



HEDIS[®] Quick Reference Guide

USE THIS TOOL TO HELP CODE AND UNDERSTAND
QUALITY MEASURES



PROVIDER COMMUNICATIONS

*Coverage for
every stage of life™*



How are rates calculated?

Healthcare Effectiveness Data and Information Set (HEDIS[®]) rates can be calculated in two ways: administrative data or hybrid data.

- Administrative data consists of claims or encounter data submitted to the plan.
- Hybrid data consists of administrative data and a sample of medical record data. It also requires review of a random sample of member medical records to abstract data for services that were rendered but were not reported to the plan through claims or encounter data.

Submitting accurate and timely claim and encounter data reduces the need for medical record review. If services are not billed or billed accurately, they are not included in the calculation.

How can I improve my HEDIS scores?

- Submit claim/encounter data for services rendered.
- Make sure that chart documentation reflects all services billed.
- Bill (or report by encounter submission) for all delivered services, regardless of contract status.
- Make sure that all claim/encounter data is submitted in an accurate and timely manner.
- Consider adding CPT II codes to provide more details and reduce medical record requests.

Questions?

Contact the Quality Improvement Department by email at cqi_dsm@healthnet.com or cqi_medicare@healthnet.com.



For more information, visit www.ncqa.org.

Providers and other health care staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary staff: Please check the tabular list for the most specific ICD-10 code choice.

This quick reference guide (QRG) has been updated with information from the July and October 2018 release of the HEDIS 2019 Volume 2 Technical Specifications.

The information provided in this HEDIS QRG is to help you increase your practice's HEDIS rates. The information is subject to change based on guidance and updates from the National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS) and state regulations and recommendations. Refer to the appropriate agency for additional billing guidance to ensure codes are coverable prior to submission. Codes listed are not all inclusive and can be changed, deleted or removed at any time. This document is not intended to replace professional coding standards and additional codes that meet exclusion criteria or numerator compliance may be omitted.

A

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

The percentage of members ages 19–64 during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

HCPCS
J2794, J0401, J1631, J2358, J2426, J2680

ADOLESCENT WELL-CARE VISITS (AWC)

The percentage of enrolled members ages 12–21 who had at least one comprehensive well-care visit with a primary care physician (PCP) or an obstetrics/gynecology (OB/GYN) practitioner during the measurement year.

Documentation in the medical record must include evidence of all of the following:

- A health history.
- A physical developmental history.
- A mental developmental history.
- A physical exam.
- Health education/anticipatory guidance.

CPT	HCPCS	ICD-10
99384–99385 99394–99395	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0–Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

ADULTS’ ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)

The percentage of members age 20 and older who had an ambulatory or preventive care visit during the measurement year.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
- Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

The rates are stratified by the following age brackets:

- 20–44 years.
- 45–64 years.
- 65 years and older.
- Total.

CPT	CPT Modifier	HCPCS	ICD-10
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, 98966–98968, 99441–99443, 98969, 99444, 99483	95, GT	G0402, G0438, G0439, G0463, T1015, S0620, S0621	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0–Z02.6, Z02.71, Z02.79, Z02.81–Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

ADULT BMI ASSESSMENT (ABA)

The percentage of members ages 18–74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Criteria	ICD-10
For members younger than age 20/ages 18 & 19 on date of service	Z68.51–Z68.54
For members age 20 or older	Z68.1, Z68.20–Z68.39, Z68.41–Z68.45

ANNUAL DENTAL VISIT (ADV)

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

The rates are stratified by the following age brackets:

- 2–3 years.
- 4–6 years.
- 7–10 years.
- 11–14 years.
- 15–18 years.
- 19–20 years.
- Total.

Note: Any visit with a dental practitioner during the measurement year meets criteria.

ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS (MPM)

The percentage of members age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

- **ACE or ARB.** Members who are age 18 and older who received at least 180 treatment days of angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), within the past year should have at least one:

Panel/Test	CPT
Lab panel	80047, 80048, 80050, 80053, 80069
Annual serum potassium test	80051, 84132
Annual serum creatinine test	82565, 82575

- **Diuretics.** Members who are age 18 and older who have received at least 180 treatment days of a diuretic within the past year should have at least one:

Panel/Test	CPT
Lab panel	80047, 80048, 80050, 80053, 80069
Annual serum potassium test	80051, 84132
Annual serum creatinine test	82565, 82575

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

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

- **Effective Acute Phase Treatment.** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective Continuation Phase Treatment.** The percentage of members who remained on an antidepressant medication for at least 180 days (six months).

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (CWP)

The percentage of children ages 3–18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Panel/Test	CPT
Lab panel	87070, 87071, 87081, 87430, 87650–87652, 87880

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)

The percentage of children ages 3 months to 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

The measure is reported as an inverted rate $[1 - (\text{numerator} / \text{eligible population})]$. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

ASTHMA MEDICATION RATIO (AMR)

The percentage of members ages 5–64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

The rates are stratified by the following age brackets:

- 5–11 years.
- 12–18 years.
- 19–50 years.
- 51–64 years.
- Total.

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (AAB)

The percentage of adults ages 18–64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

The measure is reported as an inverted rate $[1 - (\text{numerator} / \text{eligible population})]$. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

B

BREAST CANCER SCREENING (BCS)

The percentage of women ages 50–74 who had one or more mammograms to screen for breast cancer anytime during, on, or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Exclusion: Women who have had a bilateral mastectomy are exempt from this measure. Diagnostic screenings are not compliant.

CPT	ICD-10 (for a history of bilateral mastectomy)
77061–77063, 77065–77067	Z90.13

C

CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA (SMC)

The percentage of members ages 18–64 with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year.

CPT	CPT-CAT-II
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

CARE FOR OLDER ADULTS (COA)

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

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

Codes	CPT	CPT-CAT-11	HCPCS	ICD-10
Advance care planning	99497, 99483	1123F, 1124F, 1157F, 1158F	S0257	Z66
Medication review	90863, 99605, 99606, 99483	1159F, 1160F	G8427	
Functional status assessment	99483	1170F	G0438, G0439	
Pain assessment		1125F, 1126F		

CERVICAL CANCER SCREENING (CCS)

The percentage of women ages 21–64 who were screened for cervical cancer using either of the following criteria:

Criteria	CPT	HCPCS	ICD-10
Women ages 21–64 who had cervical cytology performed every 3 years.	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	
Women ages 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	87620–87622, 87624, 87625	G0476	
Women who have had a hysterectomy without a residual cervix are exempt from this measure.	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 58956, 59135		Q51.5, Z90.710, Z90.712

CHILDHOOD IMMUNIZATION STATUS (CIS)

The percentage of children age two who received the required childhood immunization combination 10 vaccinations.

Note: Refer to the California Immunization Registry (CAIR) website at www.cairweb.org for information on tracking and submitting patient immunization records.

- **Combination 10.** The percentage of children age two who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

(continued)

CHILDHOOD IMMUNIZATION STATUS (CIS) (continued)

Codes	CPT	CVX	HCPCS
DTaP	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120	
HiB	90644–90648, 90698, 90721, 90748	17, 46–51, 120, 148	
HepB	90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110	G0010
IPV	90698, 90713, 90723	10, 89, 110, 120	
MMR	90704–90708, 90710	05, 03, 94, 04, 07, 06	
PCV	90670	133, 152	G0009
VZV	90710, 90716	21, 94	
HepA	90633	31, 83, 85	
Flu	90655, 90657, 90661, 90662, 90673, 90685–90688	88, 135, 140, 141, 150, 153, 155, 158, 161	G0008
RV (2 Dose Schedule)	90681	119	
RV (3 Dose Schedule)	90680	116, 122	

CHILDREN AND ADOLESCENTS' ACCESS TO PCP (CAP)

The percentage of members ages 12 months–19 years who had a visit with a PCP.

- **Children and Adolescents Access to PCP (12–24 months).** Children ages 12–24 months who had a visit with a PCP during the measurement year.
- **Children and Adolescents Access to PCP (25 months to 6 years).** Children ages 25 months–6 years who had a visit with a PCP during the measurement year.
- **Children and Adolescents Access to PCP (ages 7–11 years).** Children ages 7–11 who had a visit with a PCP during the measurement year or the year prior to the measurement year.
- **Children and Adolescents Access to PCP (ages 12–19 years).** Adolescents ages 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

CPT	HCPCS	ICD-10
99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99483	G0402, G0438, G0439, G0463, T1015	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0–Z02.6, Z02.71, Z02.79, Z02.81–Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

CHLAMYDIA SCREENING IN WOMEN (CHL)

The percentage of women ages 16–24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

The rates are stratified by the following age brackets:

- 16–20 years.
- 21–24 years.
- Total.

CPT

87110, 87270, 87320, 87490–87492, 87810

COLORECTAL CANCER SCREENING (COL)

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

Exclusion: Patients who have a history of colon cancer or who have had a total colectomy are exempt from this measure.

Screenings	CPT	HCPCS	ICD-10
Colonoscopy	44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398	G0105, G0121	
CT colonography	74261–74263		
FIT-DNA test	81528		
Flexible sigmoidoscopy	45330–45335, 45337–45342, 45345–45347, 45349–45350	G0104	
Fecal occult blood test (FOBT)	82270, 82274	G0328	
Colorectal cancer		G0213, G0214, G0215, G0231	C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total colectomy	44150–44153, 44155–44158, 44210–44212		

COMPREHENSIVE DIABETES CARE (CDC)

The percentage of members ages 18–75 with diabetes who had each of the following:

- **BP control (< 140/90 mm Hg).** The percentage of members ages 18–75 with diabetes (type 1 and type 2) who had BP control (< 140/90 mm Hg).

Codes	CPT	CPT-CAT-II	HCPCS
Outpatient	99201–99205, 99211–99215, 99241–99245, 99347–99350, 99381–99387, 99391–99397, 99401, 99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
Nonacute inpatient	99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337		
Remote blood pressure monitoring	93784, 93788, 93790, 99091		
Systolic < 130 mm Hg		3074F	
Systolic between 130–139 mm Hg		3075F	
Systolic ≥ 140 mm Hg		3077F	
Diastolic < 80 mm Hg		3078F	
Diastolic 80–89 mm Hg		3079F	
Diastolic ≥ 90 mm Hg		3080F	

- **Eye exam (retinal) performed.** The percentage of members ages 18–75 with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.

Codes	CPT	CPT Modifier	CPT-CAT-II
Diabetic retinal screening with eye care professional	67028, 67030, 67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110–67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245		2022F, 2024F, 2026F, 3072F
Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (Bilateral Modifier Value Set).	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	50	

- **Hemoglobin A1c (HbA1c) testing.** The percentage of members ages 18–75 with diabetes (type 1 and type 2) who had HbA1c testing.

Codes	CPT	CPT-CAT-II
HbA1c Tests	83036, 83037	
HbA1c tests and level less than 7.0%		3044F
HbA1c tests and level 7.0%–9.0%		3045F
HbA1c tests and level greater than 9.0%		3046F

- **HbA1c control (< 8.0%).** The percentage of members ages 18–75 with diabetes (type 1 and type 2) who had HbA1c control (< 8.0%).

CPT-CAT-II
3044F

We only included CPT II 3044F above because that effectively captures values < 8%. CPT II code 3045F indicates values between 7.0%–9.0%, but is not specific enough to capture values < 8%. For members with values between 7.0% and 8.0%, please submit supplemental data, such as lab results, to identify the actual value that indicates if the HbA1c result was < 8%.

- **HbA1c poor control (> 9.0%).** The percentage of members ages 18–75 with diabetes (type 1 and type 2) who had HbA1c poor control (> 9%).

Note: A lower HbA1c poor control (> 9.0%) rate indicates better performance.

CPT-CAT-II
3046F

- **Medical attention for nephropathy.** The percentage of members ages 18–75 with diabetes (type 1 and type 2) who had medical attention for nephropathy.

A member who is being treated for nephropathy (on ACE/ARB), has evidence of end-stage renal disease (ESRD), stage 4 chronic kidney disease, has history of a kidney transplant, or is being seen by a nephrologist is compliant for this submeasure.

Codes	CPT	CPT-CAT-II
Urine protein tests	81000–81003, 81005, 82042–82044, 84156	3060F, 3061F, 3062F
Nephropathy treatment		3066F, 4010F

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CONTROLLING HIGH BLOOD PRESSURE (CBP)

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

Codes	CPT	CPT-CAT-II	HCPCS
Outpatient	99201–99205, 99211–99215, 99241–99245, 99341–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
Nonacute inpatient	99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337		
Remote blood pressure monitoring	93784, 93788, 93790, 99091		
Systolic < 130 mm Hg		3074F	
Systolic between 130–139 mm Hg		3075F	
Systolic ≥ 140 mm Hg		3077F	
Diastolic < 80 mm Hg		3078F	
Diastolic 80–89 mm Hg		3079F	
Diastolic ≥ 90 mm Hg		3080F	

D

DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF)

The percentage of members age 12 and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.

- **Depression Screening.** The percentage of members who were screened for clinical depression using a standardized tool.
- **Follow-Up on Positive Screen.** The percentage of members who screened positive for depression and received follow-up care within 30 days.

Eligible screening instruments and thresholds for positive findings include:

- Patient Health Questionnaire (PHQ-9)[®] with total score ≥ 5.
- PRIME MD-PHQ2[®] with total score ≥ 3.
- Beck Depression Inventory-Fast Screen (BDI-FS)[®] with total score ≥ 4.

- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) with total score ≥ 10.
- PROMIS Depression with total T Score ≥ 52.5.

Exclusion: Members with any of the following:

- Bipolar disorder during the measurement period or the year prior to the measurement period.
- Depression during the year prior to the measurement period.
- In hospice or using hospice services during the measurement period.

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

The percentage of members ages 18–64 with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Codes	CPT	CPT-CAT-II
HbA1c tests	83036, 83037	3044F, 3045F, 3046F
LDL-C tests	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)

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

Codes	CPT	CPT-CAT-II
HbA1c tests	83036, 83037	3044F, 3045F, 3046F
Glucose tests	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	

DISEASE-MODIFYING ANTIRHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (ART)

The percentage of members age 18 and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying antirheumatic drug (DMARD).

HCPCS
J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515–J7518, J9250, J9260, Q5103, Q5104

F

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

The percentage of discharges for members ages six and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

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

The rates are stratified by the following age brackets:

- 6–17 years.
- 18–64 years.
- 65 years and older.
- Total.

Visit Type	CPT	CPT Modifier	HCPCS	POS
An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set) with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set)).	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255	95, GT		03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
An outpatient visit (BH Outpatient Value Set with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set)).	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510, 99483	95, GT	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, M0064, T1015	

Visit Type	CPT	CPT Modifier	HCPCS	POS
An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set) with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255	95, GT		52
An intensive outpatient encounter or partial hospitalization (Partial Hospitalization/ Intensive Outpatient Value Set) with a mental health practitioner.			G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set) with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255	95, GT		53
Electroconvulsive therapy (Electroconvulsive Therapy Value Set) with (Ambulatory Surgical Center POS Value Set; Community Mental Health Center POS Value Set; Outpatient POS Value Set; Partial Hospitalization POS Value Set) with a mental health practitioner.	90870			24, 53, 52, 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72

(continued)

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH) (continued)

Visit Type	CPT	CPT Modifier	HCPCS	POS
A telehealth visit (Visit Setting Unspecified Value Set with Telehealth POS Value Set) with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255	95, GT		02
An observation visit (Observation Value Set) with a mental health practitioner.	99217–99220			
Transitional care management services (Transitional Care Management Services Value Set), with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	99495, 99496	95, GT		

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

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

- **Initiation Phase.** The percentage of members ages 6–12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

Visit Type	CPT	HCPCS	POS
An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set).	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255		03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72

Visit Type	CPT	HCPCS	POS
An outpatient visit (BH Outpatient Value Set).	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510, 99483	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, M0064, T1015	
An observation visit (Observation Value Set).	99217–99220		
A health and behavior assessment/intervention (Health and Behavior Assessment/Intervention Value Set).	96150–96154		
An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set).	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255		52
An intensive outpatient encounter or partial hospitalization (Partial Hospitalization/Intensive Outpatient Value Set).		G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set).	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255		53

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

(continued)

Continuation and Maintenance (C&M) Phase (continued)

Visit Type	CPT	CPT Modifier	POS
Only one of the two visits (during days 31–300) may be a telephone visit (Telephone Visits Value Set) or a telehealth visit.	98966–98968, 99441–99443		
Identify follow-up visits using the code combinations above; then identify telehealth visits by the presence of a telehealth modifier (Telehealth Modifier Value Set) or the presence of a telehealth POS code (Telehealth POS Value Set) on the claim.		95, GT	02

H

HOSPITALIZATIONS FOR POTENTIALLY PREVENTABLE COMPLICATIONS (HPC)

For members age 67 and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.

This measure is based on a calculation and there are no codes associated.

I

IMMUNIZATIONS FOR ADOLESCENTS (IMA)

The percentage of adolescents age 13 who received the required combination 1 and combination 2 vaccinations.

Note: Refer to the California Immunization Registry (CAIR) website at www.cairweb.org for information on tracking and submitting patient immunization records.

- **Combination 1.** The percentage of adolescents age 13 who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine.

Combo 1	CPT	CVX
Meningococcal vaccine	90734	108, 114, 136, 147, 167
Tdap vaccine	90715	115

- **Combination 2.** The percentage of adolescents age 13 who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the complete human papillomavirus (HPV) vaccine series by their 13th birthday.

Combo 2	CPT	CVX
Meningococcal vaccine	90734	108, 114, 136, 147, 167
Tdap vaccine	90715	115
HPV vaccine	90649–90651	62, 118, 137, 165

INITIATION & ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)

The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- **Initiation of AOD Treatment.** Initiated dependence treatment within 14 days of their diagnosis.
- **Engagement of AOD Treatment.** Continued treatment with two or more additional services within 34 days of the initiation visit.

The rates are stratified by the following age brackets:

- 13–17 years.
- 18+ years.
- Total.

For the follow-up treatments, include an ICD-10 diagnosis for alcohol or other drug dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation and management consultation or counseling service.

(continued)

INITIATION & ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)

(continued)

Visit Type	CPT	CPT Modifier	HCPCS	POS	ICD-10
IET standalone visits	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408–99409, 99411, 99412, 99483, 99510	95, GT	G0155, G0176, G0177, G0396, G0397, G0409–G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H2000, H2001, H2010–H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015		Refer to the current ICD-10 manual for the appropriate IET codes.
IET group 1 visits	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876	95, GT		02, 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 52, 53, 57, 71, 72	Refer to the current ICD-10 manual for the appropriate IET codes.
IET group 2 visits	99221–99223, 99231–99233, 99238, 99239, 99251–99255	95, GT		02, 52, 53	

Visit Type	CPT	CPT Modifier	HCPCS	POS	ICD-10
Observation visit	99217–99220				
Telephone visit	98966–98968, 99441–99443				
Online assessment	98969, 99444				
Alcohol and other drug medication treatment			H0020, H0033, J0571–J0575, J2315, S0109		



LEAD SCREENING IN CHILDREN (LSC)

The percentage of children age two who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

CPT
83655



M

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)

The percentage of members ages 5–64 during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

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

The rates are stratified by the following age brackets:

- 5–11 years.
- 12–18 years.
- 19–50 years.
- 51–64 years.
- Total.

MEDICATION RECONCILIATION POST DISCHARGE (MRP)

The percentage of discharges from January 1–December 1 of the measurement year for members age 18 and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

CPT	CPT-CAT-II
99495, 99496, 99483	1111F

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)

The percentage of children and adolescents ages 1–17 who had two or more antipsychotic prescriptions and had metabolic testing.

The rates are stratified by the following age brackets:

- 1–5 years.
- 6–11 years.
- 2–17 years.
- Total.

Both of the following are needed to be compliant:

- Blood glucose or HbA1c testing.
- LDL-C or cholesterol testing.

Test Types	CPT	CPT-CAT-II
HbA1c	83036, 83037	3044F, 3045F, 3046F
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	
LDL-C	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F
Cholesterol	82465, 83718, 84478	

N

NON-RECOMMENDED CERVICAL CANCER SCREENING IN ADOLESCENT FEMALES (NCS)

The percentage of adolescent females ages 16–20 who were screened unnecessarily for cervical cancer.

Note: A lower rate indicates better performance.

Test Types	CPT	HCPCS
Cervical cytology	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091
HPV tests	87620–87622, 87624, 87625	G0476

NON-RECOMMENDED PSA-BASED SCREENING IN OLDER MEN

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

CPT	CPT-CAT-II
99495, 99496, 99483	1111F

O

OSTEOPOROSIS MANAGEMENT WOMEN WHO HAD A FRACTURE (OMW)

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

Test Types	CPT	HCPCS
Bone mineral density tests	76977, 77078, 77080–77082, 77085, 7706	G0130
Osteoporosis medications		J0630, J0897, J1740, J3110, J3489
Long-acting osteoporosis medications during an inpatient stay.		J0897, J1740, J3489

.....

P

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK (PBH)

The percentage of members age 18 and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge. This measure is based on a calculation and there are no codes associated.

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PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

The percentage of chronic obstructive pulmonary disease (COPD) exacerbations for members age 40 and older who had an acute inpatient discharge or emergency department (ED) visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

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

- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

There are no codes for numerator compliance; this is the reason why the list of bronchodilator medications was the only information in previous QRGs.

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PLAN ALL-CAUSE READMISSION (PCR)

For members age 18 and older, the number of acute inpatient 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. Data are reported in the following categories:

- Count of Index Hospital Stays (IHS) (denominator).
- Count of Observed 30-Day Readmissions (numerator).
- Count of Expected 30-Day Readmissions.

Note: For Medicaid, report only members ages 18–64.

This measure is based on a calculation and there are no codes associated.

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PRENATAL AND POSTPARTUM CARE (PPC)

The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

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

Codes	CPT	CPT-CAT-II	HCPCS	ICD-10
Standalone prenatal visits	99500	0500F, 0501F, 0502F,	H1000–H1004, Z1036, Z6400, Z6402, Z6404, Z6410, Z6412	
Prenatal visits	99201–99205, 99211–99215, 99241–99245, 99483		G0463, T1015, Z1000, Z1020, Z1022, Z1032, Z1034, Z5904, Z5906, Z5908, Z6200, Z6202, Z6204, Z6206, Z6300, Z6304, Z6306, Z6406, Z6408, Z6500	

PRENATAL AND POSTPARTUM CARE (PPC) (continued)

Codes	CPT	CPT-CAT-II	HCPCS	ICD-10
Obstetric panel	80055, 80081			
Prenatal ultrasound	76801, 76805, 76811, 76813, 76815-76821, 76825-76828			
Pregnancy diagnosis				Refer to the current ICD-10 manual for the appropriate pregnancy diagnosis codes.
Toxoplasma antibody	86777-86778			
Rubella antibody	86762			
Cytomegalovirus antibody	86644			
Herpes simplex antibody	86694-86696			
Rubella antibody and ABO	86762 & 86900			
Rubella antibody and Rh test	86762 & 86901			

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

Codes	CPT	CPT-CAT-II	HCPCS	ICD-10
Postpartum visits	57170, 58300, 59430, 99501	0503F	G0101, Z1026, Z1038	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical cytology	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175		G0123, G0124, G0141, G0143-G0148, P3000, P3001, Q0091	

S

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

The percentage of males ages 21-75 and females ages 40-75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to statin therapy.*

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

* There are no codes for numerator compliance, just that the member be on a high- or moderate-intensity statin medication during the MY.

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

The percentage of members ages 40-75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.*

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

* There are no codes for numerator compliance, just that the member be on a statin medication during the MY.

U

USE OF HIGH RISK MEDICATIONS IN ELDERLY (DAE)

- The percentage of Medicare members age 66 and older who had at least one dispensing event for a high-risk medication.
- The percentage of Medicare members age 66 and older who had at least two dispensing events for the same high-risk medication.
- For both rates, a lower rate represents better performance.

Measure is based on a calculation of medication and number of dispensing events.

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Codes	CPT	ICD-10
Imaging study	72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220	

Codes	CPT	ICD-10
Uncomplicated low back pain		M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06, M48.061-M48.062, 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, M54.89, M54.9, M99.03-M99.04, M99.23, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110S, 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

USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS (APC)

The percentage of children and adolescents ages 1-17 who were treated with antipsychotic medications and were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.

The rates are stratified by the following age brackets:

- 1-5 years.
- 6-11 years.
- 12-17 years.
- Total.

Note: A lower rate indicates better performance.



WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

The percentage of members ages 3–17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

- **BMI percentile.** (BMI Percentile Value Set) during the measurement year.
- **Counseling for nutrition.** (Nutrition Counseling Value Set) during the measurement year.
- **Counseling for physical activity.** Counseling for physical activity (Physical Activity Value Set) during the measurement year.

Codes	CPT	HCPCS	ICD-10
BMI percentile documentation			Z68.51–Z68.54
Nutrition counseling	97802–97804	G0270, G0271, G0447, S9449, S9452, S9470	Z71.3
Physical activity counseling		G0447, S9451	Z02.5, Z71.82



WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15)

The percentage of members who turned 15 months old during the measurement year and who had six comprehensive well-child visits with a PCP during their first 15 months of life.

Documentation in the medical record must include evidence of all of the following:

- A health history.
- A physical developmental history.
- A mental developmental history.
- A physical exam.
- Health education/anticipatory guidance.

CPT	HCPCS	ICD-10
99381, 99382, 99391, 99392, 99461	G0438, G0439	Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.71, Z02.82, Z00.5



WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH, AND 6TH YEARS OF LIFE (W34)

The percentage of members ages 3–6 who had one or more well-child visits with a PCP during the measurement year.

Documentation in the medical record must include evidence of all of the following:

- A health history.
- A physical developmental history.
- A mental developmental history.
- A physical exam.
- Health education/anticipatory guidance.

CPT	HCPCS	ICD-10
99382, 99383, 99392, 99393	G0438, G0439	Z00.121, Z00.129, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82



