

HEDIS[®] 2020/ 2021

Documentation and Coding Guidelines



EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Breast Cancer Screening (BCS) This is also a measure (BSC-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.	Women 50 – 74 years of age who had a mammogram to screen for breast cancer.	All types and methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for numerator compliance. Note: Biopsies, breast ultrasounds, and MRIs do not count towards this measure. Required exclusions: Members who meet any of the following criteria are excluded from the measure: <ul style="list-style-type: none"> • In hospice or using hospice services in the measurement year (MY). • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following: <ul style="list-style-type: none"> • Bilateral mastectomy or unilateral mastectomy with bilateral modifier any time during the member's history through the end of the MY. • Deceased in the MY. 	Mammography: CPT: 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067 HCPCS: G0202, G0204, G0206 Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Cervical Cancer Screening (CCS)	<p>Women 21 – 64 years of age who were screened for cervical cancer using the following criteria:</p> <ul style="list-style-type: none"> Ages 21 – 64: At least one cervical cytology (Pap) test within the last three years Ages 30 – 64: At least one cervical high-risk human papillomavirus (hrHPV) test performed within the last five years) Ages 30 – 64: At least one cervical cytology (Pap test/high-risk human papillomavirus (hrHPV) co-testing in the last five years) 	<p>Documentation using either of the following criteria:</p> <ul style="list-style-type: none"> A note indicating the date when the cervical cytology was performed (ages 21 – 30) and the findings. A note indicating the date hrHPV test was performed, and the findings. <p>Note: Evidence of hrHPV testing within the last five years also captures patients who had co-testing.</p> <p>Do not count:</p> <ul style="list-style-type: none"> Lab results that indicate the sample was inadequate or that “no cervical cells were present” are not a valid screening. Biopsies, because they are diagnostic, are not valid as a primary cervical cancer screening. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following at any time during the member's history through December 31 of the MY:</p> <ul style="list-style-type: none"> Evidence of a hysterectomy with no residual cervix. Must specify “complete,” “total,” “radical,” abdominal or “vaginal” hysterectomy. “Cervical agenesis” or “acquired absence of the cervix.” Hysterectomy in combination with documentation that the patient no longer needs Pap testing/cervical cancer screening. Deceased in the MY. <p>Gender exclusions:</p> <ul style="list-style-type: none"> Evidence that a patient was born a male. Documentation patient is “transitioning from male to female” or has undergone sex reassignment surgery from male to female. Documentation of “binary,” “nonbinary,” “transgender,” or “transsexual” would not be considered an exclusion. 	<p>Cervical cytology (Pap): CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>High-risk HPV testing: CPT: 87620, 87621, 87622, 87624, 87625 HCPCS: G0476</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Childhood Immunization Status (CIS) When coding evaluation and management (E&M) and vaccine administration services on the same date, you must append modifier 25 to the E&M code, effective January 1, 2014.	Children 2 years of age who had the following administered on or before their second birthday : <ul style="list-style-type: none"> One MMR, one VZV, one Hep A administered on or between the child's first and second birthdays. Three HepB with different dates of service before the second birthday or history of the illness. One of the three can be newborn (date of birth to seven days after birth). Three IPV, three Hib, four PCV, four DTaP, 2 or three RV. Do not count vaccinations administered prior to 42 days after birth. Two influenza vaccines. Do not count vaccinations administered prior to six months (180 days) after birth. One of the two vaccinations can be LAIV administered only on the child's second birthday. 	Documentation: <ul style="list-style-type: none"> A note indicating the name of the specific antigen and the date of the immunization. A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. Initial Hep B given "at birth" or "at nursery or hospital" should be documented in the medical record or indicated on the immunization record, as appropriate. Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV. Common chart deficiencies: <ul style="list-style-type: none"> Immunizations administered after the second birthday. PCP charts do not contain immunization records if received elsewhere, such as health departments, or those given in the hospital at birth. No documentation of contraindications or allergies. Flu mist meets criteria only when administered on the second birthday. A note that "member is up to date" with all immunization does not constitute compliance due to insufficient data. Parental refusal does not meet compliance. Required exclusions: Members who meet any of the following criteria are excluded from the measure: <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Optional exclusions: Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following by the second birthday: <ul style="list-style-type: none"> A contraindication for a specific vaccine. Anaphylactic reaction to a vaccine or its components. DTaP — encephalopathy with a vaccine adverse side effect code. MMR, VZV, and influenza — immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma or leukemia, or anaphylactic reaction to neomycin. Rotavirus — severe combined immunodeficiency or history of intussusception. IPV — anaphylactic reaction to streptomycin, polymyxin B, or neomycin. Hepatitis B — anaphylactic reaction to common baker's yeast. Deceased in the MY. 	Use applicable vaccination code or diagnosis indicating history of disease. Encounter for immunization: ICD-10: Z23 Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP): CVX: 20, 50, 106, 107, 110, 120 CPT: 90698, 90700, 90723 Haemophilus influenzae type b (Hib): CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148 CPT: 90644, 90647, 90648, 90698, 90748 Hepatitis A vaccine (HepA): CVX: 31, 83, 85 CPT: 90633 Hepatitis A: ICD-10-CM: B15.0, B15.9 Hepatitis B vaccine (HepB): CVX: 08, 44, 45, 51, 110 CPT: 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 Hepatitis B newborn vaccine: ICD-10-PCS: 3E0234Z Hepatitis B: ICD-10-CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 Inactivated poliovirus vaccine (IPV): CVX: 10, 89, 110, 120 CPT: 90698, 90713, 90723 Influenza vaccine: CVX: 88, 140, 141, 150, 153, 155, 158, 161 CPT: 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689

Coding, continued

Live attenuated influenza vaccine (LAIV) immunization (nasal spray): CVX: 111, 149 CPT: 90660, 90672	Measles-rubella vaccine (MR): CVX: 04 CPT: 90708	Rubella: ICD-10-CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9	Varicella zoster: ICD-10-CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Measles vaccine: CVX: 05 CPT: 90705	Mumps vaccine: CVX: 07 CPT: 90704	Pneumococcal conjugate vaccine (PCV): CVX: 133, 152 CPT: 90670 HCPCS: G0009	Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Measles: ICD-10-CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9	Mumps: ICD-10-CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9	Rotavirus vaccine (RV): CVX: 116, 122 (3 dose), 119 (2 dose) CPT: 90680 (3 dose), 90681 (2 dose)	
Measles, mumps and rubella vaccine (MMR): CVX: 03, 94 CPT: 90707, 90710	Rubella vaccine: CVX: 06 CPT: 90706	Varicella zoster virus (VZV): CVX: 21, 94 CPT: 90710, 90716	

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
Measure	Measure description	Documentation required	Coding
Chlamydia Screening in Women (CHL)	Women ages 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year (MY).	<p>Perform chlamydia screening every year on every female ages 16 – 24 identified as sexually active. Offer the member the option to have the chlamydia screening performed through a urine test.</p> <p>Required exclusion: Members who meet the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members who qualified for the measure based solely on a pregnancy test may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> A pregnancy test in the MY and a prescription for isotretinoin (Retinoid) on the date of the pregnancy test or six days after the pregnancy test. A pregnancy test in the MY and an X-ray on the date of the pregnancy test or in the six days after the pregnancy test. Deceased in the MY. 	<p>Chlamydia tests: CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
Immunizations for Adolescents (IMA) When coding E&M and vaccine administration services on the same date, you must append modifier 25 to the E&M code, effective January 1, 2014.	<p>Adolescents 13 years of age who have completed each of the following:</p> <ul style="list-style-type: none"> Meningococcal MCV (on or between 11th and 13th birthdays). Tdap or TD (on or between 10th and 13th birthdays). HPV (three doses with different dates of service on or between the ninth and 13th birthdays, or two doses with at least 146 days between the first and second dose on or between the ninth and 13th birthdays). 	<p>Documentation:</p> <ul style="list-style-type: none"> A note indicating the name of the specific antigen and the date of the immunization. A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> Immunizations administered outside of the appropriate time frames. PCP charts do not contain records if the immunizations were administered elsewhere (e.g., health department, school clinic, urgent care facility). <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following:</p> <ul style="list-style-type: none"> A contraindication for a specific vaccine. Anaphylactic reaction to a vaccine or its components. Tdap – encephalopathy with a vaccine adverse side effect code. Deceased in the MY. 	<p>Meningococcal vaccine: CVX: 108, 114, 136, 147, 167 CPT: 90734</p> <p>Tetanus, diphtheria, acellular pertussis vaccine (Tdap): CVX: 115 CPT: 90715</p> <p>HPV vaccine: CVX: 62, 118, 137, 165 CPT: 90649, 90650, 90651</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
Lead Screening in Children (LSC)	Children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning at any time by their second birthday.	<p>Documentation in the medical record must include both of the following on or before the second birthday:</p> <ul style="list-style-type: none"> A note indicating the date the test was performed. The result or finding. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> Lead assessment does not constitute a lead screening. Lead screening after the child's second birthday. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusion: Noncompliant members may be excluded from the measure with documentation the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Lead tests CPT: 83655</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure description	Documentation required	Coding
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<p>Members ages 3 – 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following during the measurement year (MY):</p> <ul style="list-style-type: none"> BMI percentile documentation. Counseling for nutrition. Counseling for physical activity. 	<p>BMI percentile:</p> <ul style="list-style-type: none"> Documentation must include height, weight, and BMI percentile during the MY. The height, weight, and BMI must be from the same data source. BMI percentile can be documented as a value or plotted on an age growth chart. Member-reported values (weight, height, BMI) can be captured during a telephone visit, e-visit, or virtual check-in. <p>Counseling for nutrition: Documentation of counseling for nutrition or referral for nutrition education during the MY. Examples include:</p> <ul style="list-style-type: none"> Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors). Checklist indicating nutrition was addressed. Member received educational materials on nutrition during a face-to-face visit. Anticipatory guidance for nutrition. Weight or obesity counseling. Referral to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). <p>Counseling for physical activity: Documentation of counseling for physical activity or referral for physical activity during the MY. Examples include:</p> <ul style="list-style-type: none"> Checklist indicating physical activity was addressed. Member received educational materials on physical activity during a face-to-face visit. Anticipatory guidance for physical activity or weight or obesity counseling. Weight or obesity counseling. Discussion of current physical activity (e.g., sports activities, exercise routines). Exam for sport participation or sports physical. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> BMI documented as a number and not as a percentile. Developmental milestones do not constitute anticipatory guidance or education for physical activity. No counseling or education on physical activity and/or nutrition. Notation of “health education” or “anticipatory guidance” without specific mention of nutrition and/or physical activity. Counseling on safety (e.g., “wears helmet” or “water safety”) without specific mention of physical activity recommendations. Notations solely related to “screen time” without specific mention of physical activity recommendations. Appetite does not meet the criteria for “Counseling for nutrition.” <p>Notes:</p> <ul style="list-style-type: none"> Services may be rendered during a visit other than a well-child visit; however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the “Counseling for nutrition” and “Counseling for physical activity” indicators. Services for “Counseling for nutrition” and “Counseling for physical activity” may be delivered during a telephone visit, e-visit, or virtual check-in. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Diagnosis of pregnancy during the MY. Deceased in the MY. 	<p>BMI percentiles: ICD-10: Z68.51, Z68.52, Z68.53, Z68.54</p> <p>Nutrition counseling: CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470</p> <p>Physical activity counseling: HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS

Measure	Measure description	Documentation required	Coding
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 50% or greater during the measurement year (MY).	<p>Oral medication dispensing event: Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events. If multiple prescriptions for the same medication are dispensed on the same day, add up the day's supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different.</p> <p>Inhaler dispensing event: All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different drug IDs dispensed on the same day are counted as different dispensing events.</p> <p>Injection dispensing events: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.</p> <p>Medication units: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusion: Noncompliant members may be excluded from the measure with documentation of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Population includes ED, IP, and/or observation visits billed with asthma diagnosis or four non-controller asthma medication dispensing events during the MY and the year prior.</p> <p>Asthma diagnoses: ICD-10: J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998</p> <p>Asthma controller medications: Antiasthmatic combinations: dyphylline/guaifenesin Antibody inhibitors: omalizumab Anti-interleukin-4: dupilumab Anti-interleukin-5: benralizumab, mepolizumab, reslizumab Inhaled steroid combinations: budesonide/formoterol, fluticasone/salmeterol, fluticasone/vilanterol, formoterol/mometasone Inhaled corticosteroids: beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone Leukotriene modifiers: montelukast, zafirlukast, zileuton Methylxanthines: theophylline</p> <p>Asthma reliever medications: Short-acting, inhaled beta-2 agonists: albuterol, levalbuterol</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

ACCESS AND AVAILABILITY OF CARE

Measure	Measure description	Documentation required	Coding
Preventive/ Ambulatory Health Services (AAP)	Members age 20 and older who had an ambulatory or preventive care visit during the measurement year (MY).	<p>One or more ambulatory or preventive care visits during the MY.</p> <p>Telephone visits and e-visits are acceptable.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusion: Noncompliant members may be excluded from the measure with documentation of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Ambulatory visits: CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 ICD-10-CM: Z00.00, 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</p> <p>Other ambulatory visits: CPT: 92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 HCPCS: S0620, S0621 UBREV: 0524, 0525</p> <p>Telephone visits: CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessments: CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

ACCESS AND AVAILABILITY OF CARE			
Measure	Measure description	Documentation required	Coding
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	<p>Adolescent and adult members with a new episode of alcohol or other drug abuse (AOD) dependence who received Initiation of AOD Treatment or Engagement of AOD Treatment.</p> <p>Two rates are reported:</p> <p>1. Initiation of AOD Treatment:</p> <p>Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.</p> <p>2. Engagement of AOD Treatment:</p> <p>The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.</p>	<p>The measurement year (MY) is January 1 through December 31.</p> <p>Note:</p> <ul style="list-style-type: none"> • Methadone is not included in the medication lists for the measure. • Medication treatment meets criteria for members being treated for alcohol or opioid abuse or dependence. It does not meet the criteria for treatment of other drug abuse or dependence. <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of the following:</p> <ul style="list-style-type: none"> • Deceased in the MY. 	<p>Opioid use disorder (OUD) monthly office-based treatment (if getting a service that bills monthly or a diagnosis from Opioid Abuse or Dependence):</p> <p>HCPCS: G2086, G2087</p> <p>IET stand-alone visits (with Alcohol Abuse or Dependence, Opioid Abuse or Dependence or Other Drug Abuse or Dependence):</p> <p>CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p>UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</p> <p>Observation (with Alcohol Abuse or Dependence, Opioid Abuse or Dependence or Other Drug Abuse or Dependence):</p> <p>CPT: 99217, 99218, 99219, 99220</p>

Coding, continued

Telephone visit (with Alcohol Abuse or Dependence, Opioid Abuse or Dependence, or Other Drug Abuse or Dependence):

CPT: 98966, 98967, 98968, 99441, 99442, 99443

Alcohol Abuse or Dependence:

ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29

Opioid Abuse or Dependence:

ICD-10-CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29

Other Drug Abuse or Dependence:

ICD-10-CM: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23,

F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

IET visits Group 1 (with IET POS Group 1 and Alcohol Abuse or Dependence, Opioid Abuse or Dependence, or Other Drug Abuse or Dependence):

CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876

IET POS Group 1:

POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72

IET visits Group 2 (with IET POS Group 2 and Alcohol Abuse or Dependence, Opioid Abuse or Dependence, or Other Drug Abuse or Dependence):

CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

IET POS Group 2:

POS: 02, 52, 53

Online Assessments (with Alcohol Abuse or Dependence, Opioid Abuse or Dependence, or Other Drug Abuse or Dependence):

CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458

HCPCS: G0071, G2010, G2012, G2061, G2062, G2063

OUD weekly nondrug service (if diagnosis from Opioid Abuse or Dependence):

HCPCS: G2071, G2074, G2075, G2076, G2077, G2080

OUD weekly drug treatment service (if diagnosis from Opioid Abuse or Dependence):

HCPCS: G2067, G2068, G2069, G2070, G2072, G2073

AOD medication treatment (if diagnosis from Alcohol Abuse or Dependence or Opioid Abuse or Dependence):

HCPCS: H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109

Alcohol use disorder treatment medications list

(if diagnosis from Alcohol Abuse or Dependence):

Aldehyde dehydrogenase inhibitor: Disulfiram (oral)

Antagonist: Naltrexone (oral and injectable)

Other: Acamprosate (oral, delayed-release tablet)

Opioid use disorder treatment medications (if diagnosis from Opioid Abuse or Dependence):

Antagonist: naltrexone (oral and injectable)

Partial agonist: buprenorphine (sublingual tablet, injection, implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

ACCESS/AVAILABILITY OF CARE			
Measure	Measure description	Documentation required	Coding
Prenatal and Postpartum Care (PPC)	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year (MY) and October 7 of the MY. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> Timeliness of Prenatal care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. 	<p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> Documentation indicating pregnancy or reference to pregnancy, using a standardized prenatal flow sheet, documentation of last menstrual period (LMP), estimated date of delivery (EDD), gestational age (GA), a positive pregnancy test, gravidity and parity, a complete obstetrical history, and prenatal risk assessment or counseling/education. A basic physical obstetrical examination that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height. Evidence that a prenatal care procedure was performed (e.g., OB panel, ultrasound). <p>Postpartum visit to an OB/GYN or other prenatal care practitioner or PCP. Documentation in the medical record must include a note indicating the date when the postpartum care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> Pelvic exam. Colposcopy is not acceptable for a postpartum visit. Evaluation of weight, blood pressure, breast, and abdomen. Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component. Notation of postpartum care, including, but not limited to: Notation of “postpartum care,” “PP care,” “PP checks,” “6-week check.” A preprinted “Postpartum care” form in which information was documented during the visit. Perineal or cesarean incision/wound check. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders. Glucose screening for women with gestational diabetes. Documentation of any of the following: infant care or breastfeeding; resumption of intercourse, birth spacing, family planning; sleep/fatigue; resumption of physical activity; attainment of healthy weight. <p>Note:</p> <ul style="list-style-type: none"> Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. Services that occur over multiple visits count toward Timeliness of Prenatal Care if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Prenatal indicator: Standalone prenatal visits: CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004</p> <p>Bundled prenatal visits: CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005</p> <p>Prenatal visits (with diagnosis of pregnancy): CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483 HCPCS: G0463, T1015</p> <p>Telephone visit (with diagnosis of pregnancy): CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessment (with diagnosis of pregnancy): CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p> <p>Pregnancy diagnosis: ICD-10-CM: O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.94, O09.95, O09.96, O09.97, O09.98, O09.99, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.311, O10.312, O10.313, O10.319, O10.411, O10.412, O10.413, O10.419, O10.911, O10.912, O10.913, O10.919, O10.921, O10.922, O10.923, O10.929, O10.931, O10.932, O10.933, O10.939, O10.941, O10.942, O10.943, O10.949, O10.951, O10.952, O10.953, O10.959, O10.961, O10.962, O10.963, O10.969, O10.971, O10.972, O10.973, O10.979, O10.981, O10.982, O10.983, O10.989, O10.991, O10.992, O10.993, O10.999, O11.011, O11.012, O11.013, O11.019, O11.021, O11.022, O11.023, O11.029, O11.031, O11.032, O11.033, O11.039, O11.041, O11.042, O11.043, O11.049, O11.051, O11.052, O11.053, O11.059, O11.061, O11.062, O11.063, O11.069, O11.071, O11.072, O11.073, O11.079, O11.081, O11.082, O11.083, O11.089, O11.091, O11.092, O11.093, O11.099, O11.101, O11.102, O11.103, O11.109, O11.111, O11.112, O11.113, O11.119, O11.121, O11.122, O11.123, O11.129, O11.131, O11.132, O11.133, O11.139, O11.141, O11.142, O11.143, O11.149, O11.151, O11.152, O11.153, O11.159, O11.161, O11.162, O11.163, O11.169, O11.171, O11.172, O11.173, O11.179, O11.181, O11.182, O11.183, O11.189, O11.191, O11.192, O11.193, O11.199, O11.201, O11.202, O11.203, O11.209, O11.211, O11.212, O11.213, O11.219, O11.221, O11.222, O11.223, O11.229, O11.231, O11.232, O11.233, O11.239, O11.241, O11.242, O11.243, O11.249, O11.251, O11.252, O11.253, O11.259, O11.261, O11.262, O11.263, O11.269, O11.271, O11.272, O11.273, O11.279, O11.281, O11.282, O11.283, O11.289, O11.291, O11.292, O11.293, O11.299, O11.301, O11.302, O11.303, O11.309, O11.311, O11.312, O11.313, O11.319, O11.321, O11.322, O11.323, O11.329, O11.331, O11.332, O11.333, O11.339, O11.341, O11.342, O11.343, O11.349, O11.351, O11.352, O11.353, O11.359, O11.361, O11.362, O11.363, O11.369, O11.371, O11.372, O11.373, O11.379, O11.381, O11.382, O11.383, O11.389, O11.391, O11.392, O11.393, O11.399, O11.401, O11.402, O11.403, O11.409, O11.411, O11.412, O11.413, O11.419, O11.421, O11.422, O11.423, O11.429, O11.431, O11.432, O11.433, O11.439, O11.441, O11.442, O11.443, O11.449, O11.451, O11.452, O11.453, O11.459, O11.461, O11.462, O11.463, O11.469, 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ACCESS/AVAILABILITY OF CARE

Coding continued

O41.1214, O41.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.1223, O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.1235, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.1299, O41.1410, O41.144, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.1420, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O42.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.919, O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O43.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.0109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.009, O45.011, O45.012, O45.013, O45.019, O45.021, O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, O71.6, O71.7, O71.81, O71.82, O71.89, O71.9, O88.011, O88.012, O88.013, O88.019, O88.111, O88.112, O88.113, O88.119, O88.211, O88.212, O88.213, O88.219, O88.311, O88.312, O88.313, O88.319, O88.811, O88.812, O88.813, O88.819, O91.011, O91.012, O91.013, O91.019, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.23, O92.011, O92.012, O92.013, O92.019, O92.03, O92.111, O92.112, O92.113, O92.119, O92.13, O92.3, O92.4, O92.5, O92.6, O92.70, O92.79, O98.011, O98.012, O98.013, O98.019, O98.111, O98.112, O98.113, O98.119, O98.211, O98.212, O98.213, O98.219, O98.311, O98.312, O98.313, O98.319, O98.411, O98.412, O98.413, O98.419, O98.511, O98.512, O98.513, O98.519, O98.611, O98.612, O98.613, O98.619, O98.711, O98.712, O98.713, O98.719, O98.811, O98.812, O98.813, O98.819, O98.911, O98.912, O98.913, O98.919, O99.011, O99.012, O99.013, O99.019, O99.111, O99.112, O99.113, O99.119, O99.119, O99.210, O99.211, O99.212, O99.213, O99.280, O99.281, O99.282, O99.283, O99.310, O99.311, O99.312, O99.313, O99.320, O99.321, O99.322, O99.323, O99.330, O99.331, O99.332, O99.333, O99.340, O99.341, O99.342, O99.343, O99.350, O99.351, O99.352, O99.353, O99.411, O99.412, O99.413, O99.419, O99.511, O99.512, O99.513, O99.519, O99.611, O99.612, O99.613, O99.619, O99.711, O99.712, O99.713, O99.719, O99.810, O99.820, O99.830, O99.840, O99.841, O99.842, O99.843, O99.841, O9A.111, O9A.112, O9A.113, O9A.119, O9A.211, O9A.212, O9A.213, O9A.219, O9A.311, O9A.312, O9A.313, O9A.319, O9A.411, O9A.412, O9A.413, O9A.419, O9A.511, O9A.512, O9A.513, O9A.519, O9A.71, O9A.72, O9A.73, O9A.74, O9A.75, O9A.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9

Postpartum indicator:

Postpartum visits:

CPT: 57170, 58300, 59430, 99501

CPT-CAT-II: 0503F

ICD-10-CM: Z01.411, Z01.419, Z01.42, Z430.430, Z39.1, Z39.2

Bundled postpartum visits:

CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

Cervical cytology lab test:

CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175

HCPCS: G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 P3000 P3001 Q0091

Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

Measure	Measure description	Documentation required	Coding
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Children and adolescents ages 1 – 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	<p>Documentation of psychosocial care in the 121-day period from 90 days prior to the Rx dispensing date through 30 days after the Rx dispensing date.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Psychosocial care: CPT: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS

Measure	Measure description	Documentation required	Coding
Controlling High Blood Pressure (CBP)	Members ages 18 – 85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90) during the measurement year (MY).	<ul style="list-style-type: none"> BP must be latest reading in the MY and must occur on or after the second diagnosis of HTN. Do not include BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests. Do not include BP readings taken during an inpatient stay or ED visit. When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. If no BP is recorded during the MY, the member is “not controlled.” Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. Member-reported data documented in medical record is acceptable if BP captured with a digital device. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. 66 years of age and older with frailty and advanced illness during the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the MY. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis. Diagnosis of pregnancy during the MY. A nonacute inpatient admission during the MY. Deceased in the MY. 	<p>Compliance = both a representative (most recent during the MY) systolic BP < 140 mm Hg and a representative diastolic BP < 90 mm Hg (BP in the normal or high-normal range) identified in documentation via medical record review.</p> <p>Systolic and diastolic blood pressure: CPT-CAT-II:</p> <ul style="list-style-type: none"> Systolic less than 130 mm Hg: 3074F Systolic 130 – 139 mm Hg: 3075F Systolic greater than or equal to 140 mm Hg: 3077F <ul style="list-style-type: none"> Diastolic less than 80 mm Hg: 3078F Diastolic 80 – 89 mm Hg: 3079F Diastolic greater than or equal to 90 mm Hg: 3080F <p>Outpatient without UBREV (with systolic and diastolic): CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>Telephone visit (with systolic and diastolic): CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessments (with systolic and diastolic): CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>Nonacute inpatient (with systolic and diastolic): CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337</p> <p>Remote blood pressure monitoring (with systolic and diastolic): CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p>Hypertension diagnosis: ICD-10-CM: I10</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: DIABETES			
Measure	Measure description	Documentation required	Coding
Comprehensive Diabetes Care (CDC) HbA1c testing	<p>Members ages 18 – 75 with diabetes (Type 1 or Type 2) who had an HbA1c test done in the measurement year (MY):</p> <ul style="list-style-type: none"> HbA1c poor control (> 9.0%) HbA1c control (< 8.0%) <p>A lower rate in poor control (> 9.0%) indicates better performance.</p>	<p>At a minimum, the documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or findings. Document the most current collection date of service in the MY.</p> <p>Ranges and thresholds do not meet criteria; a distinct numeric result is required.</p> <p>Terms below count with a note and result:</p> <p>A1c, hemoglobin A1c, glycated hemoglobin, HbA1c, glycohemoglobin A1c, glycosylated hemoglobin, HgA1c, glycohemoglobin, Hb1c</p> <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. 66 years of age and older with frailty and advanced illness during the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> No diagnosis of diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior. Deceased in the MY. 	<p>HbA1c lab test: CPT: 83036, 83037</p> <p>HbA1c test result or finding: CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p>HbA1c level: CPT-CAT-II:</p> <ul style="list-style-type: none"> Less than 7.0%: 3044F Greater than or equal to 7.0% and less than 8.0%: 3051F Greater than or equal to 8.0% and less than or equal to 9.0%: 3052F Greater than 9.0%: 3046F <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
Comprehensive Diabetes Care (CDC) eye exam	<p>Members ages 18 – 75 with diabetes (Type 1 and Type 2) who had a retinal eye exam during the measurement year (MY), or an exam with a negative result in the year prior to the MY, or documentation of bilateral eye enucleation any time prior to December 31 of the MY.</p>	<p>Documentation can include any of the following noted in the medical record:</p> <ul style="list-style-type: none"> A note or letter during the MY prepared by an ophthalmologist, optometrist, PCP, or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed, and the results. Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the MY, where results indicate retinopathy was not present, and the date when the exam was performed. A chart or photograph indicating the date when the fundus photography was performed, and evidence that an eye care professional (optometrist or ophthalmologist) or qualified reading center reviewed the results, or that results were read by a system that provides artificial intelligence (AI) interpretation. <p>Hypertensive retinopathy is handled the same as diabetic retinopathy when reporting the eye exam indicator.</p> <ul style="list-style-type: none"> Positive for hypertensive retinopathy is counted as positive for diabetic retinopathy. An eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy. <p>Common abbreviations for retinopathy:</p> <ul style="list-style-type: none"> NPDR (non-proliferative diabetic retinopathy) PDR (proliferative diabetic retinopathy) BDR (background diabetic retinopathy) Mild BDR Severe PDR <p>Examples of negative exam:</p> <ul style="list-style-type: none"> Assessment of fundus and macula were “normal.” Diabetes mellitus without ophthalmic complication. Retinal exam documented as “normal” is considered negative for retinopathy. <p>Note: Notation limited to a statement that included “diabetes without complications” does not meet criteria.</p> <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. 66 years of age and older with frailty and advanced illness during the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> No diagnosis of diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior. Deceased in the MY. <p>Note: Blindness is not an exclusion for a diabetic eye exam.</p>	<p>Diabetic retinal screening: CPT: 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245</p> <p>HCPCS: S0620, S0621, S3000</p> <p>Diabetes mellitus without complications (in year prior to MY with diabetic retinal screening): ICD-10-CM: E10.9, E11.9, E13.9</p> <p>Eye exam without evidence of retinopathy: CPT-CAT-II: CPT-CAT-II: 2023F, 2025F, 2033F</p> <p>Eye exam with evidence of retinopathy (in the MY only): CPT-CAT-II: 2022F, 2024F, 2026F</p> <p>Diabetic retinal screening negative in prior year (in the MY only): CPT-CAT-II: 3072F</p> <p>Unilateral eye enucleation (with bilateral modifier or two unilateral enucleations more than 14 days prior apart): CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p>Bilateral modifier: 50</p> <p>Unilateral eye enucleation left (with unilateral right or unilateral enucleation more than 14 days apart): ICD-10-PCS: 08T1XZZ</p> <p>Unilateral eye enucleation right (with unilateral left or unilateral enucleation more than 14 days apart): ICD-10-PCS: 08TOXZZ</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure	Measure description	Documentation required	Coding
Antidepressant Medication Management (AMM)	<p>Members age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.</p> <p>Two rates are reported:</p> <p>1. Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>2. Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (six months).</p>	<p>The intake period (IP) is the 12-month window starting on May 1 of the year prior to the measurement year (MY) and ending on April 30 of the MY.</p> <p>The index prescription start date (IPSD) is the earliest dispensing date for an antidepressant medication in the IP.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. No encounter with diagnosis of major depression during the 121-day period from 60 days prior to the IPSD through 60 days after the IPSD. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Members are identified through administrative claims and pharmacy claims.</p> <p>Major depression diagnosis: ICD-10-CM: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p>Antidepressant medications: Miscellaneous antidepressants: bupropion, vilazodone, vortioxetine Monoamine oxidase inhibitors: isocarboxazid, phenelzine, selegiline, tranylcypromine Phenylpiperazine antidepressants: nefazodone, trazodone Psychotherapeutic combinations: amitriptyline/chlordiazepoxide, amitriptyline/perphenazine, fluoxetine/olanzapine SNRI antidepressants: desvenlafaxine, duloxetine, levomilnacipran, venlafaxine SSRI antidepressants: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline Tetracyclic antidepressants: maprotiline, mirtazapine Tricyclic antidepressants: amitriptyline, amoxapine, clomipramine, desipramine, doxepin (> 6 mg), imipramine, nortriptyline, protriptyline, trimipramine</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p> <p>This is also a measure (ADD-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</p>	<p>The percentage of children ages 6 – 12 years of age who had a newly prescribed ADHD medication and 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.</p> <p>Two rates are reported:</p> <p>1. Initiation Phase: Members who had one follow-up visit with practitioner with prescribing authority during the 30-days following the IPSPD.</p> <p>2. Continuation and Maintenance Phase: Members who remained on the medication for at least 210 days, had a visit in the Initiation Phase, and had at least two follow-up visits within 270 days after the Initiation Phase ended.</p>	<p>The intake Period (IP) is the 12-month window starting March 1 of the year prior to the measurement year(MY) and ending the last calendar day of February of the MY.</p> <p>The Index Prescription Start Date (ISPD) is the earliest prescription dispensing date for an ADHD medication in the IP.</p> <p>Telephone, telehealth visits are acceptable in both the Initiation and Continuation Phases.</p> <p>Only one of the two Continuation Phase visits can be e-visit or virtual check.</p> <p>Common chart deficiencies:</p> <p>Follow-up visit more than 30 days after initial medication dispensed date.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Acute inpatient encounter or discharge with principal diagnosis of mental, behavioral, or neurodevelopmental disorder. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Diagnosis of narcolepsy. Deceased in the MY. 	<p>Members are identified through administrative claims and pharmacy claims.</p> <p>ADHD medications:</p> <p>CNS stimulants: dexamethylphenidate, dextroamphetamine, lisdexamfetamine, methylphenidate, methamphetamine</p> <p>Alpha-2 receptor agonists: clonidine, guanfacine</p> <p>Miscellaneous ADHD medications: atomoxetine</p> <p>Visit setting unspecified (with outpatient place of service [POS], partial hospitalization POS, Community Mental Health Center POS, or telehealth POS):</p> <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p>Outpatient POS:</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>Partial hospitalization POS:</p> <p>POS: 52</p> <p>Community Mental Health Center POS:</p> <p>POS: 53</p> <p>Telehealth POS:</p> <p>POS: 02</p> <p>BH outpatient:</p> <p>CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015</p> <p>UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p>Observation:</p> <p>CPT: 99217, 99218, 99219, 99220</p> <p>Health and behavior assessment or intervention:</p> <p>CPT: 96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171</p> <p>Partial hospitalization or intensive outpatient:</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>UBREV: 0905, 0907, 0912, 0913</p> <p>Telephone visit:</p> <p>CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessments: (Continuation Phase one of two visits):</p> <p>CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure	Measure description	Documentation required	Coding
Follow-Up After Hospitalization for Mental Illness (FUH)	<p>Percentage of discharges for members ages 6 years 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 provider.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of discharges for which the member received follow-up within 30 days of discharge. 2. The percentage of discharges for which the member received follow-up within 7 days of discharge. 	<p>The measurement year (MY) is January 1 to December 31.</p> <p>An outpatient visit with a mental health provider within 7 and 30 days after discharge. Do not include visits that occur on the date of discharge.</p> <ul style="list-style-type: none"> • A visit with a mental health provider in any of the following settings: <ul style="list-style-type: none"> – Outpatient – Behavioral health outpatient – Telehealth visit – Telephone visit – Observation visit – Transitional care management visit • A visit in any of the following settings: <ul style="list-style-type: none"> – Intensive outpatient/partial hospitalization – Community Mental Health Center – Electroconvulsive therapy visit – Behavioral health care setting <p>Common chart deficiencies:</p> <p>Follow-up visit more than 7 days or 30 days after discharge.</p> <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> • Deceased in the MY. 	<p>Mental illness diagnosis: ICD -10: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9</p> <p>Intentional self-harm diagnosis: ICD-10-CM: T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, 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EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Coding continued

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Visit setting unspecified (with outpatient POS value set including mental health provider, partial hospitalization POS value set, Community Mental Health Center POS value set, or telehealth POS value set including mental health provider):

CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

BH outpatient:

CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510

HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983

Partial hospitalization or intensive outpatient:

HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

UBREV: 0905, 0907, 0912, 0913

Transitional care management services (with Community Mental Health Center POS with mental health provider):

CPT: 99495, 99496

Electroconvulsive therapy (with Ambulatory Surgical Center POS, Community Mental Health POS, outpatient POS, or partial hospitalization POS):

CPT: 90870

ICD-10-PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

Observation (with mental health provider):

CPT: 99217, 99218, 99219, 99220

Behavioral healthcare setting:

UBREV: 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

Telephone visits (with mental health provider):

CPT: 98966, 98967, 98968, 99441, 99442, 99443

Ambulatory Surgical Center POS:

POS: 24

Community Mental Health Center POS:

POS: 53

Partial hospitalization POS:

POS: 52

Telehealth POS:

POS: 2

Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure	Measure description	Documentation required	Coding
Metabolic Monitoring for Children and Adolescents on Anti psychotics (APM)	Children and adolescents ages 1 – 17 who had two or more antipsychotic prescriptions and had metabolic testing.	<p>Both of the following during the measurement year (MY):</p> <ul style="list-style-type: none"> At least one test for blood glucose or HbA1c and At least one test for low-density lipoprotein cholesterol (LDL-C) or cholesterol. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Members are identified through administrative claims and pharmacy claims.</p> <p>Glucose lab test: CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1c lab test: CPT: 83036, 83037</p> <p>HbA1c test result or finding: CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p>Cholesterol lab test: CPT: 82465, 83718, 83722, 84478</p> <p>LDL-C lab test: CPT: 80061, 83700, 83701, 83704, 83721</p> <p>LDL-C test result or finding: CPT-CAT-II: 3048F, 3049F, 3050F</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
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 (MY).	<p>A glucose test or HbA1c test performed during the MY.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Diabetes. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Glucose lab test: CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1c lab test: CPT: 83036, 83037</p> <p>HbA1c test result or finding: CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p>Antipsychotics medications: Miscellaneous antipsychotic agents: aripiprazole, asenapine, brexpiprazole, cariprazine, clozapine, haloperidol, iloperidone, loxapine, lurasidone, molindone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone</p> <p>Phenothiazine antipsychotics: chlorpromazine, fluphenazine, perphenazine, prochlorperazine, thioridazine, trifluoperazine</p> <p>Psychotherapeutic combinations: amitriptyline/perphenazine</p> <p>Thioxanthenes: thiothixene</p> <p>Long-acting injections: aripiprazole, fluphenazine decanoate, haloperidol decanoate, olanzapine, paliperidone palmitate, risperidone</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	The percentage of members age 18 years and older during the measurement year (MY) with schizophrenia or schizoaffective disorder who were dispensed and remained on an oral or long-acting injection antipsychotic medication for at least 80% of their treatment period.	<p>The index prescription start date (ISPD) is the earliest prescription dispensing date during the MY. The treatment period is the ISPD through the last day of the MY.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. 66 – 80 years of age with frailty and advanced illness during the MY. 81 years of age and older with frailty. Diagnosis of dementia in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Long-acting injections, 14-day supply: HCPCS: J2794</p> <p>Long-acting injections, 28-day supply: HCPCS: C9035, J0401, J1631, J1943, J1944, J2358, J2426, J2680</p> <p>Long-acting injections, 30-day supply: HCPCS: C9037, J2798</p> <p>Oral antipsychotic medications: Miscellaneous antipsychotic agents: aripiprazole, asenapine, brexpiprazole, cariprazine, clozapine, haloperidol, iloperidone, loxapine, lurasidone, molindone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone</p> <p>Phenothiazine antipsychotics: chlorpromazine, fluphenazine, perphenazine, prochlorperazine, thioridazine, trifluoperazine</p> <p>Psychotherapeutic combinations: amitriptyline/perphenazine</p> <p>Thioxanthenes: thiothixene</p> <p>Long-acting injections: 14-day supply: risperidone (excluding Perseris®) long-acting injections 14-day supply 28-day supply: aripiprazole, fluphenazine decanoate, haloperidol decanoate, olanzapine, paliperidone palmitate 30-day supply: risperidone (Perseris®)</p> <p>Schizophrenia diagnosis: ICD-10-CM: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

AmeriHealth Caritas Florida

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Coding continued

T55.1X2S, T56.0X2A, T56.0X2D, T56.0X2S, T56.1X2A, T56.1X2D, T56.1X2S, T56.2X2A, T56.2X2D, T56.2X2S, T56.3X2A, T56.3X2D, T56.3X2S, T56.4X2A, T56.4X2D, T56.4X2S, T56.5X2A, T56.5X2D, T56.5X2S, T56.6X2A, T56.6X2D, T56.6X2S, T56.7X2A, T56.7X2D, T56.7X2S, T56.812A, T56.812D, T56.812S, T56.892A, T56.892D, T56.892S, T56.92XA, T56.92XD, T56.92XS, T57.0X2A, T57.0X2D, T57.0X2S, T57.1X2A, T57.1X2D, T57.1X2S, T57.2X2A, T57.2X2D, T57.2X2S, T57.3X2A, T57.3X2D, T57.3X2S, T57.8X2A, T57.8X2D, T57.8X2S, T57.92XA, T57.92XD, T57.92XS, T58.02XA, T58.02XD, T58.02XS, T58.12XA, T58.12XD, T58.12XS, T58.2X2A, T58.2X2D, T58.2X2S, T58.8X2A, T58.8X2D, T58.8X2S, T58.92XA, T58.92XD, T58.92XS, T59.0X2A, T59.0X2D, T59.0X2S, T59.1X2A, T59.1X2D, T59.1X2S, T59.2X2A, T59.2X2D, T59.2X2S, T59.3X2A, T59.3X2D, T59.3X2S, T59.4X2A, T59.4X2D, T59.4X2S, T59.5X2A, T59.5X2D, T59.5X2S, T59.6X2A, T59.6X2D, T59.6X2S, T59.7X2A, T59.7X2D, T59.7X2S, T59.812A, T59.812D, T59.812S, T59.892A, T59.892D, T59.892S, T59.92XA, T59.92XD, T59.92XS, T60.0X2A, T60.0X2D, T60.0X2S, T60.1X2A, T60.1X2D, T60.1X2S, T60.2X2A, T60.2X2D, T60.2X2S, T60.3X2A, T60.3X2D, T60.3X2S, T60.4X2A, T60.4X2D, T60.4X2S, T60.8X2A, T60.8X2D, T60.8X2S, T60.92XA, T60.92XD, T60.92XS, T61.02XA, T61.02XD, T61.02XS, T61.12XA, T61.12XD, T61.12XS, T61.772A, T61.772D, T61.772S, T61.782A, T61.782D, T61.782S, T61.8X2A, T61.8X2D, T61.8X2S, T61.92XA, T61.92XD, T61.92XS, T62.0X2A, T62.0X2D, T62.0X2S, T62.1X2A, T62.1X2D, T62.1X2S, T62.2X2A, T62.2X2D, T62.2X2S, T62.8X2A, T62.8X2D, T62.8X2S, T62.92XA, T62.92XD, T62.92XS, T63.002A, T63.002D, T63.002S, T63.012A, T63.012D, T63.012S, T63.022A, T63.022D, T63.022S, T63.032A, T63.032D, T63.032S, T63.042A, T63.042D, T63.042S, T63.062A, T63.062D, T63.062S, T63.072A, T63.072D, T63.072S, T63.082A, T63.082D, T63.082S, T63.092A, T63.092D, T63.092S, T63.112A, T63.112D, T63.112S, T63.122A, T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S,

T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S

Visit setting unspecified (with outpatient POS value set, partial hospitalization POS value set, Community Mental Health Center POS value set, or telehealth POS value set and principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):

CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

BH outpatient (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):

CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510

HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015

UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983

Partial hospitalization or intensive outpatient (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):

HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

UBREV: 0905, 0907, 0912, 0913

Electroconvulsive therapy (with Ambulatory Surgical Center POS, Community Mental Health POS, outpatient POS, or partial hospitalization POS and principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):

CPT: 99495, 99496, 99381, 99382, 99391, 99392

Observation (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):

CPT: 99217, 99218, 99219, 99220

Telephone visits (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):

CPT: 98966, 98967, 98968, 99441, 99442, 99443

Online assessments (with principal diagnosis of mental health or principal diagnosis of intentional self-harm with any diagnosis of mental health):

CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458

HCPCS: G0071, G2010, G2012, G2061, G2062, G2063

Ambulatory Surgical Center POS:

POS: 24

Community Mental Health Center POS:

POS: 53

Outpatient POS:

POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

Partial hospitalization POS:

POS: 52

Telehealth POS:

POS: 2

Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH			
Measure	Measure description	Documentation required	Coding
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	<p>The percentage of emergency department (ED) visits for members age 13 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 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 7 days of the ED visit (8 total days). 	<p>A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Includes visits that occur on the date of the ED visit.</p> <p>A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.</p> <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> • Deceased in the MY. 	<p>AOD abuse and dependence diagnosis:</p> <p>ICD-10: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29</p> <p>IET stand-alone visits (with a principal diagnosis of AOD abuse or dependence):</p> <p>CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p>
Coding continued			
<p>UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</p> <p>ODU weekly nondrug service (with a principal diagnosis of AOD abuse or dependence):</p> <p>HCPCS: G2071, G2074, G2075, G2076, G2077, G2080</p> <p>ODU monthly office-based treatment (with a principal diagnosis of AOD abuse or dependence):</p> <p>HCPCS: G2086, G2087</p> <p>ODU weekly drug treatment service (with a principal diagnosis of AOD abuse or dependence):</p> <p>HCPCS: G2067, G2068, G2069, G2070, G2072, G2073</p> <p>IET visits Group 1 (with IET POS Group 1 and a principal diagnosis of AOD abuse or dependence):</p> <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p>IET POS Group 1:</p> <p>POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</p>			
<p>IET visits Group 2 (with IET POS Group 1 and a principal diagnosis of AOD abuse or dependence):</p> <p>CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p>IET POS Group 2:</p> <p>POS: 02, 52, 53</p> <p>Observation (with IET POS Group 1 and a principal diagnosis of AOD abuse or dependence):</p> <p>CPT: 99217, 99218, 99219, 99220</p> <p>Telephone visits (with IET POS Group 1 and a principal diagnosis of AOD abuse or dependence):</p> <p>CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessments (with IET POS Group 1 and a principal diagnosis of AOD abuse or dependence):</p> <p>CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>			

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure description	Documentation required	Coding
Pharmacotherapy for Opioid Use Disorder (POD)	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.	<p>Intake period (IP): A 12-month period that begins on July 1 of the year prior to the MY and ends on June 30 of the MY.</p> <p>The treatment period (TP) is the date of an OUD dispensing event or OUD medication administration event during the IP. No more than an 8-day gap is allowed during the TP.</p> <p>Note:</p> <ul style="list-style-type: none"> Methadone is not included in the medication lists for the measure. <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Opioid abuse and dependence diagnosis:</p> <p>ICD-10: F11.10, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29</p> <p>Opioid use disorder treatment medications:</p> <p>Antagonist: naltrexone (oral)</p> <p>Antagonist: naltrexone (injectable)</p> <p>Partial agonist: buprenorphine (sublingual tablet), buprenorphine (injection), buprenorphine (implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p>Agonist: methadone (oral) is only acceptable when billed on a medical claim. A pharmacy claim would be indicative of treatment for pain rather than OUD.</p> <p>Buprenorphine implant:</p> <p>HCPCS: G2070, G2072, J0570</p> <p>Buprenorphine injection:</p> <p>HCPCS: G2069, Q9991, Q9992</p> <p>Buprenorphine naloxone:</p> <p>HCPCS: J0572, J0573, J0574, J0575</p> <p>Buprenorphine oral:</p> <p>HCPCS: J0571</p> <p>Buprenorphine oral weekly:</p> <p>HCPCS: G2068, G2079</p> <p>Methadone oral:</p> <p>HCPCS: H0020, H0033, S0109</p> <p>Methadone oral weekly:</p> <p>HCPCS: G2067, G2078</p> <p>Naltrexone injection:</p> <p>HCPCS: J2315</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS			
Measure	Measure description	Documentation required	Coding
Use of Opioids at High Dosage (HDO)	<p>The proportion of members age 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year (MY).</p> <p>A lower rate indicates better performance.</p>	<p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • Members with cancer (malignant neoplasm) in the MY. • Members with sickle cell anemia or hemoglobin S (HbS) disease in the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> • Deceased in the MY. 	<p>Opioid medications:</p> <p>Benzhydrocodone: acetaminophen benzhydrocodone 4.08 mg, acetaminophen benzhydrocodone 6.12 mg, acetaminophen benzhydrocodone 8.16 mg</p> <p>Butorphanol: butorphanol 10 mg/mL</p> <p>Codeine: codeine sulfate 15 mg, codeine sulfate 30 mg, codeine sulfate 60 mg, codeine phosphate 15 mg, codeine phosphate 2 mg/mL, acetaminophen codeine 2.4 mg/mL, acetaminophen codeine 15 mg, acetaminophen codeine 30 mg, acetaminophen codeine 60 mg, acetaminophen butalbital caffeine codeine 30 mg, aspirin butalbital caffeine codeine 30 mg, aspirin carisoprodol codeine 16 mg, aspirin codeine 8 mg</p> <p>Dihydrocodeine: acetaminophen caffeine dihydrocodeine 16 mg, aspirin caffeine dihydrocodeine 16 mg</p> <p>Fentanyl, buccal or sublingual tablet, transmucosal lozenge (microgram [mcg]): fentanyl 100 mcg, fentanyl 200 mcg, fentanyl 300 mcg, fentanyl 400 mcg, fentanyl 600 mcg, fentanyl 800 mcg, fentanyl 1200 mcg, fentanyl 1600 mcg</p>
Coding continued			
<p>Fentanyl oral spray (mcg): fentanyl 100 micrograms per spray (mcg/s), fentanyl 200 mcg/s, fentanyl 400 mcg/s, fentanyl 600 mcg/s, fentanyl 800 mcg/s</p> <p>Fentanyl nasal spray (mcg): fentanyl 100 mcg/s, Fentanyl 300 mcg/s, Fentanyl 400 mcg/s</p> <p>Fentanyl transdermal film/patch (mcg/hr): fentanyl 12 mcg/h, Fentanyl 25 mcg/h, Fentanyl 37.5 mcg/h, Fentanyl 50 mcg/h, Fentanyl 62.5 mcg/h, Fentanyl 75 mcg/h, Fentanyl 87.5 mcg/h, Fentanyl 100 mcg/h</p> <p>Hydrocodone: hydrocodone 10 mg, hydrocodone 15 mg, hydrocodone 20 mg, hydrocodone 30 mg, hydrocodone 40 mg, hydrocodone 50 mg, hydrocodone 60 mg, hydrocodone 80 mg, hydrocodone 100 mg, hydrocodone 120 mg, acetaminophen hydrocodone .5 mg/mL, acetaminophen hydrocodone .67 mg/mL, acetaminophen hydrocodone 2.5 mg, acetaminophen hydrocodone 5 mg, acetaminophen hydrocodone 7.5 mg/mL, acetaminophen hydrocodone 10 mg, hydrocodone ibuprofen 2.5 mg, hydrocodone ibuprofen 5 mg, hydrocodone ibuprofen 7.5 mg, hydrocodone ibuprofen 10 mg</p> <p>Hydromorphone: hydromorphone 1 mg/mL, hydromorphone 2 mg, hydromorphone 3 mg, hydromorphone 4 mg, hydromorphone 8 mg, hydromorphone 12 mg, hydromorphone 16 mg, hydromorphone 32 mg</p> <p>Levorphanol: levorphanol 1 mg, levorphanol 2 mg, levorphanol 3 mg</p> <p>Meperidine: meperidine 10 mg/mL, meperidine 50 mg, meperidine 100 mg, meperidine promethazine 50 mg</p> <p>Methadone: methadone 1 mg/mL, methadone 2 mg/mL, methadone 5 mg, methadone 10 mg, methadone 10 mg/mL, methadone 40 mg</p> <p>Morphine: morphine 2 mg/mL, morphine 4 mg/mL, morphine 5 mg, morphine 10 mg, morphine 15 mg, morphine 20 mg/mL, morphine 20 mg, morphine 30 mg, morphine 40 mg, morphine 45 mg, morphine 50 mg, morphine 60 mg, morphine 70 mg, morphine 75 mg, morphine 80 mg, morphine 90 mg, morphine 100 mg, morphine 120 mg, morphine 130 mg, morphine 150 mg, morphine 200 mg, morphine naltrexone 20 mg, morphine naltrexone 30 mg, morphine naltrexone 50 mg, morphine naltrexone 60 mg, morphine naltrexone 80 mg, morphine naltrexone 100 mg</p> <p>Opium: belladonna opium 30 mg, belladonna opium 60 mg</p> <p>Oxycodone: oxycodone 1 mg/mL, oxycodone 5 mg, oxycodone 7.5 mg, oxycodone 9 mg, oxycodone 10 mg, oxycodone 13.5 mg, oxycodone 15 mg, oxycodone 18 mg, oxycodone 20 mg, oxycodone 20 mg/mL, oxycodone 27 mg, oxycodone 30 mg, oxycodone 36 mg, oxycodone 40 mg, oxycodone 60 mg, oxycodone 80 mg, acetaminophen oxycodone 2.5 mg, acetaminophen oxycodone 5 mg, acetaminophen oxycodone 7.5 mg, acetaminophen oxycodone 10 mg, oxycodone aspirin oxycodone 4.8355 mg, oxycodone ibuprofen oxycodone 5 mg</p> <p>Oxymorphone: oxymorphone 5 mg, oxymorphone 7.5 mg, oxymorphone 10 mg, oxymorphone 15 mg, oxymorphone 20 mg, oxymorphone 30 mg, oxymorphone 40 mg</p> <p>Pentazocine: naloxone pentazocine 50 mg</p> <p>Tapentadol: tapentadol 50 mg, tapentadol 75 mg, tapentadol 100 mg, tapentadol 150 mg, tapentadol 200 mg, tapentadol 250 mg</p> <p>Tramadol: tramadol 50 mg, tramadol 100 mg, tramadol 150 mg, tramadol 200 mg, tramadol 300 mg, tramadol acetaminophen tramadol 37.5 mg</p>			
<p>The HDO opioid medications list excludes:</p> <ul style="list-style-type: none"> • Injectables. • Opioid cough and cold products. • Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use (buprenorphine sublingual tablets, buprenorphine subcutaneous implant, and all buprenorphine/naloxone combination products). • Lonsys® (fentanyl transdermal patch). <ul style="list-style-type: none"> – This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). • Methadone for the treatment of opioid use disorder. <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>			

UTILIZATION			
Measure	Measure description	Documentation required	Coding
Well-Child Visits in the First 30 Months of Life (W30)	<p>The percentage of members who had the recommended well-child visits with a PCP.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. Six or more visits on or before the 15-month birthday. 2. Two or more visits between the 15-month birthday plus one day and the 30-month birthday. 	<p>Documentation from the medical record must include a note indicating a well visit with a PCP and the date the well-child visit occurred.</p> <p>Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide.</p> <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> • Children being seen for sick visits only and no documentation, claims, or encounter data related to well-visit services provided. <p>Note: Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision.</p> <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased in the MY. <p>Note: The telehealth exclusion was removed from W30.</p>	<p>Use age-appropriate preventive evaluation and management (E&M).</p> <p>Well-care:</p> <p>CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461</p> <p>HCPCS: G0438, G0439,</p> <p>ICD-10-CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
Child and Adolescent Well-Care Visits (WCV)	<p>The percentage of members ages 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the MY.</p>	<p>Documentation from the medical record must include a note indicating a visit with a PCP or OB/GYN, the date when the well-child visit occurred.</p> <p>Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide</p> <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> • Children or adolescents being seen for sick visits only and no documentation, claims, or encounter data related to well-visit services provided. <p>Note: Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision.</p> <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> • Deceased in the MY. <p>Note: The telehealth exclusion was removed from W30.</p>	<p>Use age-appropriate preventive E&M</p> <p>Well-care:</p> <p>CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461</p> <p>HCPCS: G0438, G0439, S0302</p> <p>ICD-10-CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



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