherence to Cholesterol Medications — Measure Overview

Measure evaluates the percentage of members 18 years of age and older with a CHOL 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 member

- **PDC calculated utilizing:** total days supplied of CHOL pharmacy claims/date of first CHOL 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 members with a PDC \geq 80%.

Other Criteria

- **Medication Inclusions:** CHOL Medications — i.e., Atorvastatin, Simvastatin, Rosuvastatin, Pravastatin.
- **Exclusions:** Hospice enrollees, ESRD.



(SPD) Statin Therapy for Patients with Diabetes

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

Two rates are reported:

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

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

- ✓ 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 July or August).

Gap Closure Requirements

Member received a statin therapy:

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

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.

Women’s Health



(BCS-E) Breast Cancer Screening

Measure evaluates the percentage of members 50 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 year. One or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

Tips:

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

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

*Codes subject to change.



(DBM-E) Documented Assessment After Mammogram

This is a first-year measure.

Measure evaluates the percentage of episodes of mammograms during the measurement year documented in the form of a BI-RADS assessment within 14 days of the mammogram for members 40 to 74 years of age.

A higher rate indicates better performance.

Definitions:

- **Participation period**
 - The episode date through 14 days after the episode date (15 days total).
- **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.
- **Episode date**
 - The date of service for an eligible encounter during the intake period with a mammogram procedure.
- **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 MRI of the breast.

Tips:

- Document BI-RADS score in patient's health record on or within 14 days (15 days total) after mammogram.
 - Document breast density if it is missing from the mammogram report.
- After mammography, ensure patients receive clear communication about their breast density, including its implications for cancer risk and screening follow-up.
 - Educate patients with higher breast density about the need for additional screening, such as ultrasound or MRI, as recommended by clinical guidelines.

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

- Involve radiologists, primary care providers, and specialists to ensure that patients receive appropriate care based on their mammogram results. Ensure smooth transitions between departments for diagnostic follow-up.
- Submit applicable codes.

Description	Codes*
BIRADS Assessment	RadLex: RID36028–RID36036, RID36041
Mammography	CPT: 77061–77063, 77065–77067

*Codes subject to change.



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

This is a first-year measure.

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

A higher rate indicates better performance.

Definitions:

- **Participation**
 - The identifiers and descriptors for each organization’s coverage used to define members’ eligibility for measure reporting. Allocation for HEDIS® reporting is based on eligibility during the participation period.
- **Participation period**
 - The episode date through 90 days after the episode date (91 days total).

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

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

Tips:

- Document BI-RADS score and appropriate follow-up within 90 days of assessment in patient's health record.
 - Document inconclusive or high-risk breast density if it is missing from the mammogram report.
 - Follow recommended follow-up guidelines ensuring patients:
 - Receive a **breast biopsy** on or within 90 days (91 days total) for a Category 4 (Suspicious) – Category 5 (Highly Suggestive of Malignancy) BI-RADS score.
 - Receive a **mammogram** or **ultrasound** on 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 breast density is included in the follow-up plans for patients with higher risk factors.
- Submit applicable codes.

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

Description	Codes*
Breast Biopsy	CPT: 19081, 19083, 19085, 19100, 19101
Breast Ultrasound	CPT: 76641, 76642
High Risk BIRADS	RadLex: RID36030-RID36034
Inconclusive BIRADS	RadLex: RID36036
Mammography	CPT: 77061-77063, 77065-77067

*Codes subject to change.



(OMW) Osteoporosis Management in Women Who Had a Fracture

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

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

Tips:

- Provide patients who had a fracture with a referral for bone mineral density testing 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 bone density screening for patients at risk.
- Women at risk for osteoporosis should receive a bone density screening every two years.
- Submit applicable codes.

(OMW) Osteoporosis Management

in Women Who Had a Fracture *(continued)*

Description	Codes*
Palliative Care	HCPCS: G9054
Bone Mineral Density Tests	CPT: 76977, 77078, 77080, 77081, 77085, 77086
Osteoporosis Medications	HCPCS: J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	HCPCS: J0897, J1740, J3489

*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 Zoledronic acid
Other agents	<ul style="list-style-type: none"> Abaloparatide Teriparatide 	<ul style="list-style-type: none"> Romosozumab Denosumab Raloxifene



(OSW) Osteoporosis Screening in Older Women

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

Tips:

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

Description	Codes*
Osteoporosis Screening Tests	CPT: 76977, 77078, 77080, 77081, 77085
Palliative Care	HCPCS: G9054

*Codes subject to change.

General Health



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

Measure evaluates the percentage of episodes for members ages three months 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 during the intake period between July 1 of the year prior to the measurement year to June 30 of the measurement year.

Tips:

- A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that **did not** result in an antibiotic dispensing event).
- When clinically appropriate, suggest alternative treatments to manage symptoms, such as over-the-counter medications, humidifiers and other non-pharmacologic therapies, and getting adequate fluids and rest.
- If red flags are present warranting antibiotic therapy, document appropriate diagnosis to support use of the antibiotic prescribed.
- 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.





(CWP) Appropriate Testing for Pharyngitis

Measures the percentage of episodes for members three years and older where the member 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 during the intake period, between July 1 of the year prior to the measurement year to June 30 of the measurement year.

Tips:

- Perform a rapid strep test or a throat culture in patients who present with symptoms suggestive of strep throat before prescribing antibiotics.
- For patients with viral pharyngitis, recommend supportive treatments such as analgesics, throat lozenges, oral rinses, hydration, and rest when clinically indicated.
- Review and document the group A streptococcus (strep) test in the patient’s health record.
- Provide tips for managing viral infections and their symptoms such as over-the-counter medications.
- Submit applicable codes.

Description	Codes*
Group A Strep Test	CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880
Pharyngitis	ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Outpatient, Emergency Department, and Telehealth	CPT: 98966–98968, 98970–98972, 98980–98981, 99202–99205, 99211–99215, 99242–99245, 99281–99285, 99341–99345, 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

*Codes subject to change.

(CWP) Appropriate Testing for Pharyngitis *(continued)*

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

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

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

Tips:

- If not medically required, avoid ordering diagnostic studies (X-rays, CT, MRI) 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).
- Use of complete and accurate Value Set Codes.
- Provide patient education on cautious measures for pain relief such as stretching exercises, activity level, and use of ice and/or heat when clinically indicated.
- If medically appropriate, provide a physical therapy referral, including massage, stretching, strengthening exercises, and manipulation.
- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors), and address appropriately.
- Document and submit claims and encounter data in a timely manner.
- Submit applicable codes.

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

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

Description	Codes*
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–M51.37, 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

Measure evaluates the percentage of members (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 year.

Six rates are reported:

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

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

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 Patients’ 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

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

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

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 ≥3
Health Leads Screening Panel® ¹	99550-6	LA33-6
Protocol for Responding to and Assessing Patients’ 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
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

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

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

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
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

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

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel ^{®1}	99553-0	LA33-6
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

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

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

- ✓ Identify members 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 year.

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: 96156, 96160–96161, 97802–97804 HCPCS: S5170 (Home delivered meals, including preparation; per meal) HCPCS: S9470 (Nutritional counseling, dietitian visit)
Homelessness Procedures	CPT: 96156, 96160, 96161
Housing Instability Procedures	CPT: 96156, 96160, 96161
Inadequate Housing Procedures	CPT: 96156, 96160, 96161
Transportation Insecurity Procedures	CPT: 96156, 96160, 96161

*Codes subject to change.



(URI) Appropriate Treatment for Upper Respiratory Infection

Measures the percentage of episodes for members 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 during the intake period between July 1 of the year *prior* to the measurement year to June 30 of the measurement year.

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 the use of antibiotics for routine treatment of uncomplicated viral infections, such as common colds, which are typically self-limiting and often do not require antibiotic therapy.
- Provide patients with clear instructions on supportive care and managing their symptoms.
- When appropriate, recommend alternative treatments for symptom relief, such as over-the-counter medications, fluids, and rest.
- 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
Problems Related to Substance Use	ICD-10: Z71.41, Z71.42, Z71.51, Z71.52
Problems Related to Sleep/Sleep Hygiene	ICD-10: Z72.820, Z72.821
Other Risk Factors	ICD-10: Z91.89
Patient/Caregiver Noncompliance with Dietary Regimen or Medical Treatment Due to Financial Hardship	ICD-10: Z911.10, Z911.90, Z91A.10, Z91A.20

(continued)



(SDOH) Social Determinants of Health *(continued)*

Description	Codes*
Transportation Insecurity Procedures	CPT: 96156
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

*Codes subject to change.

Best Practices:

Include supplemental codes in the patient’s diagnosis section on a 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



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

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

Two rates are reported:

- 1 Depression Screening.** The percentage of members who were screened for clinical depression using a standardized instrument.
- 2 Follow-Up on Positive Screen.** The percentage of members 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 patient population. Eligible screening instruments with thresholds for positive findings are included on the following pages.

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

(continued)



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

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
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 (T 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 (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

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

Tips:

- Use age-appropriate screening instruments.
- Train staff on the importance of depression screenings and to recognize the risk factors for depression.
- Work with a care team to coordinate follow-up care for members 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
Bipolar Disorder	ICD-10: F30.10–F30.13, F30.2–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
Depression	ICD-10: F01.51, F01.511, F01.518, F32.0–F32.5, F32.81, F32.89, F32.9, F32.A, F33.0–F33.3, F33.40–F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340–O99.345
Depression Case Management Encounter	CPT: 99366, 99492–99494 HCPCS: G0512, T1016, T1017, T2022, T2023
Follow Up Visit	CPT: 98960–98962, 98966–98968, 98970–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99349, 99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99421–99423, 99441–99443, 99457, 99458, 99483 HCPCS: G0071, G0463, G2010, G2012, G2250–G2252, T1015

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

Description	Codes*
Hospice Encounter	HCPCS: G9473–G9479, Q5003–Q5010, S9126, T2042–T2046
Hospice Intervention	CPT: 99377, 99378 HCPCS: G0182
Exercise Counseling	ICD-10: Z71.82

*Codes subject to change.



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

Applicable Foster Care Measure

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

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

Two rates are reported:

- 1 Discharges for which the member 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 member 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.

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

Applicable Foster Care Measure

Tips:

- Offer virtual, telehealth, and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient 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, e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), etc., or other community support groups.
- Reach out proactively within 24 hours if the patient 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>

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

Applicable Foster Care Measure

Description	Codes*
Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of SUD or Drug Overdose	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Non-residential Substance Abuse Treatment Facility 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: 57, 58
Community Mental Health Center 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: 53
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

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

Applicable Foster Care Measure

Description	Codes*
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.



(FUH) Follow-Up After Hospitalization for Mental Illness

Applicable Foster Care Measure

Measure evaluates the percentage of discharges for members 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 member received **follow-up within 30 days after discharge**.
- 2** Discharges for which the member 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.
- Submit applicable codes.
- Offer telehealth and phone visits.
- Reach out proactively to assist in (re)scheduling appointments within the required timeframes.
- Partner with the health plan to address social determinants, health equity, and quality care.
- Address co-morbidities and integrate care with peer support and psychiatric collaborative care models.

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

Applicable Foster Care Measure

Description	Codes*
Outpatient Visit with a Mental Health Provider	<p>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</p> <p>POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015</p>
Visit Setting Unspecified for Intensive Outpatient Encounter or Partial Hospitalization	<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: 52</p>
Partial Hospitalization/ Intensive Outpatient	<p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p>
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>

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

Applicable Foster Care Measure

Description	Codes*
Electroconvulsive Therapy	CPT: 90870 POS: 24, 52, 53
Peer Support Services	HCPCS: G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1013
Psychiatric Residential	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 56
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
Transitional Care Management	CPT: 99495, 99496
Telephone Visit	CPT: 98966–98968, 99441–99443
Psychiatric Collaborative Care Management	CPT: 99492–99494 HCPCS: G0512

*Codes subject to change.



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

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

- ✓ 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 member 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 member 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 patients and schedule follow-up appointments before the patient leaves the office.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships, e.g., Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), etc., or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

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

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

Description	Codes*
Outpatient Visit with a Principal Diagnosis of SUD	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, 99341–99345, 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, H2000, H2010, H2011, H2013–H2020, H0039, H0040, T1015 POS: 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of SUD	CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 POS: 52
Non-residential Substance Abuse Treatment Facility with a Principal Diagnosis of SUD	CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 57, 58

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

Description	Codes*
Community Mental Health Center Visit with a Principal Diagnosis of SUD	CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 53
Telehealth Visit with a Principal Diagnosis of SUD	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
Substance Use Disorder Services with a Principal Diagnosis of SUD	CPT: 99408, 99409 HCPCS: : G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Opioid Treatment Service that Bills Monthly or Weekly with a Principal Diagnosis of SUD	HCPCS: G2071, G2074–G2077, G2080, G2086, G2087
Residential Behavioral Health Treatment with a Principal Diagnosis of SUD	HCPCS: H0017, H0018, H0019, T2048
Substance use Disorder Counseling and Surveillance	ICD-10: Z71.41, Z71.51
Telephone Visit with a Principal Diagnosis of SUD	CPT: 98966–98968, 99441–99443 ICD-10: F10.xx–F19.xx
E-Visit or Virtual Check in with a Principal Diagnosis of SUD	CPT: 98970–98972, 98980, 98981, 99421–99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250–G2252

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

Description	Codes*
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.



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

Applicable Foster Care Measure

Measure evaluates the percentage of ED visits for members 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 year.

Two rates are reported:

- 1 The percentage of ED visits for which the member received follow-up **within 30 days of the ED visit (31 total days)**.
- 2 The percentage of ED visits for which the member 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 patients and schedule follow-up appointments before the patient leaves the office.

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

Applicable Foster Care Measure

- 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.

Description	Codes*
Outpatient Visit 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, 99341–99345, 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 POS: 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of a Mental Health Disorder	CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 POS: 52

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

Applicable Foster Care Measure

Description	Codes*
Community Mental Health Center Visit	CPT: 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 53
Electroconvulsive Therapy	CPT: 90780 POS: 24, 52, 53
Telehealth Visit with any Diagnosis of a Mental Health Disorder	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 a Mental Health Disorder	CPT: 98966–98968, 99441–99443
E-Visit or Virtual Check in with any Diagnosis of a Mental Health Disorder	CPT: 98970–98972, 98980, 98981, 99421–99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250–G2252
Peer Support Services with any Diagnosis of a Mental Health Disorder	CPT: G014, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Collaborative Care Management	CPT: 99492–99494, G0512
Psychiatric Residential Treatment	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 POS: 56

*Codes subject to change.



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

Applicable Foster Care Measure

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

Measure evaluates the percentage of adolescent and adult members with a new episode of substance use disorder (SUD) episodes during the measurement year 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, or 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 patients who would benefit from specialty care.
- Explain the importance of a follow-up to your patients.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule patients as soon as possible who do not keep initial appointments.
- Use telehealth where appropriate.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships, e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), etc., or other community support groups.

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

Applicable Foster Care Measure

- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Submit applicable codes.

Principal diagnosis: F10.10–F10.29 (excludes remission codes) with one of the following:

Description	Codes*
Acute or Nonacute Inpatient Admission	UBREV: 0100–101, 0110–114, 0116–124, 0126–134, 0136–144, 0146–154, 0156–160, 0164, 0167, 0169–174, 0179, 0190–194, 0199–204, 0206–214, 0219, 1000–1002
Outpatient Visit	CPT: 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 98960–98962, 99078, 99211–99215, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99413, 99492–99494, 99510 with POS 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
Behavioral Health Outpatient Visit with a Mental Health Provider	CPT: 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 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, 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

(continued)

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

Applicable Foster Care Measure

Description	Codes*
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) Treatments *(continued)*

Applicable Foster Care Measure

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 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.



(POD) Pharmacotherapy for Opioid Use Disorder

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

Measure must meet the following requirements:

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

(continued)

(POD) Pharmacotherapy for Opioid Use Disorder *(continued)*

Care Gap Closure: The measure is event-based, and it is met when the member 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, e.g., Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), etc.
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.
- Inform of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.

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

Description	Codes*
Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	HCPCS: J0572-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.

(POD) Pharmacotherapy for Opioid Use Disorder *(continued)*

Medications List

- ✓ Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, or implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film), Methadone (oral).
- ✓ 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.



(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia

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

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

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

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 talking to the prescriber before stopping the medication.

(continued)

(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia *(continued)*

Oral Antipsychotics		
• Aripiprazole	• Lumateperone	• Chlorpromazine
• Asenapine	• Lurasidone	• Fluphenazine
• Brexpiprazole	• Molindone	• Perphenazine
• Cariprazine	• Olanzapine	• Prochlorperazine
• Clozapine	• Paliperidone	• Thioridazine
• Haloperidol	• Quetiapine	• Trifluoperazine
• Iloperidone	• Risperidone	• Amitriptyline-perphenazine
• Loxapine	• Ziprasidone	• Thiothixene

Long-Acting Injections	
Description	Prescription
Long-acting Injections 14-Day Supply	• Risperidone (excluding Perseris®)
Long-acting Injections 28-Day Supply	• Aripiprazole • Aripiprwarzole 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)



TM

wellcare.com