



HEDIS™

2020 Quick Reference Guide



 For more information, visit www.ncqa.org

Topic Index

HEDIS Scores: Introduction and How to Improve	6
Sunshine Health Contact Information	7
Adults	
Access – Ambulatory or Preventive Care Visit (AAP)	11
BMI Value (ABA)	11
Behavioral Health	
Alcohol and Other Drug Dependence Treatment, Engagement and Treatment (IEDT)	34
Follow-up after Hospitalization for Treatment of Mental Illness (FUH)	27
Follow-up after Emergency Department Visit for Mental Illness (FUM)	28
Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	30
Cardiovascular	
Blood Pressure, Controlling (CBP)	23
Children and Adolescents	
Access to Primary Care Practitioners (CAP)	20
Immunizations	
Children (CIS)	19
Adolescents (IMA)	33
Lead Testing (LSC)	37
Weight Assessment (BMI Percentile) and Counseling for Children (WCC) ...	53
Well Care Visits	
Adolescent (AWC)	10
Ages 3-6 Years Old (W34)	54
First 15 Months of Life (W15)	54
Diabetes	
Comprehensive Diabetes Care (CDC)	21
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	25
Diabetes Screening for People with Schizophrenia or Bipolar Disorder taking Antipsychotic Medications (SSD)	25

Medications	
ADHD Medication, Follow-up Care (ADD)	30
Antidepressant Medication Management (AMM)	12
Antipsychotic Medications for Individuals with Schizophrenia, Adherence (SAA)	9
Antipsychotic Medication Monitoring for Children and Adolescents (APM)	40
Asthma Medication Management (MMA)	39
Asthma Medication Ratio (AMR)	13
Beta-Blocker Treatment after a Heart Attack (PBH)	45
COPD Exacerbation, Pharmacotherapy Management (PCE)	46
Medication Reconciliation Post Discharge (MRP)	40
Statin Therapy for Patients with Cardiovascular Disease (SPC)	49
Statin Therapy for Patients with Diabetes (SPD)	49
Older Adults	
Care for Older Adults (COA)	17
Colorectal Cancer Screening (COL)	21
Transitions of Care (TRC)	51
Treatment	
Pharyngitis, Appropriate Testing (CWP)	13
Women’s Health	
Breast Cancer Screening (BCS)	15
Cervical Cancer Screening (CCS)	18
Chlamydia Screening (CHL)	20
Osteoporosis Management for Women Following a Fracture (OMW)	43
Prenatal and Postpartum Care (PPC)	46

HEDIS™ Quick Reference Guide

Updated to reflect NCQA HEDIS™ 2020 Technical Specifications

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, health care providers, and policy makers.

WHAT ARE THE SCORES USED FOR?

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

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

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?

- Use real-time care gap information to manage our assigned population through Interpretata accessed through Availity. 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:

- Create alerts in EMR for special populations and those with time sensitive due dates.
- Create a member registry identifying members' prescribed high-risk medications that require ongoing monitoring.
- 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.
- 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.



QUESTIONS?

 [SUNSHINEHEALTH.COM](https://www.sunshinehealth.com)

 [PROVIDER SERVICES 1-844-477-8313](tel:1-844-477-8313)

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

Ancillary staff:

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

This guide has been updated with information from the release of the HEDIS 2020 Volume 2 Technical Specifications by NCQA and is subject to change.

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



A

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

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

* Codes subject to change.

Best Practices:

- Prescribe a 90-day supply to encourage adherence.
 - Please refer to the Sunshine Health website for 90-day supply benefits.
- Consider a long acting injectable antipsychotic to improve adherence if appropriate.

Oral Antipsychotic Medications

DESCRIPTION	PRESCRIPTION
Miscellaneous antipsychotic agents (oral)	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone
Phenothiazine antipsychotics (oral)	Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine
Thioxanthenes (oral)	Thiothixene

Subject to change. Please refer to SunshineHealth.com for specific drug coverage.

Long-Acting Injections

DESCRIPTION	PRESCRIPTION
Long-acting injections 14 days supply	Risperidone
Long-acting injections 28 days supply	Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate
Long-acting injections 30 days supply	Risperidone (Perseris)

Subject to change. Please refer to SunshineHealth.com for specific drug coverage.



ADOLESCENT WELL CARE VISITS (AWC)

Members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year. **Components of a comprehensive well care visit include: A health history, a physical development assessment, mental development assessment, a physical exam and discussion of health education/anticipatory guidance.**

Visits must be with a PCP or OB/GYN and assessment or treatment of an acute or chronic condition do not count towards the measure. Be sure to use age appropriate codes.

Best Practices:

- Well child exams must be performed by a primary care provider but are not limited to the PCP (or OB GYN) assigned to the child.
- May be completed anytime in the calendar year.
- When medically appropriate, conduct a well-visit exam during a follow up visit or sick visit.
- Adopt current Bright Futures guidelines for all age groups.
- Develop a strategic outreach plan:
 - Outreach members who were not seen in the prior year.
 - Call new members to schedule their annual visit.
 - Send postcards and/or text reminders of importance of timely checkups.
- **Adolescents:**
 - Leverage missed opportunities to increase adolescent well care visits i.e. episodic care, acute care and sports-required visits.
 - Encourage teen-centered care:
 - Involve the teen in their care plan.
 - Be mindful of privacy and confidentiality.
 - Consider the use of social media or mobile technology to increase engagement and promote prevention education.

CPT	HCPCS	ICD-10
99384-99385, 99394-99395	G0438, G0439	Z00.00, Z00.01, 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, Z76.2

Codes subject to change.



ADULT ACCESS TO PREVENTATIVE/AMBULATORY SERVICES (AAP)

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
Telemedicine services			
GT modifier. CPT: 98966- 98968, 99441-99443. Enter Point of Service (POS) code 02 when services are performed as telehealth service.			

Codes subject to change.



ADULT BMI ASSESSMENT (ABA)

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

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

Best Practices:

- Document height, weight and calculated BMI value or BMI percentiles document to the vitals sheets or progress notes with the date of service.
- Use appropriate coding to capture value or percentile depending on patient's age through claims.

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

Codes subject to change.

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

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.

Two rates are reported:

- Effective Acute Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

Best Practices:

- Use objective assessments to determine who might benefit from medication.
- Provide education that the medication may take several weeks to become effective and stress the importance of adherence.
- Start with the lowest effective dose in order to avoid side effects and slowly increase the dose as clinically appropriate.
- Caution against abruptly stopping the medication and the need to consult a PCP with any concerns or complications.
- Discuss barriers that may prevent the patient from filling prescriptions.
- Outreach patients who cancel their appointments to reschedule.
- Provide initial prescription for 30 days and require a follow-up to evaluate effectiveness and adherence.
- For maintenance doses, prescribe a 90-day supply to encourage adherence.
 - Please refer to the Sunshine Health Website for 90-day supply benefits.
- Consider patients co-morbidities, for example:
 - For generalized anxiety disorder consider escitalopram, paroxetine, duloxetine, or venlafaxine.
- Avoid paroxetine and tricyclic antidepressants in elderly patients.

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

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

Best Practices:

- Provide education to patient regarding overuse of antibiotics for viral infections.
- Provide instructions for care of viral illnesses, as indicated.
- If antibiotics are indicated, encourage proper use for course of treatment.

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

Codes subject to change.

ASTHMA MEDICATION RATIO (AMR)

Measure evaluates 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.

For each member, calculate the ratio of total controller medications to total asthma medications using the following formula. Round (using the 0.5 rule) to the nearest whole number.

$$\frac{\text{Units of Controller Medication}}{\text{Units of Total Asthma Medications}}$$

- Units of Total Asthma Medications = Units of Asthma Controllers + Units of Asthma Reliever Medications
- One medication unit equals one inhaler canister, one injection or one infusion or a 30-day or less supply of an oral medication.

Asthma Controller Medications

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

Subject to change. Please refer to SunshineHealth.com for specific drug coverage.



B

BREAST CANCER SCREENING (BCS)

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

Best Practices:

- Educate patient and ensure order for screening is given at the Well Women's exam.
- Determine if the patient has concerns about the screening that may prevent adherence.
- Follow-up to determine if patient had a mammogram completed and obtain results for the patient's medical record

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

Codes subject to change.



C

CARE FOR OLDER ADULTS (COA)

Measure evaluates percentage of adults 66 years and older who had each of the following at least once during the measurement year:

- Advanced care planning
- Medication review
- Functional status assessment
- Pain assessment

Best Practices:

- Clearly document discussion of Advanced Care Planning.
- Include the patient’s medication list in the medical record and note it was reviewed by the appropriate provider type — prescribing provider or clinical pharmacist.
- The date of service of the pain assessment and a notation of the patient’s pain status is documented in the medical record.
- Functional status can be assessed with a standardized tool, or notation of ability to complete ADLs.
- Utilize a “Care of Older Adults” assessment form or configure the EMR to capture the elements of the measure.

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 Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review)	90863, 99605, 99606, 99483	1159F, 1160F	G8427	
Pain Assessment		1125F, 1126F		

Codes subject to change.



CERVICAL CANCER SCREENING (CCS)

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

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

Best Practices:

- Ensure documentation includes the date of the screening and the result.
- Review care gaps at each office visit and complete testing as indicated, to avoid the patient having to reschedule for a PAP exam.
- If patient is referred to a specialty practice, follow up to determine if she attended, and obtain results for the patient's medical record.
- When documenting an exclusion include words Total Hysterectomy, complete, radical, full, surgical removal of cervix or agenesis of cervix and year of procedure.

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	
Exclusion criteria: 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

Codes subject to change.



CHILDHOOD IMMUNIZATION STATUS (CIS)

This measure demonstrates the percentage of children who will turn two in the measurement year and received CDC and ACIP recommended immunizations on or before the child's second birthday.

The number in parentheses in the table below indicates the number of vaccines recommended by the second birthday.

Combination 3 includes all of the vaccines except Hepatitis A, Rotavirus and Influenza. Combination 10 includes all the vaccines.

Best Practices:

- Review care gaps and assess status of vaccinations at each visit.
- Schedule appointments to meet the required timeframes.
- Check Florida Shots, and report immunizations provided at your office.
- Maintain immunization histories in the medical record, including from outside sources such as hospitals, health departments and other providers.
- Provide education for caregivers on the importance of immunizations. CDC.gov has many resources including "Provider Resources for Vaccine Conversations with Parents."

DESCRIPTION	CODES
DTaP Diphtheria, tetanus and acellular pertussis (4 doses)	CPT: 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120
HiB Haemophilus influenza type B (3 doses)	CPT: 90644, 90647, 90648, 90698, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148
HepB Hepatitis B (3 doses)	CPT: 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110; 90723, 90740, 08, 44, 45, 51, 110 HCPCS: G0010; ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
IPV Polio (3 doses)	CPT: 90698, 90713, 90723; CVX: 10, 89, 110, 120
MMR (1 dose)	CPT: 90705, 90707, 90710, 90708, 90704, 90706 CVX: 05, 03, 94, 04, 07, 06; ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
PCV Pneumococcal conjugate (4 doses)	CPT: 90670 CVX: 133, 152 HCPCS: G0009
Varicella (1 dose)	CPT: 90710, 90716
Hepatitis A (1 dose)	CPT: 90633; CVX: 31, 83, 85; ICD-10: B15.0, B15.9
Influenza (2 doses)	CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672; CVX: 88, 135, 140, 141, 150, 153, 155, 158, 161, 111, 149; HCPCS: G0008
Rotavirus (2 dose series)	CPT: 90681; CVX: 119
Rotavirus (3 dose series)	CPT: 90680; CVX: 116, 122

Codes subject to change.



CHILDREN'S AND ADOLESCENTS' ACCESS TO PRIMARY CARE PRACTITIONERS (CAP)

This measure demonstrates the percentage of members 12 months-19 years of age who had an ambulatory or preventive care visit with any PCP.

1. Children 1 – 6 years who had a visit with a PCP during the measurement year.
2. Patients ages 7 - 19 years who had a visit with a PCP during the measurement year, or the year prior to the measurement year.

Best Practices:

- Utilize patient care gap lists to make outreach to new members and those not seen in the past year.
- In addition use appropriate coding for ambulatory visits, code telephone visits and online assessments to capture contacts.
- Send postcards and/or text with reminders of importance of timely checkups.
- Consider using technology to engage members through text messaging and social media to promote wellness and prevention.

CPT	HCPCS	ICD-10
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483, 98969, 99444, 98966, 98967, 98968, 98969, 99441, 99442, 99443, 99444	G0402, G0438, G0439, G0463, T1015	T1015Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
Telemedicine services		
GT modifier. CPT: 98966- 98968, 99441-99443. Enter Point of Service (POS) code 02 when services are performed as telehealth service.		

Codes subject to change.

CHLAMYDIA SCREENING IN WOMEN AGES 16-24 (CHL)

Measure evaluates 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.

Best Practices:

- Consider adding chlamydia screening as a standard lab for women 16-24 years old utilizing a basic urine test.

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

Codes subject to change.

COLORECTAL CANCER SCREENING (COL)

Measure evaluates the percentage of members ages 50–75 who had appropriate screening for colorectal cancer.

Best Practices:

- Ensure order for screening is given during the preventive visit.
- Follow-up on referrals for screening and obtain results for the patient's medical record.
- Determine if the patient has concerns about the screening that may prevent adherence.

DESCRIPTION	CODES
Colonoscopy Measurement year or nine years prior	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378 - 45393, 45398 HCPCS: G0105, G0121
CT Colonography Measurement year or 4 years prior	CPT: 74261–74263
FIT-DNA Measurement year or two years prior	CPT: 81528; HCPCS: G0464
Flexible Sigmoidoscopy Measurement year or four years prior	CPT: 45330-45335, 45337-45342, 45345-45347, 45349–45350 HCPCS: G0104
FOBT Lab test Measurement year	CPT: 82270, 82274; HCPCS: G0328
Exclusion: History of Colorectal Cancer	HCPCS: G0213, G0214, G0215, G0231; ICD-10: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Exclusion: History of Total Colectomy	CPT: 44150-44153, 44155-44158, 44210–44212

Codes subject to change.

COMPREHENSIVE DIABETES CARE (CDC)

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

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

Best Practices:

- During each office visit, check for care gaps and discuss the importance of diabetes treatment with the patient in order to reduce the risk of serious complications.
- Assess any barriers for the patient in completing treatment recommendations.
- Repeat HbA1C testing later in the year to assess improvement.
- Call patients and send postcard reminders for required tests and screenings.
- Reinforce the importance of annual Eye Exam and annual HbA1c test.
- Provider referral for Lifestyle Management/Self-Management course in the patient'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 patients for whom you do not have results.

DESCRIPTION	CODES
Outpatient Codes	CPT: 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345; HCPCS: G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient	CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
Remote BP Monitoring	CPT: 93784, 93788, 93790, 99091
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic less than 80	CPT-CAT-II: 3078F
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diabetic Retinal Screening With Eye Care Professional	CPT-CAT-II: 2022F, 2024F, 2026F
Unilateral Eye Enucleation with a bilateral modifier	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114; CPT Modifier: 50
HbA1C Lab Test	CPT: 83036, 83037; CPT-CAT-II: 3044F, 3046F
HbA1c Level greater than/equal to 7 and Less than 8	CPT-CAT-II: 3051F
HbA1c Level greater than/equal to 8 and less than/equal to 9	CPT-CAT-II: 3052F
HbA1c greater than 9.0	CPT: 83036, 83037; CPT-CAT-II: 3046F
Urine Protein Tests	CPT: 81000-81003, 81005, 82042-82044, 84156; CPT-CAT-II: 3060F, 3061F, 3062F
Nephropathy Treatment	CPT-CAT-II: 3066F, 4010F

Codes subject to change.



CONTROLLING HIGH BLOOD PRESSURE (CBP)

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

- The last BP reading of the measurement year is the representative BP reading for the patient. The reading must be lower than 140 systolic and lower than 90 diastolic to be considered controlled.

Best Practices:

- If the initial BP reading is elevated, repeat later in the visit, and record the second result.
 - The lower of each of the two readings will be recorded.
- Discuss barriers that may prevent the patient from filling prescriptions.
- Assess throughout the year to help the patient gain control:
 - Change medication regimen.
 - Review diet and exercise efforts.
 - Identify barriers for medication adherence.

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring codes	CPT: 93784, 93788, 93790, 99091
Outpatient codes	CPT: 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015

Codes subject to change.



D

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

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

Best Practices:

- Review diabetes services needed at each office visit.
- Arrange for lab testing while the patient is in the office.
- Adjust therapy to improve values.
- Provide education on the importance of the health screenings.
- Assist patient to schedule appointments with specialty providers.

DESCRIPTION	CODES
HbA1C Lab Tests	CPT: 83036, 83037; CPT-CAT-II: 3044F, 3045F, 3046F
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721; CPT-CAT-II: 3048F, 3049F, 3050F

Codes subject to change.



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

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

Best Practices:

- Review diabetes services at each office visit.
- Arrange lab test while patient is in the office.
- Provide education to patient about the importance of the screening.
- Advise patient to watch for and report the onset of the symptoms of diabetes.

DESCRIPTION	CODES
HbA1C Lab Tests	CPT: 83036, 83037; CPT-CAT-II: 3044F, 3045F, 3046F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

Codes subject to change.



F

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

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

Two rates are reported:

1. Discharges for which the member received follow-up within 30 days after discharge.
2. Discharges for which the member received follow-up within 7 days after discharge.

Best Practices:

- Follow-up visit must be with a mental health practitioner, visit on date of discharge does not count, may be an in-person or telehealth encounter.

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Practitioner	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Practitioner	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483; HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Practitioner	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Continued on next page.

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

Codes subject to change.



FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

The percentage of emergency department (ED) visits for members 6 years of age and older with a principle diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Two rates are reported:

- Members who received follow-up within 30 days of the ED visit (31 total days).
- Members received follow-up within 7 days of the ED visit (8 total days).

Best Practices:

- Follow-up visit may be with any practitioner type, visit on date of discharge does not count, may be an in-person or telehealth encounter.

Any of the following meet criteria for a follow-up visit:

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/Community Mental Health Center POS/Outpatient POS/Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Community Mental Health Center POS: 53 Partial Hospitalization POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52
Telehealth Visit	Modifier 95, GT POS: 02
Observation	CPT: 99217-99220

Codes subject to change.



FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA)

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

Two rates are reported:

- Members who received follow up within 30 days of the ED visit (31 total days).
- Members who received follow up within 7 days of the ED visit (8 total days).

Best Practices:

- Follow-up visit may be in-person or telehealth encounter with any practitioner and may occur on the date of the ED visit.

DESCRIPTION	CODES
AOD Abuse and Dependence	Diagnoses ICD 10 CM: Codes in Categories F10-F19, plus 2-3 digit modifiers excluding F17 Nicotine. The diagnosis code must be included with the follow-up visit coding
IET Stand-Alone Visits	CPT: 98060-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99394, 99401-99404, 99408-99409, 99411-99412, 99483, 99510 HCPCS: G0155, G0176-G0177, G0396-G0397, G0409-G0411, G0443, G0463, H001-H002, H0004-H0005, H0007, H0015-H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000-H2001, H2010-H2020, H2035-H2036, M0064, S0201, S9484-S9485, T1006, T1012, T1015
IET Visits Group 1	CPT: 9071-90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875-90876 POS: 02,03,05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 71-72
IET Visits Group 2	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255 POS: 02,52,53
Observations	CPT: 99217-99220
Online Assessments	CPT: 98969, 99444
Telehealth Visits	CPT: 98966-98968, 99441-99443 Modifier: 95, GT POS: 02

Codes subject to change.

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

This measure evaluates the percentage of children ages 6 -12 years who are newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication, and who had at least three follow up care visits within a 10-month period from when the first ADHD medication was dispensed (IPSD).

Two rates are reported:

- Initiation Phase:** The patient who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. The patient is seen for one visit within 30 days of the IPSD with a provider who has prescribing authority.
- Continuation and Maintenance (C&M) Phase:** Two additional visits occur within 31 – 300 days following the IPSD for patients who remain on the medication for at least 210 days out of the 300-day period.

Best Practices:

- Consider limiting the initial prescription to a one-month supply.
- Before the patient leaves the office, schedule the first follow up appointment within 25 days to allow for rescheduling.
- Schedule 2 remaining appointments within 10 months of the initial prescription being dispensed.
- Consider a telephone call or telehealth visit for one of the continuation phase contacts.

DESCRIPTION	CODES
An Outpatient Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853,90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483; HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004,H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015
Observation Visit	CPT: 99217-99220
Health and Behavior Assessment/Intervention	CPT: 96150-96154
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 53
Telemedicine services	
For Continuation and Maintenance Phase only. GT modifier. CPT: 98966- 98968, 99441-99443. Enter Point of Service (POS) code 02 when services are performed as telehealth service.	

Codes subject to change.



IMMUNIZATIONS FOR ADOLESCENTS (IMA)

This measure evaluates the percentage of adolescents 13 years of age who received immunizations on or before the patient's 13th birthday in the measurement year.

The number in parentheses in the table below indicates the number of vaccines recommended by the 13th birthday, and the appropriate age range is indicated.

Best Practices:

- Review care gaps and assess status of vaccinations at each visit.
- Schedule appointments to meet the required time frames.
- Check Florida Shots, and report immunizations provided at your office.
- Maintain immunization histories in the medical record, including from outside sources such as hospitals, health departments and other providers.
- Provide education for caregivers on the importance of immunizations. CDC.gov has many resources including "Provider Resources for Vaccine Conversations with Parents."

DESCRIPTION	CODES
Meningococcal (1 dose) Date of service on or between the patient's 11th and 13th birthdays MenB Meningococcal -serogroup A,C,W, and Y ^ ^ Serogroup B MenB vaccines do not count	CPT: 90734 CVX: 108, 114, 136, 147, 167
Tdap (1 dose) Tetanus, diphtheria toxoid and acellular pertussis Date of service on or between the patient's 10th and 13th birthdays	CPT: 90715 CVX: 115
HPV (2 or 3 dose series) Human papillomavirus Date of service on or between the patient's 9th and 13th birthdays, and at least 146 days apart	CPT: 90649 - 90651 CVX: 62, 118, 137, 165

Codes subject to change.



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

Measure evaluates percentage of adolescent (13 years and older) and adult members 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: percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.

Best Practices:

- Schedule initial follow-up visit at 10 days and 2 engagement visits within 25 days of first visit to allow for rescheduling.
- Consider implementation of standardized screening tool such as SBIRT.
- If AOD identified during office screening provide information on treatment options and resources for community support.

CPT	HCPCS	POS
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, 99217-99220	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 71-72
Telemedicine services		
GT modifier. CPT: 98966- 98968, 99441-99443. Enter Point of Service (POS) code 02 when services are performed as telehealth service.		

Codes subject to change.

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





LEAD SCREENING IN CHILDREN (LSC)

This measure assesses the percentage of children who turn 2 years of age in the measurement year who had one or more capillary or venous lead blood test(s) for lead poisoning by their second birthday.

Best Practices:

- Assessments/Questionnaires do not meet the criteria for this measure.
- Consider in-house testing.
- Consider performing lead testing at 12 months or with other lab tests before the 2nd birthday.

CPT
83655

Codes subject to change.



M

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)

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

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

Best Practices:

- Assess patient adherence from prescription date, inhaler date/dose counter, and dispensing records.
- Demonstrate appropriate inhaler technique and assess patient understanding through the teach-back method.
- Demonstrate use of peak flow meter.
- Ensure understanding of the difference between asthma controller and reliever medications.
- Provide a written Asthma Action Plan ensuring the patient can identify triggers and understand appropriate action steps for self-management.

Reference: GINA Guidelines 2019, subject to change.



MEDICATION RECONCILIATION POST DISCHARGE (MRP) (MEDICARE)

Measure evaluates the percentage of Medicare members with discharges from January 1-December 1 for members 18 years of age or older 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

Codes subject to change.

- Medications must be reconciled by a prescribing practitioner, a clinical pharmacist or a registered nurse.
- Notation in the record must include at minimum: notation that the provider is seeing the patient for a post-hospital follow-up; the date of service is within 30 days after discharge; a current medication list is included, or note that no medications were prescribed or ordered upon discharge; and there is an acceptable provider type signature for the visit.



METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)

This measure demonstrates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year:

1. Blood glucose or HbA1c, and
2. LDL-C or cholesterol

Best Practices:

- Coordinate between PCP and BH providers to ensure assessments and treatments are effectively addressing symptoms.
- Ensure parents/guardians are aware of community resources and assist with referrals.
- Arrange lab appointments while the patient is in the office, educate parents/guardians of importance of the assessment.

DESCRIPTION (NEED EITHER A1C OR GLUCOSE AND LDL-C)	CODES
HbA1c Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3045F, 3046F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F

Codes subject to change.





O

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW) (MEDICARE)

Measure evaluates the percentage of women 67-85 years of age with Medicare 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.

Best Practices:

- Provide education about BMD testing and obtain copies of the patient's test for your records.
- Educate patients to contact your office if they experience a fracture and schedule an office visit as soon as possible after an event occurs.

DESCRIPTION	CODES
Bone Mineral Density Tests	CPT: 76977, 77078, 77080 - 77082, 77085, 77086
Osteoporosis Medications	HCPCS: J0897, J1740, J3110, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	HCPCS: J0897, J1740, J3489

Codes subject to change.

Osteoporosis Medications

DESCRIPTION	PRESCRIPTION
Bisphosphonates	Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid
Other agents	Abaloparatide, Denosumab, Raloxifene, Teriparatide

Subject to change. Please refer to SunshineHealth.com for specific drug coverage.



P

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

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

Best Practices:

- Provide education on the importance of adhering to the prescribed medications.
- Review potential side effects and adjust medications as needed.
- Monitor adherence and discuss potential barriers with the patient.
- Prescribe a 90-day supply to encourage adherence:
 - Refer to SunshineHealth.com for 90-day supply benefits.
- Consider patient's co-morbidities, for example:
 - For heart failure with reduced ejection fraction, consider metoprolol succinate, carvedilol, or bisoprolol.
 - For asthma, consider a cardioselective beta-blocker.

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

Subject to change. Please refer to SunshineHealth.com for specific drug coverage.

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

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

Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Best Practice:

- Schedule a follow-up visit following a hospital admission or recent ED visit.

Systemic Corticosteroid Medications

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

Subject to change. Please refer to SunshineHealth.com for specific drug coverage.



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, Formoterol-mometasone, Metaproterenol, Olodaterol hydrochloride, Olodaterol-tiotropium, Salmeterol, Umeclidium-vilanterol
Antiasthmatic combinations	Dyphylline-guaifenesin

Subject to change. Please refer to SunshineHealth.com for specific drug coverage.



PRENATAL AND POSTPARTUM CARE (PPC)

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

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

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

Best Practices:

- Ensure Notification of Pregnancy is submitted within 30 days of initial visit.
- Educate patient on the importance of keeping all scheduled prenatal visits.
- Schedule postpartum visit prior to discharge. Visit must be no sooner than 7 days after delivery.
- Discuss importance of well-child visits and assist mother in getting connected to a Pediatrician.

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

Codes subject to change.





S

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

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: This measure uses pharmacy dispensing events to measure compliance.



STATIN THERAPY FOR PATIENTS WITH DIABETES 40-75 YEARS OLD (SPD)

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

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

Note: This measure uses pharmacy dispensing events to measure compliance.

Best Practices:

- Prescribe a 90-day supply to encourage adherence.
- To manage statin-associated muscle symptoms, consider switching to a different statin.



T

TRANSITIONS OF CARE (MEDICARE) (TRC)

The intent of the measure is to identify the percentage of Medicare recipients, 18 years and older, with discharges from January 1-December 1 of the measurement year who had each of the following:

1. Notification of Inpatient Admission in the Outpatient record received day of admission or the day after admission
2. Receipt of Discharge Information on the day of discharge or the day after discharge
3. Patient engagement after Inpatient Discharge within 30 days of discharge
4. Medication Reconciliation Post-Discharge documented on the date of discharge through 30 days after discharge (total of 31 days)

Members in hospice are excluded from the eligible population.

DESCRIPTION	CODES
Inpatient	263 different codes to indicate IP admission
Medication Reconciliation Encounter	CPT: 9483, 99495, 99496
Medication Reconciliation Intervention	CPT-CAT II: 1111F SNOMED CT US: 430193006, 428701000124107
Nonacute Inpatient	CPT: 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337 SNOMED CT US: 36723004, 112690009, 18343001, 183921001, 183430001, 183921001, 304567001, 304568006, 305336008, 305340004, 305381007, 306804001, 449411000124106, 449421000124103, 449431000124100
Outpatient	CPT: 99210-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 SNOMED CT US: 17436001, 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185464003, 281036007, 439740005, 3391000175108, 444971000124105
Telephone visit	CPT: 98966:98968, 99441-99443 SNOMED CT US: 11797002, 185317003, 314849005, 386472008, 386473003, 386479004



U

USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD (SPR)

Measure evaluates the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis between July 1 of the year prior to the measurement year and June 30 of the measurement year.

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

Codes subject to change.

.....



W

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

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

- BMI Percentile
- Counseling for nutrition
- Counseling for physical activity

Best Practices:

- Ranges do not meet criteria for BMI percentile, record a distinct BMI percentile, and document height and weight.
- BMI values are not counted for the specified age range for this measure.
- These services may be rendered during a visit other than a well-child visit.
- Counseling for nutrition or physical activity specific to an assessment or treatment for an acute or chronic condition does not count if it related to the condition; for example, a patient is seen for GI upset, then a recommendation to follow the BRAT diet does not count for nutrition counseling.

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

Codes subject to change.



WELL CHILD VISITS (W15/W34)

Components of a comprehensive well care visit include: A health history, a physical development assessment, a mental development assessment, a physical exam, and discussion of health education/anticipatory guidance.

Visits must be with a PCP and assessment or treatment of an acute or chronic condition do not count towards the measure. Be sure to use age-appropriate codes.

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

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

Codes subject to change.

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

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

Codes subject to change.

Best Practices:

- Well- child exams must be performed by a primary care provider but are not limited to the PCP assigned to the child. (Well exams may be completed anytime in the calendar year.)
- When medically appropriate, conduct a well-visit exam during a follow up visit or sick visit.
- Adopt current Bright Futures guidelines for all age groups.
- Develop a strategic outreach plan
 - o Outreach members who were not seen in the prior year.
 - o Call new members to schedule their annual visit.
 - o Send postcards and / or text reminders of importance of timely checkups.
- Birth to 15 Months:
 - o Schedule more than six visits to assure completion of the six visits prior to 15 month of age.
 - o Notate EPSDT when billing.
 - o Consider performing lead testing at 12 months or with other lab tests before the 2nd birthday.



NOTES



Let's connect
SunshineHealth.com



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