



HEDIS™

Quick Reference Guide



 For more information, visit www.ncqa.org

HEDIS™ Quick Reference Guide*

Sunshine Health strives to provide quality healthcare to our members as measured through HEDIS™ quality metrics. We created this HEDIS™ Quick Reference Guide to help you increase your practice's HEDIS™ rates. Please always follow state and/or CMS billing guidance and ensure the HEDIS™ codes are covered prior to submission.

WHAT IS HEDIS™?

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

WHAT ARE THE SCORES USED FOR?

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

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS™ score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance.

* Reflects NCQA HEDIS™ 2019 specifications

HOW ARE RATES CALCULATED?

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

HOW CAN I IMPROVE MY HEDIS™ SCORES?

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

SUGGESTIONS TO INCREASE MEMBER ADHERENCE/ HEDIS™ SCORES:

- Use Sunshine Health's real-time information on care gaps from Interpreta to help outreach new and existing members to schedule needed visits. Interpreta can be found on Sunshine Health's payer space on the Availability Portal.
- Send postcard and/or text reminders to members to reinforce the importance of annual well visits.
- Schedule follow-up appointments with patients before they leave the office.
- Utilize Health Literacy tools such as "Teach Back" to provide patient-centered education related to nutrition and exercise.
- Prioritize your HEDIS™ care gap list by first outreaching:
 - Members who have never been seen
 - Members whose last visit date is greater than 1 ½ years ago
 - Members with two or more gaps to close
- Consider creating a member registry identifying members prescribed high risk medications to monitor compliance. (ex ADHD, psychotropics)
- Evaluate current processes related to outside referrals for lab and specialty appointments to ensure referrals are completed and results received and documented.

Blood Pressure

The lowest systolic BP and the lowest diastolic BP will be recorded.

- Discuss barriers that may prevent the member from filling prescriptions.
- Retake and record blood pressure if initial BP is elevated.
- Do not round up when taking BP.

Diabetes

- Retest patients who have HbA1c results >8.
- Call patients and send postcard reminders for required tests and screenings.
- Reinforce the importance of an annual Eye Exam (Retinal) and annual HbA1c test.
- Provide referral for Lifestyle Management- Self- Management course in the member's geographic location.
- Consider the use of a Shared Decision making model to develop individualized care plans related to self management.
- Highlight BP and glucose control significance.
- Reach out to members for whom you do not have results .

Depression

- Provide education that the medication may take several weeks to become effective and stress the importance of adherence.
- Caution against abruptly stopping medication and the need to consult a PCP with any concerns or complications.
- Discuss barriers that may prevent the member from filling prescriptions.
- Outreach members who cancel their appointment to reschedule.
- Provide initial prescription for 30 days and require follow-up visit.

Adolescents

- Adopt current Bright Futures guidelines for adolescents.
- Develop a strategic outreach plan. Call new members to schedule their annual visits. Send postcards and/or text with reminders of importance of timely checkups.
- Leverage missed opportunities to increase adolescent well care visits, i.e. episodic, acute care and sports-required visits.
- Encourage teen-centered care. Involve teen in their care plan. Be mindful of privacy and confidentiality. Consider use of social media to increase engagement and promote prevention education.

Children 0 to 15 months

- If medically appropriate, conduct a well child exam during a follow-up or sick visit.
- Schedule more than six visits to assure compliancy of the six visits if one should be missed
- Notate EPSDT when billing.
- Consider performing lead testing at 12 months or with other lab tests.
- Consider giving Hep A, MMR and VZV between the 1st and 2nd birthday.

Children 3 to 6 years

- If medically appropriate, conduct a well child exam during a follow-up or sick visit.
- Notate ESPDT when billing.
- Well child exams may be completed anytime each calendar year and it is not necessary to wait 365 days or until the birth date.
- Well child exams must be performed by a primary care provider but are not limited to the PCP assigned to the child.

QUESTIONS?

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 **PROVIDER SERVICES 1-844-477-8313**

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

Ancillary staff:

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

This guide has been updated with information from the July and October 2018 release of the HEDIS® 2019 Volume 2 Technical Specifications by NCQA and is subject to change.

 For more information, visit **www.ncqa.org**



A

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA

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

HCPCS

J0401, J6131, J2358
J2426, J2680, J2794



ADOLESCENT WELL CARE VISITS

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

CPT	HCPCS	ICD-10
99384-99385, 99394-99395	G0438, G0439	Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2



ADULT ACCESS TO PREVENTATIVE/AMBULATORY SERVICES

The percentage of members ages 20+ who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

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

CPT	CPT MODIFIER	HCPCS	ICD-10
92002, 92004, 92012, 92014, 98969, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99429, 99441-99444, 99483	95, GT	G0402, G0438, G0439, G0463, T1015, S0620, S0621	Z00.00, Z00.01, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2



ADULT BMI ASSESSMENT

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

ICD-10 (FOR MEMBERS 20 YEARS OF AGE OR OLDER)	ICD-10 (FOR MEMBERS YOUNGER THAN 20 YEARS OF AGE/ AGES 18 & 19 ON DOS)
Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	Z68.51, Z68.52, Z68.53, Z68.54



ANNUAL DENTAL (ADV) ALL MEMBERS

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

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



ANNUAL MONITOR RX (MPM) ACE OR ARB

Members ages 18+ who received at least 180 treatment days of ACE inhibitors or ARBs within the past year should have at least one:

PANEL/TEST	CPT
Lab Panel	80047, 80048, 80050, 80053, 80069
Serum Potassium Test Annually	80051, 84132
Serum Creatinine Test Annually	82565, 82575



ANNUAL MONITOR RX (MPM) DIURETICS

Members ages 18+ who have received at least 180 treatment days of a diuretic within the past year should have at least one:

PANEL/TEST	CPT
Lab Panel	80047, 80048, 80050, 80053, 80069
Annual Serum Potassium Test	80051, 84132
Annual Serum Creatinine Test	82565, 82575



ANTIDEPRESSANT MEDICATION MANAGEMENT — EFFECTIVE ACUTE PHASE TREATMENT

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

- The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

F32.0-F32.5, F32.89, F32.9, F33.0-F33.3, F33.41; F33.9 (This is not a complete list of codes for this measure. Please refer to the Coding Quick Reference Tool for additional codes.)



ANTIDEPRESS MEDS (AMM) EFFECTIVE CONTINUATION PHASE TREATMENT

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

- The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).



APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

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

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

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

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

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



ASTHMA MEDICATION RATIO (TOTAL)

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



ASTHMA MEDICATION RATIO 50% — AGES: 5-11, 12-18, 19-50, 51-64

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

Asthma Controller Medication

DESCRIPTION	PRESCRIPTION
Antiasthmatic combinations	Dyphylline-guaifenesin
Antibody inhibitors	Omalizumab
Anti-interleukin-5	Mepolizumab, Reslizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone
Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton
Methylxanthines	Theophylline

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTION
Short-acting, inhaled beta-2 agonists	Albuterol, Levalbuterol



AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

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

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





B

BREAST CANCER SCREENING (MEDICARE AND NON-MEDICARE)

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

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

CPT	HCPCS	ICD-10 (FOR A HISTORY OF BILATERAL MASTECTOMY)
77055-77057, 77061-77063, 77065-77067	G0202, G0204, G0206	Z90.13



C

CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA

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

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



CARE FOR OLDER ADULTS

The percentage of adults ages 66+ who had each of the following during the measurement year.

CRITERIA	CPT	CPT-CAT-II	HCPCS	ICD19
Advance Care Planning	99483, 99497	1123F, 1124F, 1157F, 1158F	S0257	Z66
Functional Assessment	99483	1170F	G0438, G0439	
Medication Review	90863, 99605, 99606, 99483	1159F, 1160F	G8427	
Pain Assessment		1125F, 1126F		



CERVICAL CANCER SCREENING

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

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



CHILDHOOD IMMUNIZATION STATUS- COMBO 3

The percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR)*; three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV)*; and four pneumococcal conjugate (PCV)* vaccines before their second birthday.

CODES	CPT	CVX	HCPCS
DTaP	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120	
HiB	90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148	
Hepatitis B	90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110	G0010
IPV	90698, 90713, 90723	10, 89, 110, 120	
All related to MMR	90705, 90707, 90710, 90708, 90704, 90706	05, 03, 94, 04, 07, 06	
Pneumococcal conjugate	90670	133, 152	G0009
Varicella	90710, 90716	21, 94	

*one vaccination on or between 1st and 2nd birthday



CHILDHOOD IMMUNIZATION STATUS — COMBO 10

The percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

CODES	CPT	CVX	HCPCS
DTaP	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120	
HiB	90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148	
Hepatitis B	90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110	G0010
IPV	90698, 90713, 90723	10, 89, 110, 120	
All related to MMR	90705, 90707, 90710, 90708, 90704, 90706	05, 03, 94, 04, 07, 06	
Pneumococcal conjugate	90670	133, 152	G0009
Varicella	90710, 90716	21, 94	
Hepatitis A	90633	31, 83, 85	
Influenza	90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688	88, 135, 140, 141, 150, 153, 155, 158, 161	G0008
Rotavirus (2 Dose Schedule)	90681	119	
Rotavirus (3 Dose Schedule)	90680	16, 122	



CHILDREN AND ADOLESCENTS ACCESS TO PCP (12 MONTHS-19 YEARS)

Children and Adolescents Access to PCP (12 months-19 years)

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

Children and Adolescents Access to PCP (12-24 months)/ (25 months to 6 years)

Children ages 12-24 months and 25 months-6 years who had a visit with a PCP during the measurement year.

Children and Adolescents Access to PCP (7-19 years)

Children ages 7-11 and adolescents ages 12-19 who had a visit with a PCP during the measurement year or the year prior to the measurement year.

CPT	HCPCS	ICD-10
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99429, 99483	G0402, G0438, G0439, G0463, T1015	Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2



CHLAMYDIA SCREEN (CHL) — WOMEN AGES 16-24

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

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



COLORECTAL CANCER

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

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

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



COMPREHENSIVE DIABETES CARE

The percentage of members ages 18-75 with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- HbA1c control (<7.0%) for a selected population*
- Eye exam (retinal) performed
- Medical attention for nephropathy
- BP control (<140/90 mm Hg)

COMPREHENSIVE DIABETES CARE — BLOOD PRESSURE CONTROL (<140/90)

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

CODES	CPT	CPT-CAT-II	HCPCS
Outpatient	99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
Nonacute Inpatient	99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337		
Remote Blood Pressure Monitoring	93784, 93788, 93790, 99091		
Diastolic 80-89		3079F	
Diastolic Greater Than/Equal To 90		3080F	
Diastolic Less Than 80		3078F	
Systolic Greater Than/Equal To 140		3077F	
Systolic Less Than 140		3074F, 3075F	



COMPREHENSIVE DIABETES CARE — EYE EXAMS

	CPT	CPT MODIFIER	CPT-CAT-II	HCPCS
Diabetic Retinal Screening With Eye Care Professional <ul style="list-style-type: none"> 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. Bilateral eye enucleation any time during the member's history through December 31 of the measurement year. 	67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107-67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018-92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245		2022F, 2024F, 2026F, 3072F	S0620, S0621, S3000
Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (Bilateral Modifier Value Set).	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	50		

COMPREHENSIVE DIABETES CARE — HBA1C CONTROL (<8%)

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

CPT-CAT-II
3044F

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

COMPREHENSIVE DIABETES CARE — HBA1C TESTING

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

CPT	CPT-CAT-II
83036, 83037	3044F, 3045F, 3046F

COMPREHENSIVE DIABETES CARE — MEDICAL ATTENTION FOR NEPHROPATHY

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

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

	CPT	CPT-CAT-II
Urine Protein Tests	81000-81003, 81005, 82042-82044, 84156	3060F, 3061F, 3062F
Nephropathy Treatment		3066F, 4010F

COMPREHENSIVE DIABETES CARE – POOR HBA1C CONTROL

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

CPT-CAT-II
3046F

CONTROLLING HIGH BLOOD PRESSURE (MEDICARE AND NON-MEDICARE)

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

CODES	CPT	CPT-CAT-II	HCPCS
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
Nonacute Inpatient	99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337		
Remote Blood Pressure Monitoring	93784, 93788, 93790, 99091		
Systolic Less Than 140		3074F, 3075F	
Systolic Greater Than/ Equal To 140		3077F	
Diastolic Greater Than/ Equal To 90		3080F	
Diastolic Less Than 80		3078F	
Diastolic 80–89		3079F	



D

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA

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

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



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

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

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



DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS

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

HCPCS
J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515, J7516, J7517, J7518, J9250, J9260, J9310, Q5102, Q5103, Q5104



F

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS — 7-DAY AND 30-DAY FOLLOW-UP

The percentage of discharges for members ages 6+ who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

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

	CPT	CPT MODIFIER	HCPCS	POS
An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	95, GT		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

	CPT	CPT MODIFIER	HCPCS	POS
An outpatient visit (Unspecified Value Set with Outpatient POS Value Set) with a mental health practitioner.	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510, 99483	95, GT	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015	
An outpatient visit (BH Outpatient Value Set) with a mental health practitioner.	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	95, GT		52
An intensive outpatient encounter or partial hospitalization (Partial Hospitalization/ Intensive Outpatient Value Set) with a mental health practitioner.			G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
An intensive outpatient encounter or partial hospitalization with a mental health practitioner.	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	95, GT		53

	CPT	CPT MODIFIER	HCPCS	POS
Electroconvulsive therapy with a mental health practitioner.	90870			24, 53, 52, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
A telehealth visit: Visit Setting Unspecified Value Set with Telehealth POS Value Set with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	95, GT		02
An observation visit (Observation Value Set) with a mental health practitioner.	99217-99220			
Transitional care management services (Transitional Care Management Services Value Set), with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	99495, 99496	95, GT		



FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION — INITIATION PHASE

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

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



VISIT TYPE	CPT	HCPCS	POS
An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set).	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
An outpatient visit (BH Outpatient Value Set)	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99383-99384, 99393-99394, 99401-99404, 99411, 99412, 99510, 99483	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015	
An observation visit (Observation Value Set).	99217-99220		
A health and behavior assessment/intervention (Health and Behavior Assessment/Intervention Value Set).	96150-96154		

VISIT TYPE	CPT	HCPCS	POS
An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set).	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255		52
An intensive outpatient encounter or partial hospitalization (Partial Hospitalization/Intensive Outpatient Value Set).		G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set).	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255		53



FOLLOW-UP ADHD (ADD) CONTINUATION AND MAINTENANCE PHASE

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

- Continuation and Maintenance (C&M) Phase. The percentage of members ages 6–12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

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





H

HOSPITALIZATIONS FOR POTENTIALLY PREVENTABLE COMPLICATIONS

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

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

- Documentation of receipt of notification of inpatient admission on day of admission or following day.
- Receipt of discharge information on day of or following day of discharge.
- Documentation of patient engagement within 30 days of discharge (office, home visit, telephonic).
- Documentation of medication reconciliation within 30 days of discharge.



IMMUNIZATIONS FOR ADOLESCENTS — COMBINATION 1

The percentage of adolescents who had one dose of meningococcal vaccine between their 10th and 13th birthdays, and the tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine between their 11th and 13th birthdays.

COMBO 1	CPT	CVX
Meningococcal Vaccine	90734	108, 114, 136, 147, 167
Tdap Vaccine	90715	115



IMMUNIZATIONS FOR ADOLESCENTS — COMBINATION 2

The percentage of adolescents who had one dose of meningococcal vaccine between their 10th and 13th birthdays; the tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine between their 11th and 13th birthdays; and the human papillomavirus (HPV) vaccine series by between their 9th and 13th birthdays.

COMBO 2	CPT	CVX
Meningococcal Vaccine	90734	108, 114, 136, 147, 167
Tdap Vaccine	90715	115
HPV Vaccine	90649-90651	62, 118, 137, 165



INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT — ENGAGEMENT TOTAL AND INITIATION TOTAL

The percentage of adolescents and adults ages 13+ with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.
- Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.

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

CPT	CPT MODIFIER	HCPCS	POS
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-99962, 98966-98969, 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99441-99444, 99483, 99510	95, GT	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0033-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, J0571-J0575, J2315 M0064, S0201, S0109, S9480, S9484, S9485, T1006, T1012, T1015	02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 71-72

Note: AOD and Observation were not included but are on value set





LEAD SCREENING IN CHILDREN

The percentage of children who had one or more capillary or venous lead blood test for lead poisoning on or before the child's second birthday.

CPT
83655



M

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA:

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

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

Commercial and Medicaid report the following age stratification and total rate:

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

Asthma Controller Medication

DESCRIPTION	PRESCRIPTION
Antiasthmatic combinations	Dyphylline-guaifenesin
Antibody inhibitors	Omalizumab
Anti-interleukin-5	Mepolizumab, Reslizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone
Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton
Methylxanthines	Theophylline

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTION
Short-acting, inhaled beta-2 agonists	Albuterol Levalbuterol

MEDICATION RECONCILIATION POST DISCHARGE

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

CPT	CPT-CAT-II
99483, 99485, 99486	1111F



METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (TOTAL)

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

Both of the following are needed to be compliant:

- Blood glucose OR HbA1c
- LDL-C OR Cholesterol

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





N

**NON-RECOMMENDED CERVICAL CANCER SCREENING
IN ADOLESCENT FEMALES**

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

Note: A lower rate indicates better performance.



NON-RECOMMENDED PSA BASED SCREENING IN OLDER MEN

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



O

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

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

	CPT	HCPCS
Bone Mineral Density Tests	76977, 77078, 77080-77082, 77085, 77086	G0130
Osteoporosis Medications		J0630, J0897, J1740, J3110, J3489
Long-Acting Osteoporosis Medications during an inpatient stay.		J0897, J1740, J3489





P

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

The percentage of members ages 18+ who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Beta-Blocker Medications

DESCRIPTION	PRESCRIPTION
Noncardioselective beta-blockers	Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol
Cardioselective beta-blockers	Acebutolol, Atenolol, Betaxolol, Bisoprolol, Motoprolol, Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION — SYSTEMIC CORTICOSTEROID

The percentage of COPD exacerbations for members ages 40+ who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

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

Systemic Corticosteroid Medications

DESCRIPTION	PRESCRIPTION
Glucocorticoids	Cortisone-acetate, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION — BRONCHODILATOR

The percentage of COPD exacerbations for members ages 40+ who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

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

Bronchodilator Medications

DESCRIPTION	PRESCRIPTION
Anticholinergic agents	Albuterol-ipratropium, Aclidinium-bromide, Ipratropium, Tiotropium, Umeclidinium
Beta 2-agonists	Albuterol, Arformoterol, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol, Formoterol-glycopyrrolate, Indacaterol, Indacaterol-glycopyrrolate, Levalbuterol, Mometasone-formoterol, Metaproterenol, Olodaterol hydrochloride, Olodaterol-tiotropium, Salmeterol, Umeclidium-vilanterol
Antiasthmatic combinations	Dyphylline-guaifenesin

Note: There are no codes for numerator compliance, thus the reason why the list of Bronchodilator Medications was the only thing put in previous QRGs.



PLAN ALL-CAUSE READMISSION

For members ages 18+, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

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

Note: For commercial and Medicaid, report only members 18–64 years of age. This measure is based on a calculation and there are no codes associated.



PRENATAL AND POSTPARTUM CARE (PPC) TIMELINESS OF PRENATAL CARE

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

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

Verbiage:

- For OB or PCP provider types, choose to submit Stand Alone Prenatal Visit codes
- OB provider types may also submit any Prenatal Visit code in conjunction with any code for an ancillary service (listed separately)
- PCP provider types can also submit any Prenatal Visit code and any code for separately listed ancillary service along with a pregnancy diagnosis.
- (Ancillary Services): Obstetric Panel, Prenatal Ultrasound, Cytomegalovirus Antibody Toxoplasma Antibody, Herpes Simplex Antibody, Rubella antibody, Rubella antibody and ABO, Rubella Antibody and ABO/Rh

	CPT	CPT-CAT-II	HCPCS	ICD-10
Stand Alone Prenatal Visits	99500	0500F, 0501F, 0502F,	H1000, H1001, H1002, H1003, H1004	
Prenatal Visits	99201-99205, 99211-99215, 99241-99245, 99483		G0463, T1015	
Obstetric Panel	80055, 80081			
Prenatal Ultrasound	76801, 76805, 96811, 76813, 76815-76821, 76825-76828			
Pregnancy Diagnosis				Too many to list; these codes were not provided in this QRG
Toxoplasma Antibody	86777-86778			
Rubella Antibody	86762			
Cytomegalovirus Antibody	86644			
Herpes Simplex Antibody	86694-86696			
Rubella Antibody AND ABO	86762 & 86900			
Rubella Antibody AND Rh test	86762 & 86901			



POSTPARTUM CARE (PPC)

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

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

	CPT	CPT-CAT-II	HCPCS	ICD-10
Postpartum Visits	57170, 58300, 59430, 99501	0503F	G0101	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical Cytology	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175		G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	





S

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE

The percentage of men ages 21–75 and women ages 40–75 during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.*

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

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



STATIN THERAPY FOR PATIENTS WITH DIABETES 40-75 YEARS OLD

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

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

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



U

USE OF HIGH RISK MEDICATIONS IN ELDERLY

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

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

High Risk Medications in Elderly

DESCRIPTION	PRESCRIPTION
Anticholinergics, first-generation antihistamines	Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Diphenhydramine (oral), Dimenhydrinate, Doxylamine, Hydroxyzine, Meclizine, Promethazine, Triprolidine
Anticholinergics, anti-Parkinson agents	Benztropine (oral), Trihexyphenidyl
Antispasmodics	Atropine (exclude ophthalmic), Belladonna alkaloids Clidinium-chlordiazepoxide, Dicyclomine, Hyoscyamine, Propantheline, Scopolamine
Antithrombotics	Dipyridamole (oral short-acting — does not apply to the extended-release combination with aspirin), Ticlopidine
Cardiovascular, alpha agonists, central	Guanfacine, Methyldopa
Cardiovascular, other	Disopyramide, Nifedipine (immediate release)
Central nervous system, antidepressants	Amitriptyline, Clomipramine, Amoxapine, Desipramine, Imipramine, Trimipramine, Nortriptyline, Paroxetine, Protriptyline
Central nervous system, barbiturates	Amobarbital, Butabarbital, Butalbital, Pentobarbital, Phenobarbital, Secobarbital
Central nervous system, vasodilators	Ergot mesylates, Isoxsuprine

DESCRIPTON	PRESCRIPTION
Central nervous system, other	Meprobamate
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen, Esterified estrogen, Estradiol, Estropipate
Endocrine system, sulfonylureas, long-duration	Chlorpropamide, Glyburide
Endocrine system, other	Desiccated thyroid, Megestrol
Pain medications, skeletal muscle relaxants	Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine
Pain medications, other	Indomethacin, Ketorolac (includes parenteral), Meperidine, Pentazocine

USE OF IMAGING STUDIES FOR LOW BACK PAIN

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

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

	CPT	ICD-10
Imaging Study	72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220	
Uncomplicated Low Back Pain		M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06, M48.061-M48.062, M48.07, M48.08, M51.16-M51.17, M51.26-M51.27, M51.36-M51.37, M51.86-M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.89, M54.9, M99.03-M99.04, M99.23, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110S, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

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

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

Note: A lower rate indicates better performance.

1-17 years as of December 31 of the measurement year. Report three age stratifications and a total rate:

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

Antipsychotic Medications

DESCRIPTION	PRESCRIPTION
Miscellaneous antipsychotic agents	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone
Phenothiazine antipsychotics	Chlorpromazine, Fluphenazine, Perphenazine, Perphenazine-amitriptyline, Prochlorperazine, Thioridazine, Trifluoperazine, Thioxanthenes, Thiothixene
Long-acting injections	Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone





W

**WEIGHT ASSESS (WCC) BMI PERCENTILE DOCUMENTATION (TOTAL),
WEIGHT ASSESS (WCC) COUNSELING ON NUTRITION (TOTAL),
WEIGHT ASSESS (WCC) COUNSELING ON PHYSICAL ACTIVITY (TOTAL)**

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

BMI Percentile 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.

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



**WELL CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (6 OR MORE VISITS);
WELL CHILD VISITS IN THE 3RD, 4TH, 5TH, AND 6TH YEARS OF LIFE**

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

The percentage of members ages 3–6 who had one or more well child visits with a PCP during the measurement year. The well visit must occur with a PCP, but does not have to be the practitioner assigned to the child.

The percentage of members who turned 15 months old during the measurement year and who had the following number of well child visits with a PCP during their first 15 months of life:

- No well child visits
- One well child visit
- Two well child visits
- Three well child visits
- Four well child visits
- Five well child visits
- Six or more well child visits

	CPT	HCPCS	ICD-10
Well child visits in the first 15 months of life (6 or more visits)	99381, 99382, 99391, 99392, 99461	G0438, G0439	Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.71, Z02.82
Well child visits in the 3rd, 4th, 5th, and 6th years of life	99382, 99383, 99392, 99393	G0438, G0439	Z00.121, Z00.129, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82



NOTES



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