



HEDIS Coding Guidelines MY26

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HEDIS® Quality Measures

More than **227 million people—68% of the US population**—are enrolled in health plans that report their quality results using the Healthcare Effectiveness Data and Information Set (HEDIS®). The benchmarking information HEDIS® makes possible drives healthcare and improves patient outcomes. The use of HEDIS® quality measures denotes high quality patient care and demonstrates commitment to evidence-based practices. We provide this booklet as a reference to understand the measures and the coding associated with them.

Electronic Clinical Data Systems

Using ECDS to report HEDIS® measures highlights the integrative use of electronic clinical data to document patient care and inspires the innovative use of electronic systems to provide quality services while ensuring the patients' information reaches the right people at the right time.

- ECDS reporting is part of NCQA's strategy to enable a digital quality system and is aligned with the industry's move to digital documentation.
- ECDS reporting provides a method to collect and report structured electronic clinical data for HEDIS measurement and measure improvement.
- HEDIS *hybrid data collection (medical record collection)* is being **phased-out slowly** with more measures moved to the ECDS format each year.
 - This change means health plans and healthcare providers need to leverage electronic data streams to ensure accurate reporting of measures requiring data not typically found in a claim.
- CPT® Category II codes can be used for performance measurement. **The use of the CPT II decreases the need for record abstraction and chart review. Many HEDIS gaps could be closed via claims if CPT II codes were fully utilized.**
 - **Keep in mind, CPT CAT II Modifiers may not be accepted for certain lab**
- CVX codes represent the type of product used in an immunization. Every immunization that uses a given type of product will have the same CVX, regardless of who received it.
- **LOINC codes and SNOMED codes do not appear on claims and are quickly becoming vital to HEDIS reporting, especially for ECDS measures:**
 - *LOINC codes* — while typically associated with lab data, **several behavioral health screenings can only be represented by LOINC codes** for the purposes of HEDIS reporting and can be extracted from electronic medical record (EMR) systems.
 - *SNOMED codes* represent both diagnoses and procedures as well as clinical findings. **SNOMED codes are the industry standard for classifying clinical data in EMR systems** and can be extracted from EMR systems.
 - **LOINC codes and SNOMED codes can only be obtained through supplemental data feeds.** It is important for health plans and the providers embrace sharing EMR data to ensure the quality of care our members and patients are receiving.

Please note: The information presented does not guarantee reimbursement, benefit coverage, or payment for services. Coding guidance outlined within this presentation is not intended to replace official coding guidelines or professional coding expertise.

Follow-Up Care for Children Prescribed ADHD Medication (ADD) Medicaid: 6-12 years

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

Two rates are reported:

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

Description	Prescription		
CNS stimulants	<ul style="list-style-type: none"> • Dexmethylphenidate • Dexmethylphenidate-serdexmethylphenidate • Dextroamphetamine 	<ul style="list-style-type: none"> • Lisdexamfetamine • Methylphenidate 	<ul style="list-style-type: none"> • Methamphetamine • Amphetamine
Alpha-2 receptor agonists	<ul style="list-style-type: none"> • Clonidine 	<ul style="list-style-type: none"> • Guanfacine 	
Miscellaneous ADHD medications	<ul style="list-style-type: none"> • Atomoxetine 	<ul style="list-style-type: none"> • Viloxazine 	

Improve your efforts

When prescribing a new ADHD medication:

- **Be sure to schedule a follow-up visit while members are still in the office** – within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Have office staff call members at least three days before appointments.
- At the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor the patient's progress.
- An e-visit or virtual check-in **may be one** of the two follow up visits after the initial 30 day visit. It **only** is allowable for compliance with the Continuation Phase of this measure.
- Be sure that follow-up visits include the diagnosis of ADHD.

Exclusions:

- Members with a diagnosis of narcolepsy
- Members in hospice or using hospice services anytime during the measurement year

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

Description	CPT/HCPCS/POS/ SNOMED
ADHD	ICD-10-CM: F90.0, F90.1, F90.2, F90.8, F90.9
Outpatient POS	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Health and behavioral assessment or intervention	CPT: 96150, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Online assessments (One visit during the continuation phase only.)	CPT: 98960, 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012,
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443 SNOMED: 185317003, 314849005, 386472008, 386473003, 401267002

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

Medicaid: Members 5 to 64 years

This measure looks at the percentage of persons 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days. The 30 days begin the *day after the discharge* from an episode.

Definitions:

- *Asthma episode*: an event between January 1 and December 1 with a diagnosis of asthma.
- Urgent care visits resulting in an ED visit, the *ED visit discharge date* is the episode's date.
- Urgent care or ED visits resulting in an inpatient stay, the *urgent care or ED visit date* is the episode's discharge date.
- Acute inpatient or observation stays resulting in an inpatient stay, the *acute inpatient or observation discharge date* is the episode's date of service.
- For direct transfers the episode service date is the *discharge date from the last transfer admission*.

30-day Follow-up Outpatient and Telehealth Codes

Description	CPT/HCPCS/ICD-10/CVX
CPT:	98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483
HCPCS:	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015
SNOMED:	50357006, 77406008, 84251009, 86013001, 90526000, 185317003, 185463005, 185464004, 185465003, 209099002, 281036007, 314849005, 386472008, 386473003, 401267002, 439740005, 866149003, 3391000175108, 444971000124105, 456201000124103

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Medicaid: 1 to 17 years

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- The percentage of children and adolescents on antipsychotics who received **blood glucose testing**
- The percentage of children and adolescents on antipsychotics who received **cholesterol testing**
- The percentage of children and adolescents on antipsychotics who received **blood glucose and cholesterol testing**

Improve your efforts:

- At least one test for blood glucose or HbA1c
- At least one test for LDL-C or cholesterol
- If your office does not perform in-house lab testing, make sure your members' labs results are recorded in the medical record with your initials where you have acknowledged review of results.

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol 	<ul style="list-style-type: none"> • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone 	<ul style="list-style-type: none"> • Pimozide • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine 	<ul style="list-style-type: none"> • Prochlorperazine • Thioridazine • Trifluoperazine 	
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene 		
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate 	<ul style="list-style-type: none"> • Olanzapine • Paliperidone palmitate • Risperidone 	

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year

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

Description	CPT/CAT II/LOINC
Cholesterol lab test	CPT: 82465, 83718, 83722, 84478 LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1 SNOMED: 14740000, 28036006, 77068002, 104583003, 104584009, 104586006, 104784006, 104990004, 104991000, 121868005, 166832000, 166838001, 166839009, 166849007, 166850007, 167072001, 167073006, 167082000, 167083005, 167084004, 271245006, 275972003, 314035000, 315017003, 390956002, 412808005, 412827004, 443915001
Cholesterol test result or finding	SNOMED: 166830008, 166831007, 166848004, 259557002, 365793008, 365794002, 365795001, 365796000, 439953004, 442193004, 442234001, 442350007, 442480001, 707122004, 707123009, 67991000119104
Glucose lab test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7 SNOMED: 22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000, 313631001, 313697000, 313698005, 313810002, 412928005, 440576000, 443780009, 444008003, 444127006
Glucose test result or finding	SNOMED: 166890005, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166921001, 166922008, 166923003, 442545002, 444780001
HbA1c lab test	CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2, 96595-4 SNOMED: 43396009, 313835008
HbA1c lab test results or findings	CAT II: 3044F, 3046F, 3051F, 3052F SNOMED: 451051000124101, 451061000124104
LDL-C lab test	CPT: 80061, 83700, 83701, 83704, 83721 LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7 SNOMED: 113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004

Breast Cancer Screening (BCS)

Medicaid: Women 50 to 64 years

This measure looks at members 50 to 64 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer within the past two years.

Improve your efforts

Include documentation of all types and methods of mammograms including:

- Screening
- Diagnostic
- Film
- Digital
- Digital breast tomosynthesis

In establishing health history with new members, please make sure you ask about when the member's last mammogram was performed and document, at a minimum, the year performed in your health history. Gaps in care are not closed by the following, as they are performed as an adjunct to mammography:

- Breast ultrasounds
- MRIs
- Biopsies

Exclusions:

- Members who had a bilateral mastectomy or unilateral mastectomy with a bilateral modifier (must be from the same procedure) at any time during the member's history through the end of the measurement period
- Members who had a unilateral mastectomy with a bilateral modifier
- Members with a history of a bilateral mastectomy
- Any combination of codes that indicate a mastectomy on **both left and right side** on the *same date or different date* of service
- Members in hospice or using hospice services anytime during the measurement year
- Members who had gender affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history
- Enrolled in an Institutional SNP any time during the measurement period.

Breast Cancer Screening (BCS-E)

Description	CPT/LOINC/SNOMED
Mammography	CPT: 77061-77063, 77065-77067 LOINC: 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0 SNOMED: 12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102
Absence of Left or Right Breast	Left breast ICD-10-CM: Z90.12; SNOMED: 429009003, 137671000119105 Right breast ICD-10-CM: Z90.11; SNOMED: 137681000119108, 429242008
Bilateral mastectomy	ICD10-CM: 0HTV0ZZ- Resection of Bilateral Breast, Open Approach SNOMED: 27865001, 870629001, 14714006, 1279986002, 456903003, 52314009, 17086001, 726636007, 76468001, 22418005, 836436008, 1269061009, 1268980002, 14693006, 60633004
Unilateral mastectomy	CPT: 19240, 19307, 19220, 19306, 19200, 19305, 19180, 19303, 19304
Unilateral mastectomy left	ICD10PCS: 0HTU0ZZ- Resection of Left Breast, Open Approach SNOMED: 428571003, 726437009, 451211000124109, 726429001, 741009001, 836437004, 726435001, 741018004,
Unilateral mastectomy right	ICD10PCS: 0HTT0ZZ- Resection of Right Breast, Open Approach SNOMED: 429400009, 726436000, 451201000124106, 726430006, 741010006, 836435007, 726434002, 741019007

Cervical Cancer Screening (CCS)

Medicaid: Members 21 to 64 years

The measure looks at the number of members 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following screening methods:

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

Improve your efforts

Applicable screenings are any cervical cancer screening method that includes collection and microscopic analysis of cervical cells. Any of the following meet the criteria for allowable cervical screenings:

- Members 24–64 years of age as of December 31 of the measurement year who had cervical cytology during the measurement year or the two years prior to the measurement year.
 - When documenting in the medical record, documentation must include both of the following:
 - A note indicating the date when the cervical cytology was performed.
 - The result or finding.
 - Do not count lab results that explicitly state the sample was inadequate or that “no cervical cells were present”; this is not considered appropriate screening.
 - Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.
- Members 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing during the measurement year or the four years prior to the measurement year **and** who were 30 years or older as of the date of testing.
 - When documenting in the medical record, documentation must include both of the following:
 - A note indicating the date when the hrHPV test was performed. Generic documentation of “HPV test” can be counted as evidence of hrHPV test.
 - The results or findings.
 - Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

Note: Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing.

Exclusions

Exclude members who meet any of the following criteria:

- Members in hospice or using hospice services anytime during the measurement year.
- Members receiving palliative care or who have had an encounter for palliative care at any time during the measurement year.
- Members with a hysterectomy with no residual cervix, with cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year.

Cervical Cancer Screening (CCS)

Description	CPT/HCPCS/ICD-10/CVX
Cervical cytology lab test	CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 HCPCS: G0147, G0148, G0141, G0124, G0123, G0143, G0145, G0144, P3000, P3001, Q0091 LOINC: 33717-0, 47528-5, 47527-7, 19774-9, 19762-4, 19765-7, 19766-5, 10524-7, 18500-9, 19764-0, SNOMED: 416107004, 417036008, 440623000, 448651000124104, 171149006,
hrHPV lab test	CPT: 87624, 87625 LOINC: 104132-6, 77379-6, 82354-2, 77399-4, 59263-4, 82456-5, 82675-0, 59420-0, 30167-1, 21440-3, 77400-0, 59264-2, 75694-0, 95539-3, 71431-1, 104170-6, 38372-9, 69002-4, SNOMED: 35904009, 448651000124104
Absence of cervix Diagnosis	ICD-10-CM: Q51.5, Z90.710, Z90.712 SNOMED: 723171001, 37687000, 429290001, 428078001, 429763009, 10738891000119107, 473171009, 248911005
Hysterectomy with no residual cervix	CPT: 51925, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956 ICD-10-PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ SNOMED: 387626007, 46226009, 24293001, 41566006, 287924009, 608805000, 608807008, 608806004, 1163275000, 236891001, 708878003, 414575003, 236888001, 708877008, 82418001, 307771009, 1287897002, 440383008, 116142003, 35955002, 88144003, 176697007, 116143008, 446446002, 767611008, 116144002, 116140006, 767610009, 767612001, 739671004, 740515000, 739673001, 86477000, 739672006, 740514001, 739674007, 27950001, 31545000, 59750000, 446679008, 361223008, 361222003,

Chlamydia Screening (CHL)

Medicaid: Members 16 to 24 years

This measure looks at the percentage of persons 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active, and had at least one test for chlamydia during the measurement period. The measure has an age stratification of 16 to 20 and 21 to 24.

Eligible Criteria:

This measure changed from women 16 to 24 to persons 16 to 24 to include patients who may have been assigned-female-at-birth (AFAB) but present as male. This means that any patient who meets any of the following gender/sex criteria is now included.

- Administrative Gender of Female (AdministrativeGender code Female) any time in the person's history.
- Sex assigned at birth (LOINC code 76689-9; SNOMED code 248152002) of Female (Female Value Set) any time in the person's history.
- Sex Parameter for Clinical Use of Female (SexParameterForClinicalUse code female-typical) during the measurement period.

Improve your efforts:

- For patients between the ages of 16 to 24 consider if a test for chlamydia is appropriate.
 - Patients who are:
 - Sexually active based on encounters
 - Contraceptive prescription

Description	CPT/HCPCS/ICD-10/CVX
Chlamydia tests	CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810 LOINC: 14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 34710-4, 42931-6, 43304-5, 43404-3, 44806-8, 44807-6, 45068-4, 45069-2, 45072-6, 45073-4, 45075-9, 45084-1, 45089-0, 45090-8, 45091-6, 45093-2, 45095-7, 4993-2, 50387-0, 53925-4, 53926-2, 57287-5, 6353-7, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6, 82306-2, 87949-4, 87950-2, 88221-7, 89648-0, 91860-7, 91873-0
Pregnancy test	CPT: 81025, 84702, 84703 LOINC: 19080-1, 19180-9, 20415-6, 20994-0, 2106-3, 2107-1, 2110-5, 2111-3, 2112-1, 2113-9, 2114-7, 2115-4, 2118-8, 2119-6, 21198-7, 25372-4, 25373-2, 34670-0, 45194-8, 55869-2, 55870-0, 56497-1, 80384-1, 80385-8, 83086-9, 93769-8, 99104-2
Procedures indicating sexual activity	CPT: 11976, 57022, 57170, 58300, 58301, 58600, 58605, 58615, 58970, 58974, 58976, 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59120, 59121, 59130, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59430, 59510, 59514, 59515, 59525,

59610, 59612, 59614, 59618, 59620, 59622, 59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, 59870, 59871, 59897, 59898, 59899, 76801, 76805, 76811, 76813, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 76941, 76945, 76946, 80055, 80081, 82105, 82106, 82143, 82731, 83632, 83661, 83662, 83663, 83664, 84163, 84704, 86592, 86593, 86631, 86632, 87110, 87164, 87166, 87270, 87320, 87490, 87491, 87492, 87590, 87591, 87592, 87624, 87625, 87660, 87661, 87808, 87810, 87850, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, 88235, 88267, 88269 HCPCS: G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, H1000, H1001, H1003, H1004, H1005, P3000, P3001, S0199, S4981, S8055

Colorectal Cancer Screening (COL)

Medicaid: Members 45 to 75

This measure looks at members aged 45 to 75 years old. U.S. Preventive Services Task Force recommends screening for colorectal cancer in adults aged 45 to 75 years using a variety of diagnostic screenings.

Any of the following screenings for colorectal cancer meet criteria:

- Fecal occult blood test - annual test
- Stool DNA with FIT test - during the year or the two years prior
- Flexible sigmoidoscopy - during the year or the four years prior
- CT colonography - during the year or the four years prior
- Colonoscopy - during the year or the nine years prior

Colorectal Cancer Screening

Description	CPT/HCPCS/ICD-10/CVX
Fecal occult blood test	CPT: 82270, 82274 HCPCS: G0328 LOINC: 104738-0, 107189-3, 107190-1, 107191-9, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 SNOMED: 59614000, 167667006, 389076003, 71711000112103
Stool DNA (sDNA) with FIT test	CPT: 81528, 0464U LOINC: 77353-1, 77354-9 SNOMED: 708699002
Flexible sigmoidoscopy	CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 HCPCS: G0104 SNOMED: 44441009, 396226005, 425634007, 841000119107
CT colonography	CPT: 74261, 74262, 74263 LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
Colonoscopy	CPT: 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398 HCPCS: G0105, G0121 SNOMED: 8180007, 12350003, 25732003, 73761001, 174158000, 174171002, 174173004, 174179000, 174185007, 235150006, 302052009, 311774002, 367535003, 426699005, 443998000, 444783004, 446521004, 446745002, 447021001, 609197007, 709421007, 710293001, 711307001, 771568007, 773128008, 773129000, 789778002, 1209098000, 1217313001, 1304042004, 1304043009, 1304044003, 1304045002, 1304049008, 1304050008, 1351202006, 10371000132109, 48021000087103, 48031000087101

Glycemic Status Assessment for Patients with Diabetes* (GSD)

Medicaid: 18 to 75

**Formerly Hemoglobin A1c Control for Patients with Diabetes (HBD)*

This measure looks at the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0% (control).
- Glycemic Status >9.0% (poor control)

Eligibility criteria

Members are diabetic if:

- *Claim/encounter data.* Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).
- *Pharmacy data.* Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).

Improve your efforts

Control

The **most recent** glycemic status level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review. At a minimum, documentation in the medical record must include a note indicating the date when the glycemic status assessment (HbA1c or GMI) was performed, and the result. The member is numerator compliant if the result of the most recent glycemic status assessment during the measurement year is <8.0%.

Poor control

The **most recent** glycemic status level (performed during the measurement year) is >9.0% as identified by laboratory data or medical record review. At a minimum, documentation in the medical record must include a note indicating the date when either the HbA1c or GMI was performed and the result. The member is identified as having poor control if the result for the most recent glycemic status assessment during the measurement year is >9.0%, is missing, or if an HbA1c test was not done during the measurement year.

Ranges and thresholds do not meet criteria for this indicator. A **distinct numeric** result is required for compliance.

Exclusions

- Members in hospice or using hospice services anytime during the measurement year.
- Members receiving palliative care or who had an encounter for palliative care at any time during the measurement year.

Diabetic Medications

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	<ul style="list-style-type: none"> • Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin 	<ul style="list-style-type: none"> • Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin 	<ul style="list-style-type: none"> • Linagliptin-metformin • Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	<ul style="list-style-type: none"> • Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide 	<ul style="list-style-type: none"> • Insulin glulisine • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled 	
Meglitinides	• Nateglinide	• Repaglinide	
Biguanides	• Metformin		
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> • Albiglutide • Dulaglutide • Exenatide 	<ul style="list-style-type: none"> • Liraglutide • Lixisenatide • Semaglutide 	• Tirzepatide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> • Canagliflozin • Dapagliflozin 	<ul style="list-style-type: none"> • Ertugliflozin • Empagliflozin 	
Sulfonylureas	<ul style="list-style-type: none"> • Chlorpropamide • Glimepiride 	<ul style="list-style-type: none"> • Glipizide • Glyburide 	<ul style="list-style-type: none"> • Tolazamide • Tolbutamide
Thiazolidinediones	• Pioglitazone	• Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> • Alogliptin • Linagliptin 	<ul style="list-style-type: none"> • Saxagliptin • Sitagliptin 	

Description	CPT/ICD10-CM/SNOMED
Diabetes diagnosis	ICD10-CM: E10.* Type 1 diabetes mellitus; E11.* Type 2 diabetes mellitus; E13.* Other specified diabetes mellitus
HbA1c level less than or equal or 9	CPT: 3051F 3052F 3044F
HbA1c level less than 8	CPT: 3051F 3044F

Description	CPT/ICD10-CM/SNOMED
HbA1c Level greater than or equal to 8	CPT: 3052F 3046F
HbA1c Tests Results or Findings:	CPT: 3044F, 3046F, 3051F, 3052F SNOMED: 451061000124104, 165679005
HbA1c Lab Test	CPT: 83036, 83037 LOINC: 4548-4, 17855-8, 4549-2, 17856-6, 96595-4 SNOMED: 43396009, 313835008

Blood Pressure Control for Patients with Diabetes (BPD)

Medicaid: 18 to 75 years

This measure looks at the percentage of members 18–64 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Eligibility criteria

- *Claims/encounters data:* Members need at least two diagnoses of diabetes on different dates during the measurement year or the year prior to the measurement year.
- *Pharmacy data:* Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year with at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.

Improve your efforts

- Blood pressures (BP) must be taken during the measurement year and may not include BPs taken in an acute inpatient setting or during a visit to the Emergency Department.
 - BPs must be < 140/90 mm Hg to be compliant
 - If the BP is \geq 140/90 mm Hg, if the member has not had a blood pressure taken during the measurement year, or if the reading is incomplete (e.g. the systolic or diastolic level is missing) the member is not compliant.
 - If the member has multiple BP readings on the same date of service use the lowest systolic and lowest diastolic BP on that date as the representative BP.
- When taking the blood pressure, make sure you are using the appropriately sized cuff and, if using a machine, make sure the machine is calibrated correctly.
- Allow the patient to relax prior to taking their blood pressure
- For patients with high blood pressure, remember to schedule a follow up to re-check their BP after their treatment has begun.

Exclusions

Exclude members who meet any of the following criteria:

- Members in hospice or using hospice services anytime during the measurement year.
- Members receiving palliative care or who had an encounter for palliative care during the measurement year.

Diabetic Medications

*Note: Members are eligible for the measure by diagnosis **or** by pharmacy claims*

Description	Prescription
Alpha-glucosidase inhibitors	<ul style="list-style-type: none">• Acarbose• Miglitol
Amylin analogs	<ul style="list-style-type: none">• Pramlintide

Antidiabetic combinations	<ul style="list-style-type: none"> • Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin 	<ul style="list-style-type: none"> • Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin 	<ul style="list-style-type: none"> • Linagliptin-metformin • Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	<ul style="list-style-type: none"> • Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide 	<ul style="list-style-type: none"> • Insulin glulisine • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled 	
Meglitinides	<ul style="list-style-type: none"> • Nateglinide 	<ul style="list-style-type: none"> • Repaglinide 	
Biguanides	<ul style="list-style-type: none"> • Metformin 		
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> • Albiglutide • Dulaglutide • Exenatide 	<ul style="list-style-type: none"> • Liraglutide • Lixisenatide • Semaglutide 	<ul style="list-style-type: none"> • Tirzepatide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> • Canagliflozin • Dapagliflozin 	<ul style="list-style-type: none"> • Ertugliflozin • Empagliflozin 	
Sulfonylureas	<ul style="list-style-type: none"> • Chlorpropamide • Glimepiride 	<ul style="list-style-type: none"> • Glipizide • Glyburide 	<ul style="list-style-type: none"> • Tolazamide • Tolbutamide
Thiazolidinediones	<ul style="list-style-type: none"> • Pioglitazone 	<ul style="list-style-type: none"> • Rosiglitazone 	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> • Alogliptin • Linagliptin 	<ul style="list-style-type: none"> • Saxagliptin • Sitagliptin 	

Blood Pressure Control for Patients with Diabetes (BPD)

Description	CPT/HCPCS/ICD-10/CVX
Systolic Blood Pressure Value	<p>LOINC: 8546-4, 8547-2, 8508-4, 8480-6, 75997-7, 89268-7, 8459-0, 8460-8, 8461-6 SNOMED: 271649006</p> <p>CPT-CAT-II: 3074F, 3075F, 3077F [Note: Code 3077F is non-compliant for the measure.]</p>
Diastolic Blood Pressure Value	<p>LOINC: 8514-2, 8515-9, 8496-2, 8462-4, 75995-1, 89267-9, 8453-3, 8454-1, 8455-8 SNOMED: 271650006</p> <p>CPT-CAT-II: 3079F, 3080F, 3078F [Note: Code 3080F is non-compliant for the measure.]</p>
Diabetes diagnosis	<p>ICD10-CM: E10.* Type 1 diabetes mellitus; E11.* Type 2 diabetes mellitus; E13.* Other specified diabetes mellitus</p>

Eye Exam for Patients with Diabetes (EED)

Medicaid: 18 to 64 years

This measure looks at the percentage of members 18–64 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Eligibility criteria

- *Claims/encounters data*: Members need at least two diagnoses of diabetes on different dates during the measurement year or the year prior to the measurement year.
- *Pharmacy data*: Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year with at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.

Improve your efforts

- Compliant results are from:
 - A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
 - A *negative* retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
- Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates “diabetes without complications” does not meet criteria.
- *Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.*

Diabetic Medications

Description	Prescription		
Alpha-glucosidase inhibitors	● Acarbose	● Miglitol	
Amylin analogs	● Pramlintide		
Antidiabetic combinations	● Alogliptin-metformin ● Alogliptin-pioglitazone ● Canagliflozin-metformin ● Dapagliflozin-metformin ● Dapagliflozin-saxagliptin ● Empagliflozin-linagliptin ● Empagliflozin-linagliptin-metformin	● Empagliflozin-metformin ● Ertugliflozin-metformin ● Ertugliflozin-sitagliptin ● Glimepiride-pioglitazone ● Glipizide-metformin ● Glyburide-metformin	● Linagliptin-metformin ● Metformin-pioglitazone ● Metformin-repaglinide ● Metformin-rosiglitazone ● Metformin-saxagliptin ● Metformin-sitagliptin

Insulin	<ul style="list-style-type: none"> • Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide 	<ul style="list-style-type: none"> • Insulin glulisine • Insulin isophane human • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled
Meglitinides	<ul style="list-style-type: none"> • Nateglinide 	<ul style="list-style-type: none"> • Repaglinide
Biguanides	<ul style="list-style-type: none"> • Metformin 	
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> • Albiglutide • Dulaglutide • Exenatide 	<ul style="list-style-type: none"> • Liraglutide • Lixisenatide • Semaglutide • Tirzepatide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> • Canagliflozin • Dapagliflozin 	<ul style="list-style-type: none"> • Ertugliflozin • Empagliflozin
Sulfonylureas	<ul style="list-style-type: none"> • Chlorpropamide • Glimepiride 	<ul style="list-style-type: none"> • Glipizide • Glyburide • Tolazamide • Tolbutamide
Thiazolidinediones	<ul style="list-style-type: none"> • Pioglitazone 	<ul style="list-style-type: none"> • Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> • Alogliptin • Linagliptin 	<ul style="list-style-type: none"> • Saxagliptin • Sitagliptin

Exclusions

Exclude members who meet any of the following criteria:

- Bilateral eye enucleation any time during the member's history through December 31st of the measurement year.
- Members in hospice or those electing to use hospice services anytime during the measurement year.
- Members receiving palliative care or who had an encounter for palliative care at any time during the measurement year.

Helpful tips:

- For the recommended frequency of testing and screening, refer to the Clinical Practice Guidelines for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results or any specialist referral and document on your chart.
- Refer members to the network of eye providers for their annual diabetic eye exam.

Eye Exam for Patients with Diabetes (EED)

Description	ICD10CM/SNOMED
Unilateral eye enucleation	CPT: 65105, 65103, 65101, 65093, 65091, 65110, 65114, 65112 SNOMED: 205336009, 172132001, 397994004, 398031005, 59590004, 397800002
Diabetic retinal screenings	CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
Diabetic retinal screening negative in prior year	CPT: 3072F
Eye exam with evidence of retinopathy	CPT: 2022F, 2024F, 2026F
Eye exam without evidence of retinopathy	CPT: 2023F, 2025F, 2033F
Unilateral eye enucleation	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Automated Eye Exam	CPT: 92229
Diabetes diagnosis	ICD10-CM: E10.* Type 1 diabetes mellitus; E11.* Type 2 diabetes mellitus; E13.* Other specified diabetes mellitus

Kidney Health Evaluation for Patients with Diabetes (KED)

Medicaid: 18 to 64 years

This measure looks at the percentage of members 18–64 years of age with diabetes (types 1 and 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), during the measurement year.

Eligibility criteria

- *Claims/encounters data*: Members need at least two diagnoses of diabetes on different dates during the measurement year or the year prior to the measurement year.
- *Pharmacy data*: Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year with at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.

Improve your efforts

- Members must have **both** an eGFR **and** an uACR during the measurement year. The tests may occur on separate dates of service.
 - The uACR may be either
 - **Both** a quantitative urine albumin test **and** a urine creatinine test **with service dates four days or less apart**. (The creatinine lab test can be up to four days *before* the quantitative urine albumin test or up to four days *after* the quantitative urine albumin test.)
 - A uACR
- Order the eGFR with the first A1c of the year **and** get a urine sample at the same visit if possible.

Exclusions

Exclude members who meet any of the following criteria:

- Members with a diagnosis of ESRD any time during the member's history on or prior to December 31 of the measurement year.
- Member who had dialysis any time during the member's history on or prior to December 31st of the measurement year.
- Members in hospice or those electing to use hospice services anytime during the measurement year.
- Members receiving palliative care or who had an encounter for palliative care at any time during the measurement year.

Description	CPT/ICD10-CM/SNOMED
Diabetes diagnosis	ICD10-CM : E10.* Type 1 diabetes mellitus; E11.* Type 2 diabetes mellitus; E13.* Other specified diabetes mellitus
ERSD diagnosis	ICD 10-CM : N18.5, N18.6, Z99.2

Childhood Immunization Status (CIS-E)

Medicaid: Age 2

This measure looks at the percentage of children turning 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophiles influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by **their second birthday**:

- **Hep B initial dose** is the only vaccine that can be given before 42 days after birth
- **Influenza** cannot be given until infant is *6 months of age*
- **MMR, VZV, and Hep A** can only be given between **first and second birthday** to close the gap
- **Second influenza vaccination** *may be the LAIV given on members second birthday*

Immunization	Dose(s)	Immunization	Dose(s)
DTaP	4	VZV	1
IPV	3	PCV	4
MMR	1	Hep A	1
Hib	3	Rotavirus	2 or 3: two-dose (Rotarix) or three-dose (Rotateq) vaccine
Hep B	3	Influenza	2 (second dose may be LAIV given on 2nd birthday)

Improve your efforts

When reviewing member's immunization needs, make note of the following:

- Previous vaccines given
- Number of doses for individual vaccines
- Any anaphylactic reactions to individual vaccines
- History of related illness (e.g. measles, mumps, hepatitis B, etc.)
- Disorders of the immune system

CIS is no longer a measure where the medical record can be used to improve rates. To make sure immunizations are recorded as compliant we recommend:

- Record the immunizations in the state registry if parent/legal guardian consent.
- If utilizing an EMR system, consider electronic data sharing with the health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.
- Provide the health plan with supplemental files
- Join a Health Information Exchange for data sharing.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who had a contraindication to a childhood vaccine on or before their second birthday.
- Anaphylactic reaction due to vaccination
- Disorders of the immune system
- Encephalopathy due to the vaccination
- Previous disease (Hep A, Varicella, Hep B, Mumps, Measles, Rubella)

Childhood Immunization Status (CIS)**Codes to identify immunizations:**

Description	CPT/HCPCS/SNOMED/CVX
Anaphylaxis due to hepatitis B vaccine (disorder)	SNOMED: 428321000124101
Anaphylaxis due to rotavirus vaccine (disorder)	SNOMED: 428331000124103
Anaphylaxis due to haemophilus influenzae type b vaccine (disorder)	SNOMED: 433621000124101
DTaP immunization	CVX: 20, 50, 106, 107, 110, 120, 146
DTaP vaccine procedure	CPT: 90697, 90698, 90700, 90723 SNOMED: 170395004, 170396003, 170397007, 170399005, 170400003, 170401004, 170402006, 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 787436003, 787438002, 866158005, 866159002, 866226006, 428251000124104, 571571000119105, 572561000119108, 16290681000119103, 16298561000119108
Inactivated polio vaccine (IPV) immunization	CVX: 10, 89, 110, 120, 146

Description	CPT/HCPCS/SNOMED/CVX
Inactivated polio vaccine (IPV) procedure	CPT: 90697, 90698, 90713, 90723 SNOMED: 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390865008, 396456003, 412762002, 412763007, 412764001, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007, 786846001, 866186002, 866227002, 868266002, 868267006, 868268001, 868273007, 868274001, 868276004, 868277008, 870670004, 1162640003, 572561000119108, 16290681000119103
Measles, mumps, and rubella (MMR) immunization	CVX: 03, 94
Measles, mumps, and rubella (MMR) vaccine procedure	CPT: 90707, 90710 SNOMED: 38598009, 170433008, 432636005, 433733003, 150971000119104, 571591000119106, 572511000119105
Haemophilus influenzae type B (HiB) immunization	CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Haemophilus influenzae type B (HiB) vaccine procedure	CPT: 90644, 90647, 90648, 90697, 90698, 90748 SNOMED: 127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 414001002, 414259000, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003, 787438002, 16292241000119109
Hepatitis B immunization	CVX: 08, 44, 45, 51, 110, 146
Hepatitis B vaccine procedure	CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 SNOMED: 16584000, 170370000, 170371001, 170372008, 170373003, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 770608009, 770616000, 770617009, 770618004, 786846001, 787438002, 572561000119108
Varicella zoster (VZV) immunization	CVX: 21, 94
Varicella zoster (VZV) vaccine procedure	CPT: 90710, 90716 SNOMED: 425897001, 428502009, 473164004, 571611000119101
PCV	CVX: 109, 133, 152 CPT: 90670

Description	CPT/HCPCS/SNOMED/CVX
Hepatitis A immunization	CVX: 31, 83, 85
Hepatitis A vaccine procedure	CPT: 90633 SNOMED: 170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 313188000, 313189008, 314177003, 314178008, 314179000, 394691002, 412742005, 412743000, 871752004, 871753009, 871754003, 571511000119102
Rotavirus (two or three dose) immunization	CVX: Two-dose: 119
	CVX: Three-dose: 116, 122
Rotavirus vaccine (two or three dose) procedure	CPT: Two-dose: 90681 SNOMED: Two-dose: 434741000124104 CPT: Three-dose: 90680 SNOMED: Three dose: 434731000124109
Influenza immunization	CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186 CPT: 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689, 90756 SNOMED: 86198006, 786847005
Influenza virus LAIV immunization	CVX: 111-Influenza virus vaccine, live attenuated, for intranasal 149-Influenza, live, intranasal, quadrivalent
Influenza virus LAIV vaccine procedure	CPT: 90660, 90672

Immunizations for Adolescents (IMA-E)

Medicaid: Age 13

This measure looks at the percentage of members 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between 10th and 13th birthdays,
- One Tdap or one Td vaccine on or between their 10th and 13th birthdays
- At least two doses of HPV vaccine with DOS at 146 days apart on or between the 9th and 13th birthdays:
 - Or at least three HPV vaccines with different dates of service on or between the 9th and 13th birthdays

Improve your efforts

When reviewing member's immunization needs, make note of the following:

- Previous vaccines given
- Number of doses for individual vaccines
- Any anaphylactic reactions to individual vaccines
- Disorders of the immune system

IMA is no longer a measure where the medical record can be used to improve rates. To make sure immunizations are recorded as compliant we recommend:

- Record the immunizations in the state registry if parent/legal guardian consent.
- If utilizing an EMR system, consider electronic data sharing with the health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.
- Provide the health plan with supplemental files
- Join a Health Information Exchange for data sharing.

Two-dose HPV vaccination series:

- Start talking about the HPV vaccine early (age 9) and address it every year until the member is vaccinated.
- The minimal interval between the first and second doses is 5 months.
- The Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination for adolescents at age 11 or 12 years though the vaccination may be given starting at age 9 years.

Tdap:

- ACIP recommends a single dose of vaccine be administered at age 11 or 12 years

Meningococcal:

- ACIP recommends routine vaccination with a quadrivalent meningococcal conjugate vaccine (MenACWY) for adolescents aged 11 or 12 years, with a booster dose at age 16 years
- Or vaccination with a pentavalent vaccine for adolescents ages 10 years and older when both meningococcal B and meningococcal A, C, W and Y are indicated. [Note: The addition of the pentavalent vaccine and expanded age range to 10 years is new for MY25.]

Exclusions:

- Anaphylactic reaction to serum/vaccination
- Encephalopathy due to vaccination
- Vaccine causing adverse effect
- Members in hospice or using hospice services anytime during the measurement year

Immunizations for Adolescents (IMA-E)

Description	CPT/CVX/SNOMED
Meningococcal immunization	CVX: 32, 108, 114, 136, 147, 167, 203
Meningococcal vaccine procedure	CPT: 90619, 90733, 90734 SNOMED: 390892002, 428271000124109
Tdap immunization	CVX: 115
Tdap vaccine procedure	CPT: 90715 SNOMED: 428251000124104
HPV immunization	CVX: 62, 118, 137, 165
HPV vaccine procedure	CPT: 90649, 90650, 90651 SNOMED: 428570002, 428741008, 428931000, 429396009, 734152003, 734154002, 99501000119107, 140611000119104, 16300531000119107

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

Medicaid: Age Newborn to 30 months

This measure looks at the percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

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

Improve your efforts

- Either a **well-care visit** or an **encounter for well-care** meet criteria for this measure. See the codes in the table below.
- Do not include telehealth visits, telephone visits, or online assessments.
- The well-care visit must occur with a PCP or an OB/GYN provider but the provider does not have to be the one assigned to the member.

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

Description	CPT/CVX/SNOMED
Encounter for Well Care	ICD-10-CM : Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
Well Care Visit	<p>CPT: 99461, 99385, 99384, 99382, 99381, 99383, 99395, 99394, 99392, 99391, 99393</p> <p>HCPCS: S0612, S0610, S0613, G0439, G0438, S0302</p> <p>SNOMED: 444971000124105, 171394009, 1269517007, 170254004, 170168000, 410630000, 783260003, 170132005, 401140000, 170141000, 170272005, 170250008, 170281004, 170150003, 170290006, 410625004, 410635005, 170159002, 1269518002, 170263002, 442162000, 170309003, 170300004, 170123008, 170107008, 410622001, 170114005, 170099002, 243788004, 268563000, 669251000168104, 669271000168108, 669261000168102, 669281000168106, 171410002, 171409007, 270356004, 103740001, 171417004, 171387006, 171416008, 171395005, 410620009, 410642005, 410643000, 410629005, 410644006, 410645007, 410646008, 410631001, 410647004, 410648009, 410649001, 410632008, 410650001, 410624000, 410623006, 410633003, 410634009, 410626003, 410636006, 410637002, 410627007, 410638007, 410639004, 410640002, 410628002, 410641003, 410621008, 446381000124104, 446301000124108</p>

Child and Adolescent Well-Care Visits (WCV)

Medicaid: 3 to 21

This measure looks at the percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Improve your efforts

- Either a **well-care visit** or an **encounter for well-care** meet criteria for this measure. See the codes in the table below.
- Do not include telehealth visits, telephone visits, or online assessments.
- The well-care visit must occur with a PCP or an OB/GYN provider but the provider does not have to be the one assigned to the member.

Child and Adolescent Well-Care Visits (WCV)

Description	CPT/CVX/SNOMED
Encounter for Well Care	ICD-10-CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
Well Care Visit	<p>CPT: 9946, 99385, 99384, 99382, 99381, 99383, 99395, 99394, 99392, 99391, 99393</p> <p>HCPCS: S0612, S0610, S0613, G0439, G0438, S0302</p> <p>SNOMED: 444971000124105, 171394009, 1269517007, 170254004, 170168000, 410630000, 783260003, 170132005, 401140000, 170141000, 170272005, 170250008, 170281004, 170150003, 170290006, 410625004, 410635005, 170159002, 1269518002, 170263002, 442162000, 170309003, 170300004, 170123008, 170107008, 410622001, 170114005, 170099002, 243788004, 268563000, 669251000168104, 669271000168108, 669261000168102, 669281000168106, 171410002, 171409007, 270356004, 103740001, 171417004, 171387006, 171416008, 171395005, 410620009, 410642005, 410643000, 410629005, 410644006, 410645007, 410646008, 410631001, 410647004, 410648009, 410649001, 410632008, 410650001, 410624000, 410623006, 410633003, 410634009, 410626003, 410636006, 410637002, 410627007, 410638007, 410639004, 410640002, 410628002, 410641003, 410621008, 446381000124104, 446301000124108</p>

Follow-up After Emergency Department Visit for Substance Use (FUA)

Medicaid: Age 13+

This measure looks at the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD. **This rate is based on ED visits, not members.**

One member may have multiple ED visits for which follow up should be provided. Two rates are reported:

- The percentage of ED visits for which the member received follow-up (a follow up visit or pharmacotherapy dispensing event) within seven days of the ED visit (8 total days).
- The percentage of ED visits for which the member received follow-up (a follow up visit or pharmacotherapy dispensing event) within 30 days of the ED visit (31 total days)

Follow up visits include:

- An outpatient visit with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider.
- An intensive outpatient encounter or partial hospitalization with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider.
- A non-residential substance abuse treatment facility visit with any diagnosis of SUD, substance use, or drug overdose or with a mental health provider.
- A community mental health center visit with any diagnosis of SUD, substance abuse, or drug overdose or with a mental health provider.
- A peer support service with any diagnosis of SUD, substance abuse, or drug overdose.
- An opioid treatment service that bills monthly or weekly with any diagnosis of SUD, substance abuse, or drug overdose.
- A telehealth visit with any diagnosis of SUD, substance abuse, or drug overdose or with a mental health provider.
- A telephone visit with any diagnosis of SUD, substance abuse, or drug overdose or with a mental health provider.
- An e-visit or virtual check-in with any diagnosis of SUD, substance abuse, or drug overdose or with a mental health provider.
- A substance use or substance use disorder service.
- Substance use disorder counseling and surveillance.
- A behavioral health screening or assessment of rSUD or mental health disorders.
- A pharmacotherapy dispensing event or medication treatment event.

Helpful tips:

- **Remind members to attend their follow up appointments.**
- Educate your members and their spouses, caregivers, or guardians about the importance of compliance with medications, if prescribed.
- Encourage members to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach member's families to review all discharge instructions for members and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Ask members with a substance use or abuse diagnosis to allow you access to their substance use treatment and/or mental health records if you are their primary care provider.
- If utilizing an EMR system, consider electronic data sharing with the health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Exclusions:

- ED visits that result in an inpatient stay
- ED visits that are followed by residential treatment on the date of the ED visit or within 30 days after the ED visit. [Note: Behavioral health, psychiatric, substance abuse, or detoxification residential treatment stays are all considered residential treatment for the purposes of this measure.]
- Members in hospice or using hospice services anytime during the measurement year

Follow-up After Emergency Department Visit for Substance Use (FUA)

Description	ICD10CM/SNOMED
AOD abuse and Dependence/ Substance Induced Disorders	ICD10: F10.* Use of Alcohol; F11.* Use of Opioids; F12.* Use of Cannabis; F13.* Use of Sedatives, Hypnotics, Anxiolytics; F14.* Use of cocaine; F15.* Use of Other Stimulants, including Caffeine; F16.* Use of Hallucinogens; F17.* Use of Nicotine; F18.* Use of Inhalants; F19.* Use of Other Psychoactives Substances and Multiple Drug Use
AOD Medication Treatment	HCPCS: H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
Behavioral Health Assessment	CPT: 99408, 99409
Substance Use Disorder Services	CPT: 99408, 99409
Substance Use Services	HCPCS: H0006, H0028

Alcohol Use Disorder Treatment Medications

Description	Prescription
Aldehyde dehydrogenase inhibitor	<ul style="list-style-type: none">• Disulfiram (oral)
Antagonist	<ul style="list-style-type: none">• Naltrexone (oral and injectable)
Other	<ul style="list-style-type: none">• Acamprosate (oral; delayed-release tablet)

Opioid Use Disorder Treatment Medications

Description	Prescription
Antagonist	<ul style="list-style-type: none">• Naltrexone (oral and injectable)
Partial agonist	<ul style="list-style-type: none">• Buprenorphine (sublingual tablet, injection, implant)*• Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

- Buprenorphine administered via transdermal patch or buccal film is not included because it is FDA-approved for the treatment of pain, not for opioid use disorder.

Follow up After Hospitalization for Mental Illness (FUH)

Medicaid: 6+ years

The measure looks at the percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. **This rate is based on discharges, not members. One member may have multiple discharges for which follow up should be provided.**

Two rates are reported:

- The percentage of discharges for which the member received follow-up within 7 days after discharge.
- The percentage of discharges for which the member received follow-up within 30 days after discharge.

Follow up visits include:

- An outpatient visit with any diagnosis of a mental health disorder or with a mental health provider.
- An intensive outpatient encounter or partial hospitalization.
- A community mental health center visit.
- A telehealth visit with any diagnosis of a mental health disorder or with a mental health provider.
- Transitional care management services with any diagnosis of a mental health disorder or with a mental health provider.
- A visit in a behavioral healthcare setting.
- A telephone visit with any diagnosis of a mental health disorder or with a mental health provider, including:
 - Psychiatric collaborative care management
 - Peer support services.
 - Psychiatric residential treatment.

Helpful tips:

- **Remind members to attend their follow up appointments.**
- Educate your members and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage members to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach member's families to review all discharge instructions for members and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Ask members with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- If utilizing an EMR system, consider electronic data sharing with the health plan to capture all coded elements. Contact your Provider Solutions representative for additional details and questions.

Exclusion

- Members in hospice or using hospice services anytime during the measurement year.
- For readmissions or direct transfers to an inpatient care setting during the 30-day follow up period count the last discharge with a principal diagnosis of a mental health disorder or intentional self-harm.
- Exclude discharges followed by readmission or direct transfer to a non-acute inpatient care setting within the 30-day follow up period, regardless of diagnosis for the readmission unless it is admission to psychiatric residential treatment.

Follow up After Hospitalization for Mental Illness (FUH)

Description	CPT/ICD-10/HCPCS
Transitional care management services	CPT : 99495, 99496
Telephone Visits	CPT : 99495, 99496
Telehealth POS	02
Visit setting unspecified	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
Mental Illness/ Mental Health Diagnosis	ICD-10-CM : F03.* Unspecified Dementia; F2* Schizophrenia and Other Psychotic Disorders; F3* Mood Disorders; F4* Anxiety and Other Nonpsychotic Mental Disorders; F5* Behavioral Syndromes Associated with Physiological Disturbances and/or Factors; F6* Disorders of Adult Personality and Behavior; F8* Behavioral and Emotional Disorders with Usual Onset in Childhood or Adolescence; F9*; Unspecified Mental Disorders
Intentional Self-Harm	ICD-10-CM : R45.851 Suicidal Ideations; T14.* Suicide Attempt; T36.* – T50.* Poisoning; T51.* – T60.* Toxic Effect; T61.* – T65.* Intentional Self Harm utilizing Other Toxic Effects; T71.* Asphyxiation; X71.* – X83.* Intentional Self-Harm by Violent or Dangerous Means
Peer Support Services	HCPCS : T1012, H0040, H0039, H0025, H0024, T1016, H0046, S9445, G0140, H0038, H2014, H2023, G0177

Follow up After Emergency Department Visit for Mental Illness (FUM)

Medicaid: Age 6+

This measure looks at emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. **This rate is based on ED visits, not members. One member may have multiple ED visits for which follow up should be provided.** Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
2. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

Follow up visits include:

- An outpatient visit with any diagnosis of a mental health disorder.
- An intensive outpatient encounter or partial hospitalization in an unspecified setting with a POS code 52 (psychiatric facility partial hospitalization.)
- An intensive outpatient encounter or partial hospitalization with any diagnosis of a mental health disorder.
- A community mental health center visit.
- A telephone visit with any diagnosis of a mental health disorder.
- An e-visit or virtual check-in with any diagnosis of a mental health disorder.
- Psychiatric collaborative care management.
- Peer support services with any diagnosis of a mental health disorder.
- Psychiatric residential treatment.
- A visit in a behavioral health setting.

Exclusions

Exclude ED visits followed by admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission.

Members in hospice or using hospice services anytime during the measurement year.

Follow up After Emergency Department Visit for Mental Illness (FUM)

Description	CPT/ICD10CM/SNOMED
BH outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015

Description	CPT/ICD10CM/SNOMED
Telehealth POS	02
Visit setting unspecified	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
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Mental Illness/ Mental Health Diagnosis	ICD-10-CM: F03.* Unspecified Dementia; F2* Schizophrenia and Other Psychotic Disorders; F3* Mood Disorders; F4* Anxiety and Other Nonpsychotic Mental Disorders; F5* Behavioral Syndromes Associated with Physiological Disturbances and/or Factors; F6* Disorders of Adult Personality and Behavior; F8* Behavioral and Emotional Disorders with Usual Onset in Childhood or Adolescence; F9*; Unspecified Mental Disorders
Intentional Self-Harm	ICD-10-CM: R45.851 Suicidal Ideations; T14.* Suicide Attempt; T36.* – T50.* Poisoning; T51.* – T60.* Toxic Effect; T61.* – T65.* Intentional Self Harm utilizing Other Toxic Effects; T71.* Asphyxiation; X71.* – X83.* Intentional Self-Harm by Violent or Dangerous Means
Peer Support Services	HCPCS: T1012, H0040, H0039, H0025, H0024, T1016, H0046, S9445, G0140, H0038, H2014, H2023, G0177

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

Medicaid: 1 – 17 years

This measure looks at the percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

This measure is applicable for members of the stated age range when they have had **no** antipsychotic meds dispensed (new or refilled) for 120 days prior to the start of an antipsychotic medication.

The measure is broken down into three submeasures:

- 1–11 years.
- 12–17 years.
- Total.

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol 	<ul style="list-style-type: none"> • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone 	<ul style="list-style-type: none"> • Pimozide • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine 	<ul style="list-style-type: none"> • Thioridazine • Trifluoperazine 	
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene 		
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate 	<ul style="list-style-type: none"> • Olanzapine • Paliperidone palmitate 	<ul style="list-style-type: none"> • Risperidone

Mental Health Diagnosis

Description	CPT/ICD-10/HCPSCS
Bipolar Disorders	<p>ICD-10-CM: 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.</p> <p>SNOMED: 191627008, 191618007, 192362008, 191634005, 191629006, 191630001, 191625000, 191620005, 191621009, 191623007, 767633005, 13746004, 16238741000119105, 41836007, 5703000, 85248005, 767631007, 767632000, 371596008, 29929003, 21900002, 75752004, 87203005, 767636002, 31446002,</p>

Description	CPT/ICD-10/HCPCS
	<p>767635003, 17782008, 55516002, 73471000, 65042007, 9340000, 87950005, 1499003, 3530005, 78269000, 75360000, 723903001, 51637008, 49468007, 22121000, 49512000, 53607008, 68569003, 30935000, 63249007, 45479006, 13313007, 41552001, 74686005, 71984005, 43769008, 191636007, 191643001, 191638008, 191639000, 191641004, 16506000, 111485001, 36583000, 35481005, 79584002, 28884001, 66631006, 82998009, 40926005, 231444002, 765176007, 133091000119105, 38368003, 371600003, 4441000, 70546001, 26530004, 53049002, 371599001, 41832009, 13581000, 86058007, 14495005, 261000119107, 59617007, 54761006, 26203008, 61403008, 23741000119105, 28663008, 78640000, 33380008, 162004, 271000119101, 10981006, 64731001, 10875004, 46229002.</p>
Schizophrenia	<p>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>SNOMED: 191548004, 191555002, 191531007, 191547009, 191563001, 191554003, 268617001, 191542003, 191577003, 68995007, 12939007, 35218008, 31658008, 71103003, 30336007, 83746006, 29599000, 79204003, 35252006, 1204417003, 38295006, 416340002, 441833000, 64905009, 26472000, 26025008, 58214004, 191526005, 247804008, 191527001, 42868002, 27387000, 14291003, 79866005, 76566000, 70814008, 16990005, 111482003, 85861002, 7025000, 111484002.</p>
Other Psychotic and Developmental Disorders	<p>ICD-10-CM: F22, F23, F24, F28, F29, F32.3, F33.3, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F95.0, F95.1, F95.2, F95.8, F95.9.</p> <p>SNOMED: 719600006, 442314000, 191692007, 191689008, 766824003, 434451000124105, 1259070005, 191478006, 61144001, 32358001, 23560001, 231536004, 718393002, 76236006, 771448004, 771512003, 733623005, 43614003, 373618009, 5464005, 403170002, 403169003, 63649001, 71961003, 7794004, 268622001, 73462009, 230539002, 30491001, 238972008, 1220650006, 129604005, 48500005, 427975003, 50722006, 723901004, 723900003, 723899008, 698951002, 60123008, 278508007, 238977002, 238974009, 238973003, 770790004, 23772009, 280949006, 14144000, 230335009, 702450004, 230338006, 5158005, 47447001, 402732001, 402735004, 402733006, 50933003, 702732007, 238978007, 238979004, 61831009, 408857007, 724544000, 1254652005, 278506006, 38295006, 723332005, 77475008, 65179007, 783089006, 162313000, 230337001, 402734000, 18573003, 723913009, 5510009, 32552001, 191672000, 191667009, 191485005, 26472000, 712884004, 89618007, 231487004, 35919005, 39951000119105, 870307006, 870308001, 870305003, 870306002, 870303005, 870304004, 870269009, 870270005, 870268001, 870266002, 870267006, 870264004, 870265003, 870262000, 870263005, 870260008, 870261007, 870280009, 870282001, 403595006, 31081000119101, 54502004, 55009008, 723122006, 69322001, 724675001, 724718002, 724674002, 724719005, 724706006, 21831000119109, 724673008, 20385005, 762327001, 762509000, 44433009, 708037001, 191693002, 191690004, 68618008, 432091002, 737225007, 722972004, 1973000, 371024007, 73867007, 251000119105, 281000119103, 191668004, 33323008, 230334008, 568005, 1177058004, 1177060002, 1177006005, 1177002007, 1177001000, 724545004, 722973009, 89601008, 191990001, 789053008, 56573006, 8511007, 230336005, 702356009.</p>

Mental Health Treatment

Description	CPT/ICD10CM/SNOMED
Psychosocial Care	<p>CPT: 90847, 90846, 90853, 90880, 90875, 90876, 90849, 90845, 90840, 90839, 90832, 90833, 90834, 90836, 90837, 90838.</p> <p>HCPCS: G0176, H0040, H0039, H0004, H2012, H0037, H0036, H2000, S9485, S9484, H2011, G0410, S9480, G0411, H0035, S0201, H2013, H2017, H2018, H2001, H0038, H2014, G0409, H2019, H2020, G0177.</p> <p>SNOMED: 304894007, 1163366004, 460901000124104, 225225009, 313105004, 41838008, 1300121009, 302240007, 712558003, 183405004, 183399002, 183401008, 700445002, 228550005, 183388004, 183387009, 183389007, 3518004, 302234000, 225333008, 443119008, 723619005, 166001, 304815009, 53769000, 1555005, 401157001, 183406003, 183422002, 427954006, 429159005, 304818006, 38678006, 390773006, 228557008, 711283001, 425680009, 868185009, 718026005, 304637004, 302259009, 228553007, 22900004, 299695005, 183395008, 410112008, 429329005, 302260004, 228548002, 57070007, 41035007, 183413003, 440274001, 439330009, 24172008, 57847003, 5694008, 21055002, 25621005, 183398005, 711078000, 302255003, 386255004, 386256003, 386257007, 406165004, 38592005, 304820009, 405780009, 385992003, 723528003, 405793004, 1256107005, 440646003, 183339004, 89909007, 304638009, 30808008, 385768000, 385771008, 385772001, 385773006, 385774000, 385769008, 385770009, 85614001, 91481002, 91425008, 26829003, 1236920000, 311511001, 17914007, 302244003, 225224008, 304889007, 304893001, 15558000, 50160009, 311884008, 51790004, 449030000, 108313002, 51484002, 302245002, 718023002, 405792009, 702471009, 183385001, 58771002, 183381005, 302230009, 302239005, 304816005, 9591001, 391892008, 27591006, 31594000, 62474003, 304824000, 76168009, 79441000, 229221008, 444175001, 386316003, 302243009, 304825004, 91172002, 183408002, 19997007, 304817001, 18512000, 311510000, 32051004, 304826003, 866252000, 28868002, 8411005, 82309004, 443730003, 24621000, 302238002, 304814008, 304819003, 113141001, 45565001, 302236003, 302242004, 410121009, 410124001, 410127008, 410130001, 410115005, 410118007, 461561000124103, 228551009, 302262007, 171423009, 385893007, 1259023009, 229216005, 229217001, 702780005, 386367000, 302683009, 303262000, 302247005, 312044000, 225226005, 59694001, 46618005, 228546003, 386522008, 229220009, 439916005, 700446001, 228554001, 229306004, 312043006, 225227001, 183402001, 439741009, 401162000, 311522002, 183393001, 77170008, 83474000, 59585002, 7133001, 88848003, 2619005, 26890005, 76740001, 61436009, 28988002, 47805006, 78493007, 302235004, 53508008, 314034001, 304822001, 397074006, 113143003, 36230009, 440582002, 302248000, 183382003, 183383008, 75516001, 266744007, 228555000, 15711005, 183396009, 225160006, 6227009, 229219003, 228549005, 439795004, 228575009, 460891000124103, 183403006, 59364003, 171425002, 171424003, 171426001, 386523003, 406183007, 386429002, 439820005, 720444008, 386524009, 63386006, 15142007, 113144009, 26693005, 33661004, 41653002, 31408009, 66060003, 73139001, 439436002, 429048003, 90102008, 386525005, 304851002, 183391004, 311523007, 311460008, 311462000, 311461007, 27482005, 361229007, 361230002, 65201004, 304821008, 85925008, 84892007, 736861004, 229218006, 183411001, 734278000, 35358007, 17447008, 39697002, 439805004, 406185000, 406184001, 304702006, 304888004.</p>
Residential Behavioral Health Tx	<p>HCPCS: T2048, H0019, H0017, H0018.</p>

Prenatal and Postpartum Care (PPC)

Medicaid

This measure looks at the percentage of deliveries of live births on or between October 8th of the year prior to the measurement year and October 7th of the measurement year. **This rate is based on deliveries, not members.** For these members, the measure assesses the following aspects of prenatal and postpartum care.

- *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit in the first trimester (280-176 days prior to delivery or the estimated delivery date), 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.

Prenatal Care

Improve your efforts:

The prenatal care visit must be with an OB/GYN or other prenatal care practitioner, or a PCP. The following meet the requirements for a prenatal visit:

- A visit for prenatal care.
- A prenatal visit with a pregnancy related diagnosis. [Note: For visits to a PCP, a diagnosis of pregnancy **must** be present.]
- A “bundled service” the health plan **must** be able to identify the date when prenatal care was initiated. [Note: Because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated.]

If documenting in the medical record, documentation **must** include a note indicating the date when the prenatal care visit occurred and at least **one** of the following:

- Documentation in a standardized prenatal flow sheet, **or**
- Documentation of LMP, EDD or gestational age, **or**
- A positive pregnancy test result, **or**
- Documentation of gravidity and parity, **or**
- Documentation of complete obstetrical history, **or**
- Documentation of prenatal risk assessment and counseling/education.
- A basic physical obstetrical examination that includes auscultation for fetal heart tone, **or** pelvic exam with obstetric observations, **or** measurement of fundus height (a standardized prenatal flow sheet may be used).
- Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), **or**
- TORCH antibody panel alone, **or**
- A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
- Ultrasound of a pregnant uterus.

Postpartum Care

Improve your efforts:

The postpartum care visit must be with an OB/GYN or other prenatal care practitioner, or a PCP on or between 7 and 84 days after delivery. The following meet the requirements for a postpartum visit:

- A postpartum visit.
- An encounter for postpartum care.
- Cervical cytology
- A bundled service where the health plan can identify the date when postpartum care was rendered. [Note: Because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when postpartum care was rendered.]

If documenting in the medical record, documentation must include a note indicating the date when a postpartum visit occurred and **one** of the following.

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
 - A notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.
- Notation of postpartum care, including, but not limited to:
 - A notation of "postpartum care," "PP care," "PP check," "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 topics:
 - Infant care or breastfeeding.
 - Resumption of intercourse, birth spacing or family planning.
 - Sleep/fatigue.
 - Resumption of physical activity.
 - Attainment of healthy weight.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- *Postpartum Care* excludes any services provided in an acute inpatient setting.

Prenatal and Postpartum Care (PPC)

Description	CPT/ICD-10-CM
Prenatal Visits/ Pregnancy Diagnosis	<p>CPT/CPT-CAT II: 99483, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99202, 99211, 99215, 99213, 99214, 99212, 99422, 99423, 99421, 99500, 98971, 98972, 98970, 99458, 99457, 98981, 98980, 98967, 98968, 98966, 99442, 99443, 99441, 0500F, 0501F, 0502F</p> <p>HCPCS: G2252, G2012, G2251, T1015, G0463, G0071, G2250, G2010, H1002, H1000, H1001, H1003, H1004</p> <p>SNOMED: 77406008, 281036007, 386472008, 314849005, 185317003, 386473003, 401267002</p> <p>ICD-10-CM: Z3A.37 – Z3A.42 37-42 Weeks gestation of pregnancy; Q51.5 Agenesis and aplasia of cervix;</p>
Prenatal Bundled Services	<p>CPT: 59425, 59426, 59510, 59618, 59400, 59610</p> <p>HCPCS: H1005</p>
Deliveries	<p>CPT: 59620, 59622, 59514, 59515, 59510, 59618, 59400, 59610, 59409, 59410, 59612, 59614</p> <p>ICD-10-PCS: 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ</p>
Postpartum Care	<p>CPT/CPT-CAT II: 57170, 99501, 58300, 59430, 0503F</p> <p>HCPCS: G0101</p> <p>SNOMED: 408884008, 408883002, 408886005, 133907004, 384635005, 440085006, 431868002, 384636006, 169770008, 169771007, 169772000, 384634009, 169762003, 133906008, 409018009, 409019001, 717810008</p>
Postpartum Bundled Services	<p>CPT: 59622, 59515, 59510, 59618, 59400, 59610, 59410, 59614</p>

Prenatal Depression Screening and Follow-up (PND-E)

Medicaid

This measure looks at the percentage of deliveries in which the persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

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

Rationale: The American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen patients at the initial prenatal visit, later in pregnancy, and at postpartum visits using a standardized, validated tool.

A standard assessment instrument normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 Years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)® ¹	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS)® ^{1, 2}	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

Instruments for Adults (18+ Years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)® ¹	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS)® ^{1, 2}	89208-3	Total score ≥8

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

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

Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
PROMIS Emotional Distress—Depression—Short Form	77861-3	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

Exclusions:

- Persons in hospice or using hospice services.
- Persons with a date of death during the measurement period.
- Deliveries that occurred at less than 37 weeks gestation.

Value Set	Code
Follow-up Visit	<p><i>[with Depression or Other Behavioral Health Condition below]</i></p> <p>CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>SNOMED: 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006</p>
Depression Case Management Encounter Value Set	<p><i>[with SNOMED: 394924000, 788976000 Depression or Other Behavioral Health Condition below]</i></p> <p>CPT: 99366, 99492, 99493, 99494</p> <p>HCPCS: G0512, T1016, T1017, T2022, T2023</p> <p>SNOMED: 182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 1344983001, 1344984007, 1344994002, 1345003009, 1345013001, 1345014007, 621561000124106, 661051000124109, 662081000124106, 662541000124107, 842901000000108</p>
Behavior Health Encounter	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004,</p>

	<p>H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485</p> <p>SNOMED: 5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002</p>
Depression or Other Behavioral Health Condition	<p>ICD10CM: F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, 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, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, 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, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, 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, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345</p>

Antidepressant Medications

Prescription

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| • Fluoxetine | • Sertraline | • Nortriptyline |
| • Olanzapine | • Mirtazapine | • Nefazodone |
| • Duloxetine | • Citalopram | hydrochloride |
| • Venlafaxine | • Phenelzine | • Bupropion |
| • Desvenlafaxine succinate | • Protriptyline hydrochloride | hydrochloride |
| • Fluvoxamine maleate | • Desipramine hydrochloride | • Escitalopram |
| • Amitriptyline hydrochloride | • Doxepin | • Selegiline hydrochloride |
| • Clomipramine hydrochloride | • Trazodone hydrochloride | • Paroxetine hydrochloride |
| • Vilazodone hydrochloride | • Levomilnacipran | • Imipramine pamoate |
| • Trimipramine | • Tranylcypromine | • Isocarboxazid |
| | • Amoxapine | • Protriptyline hydrochloride |
| | • Vortioxetine | |

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

Medicaid

This measure looks at the percentage of deliveries in which persons were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

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

Rationale: The American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen patients at the initial prenatal visit, later in pregnancy, and at postpartum visits using a standardized, validated tool.

A standard assessment instrument normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 Years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)® ³	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS)® ^{3,4}	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

Instruments for Adults (18+ Years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)® ³	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS)® ^{3,4}	89208-3	Total score ≥8

³ Brief screening instrument. All other instruments are full-length.

⁴ Proprietary; there may be a cost or licensing requirement associated with use.

Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)® ²	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
PROMIS Emotional Distress—Depression—Short Form	77861-3	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

Exclusions:

- Persons in hospice or using hospice services.
- Persons with a date of death during the measurement period.
- Deliveries that occurred at less than 37 weeks gestation.

Value Set	Code
Follow-up Visit	<p><i>[with Depression or Other Behavioral Health Condition below]</i></p> <p>CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>SNOMED: 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006</p>
Depression Case Management Encounter Value Set	<p><i>[with SNOMED: 394924000, 788976000 Depression or Other Behavioral Health Condition below]</i></p> <p>CPT: 99366, 99492, 99493, 99494</p> <p>HCPCS: G0512, T1016, T1017, T2022, T2023</p> <p>SNOMED: 182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 1344983001, 1344984007, 1344994002, 1345003009, 1345013001, 1345014007, 621561000124106, 661051000124109, 662081000124106, 662541000124107, 842901000000108</p>
Behavior Health Encounter	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004,</p>

	<p>H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485</p> <p>SNOMED: 5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002</p>
Depression or Other Behavioral Health Condition	<p>ICD10CM: F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, 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, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, 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, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, 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, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345</p>

Antidepressant Medications

Prescription		
<ul style="list-style-type: none"> Fluoxetine Olanzapine Duloxetine Venlafaxine Desvenlafaxine succinate Fluvoxamine maleate Amitriptyline hydrochloride Clomipramine hydrochloride Vilazodone hydrochloride Trimipramine 	<ul style="list-style-type: none"> Sertraline Mirtazapine Citalopram Phenelzine Protriptyline hydrochloride Desipramine hydrochloride Doxepin Trazodone hydrochloride Levomilnacipran Tranylcypromine Amoxapine Vortioxetine 	<ul style="list-style-type: none"> Nortriptyline Nefazodone hydrochloride Bupropion hydrochloride Escitalopram Selegiline hydrochloride Paroxetine hydrochloride Imipramine pamoate Isocarboxazid Protriptyline hydrochloride

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Medicaid

The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. [Note: This measure is reported as an inverted rate (1-rate) where a higher rate indicates appropriate URI treatment.]

Improve your efforts:

When you diagnose a URI, avoid prescribing an antibiotic.

When you prescribe an antibiotic, consider using a pharyngitis or other competing diagnosis.

Exclusions

- Members in hospice or using hospice services anytime during the measurement year.

AAB Antibiotic Medications

Description	Prescription		
Miscellaneous antibiotics	<ul style="list-style-type: none"> Aztreonam Chloramphenicol Dalfopristin-quinupristin 	<ul style="list-style-type: none"> Daptomycin Linezolid Metronidazole 	<ul style="list-style-type: none"> Vancomycin
Natural penicillins	<ul style="list-style-type: none"> Penicillin G benzathine-procaine Penicillin G potassium 	<ul style="list-style-type: none"> Penicillin G procaine Penicillin G sodium 	<ul style="list-style-type: none"> Penicillin V potassium Penicillin G benzathine
Penicillinase resistant penicillins	<ul style="list-style-type: none"> Dicloxacillin 	<ul style="list-style-type: none"> Oxacillin 	<ul style="list-style-type: none"> Nafcillin
Quinolones	<ul style="list-style-type: none"> Ciprofloxacin Gemifloxacin 	<ul style="list-style-type: none"> Levofloxacin Moxifloxacin 	<ul style="list-style-type: none"> Ofloxacin
Rifamycin derivatives	<ul style="list-style-type: none"> Rifampin 		
Second-generation cephalosporin	<ul style="list-style-type: none"> Cefaclor Cefotetan 	<ul style="list-style-type: none"> Cefoxitin Cefprozil 	<ul style="list-style-type: none"> Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> Sulfadiazine 	<ul style="list-style-type: none"> Sulfamethoxazole-trimethoprim 	
Tetracyclines	<ul style="list-style-type: none"> Doxycycline 	<ul style="list-style-type: none"> Tetracycline 	<ul style="list-style-type: none"> Minocycline
Third-generation cephalosporins	<ul style="list-style-type: none"> Cefdinir Cefditoren Cefixime 	<ul style="list-style-type: none"> Cefotaxime Cefpodoxime Ceftazidime 	<ul style="list-style-type: none"> Ceftibuten Ceftriaxone
Urinary anti-infectives	<ul style="list-style-type: none"> Fosfomycin Nitrofurantoin 	<ul style="list-style-type: none"> Nitrofurantoin macrocrystals-monohydrate Trimethoprim 	

Description	Prescription		
Aminoglycosides	<ul style="list-style-type: none"> • Amikacin • Gentamicin 	<ul style="list-style-type: none"> • Streptomycin • Tobramycin 	
Aminopenicillins	<ul style="list-style-type: none"> • Amoxicillin 	<ul style="list-style-type: none"> • Ampicillin 	
Beta-lactamase inhibitors	<ul style="list-style-type: none"> • Amoxicillin-clavulanate • Ampicillin-sulbactam 	<ul style="list-style-type: none"> • Piperacillin-tazobactam 	
First-generation cephalosporins	<ul style="list-style-type: none"> • Cefadroxil 	<ul style="list-style-type: none"> • Cephalexin 	<ul style="list-style-type: none"> • Cefazolin
Fourth-generation cephalosporins	<ul style="list-style-type: none"> • Cefepime 		
Ketolides	<ul style="list-style-type: none"> • Telithromycin 		
Lincomycin derivatives	<ul style="list-style-type: none"> • Clindamycin 	<ul style="list-style-type: none"> • Lincomycin 	
Macrolides	<ul style="list-style-type: none"> • Azithromycin 	<ul style="list-style-type: none"> • Erythromycin 	<ul style="list-style-type: none"> • Clarithromycin

Description	CPT/CVX/SNOMED
Pharyngitis	ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
URI	ICD-10-CM: J00, J06.0, J06.9
Outpatient, ED, and Telehealth Codes	<p>CPT: 99483, 99281, 99285, 99283, 99284, 99282, 99345, 99342, 99344, 99341, 99350, 99348, 99349, 99347, 99385, 99386, 99387, 99384, 99382, 99381, 99383, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99202, 99211, 99215, 99213, 99214, 99212, 99422, 99423, 99421, 99395, 99396, 99397, 99394, 99392, 99391, 99393, 99401, 99402, 99403, 99404, 99411, 99412, 98971, 98972, 98970, 99458, 99457, 98981, 98980, 98967, 98968, 98966, 99442, 99443, 99441, 99429, 99456, 99455</p> <p>HCPCS: G0439, G0438, G2252, G2012, G2251, T1015, G0463, G0402, G0071, G2250, G2010</p> <p>SNOMED: 866149003, 444971000124105, 84251009, 77406008, 4525004, 50357006, 281036007, 209099002, 90526000, 456201000124103, 3391000175108, 185464004, 86013001, 439740005, 386472008, 314849005, 185317003, 386473003, 401267002, 185463005, 185465003,</p> <p>UBREV: 0511, 0983, 0521, 0981, 0451, 0452, 0517, 0523, 0450, 0510, 0520, 0522, 0514, 0519, 0459, 0529, 0982, 0515, 0513, 0456, 0516, 0526, 0528, 0527</p>

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

Medicaid: 3 to 17 years

The measure looks at 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 during the measurement year.

- BMI percentile documentation*.
- Counseling for nutrition.
- Counseling for physical activity.

** Note: Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. This is the percentile ranking based on the CDC's BMI-for-age growth charts, which indicates the relative position of the patient's BMI number among others of the same gender and age.*

Improve your efforts:

BMI Percentile

Claims with the following codes:

- ICD-10-CM: Z68.51, Z68.52, Z68.53, Z68.54
- LOINC: 59574-4, 59575-1, 59576-9

If documenting in the medical record, documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source.

- Either of the following meets criteria for BMI percentile:
 - BMI percentile documented as a value (e.g., 85th percentile).
 - BMI percentile plotted on an age-growth chart.
- **Only** evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.
- Member-collected biometric values (height, weight, BMI percentile) that meet the requirements of *General Guideline: Member-Reported Services and Biometric Values* are eligible for use in reporting. Member reported services are acceptable only if the information is collected by a primary care provider or specialist, if the specialist is providing a primary care service related to the condition be assessed while taking a patient's history. The information **must** be recorded, dated, and maintained in the member's legal health record.
- Ranges and thresholds do not meet criteria for this indicator. A distinct BMI percentile is required; documentation of >99% or <1% meet criteria because a distinct BMI percentile is evident (i.e., 100% or 0%).

Counseling for Nutrition

Claims with the following codes:

- ICD-10-CM: Z71.3
- Codes found in the table below.
- [Note: Laboratory claims (claims with POS 81) do not count.]

If documenting in the medical record, documentation must include a note indicating the date and at least one of the following:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education.
- The member received educational materials on nutrition during a face-to-face visit.
- Anticipatory guidance for nutrition.
- Weight or obesity counseling.

Counseling for Physical Activity

Claims with the following codes:

- ICD-10-CM: Z02.5, Z71.82
- Codes found in the table below.
- [Note: Laboratory claims (claims with POS 81) do not count.]

If documenting in the medical record, documentation must include a note indicating the date and at least one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- The member received educational materials on physical activity during a face-to-face visit.
- Anticipatory guidance specific to the member's physical activity.
- Weight or obesity counseling.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year.
- Members who have a diagnosis of pregnancy any time during the measurement year.

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

Description	CPT/CVX/SNOMED
BMI percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54 LOINC: 59574-4, 59575-1, 59576-9
Nutrition counseling	CPT: 97802, 97803, 97804 HCPCS: G0447, G0271, G0270, S9452, S9470, S9449 SNOMED: 445301000124102, 441041000124100, 441201000124108, 441331000124108, 441271000124102, 441231000124100, 441261000124109, 441291000124101, 441341000124103, 441351000124101, 441281000124104, 441241000124105, 441301000124100, 441321000124105, 441311000124102, 441251000124107, 11816003, 705060005, 699827002, 700258004, 14051000175103, 431482008, 429095004, 370847001, 306628001, 306626002, 306627006, 609104008, 710881000, 1230141004,

	408910007, 313210009, 699830009, 226067002, 699849008, 699829004, 183059007, 183067004, 443288003, 183065007, 183062005, 183061003, 183066008, 183060002, 183063000, 410171007, 61310001, 445331000124105, 445291000124103, 284352003, 698471002, 386464006, 306164001, 306163007, 306165000, 428461000124101, 305850009, 305849009, 305851008, 700154005, 410177006, 281085002, 445641000124105, 183071001, 183070000, 428691000124107, 410200000, 404923009, 275919002, 266724001
Physical activity counseling	<p>HCPCS: S9451, G0447</p> <p>SNOMED: 710849009, 435551000124105, 304507003, 310882002, 386291006, 386292004, 410335001, 410289001, 304549008, 103736005, 183073003, 429778002, 398636004, 386463000, 304558001, 281090004, 408289007, 390864007, 390893007, 398752005, 410200000</p>

Other Measures

Developmental Screening in the First Three Years of Life (DEV-CH)⁵

Medicaid: age 1 to 3 years

This measure looks at the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. The measure includes three age-specific indicators assessing whether children are screened before or on their first, second, or third birthdays. Four rates, one for each age group and a combined rate are calculated.

The measure has specific criteria⁶ for what counts as an appropriate developmental screening. Screenings for a specific domain condition, such as autism, are not included in the acceptable screenings. Below are *examples* of tools cited by Bright Futures⁷ that meet the criteria; inclusion here does **not** recommend or endorse their use.

- Ages and Stages Questionnaire (ASQ) - 2 months to 5 years
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to 2 years
- Brigance Screens-II – Birth to 90 months
- Child Development Inventory (CDI) - 18 months to 6 years
- Infant Development Inventory – Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

Best Practices:

- Educate parents to monitor milestones such as first steps, first words, crawling, walking, etc.
- Educate parents that screening tools are not a diagnosis but can help parents and pediatric professionals gauge if a child is developing along standard developmental timetables.

System and Code	Description
CPT code 96110	Developmental testing, with interpretation and report

⁵ Oregon Health & Sciences University measure See: Development of CHIPRA Core Measure pdf

(<https://oregon-pip.org/wp-content/uploads/2019/10/Development-of-CHIPRA-Core-Measure.pdf>)

⁶ Tools must meet the following criteria: 1. Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional. 2. Established Reliability: Reliability scores of approximately 0.70 or above. 3. Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s). 4. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above. From: https://oregon-pip.org/wp-content/uploads/2019/10/Measure-DEV-CH_2017.pdf

⁷ Bright Futures Recommendations for Preventative Pediatric Health Care – https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

