

# HEDIS® 2020

## Quick Reference Guide



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



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

# HEDIS® Quick Reference Guide

Updated to reflect NCQA HEDIS® 2020 Technical Specifications

Ambetter of Tennessee strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® Quick Reference Guide to help you increase your practice's HEDIS® rates and to use to address care opportunities for your patients. Please always follow the State and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

---

## WHAT IS HEDIS®?

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

## WHAT ARE THE SCORES USED FOR?

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

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS® score determines your rates for physician incentive programs that pay you an increased premium — for example Pay for Performance (P4P) or Quality Bonus Funds.

## HOW ARE RATES CALCULATED?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

## HOW CAN I IMPROVE MY HEDIS SCORES?

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


## PAY FOR PERFORMANCE (P4P)

P4P is an activity-based reimbursement, with a bonus payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction and clinical outcomes. Consider including CPT II codes to capture your P4P activities more efficiently.

## QUESTIONS?

---

 [HealthPlanPortal](#)   [HEDIS Questions](#)   [Provider Portal](#)

 1-833-703-4735 extension 2

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

Ancillary staff:

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

This guide has been updated with information from the release of the HEDIS® 2020 Volume 1 Technical Specifications by NCQA and is subject to change.

## ADULT HEALTH



## CONTENTS

Adult Health

Women's Health

Pediatric Health

General Health

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

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

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit. Services that count include outpatient evaluation and management (E&M) Visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

CPT	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 98966 - 98968, 99441 - 99443, 98969, 99444, 99483	G0402, G0438, G0439, G0463, T1015, S0620, S0621	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

\*codes subject to change

**(ABA) Adult BMI Assessment**

This measure demonstrates the percentage of members ages 18 to 74 who had and outpatient visit and whose body mass index (BMI) was documented.

- 1) For patients 20 and over: code the BMI value on the date of service.
- 2) For patients younger than 20: code the BMI percentile on the date of service.
- 3) Ranges and thresholds do NOT meet criteria; a distinct BMI value or percentile is required.

ICD-10 : BMI Value Set (age 20+)	ICD-10: BMI Percentile Value Set (age younger than 20)
Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	Z68.51, Z68.52, Z68.53, Z68.54

\*codes subject to change

**(AMM) Antidepressant Medication Management**

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

Two rates are reported:

**Effective Acute Phase Treatment:** percentage of members who remained on an antidepressant medication for at least **84 days** (12 weeks)

**Effective Continuation Phase Treatment:** percentage of members who remained on an antidepressant medication for at least **180 days** (6 months)

**Antidepressant Medications**

Description	Prescription
Miscellaneous antidepressants	• Bupropion • Vilazodone • Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Selegiline • Phenelzine • Tranylcypromine
Phenylpiperazine antidepressants	• Nefazodone • Trazodone
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Fluoxetine-olanzapine • Amitriptyline-perphenazine
SNRI antidepressants	• Desvenlafaxine • Levomilnacipran • Duloxetine • Venlafaxine
SSRI antidepressants	• Citalopram • Fluoxetine • Paroxetine • Escitalopram • Fluvoxamine • Sertraline
Tetracyclic antidepressants	• Maprotiline • Mirtazapine
Tricyclic antidepressants	• Amitriptyline • Desipramine • Nortriptyline • Amoxapine • Doxepin (>6 mg) • Protriptyline • Clomipramine • Imipramine • Trimipramine

\*subject to change

**(CDC) Comprehensive Diabetes Care**

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- Eye exam (retinal) performed
- Medical attention for nephropathy

DESCRIPTION	CODES
<b>Outpatient Codes</b>	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
<b>Non-acute Inpatient</b>	<b>CPT:</b> 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334, -99337
<b>Diabetic Retinal Screening With Eye Care Professional</b>	<b>CPT-CAT-II:</b> 2022F, 2024F, 2026F
<b>Unilateral Eye Enucleation with a bilateral modifier</b>	<b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114  <b>CPT Modifier:</b> 50
<b>HbA1C</b>	<b>CPT:</b> 83036, 83037  <b>Result &lt;7.0%</b> <b>CPT-CAT-II:</b> 3044F  <b>Result 7.0 -9.0%</b> <b>CPT-CAT-II:</b> 3045F  <b>Result &gt;9.0%</b> <b>CPT-CAT-II:</b> 3046F
<b>Urine Protein Tests</b>	<b>CPT:</b> 81000 - 81003, 81005, 82042 - 82044, 84156  <b>CPT-CAT-II:</b> 3060F, 3061F, 3062F
<b>Nephropathy Treatment (ESRD, CRF, ARF, RI)</b>	<b>CPT-CAT-II:</b> 3066F  <b>ACE/ARB Therapy</b> <b>CPT-CAT-II:</b> 4010F

\*codes subject to change. *Please submit claims including the CPT II codes.*

**(CBP) Controlling High Blood Pressure**

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

DESCRIPTION	CODES
<b>Hypertension</b>	<b>ICD-10:</b> I10
<b>Systolic greater than/equal to 140</b>	<b>CPT-CAT-II:</b> 3077F
<b>Systolic between 130-139</b>	<b>CPT-CAT-II:</b> 3075F
<b>Systolic less than 130</b>	<b>CPT-CAT-II:</b> 3074F
<b>Diastolic greater than/equal to 90</b>	<b>CPT-CAT-II:</b> 3080F
<b>Diastolic 80-89</b>	<b>CPT-CAT-II:</b> 3079F
<b>Diastolic less than 80</b>	<b>CPT-CAT-II:</b> 3078F
<b>Remote Blood Pressure Monitoring codes</b>	<b>CPT:</b> 93784, 93788, 93790, 99091
<b>Outpatient codes</b>	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345  <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
<b>Non-acute Inpatient codes</b>	<b>CPT:</b> 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337

\*codes subject to change. *Please submit claims including the CPT II codes.*

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

This measure demonstrates the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

**Beta-Blocker Medications**

Description	Prescription
Noncardioselective beta-blockers	<ul style="list-style-type: none"> <li>Carvedilol</li> <li>Labetalol</li> <li>Nadolol</li> <li>Pindolol</li> <li>Propranolol</li> <li>Timolol</li> <li>Sotalol</li> </ul>
Cardioselective beta-blockers	<ul style="list-style-type: none"> <li>Acebutolol</li> <li>Atenolol</li> <li>Betaxolol</li> <li>Bisoprolol</li> <li>Metoprolol</li> <li>Nebivolol</li> </ul>
Antihypertensive combinations	<ul style="list-style-type: none"> <li>Atenolol-chlorthalidone</li> <li>Bendroflumethiazide-nadolol</li> <li>Bisoprolol-hydrochlorothiazide</li> <li>Hydrochlorothiazide-metoprolol</li> <li>Hydrochlorothiazide-propranolol</li> </ul>

\*subject to change

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

Measure evaluates percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1- November 30 and were dispensed appropriate medications.

Two rates are reported:

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

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

**Systemic Corticosteroid Medications**

Description	Prescription
Glucocorticoids	<ul style="list-style-type: none"> <li>Cortisone-acetate</li> <li>Dexamethasone</li> <li>Hydrocortisone</li> <li>Methylprednisolone</li> <li>Prednisolone</li> <li>Prednisone</li> </ul>

\*subject to change

**Bronchodilator Medications**

Description	Prescription
Anticholinergic agents	<ul style="list-style-type: none"> <li>Albuterol-ipratropium</li> <li>Acidinium-bromide</li> <li>Ipratropium</li> <li>Tiotropium</li> <li>Umeclidinium</li> </ul>
Beta 2-agonists	<ul style="list-style-type: none"> <li>Albuterol</li> <li>Arformoterol</li> <li>Budesonide-formoterol</li> <li>Fluticasone-salmeterol</li> <li>Fluticasone-vilanterol</li> <li>Formoterol</li> <li>Formoterol-glycopyrrolate</li> <li>Indacaterol</li> <li>Indacaterol-glycopyrrolate</li> <li>Levalbuterol</li> <li>Formoterol-mometasone</li> <li>Metaproterenol</li> <li>Olodaterol hydrochloride</li> <li>Olodaterol-tiotropium</li> <li>Salmeterol</li> <li>Umeclidinium-vilanterol</li> </ul>
Antiasthmatic combinations	<ul style="list-style-type: none"> <li>Dyphylline-guaifenesin</li> </ul>

\*subject to change

**(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia**

Measure evaluates the percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

DESCRIPTION	CODES
<b>HbA1C</b>	CPT: 83036, 83037
<b>Result &lt;7.0%</b>	CPT-CAT-II: 3044F
<b>Result 7.0 -9.0%</b>	CPT-CAT-II: 3045F
<b>Result &gt;9.0%</b>	CPT-CAT-II: 3046F
<b>LDL-C Tests</b>	CPT: 80061, 83700, 83701, 83704, 83721
	CPT-CAT-II: 3048F, 3049F, 3050F

\*codes subject to change. **Please submit claims including the CPT II codes.**

**(SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD**

Measure evaluates the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis.

CPT
94010, 94014-94016, 94060, 94070, 94375, 94620

\*codes subject to change

**(COL) Colorectal Cancer Screening**

Measure evaluates the percentage of members 50-75 years of age who has appropriate screening for colorectal cancer.

DESCRIPTION	CODES
Colonoscopy	CPT: 44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261 – 74263
FIT- DNA	CPT: 81528 HCPCS: G0464
Flexible Sigmoidoscopy	CPT: 45330 - 45335, 45337 - 45342, 45345 - 45347, 45349 – 45350 HCPCS: G0104
FOBT	CPT: 82270, 82274 HCPCS: G0328
Colorectal Cancer	HCPCS: G0213, G0214, G0215, G0231 ICD-10: C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	CPT: 44150 - 44153, 44155 - 44158, 44210 - 44212

\*codes subject to change

**(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications**

Measure evaluates percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.

DESCRIPTION	CODES
HbA1C	CPT: 83036, 83037
Result <7.0%	CPT-CAT-II: 3044F
Result 7.0 -9.0%	CPT-CAT-II: 3045F
Result >9.0%	CPT-CAT-II: 3046F

\*codes subject to change. *Please submit claims including the CPT II codes.*

## WOMEN'S HEALTH



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



**(BCS) Breast Cancer Screening**

Measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

CPT	HCPCS	ICD-10 (bilateral mastectomy)
77055 - 77057, 77061 - 77063, 77065 - 77067	G0202, G0204, G0206	Z90.13

\*codes subject to change

**(CCS) Cervical Cancer Screening**

This measure demonstrates the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21-64 years of age who had cervical cytology performed within last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

DESCRIPTION	CODES
<b>Cervical Cytology (20-64)</b>	<b>CPT:</b> 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175  <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
<b>HPV Tests (30-64)</b>	<b>CPT:</b> 87620 - 87622, 87624, 87625  <b>HCPCS:</b> G0476
<b>Absence of Cervix</b>	<b>CPT:</b> 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, 59135  <b>ICD-10:</b> Q51.5, Z90.710, Z90.712

\*codes subject to change

**(CHL) Chlamydia Screening in Women**

Measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia.

CPT
87110, 87270, 87320, 87490 - 87492, 87810

\*codes subject to change

### (PPC) Prenatal and Postpartum Care

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

**Timeliness of Prenatal Care:** percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization

**Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

DESCRIPTION	CODES
Prenatal Visits	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99483 <b>CPT-CAT-II:</b> G0463, T1015
Stand Alone Prenatal Visits	<b>CPT:</b> 99500 <b>CPT-CAT-II:</b> 0500F, 0501F, 0502F <b>HCPCS:</b> H1000, H1001, H1002, H1003, H1004
Cervical Cytology	<b>CPT:</b> 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	<b>CPT:</b> 57170, 58300, 59430, 99501 <b>CPT-CAT-II:</b> 0503F <b>HCPCS:</b> G0101 <b>ICD-10:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

\*codes subject to change. **Please submit claims including the CPT II codes.**

## PEDIATRIC HEALTH



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

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

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

- **Initiation Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase
- **Continuation and Maintenance (C&M) Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase

DESCRIPTION	CODES
An Outpatient Visit	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255  POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483  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, M0064, T1015
Observation Visit	CPT: 99217 - 99220
Health and Behavior Assessment/Intervention	CPT: 96150 - 96154
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255  POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255  POS: 53

\*codes subject to change

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

This measure demonstrates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates reported:

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

DESCRIPTION (Need either A1C or Glucose AND LDL-C)	CODES
HbA1C  Result <7.0%  Result 7.0 -9.0%  Result >9.0%	CPT: 83036, 83037  CPT-CAT-II: 3044F  CPT-CAT-II: 3045F  CPT-CAT-II: 3046F
Glucose Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Tests	CPT: 80061, 83700, 83701, 83704, 83721  CPT-CAT-II: 3048F, 3049F, 3050F

\*codes subject to change. *Please submit claims including the CPT II codes.*

**(CAP) Children’s and Adolescents Access to Primary Care Practitioners**

This measure demonstrates the percentage of members 12 months-19 years of age who had a visit with a PCP

- 1) Children 12-24 months – 6 years who has a visit with a PCP
- 2) Children 7-11 years and adolescents 12-19 years who had a visit with a PCP

CPT	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 -99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99483, 98969, 99444, 98966, 98967, 98968, 99441, 99442, 99443	G0402, G0438, G0439, G0463, T1015	Z00.00, Z00.01,Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

\*codes subject to change

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

This measure demonstrates the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

- BMI Percentile
- Counseling for Nutrition
- Counseling for physical activity

COL	CODES
<b>BMI Percentile</b>	<b>ICD-10:</b> Z68.51, Z68.52, Z68.53, Z58.54
<b>Nutrition Counseling</b>	<b>CPT:</b> 97802, 97803, 97804 <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470 <b>ICD-10:</b> Z71.3
<b>Physical Activity</b>	<b>HCPCS:</b> G0447, S9451 <b>ICD-10:</b> Z02.5, Z71.82

\*codes subject to change

**(CIS) Childhood Immunization Status**

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child’s second birthday.

DESCRIPTION	CODES
<b>DTAP (4 dose)</b>	<b>CPT:</b> 90698, 90700, 90721, 90723 <b>CVX:</b> 20, 50, 106, 107, 110, 120
<b>HIB (3 dose)</b>	<b>CPT:</b> 90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748 <b>CVX:</b> 17, 46, 47, 48, 49, 50, 51, 120, 148
<b>Newborn Hep B (3 dose)</b>	<b>CPT:</b> 90723, 90740, 90744, 90747, 90748 <b>CVX:</b> 08, 44, 45, 51, 110 <b>HCPCS:</b> G0010 <b>ICD-10:</b> B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
<b>IPV (3 dose)</b>	<b>CPT:</b> 90698, 90713, 90723 <b>CVX:</b> 10, 89, 110, 120
<b>MMR (1 dose)</b>	<b>CPT:</b> 90705, 90707, 90710, 90708, 90704, 90706 <b>CVX:</b> 05, 03, 94, 04, 07, 06 <b>ICD-10:</b> B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
<b>Pneumococcal Conjugate PCV (4 dose)</b>	<b>CPT:</b> 90670 <b>CVX:</b> 133, 152 <b>HCPCS:</b> G0009
<b>Varicella VZV (1 dose)</b>	<b>CPT:</b> 90710, 90716 <b>CVX:</b> 21, 94 <b>ICD-10:</b> 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

\*Immunizations continue on next page

**(CIS) Childhood Immunization Status - Continued**

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday.

DESCRIPTION	CODES
Hep A (1 dose)	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Influenza Flu (2 dose)	CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672 CVX: 88, 135, 140, 141, 150, 153, 155, 158, 161, 111, 149 HCPCS: G0008
Rotavirus (2 Dose)	CPT: 90681 CVX: 119
Rotavirus (3 Dose)	CPT: 90680 CVX: 116, 122

\*codes subject to change      \*Rotavirus is either 2 dose OR 3 dose for compliancy

**(IMA) Immunizations for Adolescents**

Measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member's 13<sup>th</sup> birthday

DESCRIPTION	CODES
Meningococcal -serogroup A,C,W, and Y: (1 dose)	CPT: 90734 CVX: 108, 114, 136, 147, 167
Tdap (1 dose)	CPT: 90715 CVX: 115
HPV (2 or 3 dose series)	CPT: 90649 - 90651 CVX: 62, 118, 137, 165

\*codes subject to change

**(W15/W34/AWC) Well Child and Adolescent Well-Care Visits**

Components of a comprehensive well care visit include a **health history, a physical developmental history, a mental developmental history, a physical exam, and health education/anticipatory guidance.** Visits must be with a PCP and assessment or treatment of an acute or chronic condition do not count towards the measure. Be sure to use age-appropriate codes.

**(W15) Well Child Visits in the First 15 Months of Life:** Children who turned 15 months old and who had at least 6 well-child visits with a PCP prior to turning 15 months

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

\*codes subject to change

**(W34) Well Child Visits First 3-6 Years of Life:** Children 3-6 years of age who had one or more well-child visits with a PCP

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

\*codes subject to change

**(AWC) Adolescent Well-Care Visit:** Members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN

CPT	HCPCS	ICD-10
99381-99383, 99384 - 99385, 99391-99393, 99394 - 99395, 99461	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

\*codes subject to change

## GENERAL HEALTH



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

### (AMR) Asthma Medication Ratio

Measure evaluates the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

- For each member, count the units of asthma controller medications (**Asthma Controller Medications List**) dispensed during the measurement year.
- For each member, count the units of asthma reliever medications (**Asthma Reliever Medications List**) dispensed during the measurement year.
  - For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications
  - For each member, calculate ratio using the below:
    - Units of Controller Medications / Units of Total Asthma Medications

#### Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antiasthmatic combinations	• Dyphylline-guaifenesin	<a href="#">Dyphylline Guaifenesin Medications List</a>	Oral
Antibody inhibitors	• Omalizumab	<a href="#">Omalizumab Medications List</a>	Subcutaneous
Anti-interleukin-5	• Benralizumab	<a href="#">Benralizumab Medications List</a>	Subcutaneous
Anti-interleukin-5	• Mepolizumab	<a href="#">Mepolizumab Medications List</a>	Subcutaneous
Anti-interleukin-5	• Reslizumab	<a href="#">Reslizumab Medications List</a>	Intravenous
Inhaled steroid combinations	• Budesonide-formoterol	<a href="#">Budesonide Formoterol Medications List</a>	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	<a href="#">Fluticasone Salmeterol Medications List</a>	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	<a href="#">Fluticasone Vilanterol Medications List</a>	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	<a href="#">Formoterol Mometasone Medications List</a>	Inhalation

\*medications continue on next page

### (AMR) Asthma Medication Ratio- Continued

Measure evaluates the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

#### Asthma Controller Medications Continued

Description	Prescriptions	Medication Lists	Route
Inhaled corticosteroids	• Beclomethasone	<a href="#">Beclomethasone Medications List</a>	Inhalation
Inhaled corticosteroids	• Budesonide	<a href="#">Budesonide Medications List</a>	Inhalation
Inhaled corticosteroids	• Ciclesonide	<a href="#">Ciclesonide Medications List</a>	Inhalation
Inhaled corticosteroids	• Flunisolide	<a href="#">Flunisolide Medications List</a>	Inhalation
Inhaled corticosteroids	• Fluticasone	<a href="#">Fluticasone Medications List</a>	Inhalation
Inhaled corticosteroids	• Mometasone	<a href="#">Mometasone Medications List</a>	Inhalation
Leukotriene modifiers	• Montelukast	<a href="#">Montelukast Medications List</a>	Oral
Leukotriene modifiers	• Zafirlukast	<a href="#">Zafirlukast Medications List</a>	Oral
Leukotriene modifiers	• Zileuton	<a href="#">Zileuton Medications List</a>	Oral
Methylxanthines	• Theophylline	<a href="#">Theophylline Medications List</a>	Oral

\*subject to change

#### Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	<a href="#">Albuterol Medications List</a>	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	<a href="#">Levalbuterol Medications List</a>	Inhalation

\*subject to change



**(CWP) Appropriate Testing for Pharyngitis**

This measure demonstrates the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

CPT
87070, 87071, 87081, 87430, 87650 - 87652, 87880

\*codes subject to change

**(FUH) Follow- Up after Hospitalization for Mental Illness**

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

Two rates are reported:

Discharges for which the member received **follow-up within 30 days after discharge**

Discharges for which the member received **follow-up within 7 days after discharge**

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Practitioner	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255  POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Practitioner	CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483  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, M0064, T1015

**(FUH) Follow- Up after Hospitalization for Mental Illness- Continued**

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Practitioner	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255  POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255  POS: 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS	CPT: 90870  Ambulatory POS: 24  Comm. POS: 53  Partial Hosp. POS: 52  Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52
Telehealth Visit	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255  POS: 02
Observation	CPT: 99217-99220
Transitional Care Management	CPT: 99495, 99496

\*codes subject to change

**(IET) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment**

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

- **Initiation of AOD Treatment:** percentage of 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
- **Engagement of AOD Treatment:** percentage of members who initiated treatment and who were engaged in ongoing AOD treatment **within 34 days** of the initiation visit

CPT	HCPCS	POS
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, 99217-99220	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 71-72

\*codes subject to change

***\*For the follow up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation and management consultation or counseling service.***

**(MMA) Medication Management for People with Asthma**

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

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

***Asthma Controller Medications***

Description	Prescriptions	Medication Lists	Route
Antiasthmatic combinations	• Dyphylline-guaifenesin	<a href="#">Dyphylline Guaifenesin Medications List</a>	Oral
Antibody inhibitors	• Omalizumab	<a href="#">Omalizumab Medications List</a>	Subcutaneous
Anti-interleukin-5	• Benralizumab	<a href="#">Benralizumab Medications List</a>	Subcutaneous
Anti-interleukin-5	• Mepolizumab	<a href="#">Mepolizumab Medications List</a>	Subcutaneous
Anti-interleukin-5	• Reslizumab	<a href="#">Reslizumab Medications List</a>	Intravenous
Inhaled steroid combinations	• Budesonide-formoterol	<a href="#">Budesonide Formoterol Medications List</a>	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	<a href="#">Fluticasone Salmeterol Medications List</a>	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	<a href="#">Fluticasone Vilanterol Medications List</a>	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	<a href="#">Formoterol Mometasone Medications List</a>	Inhalation

\*medications continue on next page

**(MMA) Medication Management for People with Asthma- Continued**

This measure demonstrates the percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period

***Asthma Controller Medications Continued***

Description	Prescriptions	Medication Lists	Route
Inhaled corticosteroids	• Beclomethasone	<a href="#">Beclomethasone Medications List</a>	Inhalation
Inhaled corticosteroids	• Budesonide	<a href="#">Budesonide Medications List</a>	Inhalation
Inhaled corticosteroids	• Ciclesonide	<a href="#">Ciclesonide Medications List</a>	Inhalation
Inhaled corticosteroids	• Flunisolide	<a href="#">Flunisolide Medications List</a>	Inhalation
Inhaled corticosteroids	• Fluticasone	<a href="#">Fluticasone Medications List</a>	Inhalation
Inhaled corticosteroids	• Mometasone	<a href="#">Mometasone Medications List</a>	Inhalation
Leukotriene modifiers	• Montelukast	<a href="#">Montelukast Medications List</a>	Oral
Leukotriene modifiers	• Zafirlukast	<a href="#">Zafirlukast Medications List</a>	Oral
Leukotriene modifiers	• Zileuton	<a href="#">Zileuton Medications List</a>	Oral
Methylxanthines	• Theophylline	<a href="#">Theophylline Medications List</a>	Oral

\*subject to change

***Asthma Reliever Medications***

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	<a href="#">Albuterol Medications List</a>	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	<a href="#">Levalbuterol Medications List</a>	Inhalation

\*subject to change